

BRYAN HEALTH PROCEDURE

Price Transparency Procedure

PURPOSE

- I. Define Bryan Health's procedure pertaining to price transparency.
- II. Ensure timely, understandable and accurate responses to patient requests to access standard charges for healthcare services provided by Bryan Health hospitals, consistent with business needs and applicable law.

INTRODUCTION

This policy is intended to promote transparency for patients to better understand their financial liability for services obtained at our hospitals and to allow a comparison for similar services across hospitals.

SCOPE

All employees of Bryan Medical Center and Crete Area Medical Center.

EQUIPMENT/SUPPLIES/RESOURCES

Bryan Health Hospital Financial Assistance Policy

I. Procedure

- A. Bryan Health allows public access to standard charges for health care services provided at our hospitals. Sharing charge information is one way to help patients and their families make informed decisions regarding their health care.
- B. The public may obtain Bryan Health's standard charges by calling a Patient Financial Services representative at the following numbers:
 1. For Bryan Medical Center call: (402) 481-4900, or for Crete Area Medical Center: call (402) 826-6588.
 2. Patient Financial Service representatives will be available weekdays from 8 a.m. to 4:30 p.m. to assist the public with accessing pricing information. This information will be made available verbally by phone or in writing. This information is not a quote or a guarantee of what the charges will be for a specific patient's care.
- C. Total charges are based on the type of care provided to a specific patient. Total charges may be different for specific patients due to the medical condition, length of time spent in surgery or recovery, necessary specific equipment, supplies or medication, and depending on the physician's treatment plan due to individualized health needs.
- D. Bryan Health's standard charges are separate and distinct from physician's charges. All of the physicians who furnish services to patients during their admission including emergency room physicians, radiologists, pathologists, anesthesiologists, etc. who render professional services, bill and collect independently for their services. Physician's charges and/or bills will be separate and apart from the hospital's billing and collections.

E. Estimates/Financial Assistance

1. For patients with health insurance, patients are responsible to pay the deductible, copay and/or coinsurance set by their health insurance plan. Bryan Health recommends contacting the health plan directly for specific information regarding the out-of-pocket financial responsibility.
2. For patients without health insurance, Bryan Health will provide information regarding its financial assistance program which includes an automatic uninsured patient discount.

F. Bryan Health will make this procedure available to the public by posting this document on its website <https://bryanhealth.org/patients-visitors/pricing-insurance-financial-assistance-billing/>.

II. Definitions

- A. **Standard Charges:** The charge amount set before any discounts. Standard charges are used as the starting point for all patient bills.
- B. **Total charges:** The total amount charged based on services provided and may vary from patient to patient, depending on the physician's treatment plan due to individualized health needs.
- C. **Discounts:** Commercial insurers negotiate discounts with hospitals on behalf of their enrollees and pay hospitals at varying discount levels, generally much less than the standard charges. Medicare and Medicaid pay hospitals according to a regulated fee schedule – both pay much less than what it costs the hospital to provide the service. Although all bills start with charges, all patients without health coverage are eligible to receive an automatic uninsured patient discount; therefore, no patient at Bryan Health pays the full amount of the charges.
- D. **Costs:** The amount the hospital needs to spend to provide care.
- E. **Out-of-Pocket Expense:** The portion of total payment for medical services for which the patient is responsible, including copayments, coinsurance, and deductibles.
- F. **Price:** The total amount a provider expects to be paid by payers and patients for health care services. The price of healthcare services often differs depending on whether the patient has insurance coverage or is eligible for financial assistance.

REFERENCES

Affordable Care Act, Section 2718(e) of the Public Health Service Act.

AUTHOR

Arlen Rasmussen, Patient Financial Services Director
Julie Lacy, Accounting and Tax Manager

KEYWORDS

Price, transparency, charges, discounts and cost

SIGNATURES (Signature Sheet on File)

Leadership Function, Russ Gronewold, VP Finance/CFO