

New Mandates for Health Service Providers to Disclose Price

- The Ohio General Assembly mandated that, beginning January 1, 2017, most medical service providers¹ will be required to provide in writing, prior to a service being provided, a good-faith estimate of (1) the amount the provider will charge the patient's health plan, (2) the amount the health plan intends to pay, and (3) the difference, if any, that the patient will be required to pay ([ORC 5162.80](#)).
- The Ohio General Assembly also mandated that any health plan² contacted by a provider for the purpose of obtaining the information described above must provide that information to the provider within a reasonable time.
- The new law requires the Medicaid Director to adopt rules by July 1, 2016, to clarify how a cost estimate is to be provided to a patient and to define the "products, services and procedures" that are subject to price disclosure.
- The Ohio General Assembly also created a "Health Services Price Disclosure Study Committee" under the Office of Health Transformation to study the impact and feasibility of carrying out the act's requirements. The Committee is to consist of legislators and unspecified stakeholders, and report its findings to the Governor and General Assembly not later than December 31, 2015.
- In addition to reporting on (1) the feasibility of carrying out the health services price disclosure envisioned under the act, the Study Committee also is required to recommend (2) how health plans can provide their own enrollees comparison prices across medical services providers and (3) how health plans on the federal exchange disclose cost information for consumer comparison purposes.

¹ A medical services provider is defined to include nursing home and residential care facilities; hospitals; dentists and dental hygienists; optometrists and optical dispensers; physicians and limited practitioners; psychologists; chiropractors; hearing aid dealers; speech-language pathologists and audiologists; occupational therapists, physical therapists, and athletic trainers; counselors, social workers, and marriage and family therapists; and orthotists, prosthetists, and pedorthists.

² A health plan means an entity that is subject to Ohio insurance laws and rules or to the jurisdiction of the Superintendent of Insurance, including a sickness and accident insurance company, a health insuring corporation, a Medicaid managed care organization, and the Ohio Medicaid fee-for-service program.