AdvocateAuroraHealth

Advocate Health Care Aurora Health Care®

Frequently Asked Questions (FAQs): Pricing Transparency

1. **Why is Advocate posting all charges on its webpage?**
    - To promote transparency and help patients understand their potential financial liability for services obtained at an Advocate Health Care hospital (AHC)
    - To provide comparative data and information for similar services across AHC and non-AHC hospitals. However, hospital charge masters are lengthy and complex documents and do not provide information at a level conducive for this purpose. Therefore, we're providing additional information to patients seeking price estimates.
    - To comply with the Fiscal Year (FY) 2019 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Acute Care Hospital (LTCH) Prospective Payment System Final Rule (CMS-1694-4) and Affordable Care Act, section 2718(e) of the Public Health Service Act

2. **How can I use this standard charge information for comparing prices?**
    - Charge information is not necessarily useful for consumers who are "comparison shopping" between hospitals because the descriptions for a service could vary from hospital to hospital, as could what is included in that description. An actual procedure is comprised of numerous components from several different departments: room and board, laboratory, other diagnostics, pharmaceuticals, therapies, etc.

    - A patient who has the specific insurance codes for services requested available from their physician, can better gauge a charge estimate across hospitals. Ask your physician to provide the technical name of the procedure recommended, as well as the specific ICD and CPT codes for the service.

3. **How much will I have to pay out of pocket?**

    Your insurance provider may be the best resource to provide you with your financial obligation based on your specific health plan information. Generally, a patient with health insurance will pay a deducible, copayment, and/or coinsurance, as set by their health plan. Health insurance plans, including Medicare, Medicaid, commercial health plans, and worker's compensation, do not pay charges. Instead, they pay a set price negotiated in advance. The patient then pays the out of pocket amount set by the health plan.

4. **What factors might change my out of pocket cost?**

    Financial obligations might differ depending on whether the hospital or providers are "out-of-network," meaning the health plan does not have a contract with the hospital or providers.

5. **What if I don't have health insurance?**

    Contact the Patient Access Services department at the hospital you expect to receive services at to discuss:
        - Opportunities for insurance coverage
        - Presumptive Medicaid eligibility screening
        - Financial Assistance, the Illinois Hospital Uninsured Patient Discount Act, and other discounts based on financial need, some discounts are available that may result in care being provided without charge or at a greatly reduced price.

6. **What do the following health care terms mean?**

Term	Definition
Deductible	• Amount the patient must pay for services before the health plan begins to pay. • Deductible may not apply to all services
Copayment	Fixed amount, e.g., $20.00, the patient pays for covered health care services, like an office visit or prescription
Coinsurance	Percentage the patient pays for covered health services, e.g., 20% of the total bill
Hospital Charges	Amount set before any discount
Cost	Total expense incurred to provide health care
Total Payment	• Amount paid to a hospital • Health plans and/or patients pay the hospital; however, the total amount is significantly less than the hospital charges

7. **How can I get an estimate for a specific procedure?**

Contact the hospital's Patient Access Services department where you expect to schedule or receive services. The contact information for each site can be found at https://www.advocatehealth.com/about-us/financial-assistance-for-patients/

What will the estimate tell me?	What won't the estimate tell me?
An estimated amount for care without complications	The estimate will not take into account: • Specific medical conditions • Length of time spent in surgery or recovery • Necessary, specific equipment • Supplies or medication • complications requiring unanticipated procedures or other treatment ordered by the provider • Professional services from the physician, surgeon, radiologist, anesthesiologist, pathologist, advanced practice nurse or other independent practitioners

Patients will likely receive separate bills for the physicians and other professionals who provided treatment. These physicians may not be participating providers in the same insurance plans and

networks as the AHC hospital. As such, there may be greater financial responsibility for these services which are not under contract with the health plan.

8. **Why does the hospital cost of caring for patients vary between patients and hospitals?**

The starting list of charges is the same for every patient, but final charges may vary for several reasons, including:

- Patient's medical condition
- Length of time spent in surgery or recovery
- Complications required unanticipated procedures
- Kinds of medication needed

A hospital's cost of services can vary depending on additional factors such as:

- Types of services it provides since many vital services are provided at a loss such as trauma, burn, neonatal, psychiatric and others,
- Providing medical education programs to train physicians, nurses and other health care professionals, again, provided at a loss
- More patients with significantly higher levels of illness
- A disproportionately high number of patients who are on public assistance or uninsured and are unable to pay much, if anything, toward the cost of their care