# UNDERSTANDING HOSPITAL PRICES

**We're hoping the information and suggestions in this handout help you get the price information you need before your procedure.**

**The healthcare system is extremely complex when it comes to trying to determine the cost of a procedure, and it's not just a simple matter of setting one standard price that applies to all cases and all patients. There are various options for providing price estimates for consumers on scheduled procedures, and we know this can be very confusing and frustrating for patients.**

*Please note that all hospitals will treat all patients, regardless of their insurance status or their ability to pay a medical bill. If you need hospital care, especially in an emergency, don't let financial worries delay you from seeking the care that you need.*

## Get the Price Information You Need

As the patient, you are the hospital's most important customer, and your health is their priority. In our healthcare system, the hospital can be paid for the services it provides by the patient, an insurance company or the government. The pricing can be vary for each of type of payor, and that's why it is so difficult for hospitals to provide one simple, standard price for the services they provide every day.

To help you find the most accurate information for you, here are some suggestions that might help:

**If you have insurance:** the Affordable Care Act requires insurance companies to provide their customers with pricing estimates for a hospital stay. Hospitals and physicians provide separate bills for their services, but the insurance company's estimate should include both. Be aware that even with health insurance, many patients will have a portion of costs that they will have to pay themselves – these are called out-of-pocket costs. If you need hospital care, non-emergency, here are some steps you can take ahead of time to determine a price estimate:

- ➢ Ask your doctor about the specific name of the procedure, the insurance codes and a list of related tests or follow-up care you may receive
- ➢ Give that information to your health insurance company and ask them for a price estimate
- ➢ Ask your health insurance company about the network status of the physicians, hospital and other providers that will be a part of your care – this can include your primary care doctor, as well as any specialists associated with your care
- ➢ Ask your health insurance company if you need pre-approval or pre-authorization for your procedure, and where you stand in meeting any deductibles or other out-of-pocket costs

**If you need emergency care:**  All hospitals are required under federal law to provide emergency care to all individuals, regardless of that person's insurance status or ability to pay for that care.  However, those that have insurance coverage or who can afford to pay their medical bills will have payment responsibilities.  In the case of an emergency, the hospital will first take care of you and stabilize you, if necessary, in the emergency room.  Later, a hospital team member will talk with you or a family member about insurance status and other payment issues.

**If you're out-of-network**:  If you have insurance, be aware that not all hospitals and physicians will be part of your insurance network, meaning they are out-of-network.  If a hospital or physician in-network with your insurance plan, they have agreed to a payment amount for any services they provide.  Your share would be part of your co-payment or deductible.  If you decide to use a hospital or physician that is out-of-network for a scheduled procedure, you may be asked to pay more of the bill out of your own pocket.  The best way to find out whether a hospital or physician is in your insurance network is to call your health plan ahead of time.

**If you're on Medicare:**  Medicare has many different parts, and not everyone has the same type of Medicare coverage.  For example, those who have chosen the Medicare Advantage Plan will have different coverage for hospital care than the traditional Medicare Part A.  The best way to be sure of what your medicare Plan covers is to call 800-MEDICARE, or visit their website at [www.mymedicare.gov](www.mymedicare.gov).  You may also check your *Medicare & You* handbook.

**If you're on Medicaid:**  Medicaid and the New Hampshire Health Protection Program provide no-cost or low-cost health insurance to individuals based on certain income guidelines – specifically for those whose incomes are below 133% of the federal poverty level.  For more information on either Medicaid or NHHPP, please call the NH Medicaid Program at (800) 852-3345, x. 4344.

**If you don't have health insurance:**  New Hampshire hospitals provide care to all who need it, regardless of their insurance status or ability to pay.  If you don't have health insurance coverage but need to schedule a hospital visit, contact the Patient Financial Services department to discuss the out-of-pocket costs you can expect.  There are a variety of options available to you.  The Affordable Care Act's online marketplace, [www.healthcare.gov](www.healthcare.gov), is a place where you can shop for health insurance to find the one that best suits your needs, and [www.coveringnewhampshire.org](www.coveringnewhampshire.org) provides information about the Health Insurance Marketplace and the affordable health insurance plans that are available.  In addition, New Hampshire hospitals and physicians offer financial assistance programs that provide free or discounted care, based on a patient's income.  Ask the hospital's Patient Financial Services or Patient Access representative about qualifying for their charity care or financial assistance programs.

## Get the Best Price for Your Care

As a healthcare consumer, you may have the option to receive a discount on the care you receive through your hospital or your insurance plan.  Where you get a procedure/test done could result in higher out-of-pocket costs and/or savings, make sure to check with your insurance plan.

**Site of Service Discount:**  Some insurance plans provide better coverage benefits depending on where you have your test or procedure performed, potentially resulting in lower or no out-of-pocket costs for the patient.  For example, based on your benefit plan, your insurer may recommend that you have your *lab and radiology services* performed by a specific company or provider type.  Additionally, your benefit plan may also recommend that *medical procedures* be performed in a lower cost setting, such as an Ambulatory Surgical Center (ASC).  While these discount options vary based on the insurance plan, they may result in little to no out-of-pocket costs for the patient.  Check with your insurance provider on the options available to you.

**Insurance Plan Discount:**  In addition to the above, depending on where you have your procedure, some benefit plans will "pass the savings" on to the patient for using certain service providers. It is always important to check with your insurance carrier and review your benefits with them prior to any test or procedure to ensure you are taking full advantage of your benefits.  Insurance companies often provide discounts on outpatient services like labs, pharmacy and diagnostic services through their Savings Programs, as well as reimbursements for gym memberships, nutrition visits, cessation programs (i.e. smoking cessation).  For more information on the discounts or reimbursements available to you, please contact your insurance company.

**In addition to discounts that might be available to you, you can make sure you are getting the right care at the right place, which can help you avoid unnecessary medical costs.**

**Urgent Care:**  Urgent Care Centers are designed to assist patients with non-life threatening injuries or illnesses when they can't get an immediate appointment with their primary care provider, or their primary care provider office is closed.  If your primary care provider isn't available or its after hours, Urgent Care Centers provide immediate, convenient access to medical care for minor illness or injuries without an appointment.

Some examples of illnesses or injuries that Urgent Care Centers treat are skin rashes or infections, fever and flu, sever sore throat and cough, vomiting, dehydration or diarrhea, sprains or muscle strains, accidents and falls, minor broken bones and fractures, minor skin gashes or cuts requiring stitches, and some diagnostic services like x-rays and lab.

**Emergency Care:**  Going to the Emergency Room for non-emergency related illnesses or injuries will end up costing you a lot more than a visit to your doctor's office or an urgent care center.  When you are facing an issue that requires immediate medical attention, sometimes it's hard to determine whether it is a true emergency or an urgent medical issue.  Your primary care provider can help assess your medical issue or condition and whether you should go directly to the Emergency Room or if you should seek immediate attention at an Urgent Care Center.

If you think you are having an emergency, or are experiencing a life-threatening injury or illness such as chest pain, abdominal pain, have sustained multiple injuries or are unsure if your condition is serious or if you feel it may be getting worse, call 9-1-1 or go directly to the Emergency Room for immediate treatment.