

**Policy Title:**  
**Hospital Charge Transparency \***

**Policy Number:**

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**Revision Date:**  
**10/1/14**

**SCOPE:**

This policy applies to all hospital medical services provided to University of Missouri Healthcare (MUHC) patients.

**POLICY:**

It is the policy of University of Missouri Healthcare (Hospital) to provide consumer access upon request to hospital standard charges for services obtained across hospitals and clinics in compliance with the Affordable Care Act Section 2718c of the Public Health Service Act.

**OBJECTIVE/PURPOSE:**

To provide clear, easily accessible charge information to patients and assist in making informed healthcare decisions.

**GENERAL INFORMATION:**

The information provided is intended to promote charge transparency for patients to better understand their potential financial liability for services obtained in our health system and to allow comparison for similar services in alternative clinical settings.

Hospital charge masters are lengthy and complex documents and do not provide information at a level conducive for this purpose. Therefore additional information, as outlined below, will be provided to patients seeking price estimates.

**DEFINITIONS:**

Price (Charge) Transparency: Available information on the charge of healthcare services that, together with other information such as quality of care measures, help define the value of the services and enables patients and other care purchasers to identify, compare and select providers that offer the desired level of value.

Value: The quality of a healthcare service in relation to the total price paid for the service.

**Standard Charges:** The amounts set before any discounts or contractual agreements. Hospitals are required by the federal government to utilize uniform charges as the starting point of all patient bills.

Charges are set for each specific service and item provided to a patient. These services are generally defined by the American Medical Association in their CPT (Common Procedure Terminology) reference guide. Charges are based on the type of services provided and differ from patient to patient for similar services depending on the unique services provided to address complications or different treatments provided to address the patient's health care issues. Therefore, actual charges for a specific patient may differ from another patient based upon those unique services provided to each.

Patient or "Out of Pocket" Cost (generally the amounts of the deductibles, co-pays, coinsurance or non-covered amounts) are the patient responsibility.

Insurance Costs are the contracted or mandated payment amounts that a third party reimburses for the hospital services provided less any patient costs. Provider costs are the amounts incurred by the hospital to provide the healthcare services to the patient.

**Estimates/Financial Counseling:** Many patients who seek charge information are interested in knowing what their "out of pocket" financial responsibility will be. This is an opportunity to have discussions regarding finances. Those with health insurance can be directed to contact their health plan for their specific financial obligations. Those without health insurance will be provided information related to MUHC's financial assistance policy and any other options for payment that may be applicable to the patient's circumstances.

## **PROCEDURES:**

MUHC allows public access to standard charges for hospital healthcare services provided in our organization. Sharing this information is one step in assisting patients and families to make informed decisions about their healthcare.

The public may obtain the standard charges by:

1. Contacting Financial Counseling (573-884-9900) Monday through Friday from 9 am to 4 pm. Designated staff will be available to assist in accessing the information. The information will be available on a charge estimate form sent via secure email.
2. Visit a MUHC hospital or clinic location and request to view the top procedures/hospitalization diagnosis.

3. View the top procedures/hospitalization diagnosis on the UMHC website at <https://www.muhealth.org/patient/patient-financial-services/what-can-i-expect-to-pay/>.

Patients with health insurance will be responsible for co-pays/deductible/co-insurance set by their health plan. MUHC recommends contacting the health plan directly for specific financial obligations.

Patients without health insurance coverage will have the MUHC hospitals automatic 60% discount applied to their bill. If care is provided by a University Physician (UP), an automatic 25% discount will be applied. An additional 20% of UP charges will be applied if paid within 30 days of first statement. MUHC also offers financial assistance program that assists patients in applying for state and community programs. (Refer to policy RC 19: Uncompensated Care)

**RELATED DOCUMENTS:**

**EFFECTIVE/REVISION DATES:**

Effective  
10/1/14

**KEY CONTENT EXPERT:**

**ADMINISTRATIVE APPROVAL GRID:**

<u>Doc Type</u>	<u>Dept. Mgr.</u>	<u>Div. Director</u>	<u>Committee A</u>	<u>Committee B</u>	<u>Committee C</u>	<u>Committee D</u>
Clinical						
Non-Clinical						

**SIGNATURE BLOCK:**

**\*Note:** Hospital charges are separate and distinct from physician charges. All physicians (emergency room physicians, radiologist, pathologist and anesthesiologist), physician assistants, advanced practice nurses, CRNAs (including residents under physician supervision) who furnish services during a hospital episode of care who render professional services will bill and collect independently for their services. These charges/bills will be separate and apart from the hospital billing and collections processes.