1. **SCOPE**

   This document defines requirements for staff involved in price transparency for the following Bryan Health entities:

<table>
<thead>
<tr>
<th>Bryan Medical Center</th>
<th>Bryan Health Corporate Depts.</th>
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<tbody>
<tr>
<td>Crete Area Medical Center</td>
<td>Merrick Medical Center</td>
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</tbody>
</table>

2. **PURPOSE**

   To establish guidelines for price transparency, 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.

3. **PROCEDURE/REQUIREMENTS**

   3.1 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.

   3.2 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. This information is not a quote or a guarantee of what the charges will be for a specific patient’s care as actual expenses can and will vary from patient to patient.

   3.3 The public has the following options to receive a price estimate for common procedures from a Bryan Health hospital:

   3.3.1 Bryan Medical Center:

   3.3.1.1 Accessing the online price estimator for an estimate at:


   3.3.1.2 Calling the Price Estimate Line at 402-481-4900.

   3.3.1.3 Submitting requests online using our Online Price Estimate Form available at:


   3.3.1.4 Accessing a full list of services and charges available at:


   3.3.2 Crete Area Medical Center:

   3.3.2.1 Calling the Price Estimate Line at 402-826-6588.
3.3.2.2 Accessing a full list of services and charges available at:
https://www.bryanhealth.com/patients-visitors/pricing-insurance-financial-assistance-billing/

3.3.3 Merrick Medical Center
3.3.3.1 Calling the Price Estimate Line at 308-946-3015
3.3.3.2 Accessing a full list of services and charges available at:
https://www.bryanhealth.com/patients-visitors/pricing-insurance-financial-assistance-billing/

3.4 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.

3.5 Bryan Health’s standard charges are separate and distinct from physicians’ charges. All 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. Physicians’ charges and/or bills will be separate and apart from the hospital's billing and collections.

3.6 Estimates/Financial Assistance
3.6.1 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.
3.6.2 For patients without health insurance, Bryan Health will provide information regarding its financial assistance program which includes an automatic uninsured patient discount.

3.7 Bryan Health will make this procedure available to the public by posting this document on its website at https://bryanhealth.org.

3.8 Standard Charges: The charge amount set before any discounts. Standard charges are used as the starting point for all patient bills.

3.9 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.

3.10 Discounts: Commercial insurers negotiate discounts with hospitals on behalf of their enrollees and pay hospitals at varying discount levels, generally much less than the starting charges. Medicare and Medicaid pay hospitals according to a regulated fee schedule – both pay much less than what it cost 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.

3.11 Costs: The amount the hospital needs to spend to provide care.

3.12 Out-of-Pocket Expense: The portion of total payment for medical services for which the patient is responsible, including copayments, coinsurance, and deductibles.

3.13 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.

4. RESOURCES
   Bryan Health Procedure Hospital Financial Assistance Policy

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

6. APPENDIX

7. OWNER

8. APPROVER
   Leadership Function
   Vice President of Finance/CFO
   Organizational Improvement Director – CAMC
   CNO – MMC

9. REVISION HISTORY

<table>
<thead>
<tr>
<th>Revision #</th>
<th>Date</th>
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