



Baptist Health System

A seven-hospital system in Florida

1,492 beds

292,700 + ED visits

72,681 inpatient admissions

Impetus for Initiative: In 2001, Baptist Health began its price transparency initiative to help international, self-pay patients anticipate the cost of procedures before they received care. Originally named the Corporate Pricing Office, the seven-person office is now the Central Pricing Office (CPO) and serves all Baptist Health facilities, including physician offices.

Price estimates include hospital care and facility physician services, such as anesthesiology, pathology and radiology; employed hospital physician fees also are included. Each month, the CPO provides on average 1,400 self-pay price quotes, 2,500 out-of-pocket quotes and receives an additional 2,200 calls for price information.

Though the initiative has expanded, it remains a homegrown system created by the CPO to be as informative as possible for patients. Estimates can be provided for any procedure. Patients needing information on uncommon procedures are called back the same day. Patients who are pre-registered for services receive a letter with details about the services they will receive and what portion of that cost they are responsible for via upfront estimates of out-of-pocket expenses, including copays, coinsurance and deductibles. All other patients receive the information at registration so there are no surprises post-care. Baptist Health collects copays, coinsurance and deductibles upfront. If a patient cannot afford care, they are immediately connected with a financial aid officer who assesses whether the patient may qualify for charity care or other assistance programs.

Baptist Health strives to be precise and believes its community is best served when price information is accurate and based on a specific patient. Prices are not available on the website, and every price estimate requires hospital registration information.

Challenges: Many patients with high-deductible plans defer care or avoid going through their insurance because their out-of-pocket costs are higher than if they were a self-pay patient. Pricing for facility- and hospital-based physicians may differ between facilities and that can become an issue for self-pay patients.

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