HOSPITAL TRANSPARENCY

- North Carolina's hospitals worked with the General Assembly in 2013 to establish a state hospital transparency portal (found here: http://bit.ly/NCDHSRTransparency). Each year, hospitals submit payment data from the five largest payors, covering the most performed procedures:
  - o Average gross charges for each of the top 100 inpatient services
  - o Top 20 outpatient procedures
  - o Top 20 surgical procedures as determined annually by the state data processor (IBM/Truven)
- North Carolina hospitals are committed to improving access to useful information for those making health care decisions. This information should come from all entities involved — including insurance companies — to give consumers the full picture of the cost and quality of their anticipated episodes of care.
- Every hospital makes payment arrangements with patients on a case-by-case basis and will openly discuss costs and payment options.
- Beginning in January 2019, all hospitals in North Carolina will be posting charges for inpatient and outpatient services — including tests, exams, room charges, surgery and other procedures — publicly on their own websites.

STATE HEALTH PLAN TRANSPARENCY

- State employees have access to information to compare providers and estimate their individual out-of-pocket costs through BCBSNC's member health navigator tool (found here: http://www.bcbsnc.com/content/campaigns/healthcarecost/index.htm).
- The state treasurer and State Health Plan administrators already have access to the information they need to identify opportunities for savings, to understand payments for procedures, and access to information that can help their members be healthier and better healthcare consumers.
- As the third-party administrator, Blue Cross Blue Shield provides the State Health Plan with all of its claims data. The data includes the billed amount, allowed amount, and paid amount for each claim.
- The state treasurer is attempting to treat a problem without diagnosing the cause. Knowing the average cost of an individual procedure is not the solution to managing costs for the State Health Plan. Best practice for self-insured organizations is to analyze data to identify high-cost claims and design a plan that engages members in care decisions.