Provider patient information responsibility when serving those not on state plan

Dwight Dill made a good comment near the end of the November Task Force meeting about providers needing to collect sufficient information from a patient that they serve who is not a resident and not in the state plan that I think needs more consideration by the Task Force.

Providers are obligated to provide services in an emergency, even for out of state residents who present for service, and those providers who wish to get compensated for doing so will need to collect coverage information unless the patient can pay out-of-pocket at the time of service. Practitioners may also choose to provide services to those not in the state plan in non-emergency situations.

The Task Force may not need to go into lots of detail about this in their recommendations, but some things might be worth thinking about –

- It seems that the system may want to give providers a choice between billing non-participants themselves and billing through the state. If billing through the state, the provider must accept payment that the state is able to collect from the patient or their insurer, based on information that the provider sends to the state, minus an appropriate processing fee to cover the state's administrative costs. The state has an obligation to make a good faith effort to collect the payment.
- Regarding a rate cap – the plan may want to allow a provider to bill a non-plan participant patient (or their insurer) a bit more than the state reimbursement rate, to allow for the extra administrative burden.
- Regarding a rate cap (second special case) – I spent 16 years in Rochester Minnesota, home of the Mayo Clinic. As well as serving local residents, the clinic serves many extraordinarily wealthy people from around the globe who are willing to pay well (e.g. – Saudi royals). OHSU may not be quite at that level, but they certainly serve people from out of state, some of whom are likely wealthy and choose to come to OHSU for the quality of care. Should OHSU be allowed to get extra money from those patients? An argument against that is that it will encourage them to provide services to such wealthy patients rather than providing necessary services to those covered by the state plan. An argument for that is such wealthy patients can help subsidize care for others. It is not clear how such tension is best resolved. A related note – Mayo Clinic doctors would often get valuable personal gifts from patients that they served. Does that inappropriately encourage them to serve wealthy patients rather than others? Does that happen often enough at a place like OHSU that it matters?

Thoughts submitted by Charlie Swanson