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Transparency in Health Care Legislation Effective July 1, 2016

House Bill 1175 was signed into law on April 14, 2016. Initial Questions and Answers were published in May on the Agency's website at:
http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/index.shtml.
In response to additional questions posed, a second set of Questions and Answers is provided.

Website Requirements – 395.301, F.S.

1) When will the rules related to 395.301, F.S. be written?

A: Notice of rulemaking will be published in the Florida Administrative Register (FAR). The Agency has also established a subscription service to receive rule notifications at <http://ahca.myflorida.com/MCHQ/alerts/alerts.shtml>.

2) When will the facilities affected by 395.301, F.S. be held accountable to the requirements? What should the facilities impacted by 395.301, F.S. do during the time from July 1, 2016 until the agency has completed the rules and bundles?

A: Many aspects of s. 395.301, F.S. are self-implementing and take effect July, 1, 2016, such as certain notifications that need to be available to patients and prospective patients. Any rules developed will specify the effective date.

3) Line 159-163 HB1175: Does the actual charity policy and application need to be provided with the estimate or is a simple statement of availability in brochures, websites, etc., acceptable?

A: The facility's internal operating procedures are not necessarily required to be provided. However, information regarding the facility's policies for financial assistance must be provided and include the application process, payment plans, and discounts and the charity care policy and collection procedures.

4) Is the Agency service bundle system going to post the same prices a facility posts on its website for the service bundles? Or are the prices on the AHCA system going to be an average of what the service bundle usually costs?

A: The Agency system will utilize an all payer claims database for all defined bundles. Each licensed facility shall provide, through a hyperlink to the Agency's system, the estimated average payment received and the estimated payment range for the service bundles available at that facility. Specifics of service bundles will be defined in Agency rules.

5) Line 177-178 HB1175: What are the acceptable actions to educate the public that estimates are available?



A: The bill does not require specific actions. However, each facility must take action to educate the public as required.

6) How is the term “health-related data” used in section 395.301(1)(c), F.S. defined?

A: “Health-related data” means the information the Agency collects and maintains on its website, and is further explained in section 408.05(2), F.S.

Pre-Treatment Cost Estimates - 395.301, F.S

7) As an out of network provider, pricing structure is dependent upon the payment of insurers for services rendered. How can accurate quotes be provided to patients if insurance company rates are not known?

A: Facilities are not required to adjust the estimate for any potential insurance coverage. The bill requires that the provider inform the patient that the actual cost may exceed the estimate, to contact their insurance provider regarding coverage aspects of their policy, and that other providers may bill separately.

Post-Treatment Itemized Statement or Bill - 395.301, F.S.

8) When must the itemized statement or bill be provided to a patient pursuant to section 395.301(1)(d), F.S.?

A: The initial statement or bill must be made available upon request. The statement or bill must be provided within 7 days of discharge or release or 7 days of request, whichever is later.

9) Line 201-203 HB1175: Many of our charge descriptions for surgeries are based on OR level by minutes. Is the description OR level 1, Initial 30 minutes acceptable as layperson/common language?

A: No. The specific nature of charges or expenses incurred by the patient should be in plain language, comprehensible to an ordinary layperson.

10) Line 251-255 HB1175: Do we need a specific person on site (patient liaison) or will a phone number to a call center/CBO be sufficient to comply with the legislation?

A: The statute does not specify the location of the patient liaison.

11) Do we need a statement on the itemized bill or statement that says this is based on information at time of bill/statement for compliance? Suggestions?

A: The legislation does not require nor prohibit providing such a statement on the bill.

12) Will there be any software systems that facilities will have to purchase in order to comply with the agency submission requirements?

A: The legislation does not require the purchase of any specific software systems.

13) The legislation seems to require that an ASC must make medical records available to a patient in order to verify the patient's bill or statement. The legislation seems to further require that medical records be available at the ASC's offices through electronic means. Does this mandate creation of a patient portal?

A: The legislation requires that records be made available in the facility's offices and through electronic means that comply with HIPAA. There is no mandate for a patient portal.

Posting of Charges – 395.107, F.S.

14) In relation to the urgent care sites, the locations are credentialed with the payers as a physician office, not urgent care. Is the status of the office determined by the managed care status or signage on the building?

A: The status of the office is determined by the definition of "Urgent care center" as provided in s. 395.002(30), F.S.

15) What is the definition of a Diagnostic Imaging Center as it relates to the Transparency regulations?

A: Diagnostic Imaging Center, as a component of the definition of "facility" means an off-site outpatient department of the hospital (operating under the hospital's license) providing imaging services.

16) Section 395.107, F.S. requires urgent care centers to post charges in their reception area. The urgent care definition in 395.002 was amended to also include hospital off-site emergency departments (EDs) where immediate and not only emergent medical care is provided. Has the Agency interpreted this yet? CMS has always instructed hospitals that posting charges in the ED is not allowed as it could encourage people to leave and that would be a violation of the federal Emergency Medical Treatment and Labor Act (EMTALA).

A: According to federal regulations and guidance, any request for medical treatment at a dedicated emergency department requires hospital compliance with EMTALA regulations. This means that at least an abbreviated assessment be conducted by a qualified medical person for patients presenting for examination or treatment, regardless of whether their condition appears to be an emergency medical condition. The concern would be that patients who are not sure if their condition is minor or serious may be discouraged from seeking medical attention based on the posted charges. Federal guidance clarifies that even a patient who presents to an emergency department for a prescription refill (which would not necessarily appear to be emergent) may in fact be experiencing an emergent medical event requiring emergency treatment and be subject to EMTALA.

The definition in s. 395.107, F.S., provides an exception to posting of charges if the off-site ED provides only emergency care. However, if the facility purports to provide both immediate (urgent) and emergency care, charges must be posted. Based on the federal restriction of addressing payment prior to assessment of an emergent condition, the required posting would only be for care of non-emergency services, but must not interfere with EMTALA restrictions for emergent care. Therefore, if the facility includes a common reception area for both urgent and emergency care, posting of charges prior to assessment would violate EMTALA. In this

scenario, compliance with s. 395.107, may be achieved by posting charges for services in an area viewable after an assessment is completed, or if the center has clear delineation between the urgent care from the emergency care areas. For emergency centers that combine “urgent” care and “emergent” care, EMTALA compliance for posted signage will be determined on a case-by-case basis.

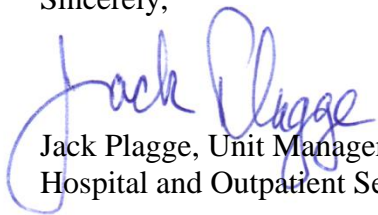
For additional information related to EMTALA requirements, please review the frequently asked questions available at the following website: <http://www.emtala.com/faq.html>

17) As it relates to the price posting requirements, are providers to post the facility’s gross charge/price file charge or are providers to post net charges after self-pay/cash discounts?

A: Facilities, as defined in s. 395.107(1) must post the prices charged to an uninsured person paying for such services by cash, check, credit card, or debit card.

If you have any questions please contact the Hospital and Outpatient Services Unit by phone at 850-412-4549 or by email at Hospitals@ahca.myflorida.com.

Sincerely,



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