

Appendix 3.
Template for the Physician Provider Report for Consumers

**Cost and Quality Information for Health Care Consumers
Required by 2009 Wisconsin Act 146**

2009 Wisconsin Act 146 seeks to make health care costs and charges clearer to consumers. It requires health care providers to disclose, upon request, certain charge and payment information for health care services, tests, and procedures.

Health insurance plans will often reimburse your provider for less than the full charge. Consumers may be responsible for some or all of the rest. How much you are responsible for depends on the details of your insurance, such as your deductible and your co-payment responsibilities.

Your insurance plan is required to advise you on your possible actual costs. You must tell your insurer the exact health care services you are considering. Your health care provider can give you the technical descriptions (“CPT codes”).

Act 146 also requires health care providers to offer information on charges, payments, and possibly on their comparative quality. The Wisconsin Department of Health Services determined that this requirement will be phased in, beginning in 2011 with physicians.

This physicians’ report is based on the 25 most common medical conditions (without complications) treated by physicians in Wisconsin among those under age 65. For each medical condition, the five “Related Medical Services” are listed that account for most charges by physicians. (Again, assuming there are no complications.)

- You probably will not require all of these services or even any of them, depending on your physician’s judgment and your decisions. Your physician also may recommend additional services and supplies from some other health care provider.
- Patients should ask their physician what might be provided or recommended for their unique situation. Charges for specific services (“CPT codes”) are available from this practice on request, if it is a service provided by this practice.

There are important notes and definitions following the table.

Practice: Dr. Bucky Badger

Common Medical Conditions Seen by This Practice Related medical services provided by a physician (CPT code)	Current billed charge (Optional)	Median billed charge (Jan-June 2010)	Medicare pays this practice	Typical charge in this area	Information on comparative quality is available at...
Hypertension Office Outpatient, Established Patient, 25 Min (99214) Office Outpatient, Established Patient, 25 Min Min (99213) Periodic Preventive Med, Established Patient, Age 40-64 (99396) Echo Tthrc R-T 2d +-M-Mode Compl Spec&Color Dop (93306) Comprehensive Metabolic Panel (80053)	\$ [practice inserts] \$... \$... Not Applicable \$...	\$ [practice inserts] \$... \$... Not Applicable \$...	\$ [practice inserts] \$... \$... Not Applicable \$...	\$ [practice inserts] \$... \$... Not Applicable \$...	http://www.wchq.org/reporting/ [practice inserts only if public reports available on this condition or this service] Not Applicable

Note: Practices may substitute CPT descriptions that effectively communicate the service to their patients.

Important Notes:

The most common conditions and related medical services. If your condition is listed, you can see some common services provided by physicians to diagnosis and treat that condition, assuming there are no medical complications. The “CPT code” is used by insurers to determine their reimbursement to the physician. If you provide this code to your insurer, they will tell you what part of the charge they will pay and how much you may be responsible for at this time. The actual services for a given condition may be different from those listed.

Other related services and supplies. Many conditions require medical services and supplies from other physicians and other providers (prescription drugs, for example). Your physician can tell you what other services and supplies may be recommended for your treatment, but you should consult the other providers and your insurer if you want an estimate of the probable cost to you. Additional charges may include facility costs, diagnostic testing (such as radiology or lab work), anesthesia administration, and so on. Your financial responsibility will depend on your insurance plan and on payment plans negotiated between insurers and providers.

‘Not applicable’ or ‘NA’ – this physician either does not treat this condition or does not provide this service.

The current charge is the standard amount this physician charges for this service. Individual charges may be lower or higher, depending on the individual’s medical condition. *This is not a required part of this report.*

The “median billed charge” is required by Act 146. It is this physician’s charge in effect during the first half of 2010. If the charge changed during this period, it is the middle of the charges that were in effect.

The Medicare payment is how much Medicare will pay this physician for the listed service, each time.

The typical charge in this area is the average or median charge for this service by physicians in this part of Wisconsin, according to one of the standard sources. This practice used the _____ [cite source] _____. The average payment to this practice by private third-party payers (such as insurance companies) will be less than this.

Reports on quality may be publically available for this physician’s services. If so, here is how you can obtain them.

The Wisconsin Department of Health Services defined the methods for calculating this information and determined that this report will be phased in, beginning in March 2011 with physicians. More information is available at <http://www.dhs.wisconsin.gov/2009wisact146>.