Less than One-Third of Hospitals Provide Compliant Price Transparency Information for Total Joint Arthroplasty Procedures

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INTRODUCTION:

The Centers for Medicare and Medicaid Services (CMS) recently implemented price transparency legislation. As total joint arthroplasty (TJA) procedures are widely used, expensive, and generally are predictable in terms of cost and expected outcomes, these procedures are a proxy for assessing how hospitals provide price transparency for their services as a whole. Also, cost estimates for TJA procedures represent some of the most commonly sought-after price transparency information among the orthopaedic surgery patient population. We asked: 1) Are hospitals compliant with federal rules mandating price transparency for primary TJA? 2) Are hospitals providing this data in a user-friendly format? 3) Is there a difference in prices quoted based on CPT codes compared with DRG codes?

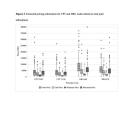
Our cross-sectional retrospective analysis used the CMS's Hospital Compare database. This database includes information for 5,326 Medicare hospitals nationally. We excluded children's, psychiatric, Veterans Affairs, and active military base hospitals as well as hospitals performing fewer than 100 TJAs annually. A total of 1,719 hospitals remained after this selection process. Random sampling stratified across practice setting, hospital size, TJA volume, type, ownership, and Census region was performed to identify 400 facilities for our final analysis (Figure 1). Included hospitals were located predominately in urban areas (79%) and were mostly medium (43%) in size. Most were classified as acute care (98%) versus critical access (Table 1). Three reviewers thoroughly searched each hospital website for a machinereadable file providing the following five datapoints: gross charges, payer-specific negotiated charges, deidentified minimum negotiated charges, deidentified maximum negotiated charges, and discounted cash prices. Hospitals that provided all five datapoints through a machine-readable file were considered compliant. Additionally, we considered hospitals with any gross price information pseudocompliant. Consumer-friendliness was assessed based on the following criteria: 1) languages other than English were offered, 2) it took <15 minutes to locate pricing information, 3) a phone number or email address was provided for questions, and 4) there was a description of procedure in common terms. Pricing information was recorded and compared for CPT codes 27447 and 27130 and DRG codes 469 and 470. Data was sourced from December 1-20, 2021, to assess compliance in the first year since the legislation was implemented. **RESULTS:**

Only 32% of the sampled hospital websites were compliant with all requirements under the CMS rule for transparency in pricing. When segregating by individual procedures, 21%, 18%, 18%, and 19% hospitals provided CMS-compliant pricing information for CPT codes 27447 and 27130, and DRG codes 469 and 470, respectively. For each code, rates of pseudocompliance were 36%, 31%, 34%, 50%, for the included codes, respectively (**Figure 2**). Most included hospitals provided at least some of their pricing data in a user-friendly format (**Table 2**). Prices quoted using a DRG search were higher overall than prices quoted using a procedure-specific CPT code (**Figure 3**). DISCUSSION AND CONCLUSION:

Although the CMS implemented a price transparency mandate at the beginning of 2021, our analysis demonstrated that most hospitals either do not provide TJA price estimates or are noncompliant when presenting related information. Specifically, approximately half of evaluated hospitals provided a gross charge for any TJA code and less than one-third were fully compliant with all CMS mandates. Given the influence compliance and price sharing may have on empowering patients' healthcare decisions and reducing healthcare expenditures, hospitals should use our analysis to identify where their compliance is lacking and to make their pricing information more readily available to their patients. As well as ensuring all six CMS mandates are met, this includes providing information in easy-to-understand formats and making related services identifiable across all levels of health literacy. Furthermore, we advocate for the use of CPT codes and layman terms when identifying provided services as well as a price estimator tool that allows for the download of a machine-readable file specific to the procedure of interest.







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Critica	810385	79(307)	
		21(192)	
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Moleure	40.0393	4311711	
		73(20)	
Hopital tor			
		99(092)	
Hopital meenkip			
	11 (195)	131520	
Private voluminer nonprofit	53 (98)	54(2)4)	
Charak volumour association	9 (159)	11.00	
	20.050	29120	

Variable	5.00
Priving load	81 (122)
Ci/S document	\$7(345)
Personal information	21.025
Language	
English	55(36)
English and Spacish	105
English and other	6.5 (2)
Deception of procedure	3(0)
Time from initial query	_
-Sinia	32 (12%
3-33 min	12 (307)
> 13 min	17 (66)
Physicist foro	2.093
Hospital face.	6(25)
Pixer earlier	33 (131)
Precodure workh Ratetion	_
Noting	4(14)
021	\$ (05)
090	1(5)
Keywork	4(8)
Conditionion (CPT, DEX), largeworks	82 (129)