

Consent Form for Participation in Research

Study Title: Using patients' medical bills to authenticate prices reported by health insurers (IRB-FY2025-345)

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You may be eligible to take part in a research study. This form gives you important information about the study. It describes the purpose of the research, the risks and possible benefits of participating in the study.

Concise and Focused Presentation

Participants will voluntarily submit their medical bills and Explanation of Benefits (EOBs) to PriceCheck@rice.edu after removing or concealing any personal identifying information (i.e. Member/Patient name, Member ID, Group number, Group name, Patient address, Date of Birth). Researchers will use the information from the submitted forms to create a database of charges for the medical care provided which will include items such as insurer, provider, place of service, billing and/or procedure codes, and prices. We will then compare those values to the prices reported under the national price transparency rules to determine if the prices being released to the public are being accurately reported. Researchers will use the comparison to develop a report that will discuss the differences and/or similarities in the prices being reported versus the actual prices being charged to patients. This information will be used to assess the validity and value of the price transparency data being released by health insurers to the public. Risks to participants are minimal. The primary risk is loss of privacy associated with sharing these forms by email, which is why we have requested that the participant remove identifying information before submission. This project could provide societal benefits by determining reliability of the price transparency data for individuals and anyone else that might benefit from steering patients to lower cost health care providers (i.e. employers purchasing health insurance for their employees). With the rise of high deductible health insurance plans, patients require accurate data on the prices they should expect to pay when making decisions on which providers to seek out for high-cost testing or treatment. Depending on the outcome of the analysis, our findings could also direct future legislation, regulations or enforcement regarding price transparency to improve the information available to the public.

Purpose of this Study

The purpose of the study is to compare the prices appearing on medical bills received by patients to the prices that insurers report that they have negotiated with healthcare providers under federal price transparency rules. The prices from these two sources should be equal. If they are not, then patients and employer-purchasers cannot obtain accurate estimates of the costs they can expect to pay if they seek healthcare.

Procedures / What will happen to me in this study?

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- Participants should submit their health claims and Explanation of Benefits (EOBs) to PriceCheck@rice.edu after removing or concealing any identifying information (i.e. Member/Patient name, Member ID, Group number, Group name, Patient address, Date of Birth).
- Researchers will use the information from the submitted forms to create a database of charges for the medical care provided which will include items such as insurer, provider, place of service, billing and/or procedure codes, and prices.
- Researchers will then compare those values to the prices reported under the national price transparency rules to determine if the prices being released to the public are being accurately reported.

The research study will only be completed if a minimum of 1,000 submissions are received.

Participant Requirements

Age 18+ and voluntarily submit your medical claims and Explanation of Benefits (EOBs) to PriceCheck@rice.edu

Sharing and Future Research Studies with Identifiable Private Information

Your personal information collected during this study will not be used or distributed for future research studies even if the information is de-identified and cannot be linked back to you.

Protected Health Information

We request that participants remove or conceal all identifying information (i.e. Member/Patient name, Member ID, Group number, Group name, Patient address, Date of Birth) from their bills before submission. Research records that identify you will be kept confidential as required by law. You will not be identified by any direct personal identifier in research records given to someone outside of Rice University, except when required by law.

Risks

The risks and discomfort associated with participation in this study are no greater than those ordinarily encountered in daily life or during email communication with a friend or colleague. Risks to participants are minimal. The primary risk is loss of confidentiality associated with sharing these forms by email, which is why we have requested that the participant remove identifying information before submission.

Benefits

There may be no personal benefit from your participation in the study but the knowledge received may be of value to humanity.

Compensation & Costs

There will be no cost to you if you participate in this study.

Ending Your Participation

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Your participation in this study is entirely voluntary. You are free to refuse to be in the study and your refusal will not influence current or future relationships with Rice University and participating sites.

Confidentiality

By participating in the study, you understand and agree that Rice University may be required to disclose your data and other personally identifiable information as required by law, regulation, subpoena or court order. Otherwise, your confidentiality will be maintained in the following manner:

By participating, you understand and agree that the data and information gathered during this study may be used by Rice University and published and/or disclosed by Rice University to others outside of Rice University. However, your name, address, contact information and other direct personal identifiers will not be mentioned by Rice University in any such publication or dissemination of the research data and/or results.

The researchers will take the following steps to protect participants' identities during this study: (1) Each participant will be assigned a number; (2) The researchers will record any data collected during the study by number, not by the submitting e-mail address; (3) Any original recordings or data files will be stored in a secured location accessed only by authorized researchers.

Rights

Your participation is voluntary. You are free to stop your participation at any point. Refusal to participate or withdrawal of your consent or discontinued participation in the study will not result in any penalty or loss of benefits or rights to which you might otherwise be entitled. The Principal Investigator may at his/her discretion remove you from the study for any of a number of reasons. In such an event, you will not suffer any penalty or loss of benefits or rights which you might otherwise be entitled.

Right to Ask Questions & Contact Information

If you have any questions about this study, you should feel free to ask them now.

If you have questions later regarding the study or a research-related injury, or if you have complaints, concerns, suggestions about the research, desire additional information, or wish to withdraw your participation please contact the Principal Investigator by mail, phone or e-mail in accordance with the contact information listed on the first page of this consent.

For questions about your rights as a research participant, or to discuss problems, concerns or suggestions related to the research, or to obtain information or offer input about the research, you should contact an IRB Compliance Administrator at Rice University. Email: irb@rice.edu or Telephone: 713-348-4820.

Conflict of Interest

Vivian Ho is a member of the Community Advisory Board at Blue Cross Blue Shield of Texas.

Voluntary Consent

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By submitting the requested documents to PriceCheck@rice.edu, you agree that the above information has been explained to you and all your current questions have been answered. You understand that you may ask questions about any aspect of this research study during the course of the study and in the future. By submitting the documents, you agree to participate in this research study.