

Title: Price Transparency Policy	Owner: Compliance	Effective Date: January 1, 2018	POL_SEH_PriceTransparency_v0002
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I. PURPOSE

To promote price transparency and comply with state and federal law

II. DEFINITIONS

- A.** Affordable Care Act is the healthcare reform law - the Patient Protection and Affordable Care Act - enacted in March 2010.
- B.** Hospital Charges are 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 patients' health. Therefore, actual charges for a specific patient will differ from the listed standard charges.

III. POLICY STATEMENT

- A.** The price transparency policy of Southeastern Health allows public access to standard charges for health care services provided at our hospital and long-term care facility.
 - 1. The public may obtain these standard charges by visiting the organizational website. Customer Financial Service representatives are also available to assist the public with accessing pricing information.
 - 2. The listing of standard charges is not a quote or a guarantee of what the charges will be for a specific patient's care. 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. Southeastern Health's standard charges may be separate and distinct from physician's charges. Physician charges and/or bills may be separate from the hospital's billing and collections.
- B.** Southeastern Health will also provide estimates to customers according to this policy. Estimates are not exact and may not be considered a bill or exact cost for services.

1. To provide an accurate estimate for scheduled services, the patient should provide:
 - i. Detailed description and codes for the test(s)/procedure(s)
 - ii. Doctor's name and office phone number
 - iii. Insurance information (if any), including insurance company name and phone number, policy holder name, policy number and group number located on the insurance card
2. Estimates for unscheduled services will be based on average charge information or pre-service estimates. Both the charge information and pre-service estimates are based on averages and may deviate significantly from the minimum and maximum values. Actual charges will be based on actual services rendered.
3. The hospital estimate will provide the customer with the following:
 - i. The estimated financial responsibility for the procedure/services based on the average charge for the procedure/services.
 - ii. Customers with health insurance will be quoted an estimated amount that will be due to the hospital based on the deductible, co-pay or co-insurance amounts established by their health insurance plan.
 - iii. Customers who do not have health insurance will be quoted an estimated amount that will be due that will include an uninsured discount to the estimate. Counselors are also available to discuss with patients their eligibility for certain programs like Medicaid and the SeH Financial Assistance Program.
 - iv. Estimates will not include any services related to complications that may occur during the procedure/service.
 - v. Charges for physician fees such as a surgeon, pathologist, anesthesiologist or radiologist will not be included. These charges will be billed separately by the specific provider.

IV. REFERENCES

Affordable Care Act, Section 2718(e) of the Public Service Act

V. ATTACHMENTS

N/A

VI. APPROVED BY

President & CEO

VII. REVISION HISTORY AND RATIONALE

October 2018 – Revised to update financial counselor information