



Services (CMS) requirements AHC will post their standard charges in a machine-readable format on the AHC website. In addition, AHC will continue to post the Pricing Transparency Policy and Frequently Asked Questions (FAQ's) and additional financial resources for patients.

2. Standard charges and additional financial assistance information can be found by visiting the Advocate Health Care website at: <https://www.advocatehealth.com/about-us/financial-assistance-for-patients/>
3. For most of hospital services patients can request a Patient Portion Estimate (PPE) for their scheduled services. This document list(s) scheduled procedure(s) or services(s), deductible amounts, co-insurance/co-pay amounts, and expected out of pocket costs to the patient for their specific service(s). However, the PPE is not a quote or guarantee of the patient's financial obligation only an estimate based on the best available information at the time the PPE was rendered. The PPE does not include professional fee(s) such as: Radiologist, Pathologist, or Anesthesiologist.
4. In addition, patients may seek guidance from the Healthcare Financial Management Association's "Understanding Healthcare Prices: A Consumer Guide" available at:

<http://www.hfma.org/consumer guide/>

#### **C. UPDATES TO STANDARD CHARGES**

1. The standard charges will be updated at least once annually for each hospital. If changes are made within the year the list of standard charges may not reflect the most current charge information.
2. Each hospital will continue to maintain a distinct list of standard charges.

#### **D. FORMAT**

1. CMS requires that the hospital charges be posted on the organization's webpage in a machine-readable format and updated at least once annually.
2. Machine-readable format is defined as a digitally accessible document that includes only formats that can be easily imported/read into a computer system (e.g., XML, CSV). A PDF does not satisfy this definition because although it is a digitally accessible document, it cannot be easily imported/read into a computer system.
3. All AHC pricing information is deemed proprietary and should be used expressly for the purposes identified in section I. above.

AHC will update the information at least annually, or more often as appropriate, to reflect current charges.

#### **E. COMMUNICATIONS**

1. All AHC hospital communications regarding pricing and charges are intended for the express purpose of providing individuals with information regarding specific hospital pricing and charges. AHC, including its hospitals, reserves the right to customize, revise and utilize all communications as deemed appropriate.
2. Charges represent the standard charges for diagnosis-related groups established under section 1886(d)(4) of the Social Security Act. The charge is for care without complications. Actual charges may be different for specific patients due to medical condition, length of time spent in surgery or recovery, necessary specific equipment, supplies or medication, complications requiring unanticipated procedures or other treatment ordered by the physician.
3. If a patient **has health insurance**, significant discounts may have already been obtained by the insurance company and the patient only needs to pay the deductible, co-pay, and/or coinsurance. Patients should contact their health plan directly for their specific financial obligations that are not reimbursed by insurance.
4. If a patient **does not have health insurance**, significant discounts, based on financial need, are available that may result in either the care being provided without charge or at a greatly reduced price.
5. Contacting the AHC hospital PAS department where the services are expected or scheduled to be provided can help a patient determine which discounts can be applied. Contact information can be found on the AHC webpage.
6. This information is not a quote or a guarantee of what the charges will be required for a specific patient's care. The patient's medical provider will make the determination as to the medical care based on the condition of the patient.
7. This charge information does not include the professional services provided by a physician, surgeon, radiologist, anesthesiologist, pathologist, advanced practice nurse or other independent practitioners.
8. 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 at the AHC hospital. As such, there may be greater financial responsibility for these services which are not under contract with the health plan.
9. A patient's specific health care plan coverage, including deductible,

copay, and coinsurance varies depending on the patient's plan. Health plans also have differing networks of hospitals, physicians and other providers with which the health plan has contracted. Patients need to contact their health plan for this specific information

### III. **DEFINITIONS/ABBREVIATIONS**

- A. *Hospital Charges*: the amounts set before any discounts. Hospitals are required by the federal government to utilize uniform charges as the starting point for all bills. Charges are based on what type of care was provided and can differ from patient to patient for the same service depending on any complications or different treatment provided due to the patient's health. Therefore, actual charges for a specific patient will differ from the listed standard charges.
- B. *Deductible*: means the amount the patient needs to pay for health care services before the health plan begins to pay. The deductible may not apply to all services.
- C. *Copay*: means the fixed amount (for example \$20) the patient pays for a covered health care service, such as a physician office visit or prescription.
- D. *Coinsurance*: means the percentage the patient pays for a covered health service (for example, 20% of the bill). This is based on the allowed amount for the service.

### IV. **CROSS REFERENCE**

- A. Standard Pricing and Charges FAQ's Handout
- B. AHC Financial Assistance – Charity/Financial Assistance Guidelines, available at:  
<http://www.advocatehealth.com/financialassistanceatadvocatehealthcare>.

### V. **REFERENCES**

- A. Title XXVII, Sec. 2718(e) of the Public Health Service Act ("PHSA"), as amended by the Patient Protection and Affordable Care Act ("PPACA") (Pub. L. 111-148; March 23, 2010; 124 Stat. 119)
- B. Transparency Requirement Under the Affordable Care Act, 79 Fed. Reg. 28169 (May 15, 2014): <http://www.gpo.gov/fdsys/pkg/FR-2014-05-15/html/2014-10067.htm>

### VI. **RELATED DOCUMENTS/RECORDS**

N/A