Southern New Hampshire Health

# Understanding Pricing for Healthcare Services

## New Rules For Healthcare Pricing Transparency

An executive order was signed with the intent of "Improving Price and Quality Transparency in American Healthcare to Put Patients First". The goal of the order is to lower healthcare costs by providing patients with more cost information, in particular for "shoppable" services (i.e., services provided by numerous providers that patients can research and compare pricing).

***Before you view the pricing information for SolutionHealth, we wanted to provide you with some basic background information about:***

- The provided pricing information
- How it relates to a final hospital bill or pricing information included in an explanation of benefits (EOB) from your health insurer

While this information should help you understand SolutionHealth's charge structure as well compare prices with other hospitals, it is unlikely that your final bill will exactly match the prices listed. We'll explain more about that later.

Each hospital sets a "gross charge" for every individual service rendered to patients within their "chargemaster" or CDM (charge description master). These gross charges do not include any discounts that may be offered, and they serve as the starting point from which payment is negotiated with individual insurance payers for specific insurance plans. As a patient receives services throughout their visit, a charge for each service provided is generated on their account, resulting in a claim that is submitted to the patient's insurer.

You should know that patients will almost never pay the listed gross charge for healthcare services. However, under federal law, all insurers, including Medicare and Medicaid, must be billed the amount listed on the chargemaster for those services. These charges are rarely paid in full due to the contracted payment rates negotiated between hospitals and insurers.

The EOB (Explanation of Benefits) provided by individual insurers details each patient's actual cost for services provided. Hospitals typically cannot publicly disclose the negotiated rates, making it difficult to compare final prices from one hospital to the next using the gross charge information from the chargemaster.

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# The Information You Will See: Standard Charges & Shoppable Items

## Standard Charges

Medicare has defined several different types of standard charges that should be available for patients to see. ***They are:***

- **Gross charges**
- **Discounted cash price**
- **Payer-specific negotiated charge**
- **De-identified minimum negotiated charge**
- **De-identified maximum negotiated charge**

***Here's a quick overview of each.***

### Gross Charges

The gross charge is the full list price from the hospital chargemaster.

Gross charges can vary, sometimes greatly, from hospital to hospital for the same procedure or service based on how each hospital manages its charges and costs. Charges can vary based on geography, physician supply and medication preferences, the kinds of services the facility typically provides, and the expertise required to deliver these services. External factors also play a role: The cost of living in a given area can have a significant effect on wages, which is a major factor in cost calculations for hospitals. Drug and supply costs also vary greatly depending on which (if any) group purchasing organization the hospital is part of.

### Discounted Uninsured Price

The second type of standard charge defined by Medicare is called a discounted uninsured price. This pricing is the average amount allowed by the insurance companies which ensures that the uninsured will not pay a disproportionately higher amount. This rate only applies to Patients with no insurance coverage.

### Payer-Specific Negotiated Charge

The payer-specific negotiated charge is the charge that a hospital has negotiated with a third-party payer for an item or service; this is sometimes referred to as the "allowed amount" on an Explanation of Benefits (EOB). This charge amount will likely vary from payer to payer and even between insurance plans for the same insurance payer.

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### De-identified Minimum Negotiated Charge

The de-identified minimum negotiated charge is simply the lowest charge that a hospital has negotiated across all insurers for an item or service. This amount is typically the amount negotiated with Managed Medicaid plans and does not cover the cost of providing the service. SolutionHealth participates with these plans to serve all members of our communities.

### De-identified Maximum Negotiated Charge

The de-identified maximum negotiated charge is the highest charge that a hospital has negotiated with all insurers for an item or service.

## Shoppable Services

The high degree of variation in charging practices and differences in reimbursement methodologies between insurance payers make it difficult for patients to get the intended full-benefit of "pricing transparency." Medicare wanted to give patients another way to compare prices, so they've also asked hospitals to create a list of shoppable services.

Medicare defines "shoppable services" as a service that typically can be scheduled by a patient in advance on a non-urgent basis. Medicare has identified 70 shoppable services that all hospitals should include and has asked hospitals to each choose at least 230 additional shoppable services that they perform most frequently.

Every shoppable service will contain an easy-to-understand description of the item or service and standard charges information, including the gross charge, discounted cash price, average negotiated charge for each insurance payer, de-identified minimum charge, and de-identified maximum charge. If searching for a procedure or CPT code and the results returned say "there are no results to display" this means that there were no claims submitted for this insurance plan for this procedure or CPT code, this does not indicate that we do not offer the service, please call Customer Service for more information.

You'll also see a specification for whether the procedure is done on an inpatient or outpatient basis, as procedures done on an inpatient basis may incur additional charges, such as room and board charges. Most services listed do not contain the physician, or professional, charges as this is for the facility, or hospital, component only. Additionally, implantable items vary widely in price and will influence the final patient responsibility.

Certain procedures such as colonoscopies and endoscopies may be able to be performed in a less costly site within SolutionHealth. Availability is dependent on the patient's health status.

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# Where Can YouGet More Information?

Calling your insurer or viewing your current insurance benefits on-line is always a good idea if you're considering an elective procedure and want to get a general idea of your out-of-pocket costs. Your insurer benefit grids can help you understand how your coverages and deductibles work for defined services as well as your current payment history towards deductible, co-insurance and your maximum allowable.

If you want to get a more general idea of costs or compare your likely costs to those incurred by others, there are a few public pricing resources to consider:

### The Centers for Medicare & Medicaid Services

Medicare releases annual payment information for inpatient and outpatient procedures. For more information, visit cms.gov.

### State-wide Database

Some states have large-scale databases that collect medical, pharmacy, and dental claims, as well as eligibility and provider files from private and public payers. For more information visit: https://nhhealthcost.nh.gov