



# Patient “Right to Shop” Law

## *Frequently Asked Questions*

**Q: What is this law and who does it apply to?**

**A:** Maine has a law that seeks to reinforce a patient’s right to choose where they receive healthcare services. This law requires healthcare entities to provide a written **“right to shop”** notice to patients with private health insurance coverage when these patients are being referred (or a recommendation is made for a referral) for non-emergency, outpatient physical or occupational therapy, radiology or imaging services, lab services, or infusion therapy services. The notice only needs to be provided if the referral/recommendation is made during an in-person visit.

**Q: How does Northern Light Health comply with this notice requirement?**

**A:** To comply with this new legislation, NL includes a written notice on all Patient Visit Summaries in Cerner and MEDITECH (Maine Coast). This notice, along with an appropriate description of the recommended or referred service, meets the written notice requirements of this law.

The notice reads:

*If your healthcare provider has recommended that you receive one or more of the following non-emergency outpatient healthcare services: physical therapy, occupational therapy, radiology, imaging, laboratory services and/or infusion therapy, you have the right to compare prices for these services between different healthcare providers. If you have health insurance, you can contact your healthcare insurance carrier directly at their toll free number for information. Your healthcare insurance carrier may also have a healthcare price transparency tool that you can review. If you or your healthcare insurance carrier needs additional information in order to compare prices, please contact your healthcare provider. If you choose to receive these services from a different healthcare provider, you must tell us so that we can give that healthcare provider a copy of your referral and any other paperwork that may be needed.*

**Q: What if we do not regularly print the Patient Visit Summary or the patient “declines” printing of the Patient Visit Summary?**

A: If a referral is made and the patient has private health insurance, the provider **MUST** print a Patient Visit Summary and provide it to the patient – the patient cannot “decline” printing of the material. If the patient then chooses not to read it or throw the Patient Visit Summary away, that is beyond our control; however the law clearly states we must provide “written notification.”

**Q: What if the patient elects to receive the Patient Visit Summary via email or posted to their portal?**

A: As an alternative to physically printing, it is also acceptable to email the Patient Visit Summary directly to the patient or post it to their portal if they prefer electronic delivery. This method also meets the requirement of “written notification” and complies with the law.

**Q: Why does the written notice print on every Patient Visit Summary even if the patient has Medicare or Mainecare?**

A: In order to avoid inadvertently missing patients who are required to receive this notice, all patients, regardless of the patient’s payer source and/or whether a recommendation or referral has been made for the specific services set forth in the law, will receive the written notice on their Patient Visit Summary.

**Q: What if the patient receives a recommendation or referral for one of the listed services but it is not entered onto the Patient Visit Summary?**

A: If the recommended or referred service is not entered onto the Patient Visit Summary, then a hardcopy notice form must be completed and provided to the patient. This is the same form used by practices not using an electronic health record (EHR).

**Q: What if a referral is not made during the patient’s visit?**

A: If a patient does not receive a recommendation or referral for services, then you do not need to do anything further. The notice regarding a patient’s “right to shop” will still appear on the Patient Visit Summary but is drafted in a manner to alert patients that it only applies “if” a recommendation or referral has been made by the patient’s healthcare provider.

**Q: What if our practice does not use an EHR?**

A: An editable electronic notice form is used. Staff may edit this electronic form to describe the patient’s recommended or referred service prior to printing the form for the patient. A practice may also choose to print and handwrite in the recommended service if that offers better workflow for that specific practice. This notice needs to be provided only to those patients who: (1) have private insurance; and (2) who receive referrals or recommendations for physical or occupational therapy, radiology or imaging

services, lab services, or infusion therapy services. If patients do not meet both of these criteria a notice is not required.

**Q: Does our practice need to retain a copy of the notice provided to patients?**

A: No. You do not need to retain a copy of the notice provided to patients.

**Q: Does our practice need to include a CPT or other procedure code when describing what service the patient is being referred for?**

A: No, a description of the service may be used instead of a CPT or other procedure code so long as the description is sufficient to allow the insurance carrier to assist the patient in comparing prices for the service.

**Q: If a recommendation is made for one of these services to a patient during an in-person visit, but the actual referral is not made until after the patient leaves, does a notice still need to be provided to the patient?**

A: Yes. A notice must be provided whenever a patient receives a recommendation for one of these services during an in-person visit.

**Q: What if a patient asks me for pricing, competitor locations, or comparison information?**

A: Patients who have questions relating to competitor pricing or locations, or other comparison information, should be directed to contact their insurance carrier for this information.

**Q: What do I need to communicate to patients about this new law?**

A: We meet the requirements of the law by providing a written notice to patients. No additional patient education is required. If a patient has questions regarding their “right to shop,” they should contact their insurance carrier directly for further information.

**Q: What if I have more questions?**

A: If you have additional questions, please contact either your member Compliance Officer, or Northern Light Health’s Compliance Officer, Tracy Roberts, at 973-5967.