Issues brought up in 11/20/2018 Health Care Cost Transparency Bill Workgroup meeting			
No.	**Issue**	**Initial DHSS respose**	**Key words**
1	Are you expecting providers, facilities and insurers to meet the January 31st deadline, with all of the unknown factors?	DHSS acknowledges that there will not be any regulations to follow for the January 31, 2019 deadline. We do endeavor to have guidance available in December. Further, we could use - if Department of Law agrees - a request for extension form for at least the submittal of cost postings to DHSS. DHSS could send this to the professional groups to forward to their clients, the regulated community. They could ask for up to six months, which should get us through the regulations process. So, once they are back and have to comply, our regulations will be in place. Also, by receiving the extension requests, I can begin forming a database of the regulated community under this bill. 2. Or - again if Department of Law agrees - either in conjunction with the request for extension or on its own, DHSS could issue a statement that under the authority of section k, DHSS exercises its enforcement discretion to **NOT** pursue enforcement of SB 105 provisions (postings, submittals or GFE) in 2019 until appropriate regulations have been finaled.	Submittals, Postings, Good Faith Estimates, Enforcement, Legal
2	CPT codes are proprietary with American Medical Association. Is publishing CPT codes putting providers and facilities at legal risk?	DHSS will need to speak to AMA and legal to determine if the bill as written introduces unacceptable level of liability to providers and facilities.	CPT
3	The rewrite of CPT codes into Plain English also intrduces potential for liability if a patient misunderstands the translation.	DHSS will need to speak to legal to determine if the bill as written introduces unacceptable level of liability to providers and facilities.	CPT
4	For Good Faith Estimates, is the patient defined as an existing patient of the provider or facility or insurer, or could it be anyone who calls or comes in with a question on a procedure's price.	A true good faith estimate would require knowing something about the patient. Further, getting a name and contact information trips a provider/facility/insurer into HIPAA territory and would likely require the facilty to fill out new patient paperwork to simply provide a procedure price. Given these realities, DHSS is inclined to define patient as an existing patient of a facility. However, doing this would limit public ability to simply shop. Will need a legal opinion as well.	Patient, Good Faith Estimates, Legal
5	Who is covered by the bill? Does this include chiropracters, masseuse, etc.	Dentists are included specifically. Insurance accepts chiropracters and that would seem to be a hook as a "health care provider." Need legal opinion on massage therapists, homeopathic services, and similar.	Providers, Facilities, Insurers, Legal
6	Do individual departments within a facility need to report and post? Or does the facility aggregate procedures from all their services and report and post as a whole?	Current DHSS intent is toward allowing facility's to aggregate reporting pricing for the whole facility, not by department or service.	Postings, Submittals, Facilities
7	Would acceptable formats for submittals be something as simple as a PDF of the poster, or taking a picture and sending a JPEG, or a scan, or even link to a facility's or provider's website post?	As long as the submittal is legible, DHSS at this time is willing to accept any posting, in whatever format, that meets the minimum information requirements of SB 105. However this may work initially, there will likely be pressure over time for a more consistent submittal format.	Submittals, Format
8	Do providers within a facility without offices, like hospitalists or anethesiologists, need to report? Or does the facility aggregate procedures from all their services and report as a whole?	Current DHSS intent is toward allowing facility's to aggregate reporting pricing for the whole facility, not by department or service or provider group.	Postings, Submittals, Facilities
9	Do reporting providers and facilities have to update their lists should there be a change in fees?	Reporting is once a year, January 31st for the previous calendar year's top ten procedures.	Submittals, Postings
10	Do reporting providers and facilities have to keep track of previous years' submittals?	DHSS does not believe the law requires facilities to keep track of previous year's submittals.	Submittals

11	Some providers and facilities, namely dentists, are captured by the bill but do not use CPT codes. How do they report their procedures?	First, DHSS needs to determine if there are other codes (like HCPC and CDT) that providers and facilitis use that are not specified in the law. Then for those codes, does SB 105 enable DHSS to include their reporting in the regulation? Requires a legal opinion.	CPT, Legal
12	Does this rule apply to home medical equipment providers as opposed to direct care?	DHSS does not think durable equipment provision would fall under definition of health care service found in SB 105.	CPT
13	Because of "private" being called out specifically in the definition of facility, do non-profit organizations fall under SB 105?	Provider definition does not specify the profit status of the provider. DHSS interprets the bill to apply to all providers and facilities regardless of profit status. A legal opinion may be necessary.	CPT, Legal
14	SB 105 requires Plain English translations of the CPT codes. Many offices will have similar top ten CPT codes. Their plain english translations will inevitably be different. Will that be a problem in having different translations from office to office?	DHSS does not know enough of the ramifications of each office having a different plain english translation for the same CPT code. DHSS will contact AMA to determine if they have concerns. Also, this will likely require a legal opinion.	CPT, Legal
15	Can other states be a model for how CPT codes have been translated?	This is a good suggestion and will be done. Other states may have ideas on CPT liability issues?	CPT
16	AMA publishes a plain english translator that can be purchased. However, some in the impacted community pushed back on using it as it's an additional cost associated with SB 105.	DHSS is prepared to accept whatever Plain English translation is provided.	Postings, Media
17	Could the media for the posting be something other than a posting, like and ipad or a tv screen?	DHSS is prepared to accept whatever media is easiest for the facility and provider, meets minimum requirements of SB 105, and is understandable by the public	Postings, Font
18	What are the font types going to be because, for example 20 point Arial will be very different than 20 point Times New Roman.	DHSS is prepared to accept whatever font type is works for the facility and provider, meets minimum requirements of SB 105, and is readable by the public	Postings, Font
19	For questions on submittal format and posting format that are not in SB 105, wouldn't you revert to the federal register and use the guidance within the CMS communication rules - where submittals should be machine readable and so on?	Where there is overlap DHSS would entertain ways to reduce the reporting burden. However, current priority is getting compliance oriented guidance to the impacted community as soon as possible. The time period to comply is soon.	Postings, Facilities
20	For larger facilities with more than one office and more than one floor, will they have to post pricing on each floor and in each office?	Currently, DHSS is leaning toward having pricing posted, at a minimum, in the main office waiting room for a facility. However, we are not settled on how to handle faclities with sattelite offices not attached to the main office.	Postings, Facilities
21	Has DHSS considered just accepting a facility's or provider's fee schedule?	At this time, DHSS does not have enough information to consider this request. We would still need a list of the top ten procedures within the six CPT categories. However, if that was is not too difficiult the provide and the labor is still less on the provider/facility, this could be considered.	Submittals
22	For those facilities with facebook pages but no website, would the facebook page suffice as a website.	At this time, DHSS is inclined to treat a facility's facebook page like their website if they otherwise lack a static page.	Posting, Website
23	For Good Faith Estimates, if a patient chooses an oral quote, what minimum amount of information would be needed. Also, considering oral estimates must be recorded.	At the very least, DHSS would think a name, contact phone or email would be necessary. This allows the provider or facility to get back to the patient if the estimate needs to be changed. Plus if DHSS gets a complaint, it allows staff to check the log of the facility to see if an estimate was givne or not. Emailed and written quotes will likely already have contact information and names. This concern may be mute however if 'patient' remains defined as someone already a client with the provider or facility.	Good Faith Estimate, Oral Quote

24	Good faith estimates have a caveat in SB 105 that providers and facilities and insurers are not liable in case the estimate is wrong. This disclaimer does not exist for postings and submittals.	DHSS is inclined at this time to use the 'may' of enforcment language in the bill to allow a disclaimer to be used for postings and submittals as well. Needs a legal opinion.	Posting, Submittals, Good faith estimates, Liability, Legal
25	CPT and Plain English issues also associated with Good Faith Estimates	Good Faith Estimate language in SB 105 provides more liability protection to facility/providers/insurers.	Good Faith Estimate, CPT, Plain English
26	For facilities with mulitple procedure discounts, in a good faith estimate, do you give the straight pricing or the pricing specific to the patient and their situation?	DHSS is inclined to allows the providers and facilities and insuruers to provide patients the good faith estimate based on that specific provider/facility/ insurer discounts may be. This estimate will be born of the provider's knowledge of their patient and, unlike the 'top ten' procedures for postings, these will be very specific to the patient.	Good Faith Estimate
27	Enforcement will likely occur as a "complaint based" system. A complaint comes into DHSS that a posting or Good Faith Estimate is not correct. We follow up. If the complaint proves valid, we send the provider/facility/insurer a certified letter with a deadline to fix the problem. If after the deadline the problem remains, a second certified letter is sent and penalties may accrue in accordance with SB 105	DHSS is focused on compliance based activity related to SB 105. Whereas this may process may be a possible method of enforcment, our current priority is getting guidance to the regulated community and encouraging compliance.	Enforcement
28	In the posting and good faith estimates, providers and facilities have to list any health care insurers with which the provider / facility has a contract to provide health care services as an in-network preferred provider. If the provider/facility has an umbrella payer, can they list the umbrella provider, or do they have to list every insurance under the umbrella provider. And, do the provider/facility have to list the insurance companies or can they just use the logos.	DHSS is inclined to allow providers/facilities to post the umbrella company. This may change in the future if DHSS receives complaints that people cannot determine whether their specific insurance falls under some "umbrella" company. May need a legal opinion.	Insurance Provider, Legal
29	Will insurance providers have to follow the same rules as providers and facilities when it comes to complying with SB 105 rules on good faith estimates.	DHSS interprets the law such that insurers must follow the same good faith estimate provisions as providers and facilities.	Insurance Provider, Good Faith Estimate
30	Depending on where your practice is, there may be municipal rules on reporting, like in Anchorage. How will the SB 105 rules jive with the munipality and do practices have to report separately.	DHSS does not have an answer to this at this time. Will need to see what the municipality site entails and if there's any legal issues with using that data.	Administrative Burden
31	In our facility, our section wouldn't give a good faith estimate for something we don't bill for, even though that might be a service in another section of the facility. Is that okay?	DHSS interprets SB 105 with enough flexibilty in providing a good faith estimate to cover this concern. A provider/facility/insurer can give a partial estimate within a course of treatment, but may have to explain that in the estimate. Otherwise, the estimate is to include persons, or suspected persons, who may charge.	Good Faith Estimate
32	Can DHSS use Health Facility Data Reporting data (HFDR) data to gin up top ten CPT code costs for posting and submittal requirements.	HFDR reports billed pricing which is essentially the same as undiscounted price language defined in the law. However, HFDR only applies to facilities and does not capture all providers. DHSS will explore use of HFDR data. Even if it proves useful, use of HFDR data could not be applied equally across the SB 105 reporting community.	
33	How do we handle out of state providers and facilities?	DHSS intends to add language to guidance clarifying that out of state providers with an Alaska business license, and an office or physical presence in Alaska, are subject to this rule.	