Patient Cost Transparency Happy Path Workflow (Payer-to-Patient)

**Consumer (Patient)**

- Request for Patient Costs (From Patient Portal)
- Patient meets with Provider and gathers the data points needed to get a reasonably useful estimate.
- Patient selects Procedure or Service and location, confirms insurance plan.
- Typical single or typical multiple transaction?
- Separate Process (Not MVP - Future Dev)

**Producer (Payer)**

- Verify Coverage (may run x12 270/271)
- Participating Provider available at location requested?
  - Yes, Par.
  - No, Non-Par
- Identify Preferred Providers
- Gather data based on Provider's historical costs for the same procedure
- Medicare/Medicaid Fee Schedules
- Payer calculates price/cost, may run x12 Test Claim(s) predetermination TR3 ID: 005010x291 and x292
- Identify Legal or Contract Restrictions (Non-transparency)
- GIGO – Patient is guessing. Sub workflow to help someone get to the right inputs?
  - Add health plan portal list common billed codes for procedure or service to choose from.
  - Ask at the episode level "Total Joint replacement - Knee" then will need to go to the provider to add more in information or prompt for additional options to gather more info. (Long term goal)
  - Roll in risk adjustment (models for this PACEs)
- Consensus that Multiple Scenarios (see here) still output alternative options with various prices.
  - Patient may choose more expensive option based on other factors (API data available, accessibility, etc.)
  - Share ranking of options in output.

Scenarios:
1. Shopping, unknown where, vague idea of issue i.e., figuring out what hospital/practice to pick for labor/delivery.
2. Know what needs to be done, picked location, have a narrowed sense of what is being done. Want to be able to price shop (knee surgery).
3. I’m signed up, schedule for service, need invoice equivalent.
Patient Cost Transparency Happy Path Workflow (Payer-to-Provider)

**Consumer (Provider)**
- Request for Patient Costs
- Data Sent to Payer (Patient, Procedure, Diagnosis, Insurance Plan, Contract, Place of Services, Provider, # of visits/Units expected)
- EHR displays relevant information

**Producer (Payer)**
- Participating Provider?
  - Yes, Par.
  - Payer calculates price/cost, may run x12 Test Claim(s) predetermination TR3 ID: 005010x291 and x292
  - Identify Legal or Contract Restrictions (Non-transparency)
  - Check for Referral or PA Requirements?
    - Yes
    - Verify Coverage (may run x12 270/271)
    - Include cash only e.g. MRI Centers
    - Medicare/Medicaid Fee Schedules
    - May be removed – Kelly/all Payers will check with Member team. Other methods with different data may be used.
    - Include alternative options for other procedures/therapies/DMEs that may be more affordable to patients
  - No, Non-Par
    - Gather data based on Provider’s historical costs for the same procedure
- Security – inside login and outside (shopping) – similar to Pdx Formulary.

Scalability Challenge