

## Frequent Asked Questions

### **Why is this information posted here?**

Memorial Hospital and Health Care Center is committed to making this information available so that consumers can make informed health care decisions. The federal Centers for Medicare & Medicaid Services (CMS) has encouraged hospitals to create a consumer-friendly communications of charges to help patients understand their financial responsibilities.

### **What is the charge master?**

Also known as the charge list, this includes the billed amounts for all medical and surgical services – in effect, the retail price. A specific hospitalization or outpatient visit bill will be a combination of many of these individual charges.

### **How does this affect my insurance?**

Insurance companies reimburse health care providers based on their individual contracts with providers. Each individual patient's financial responsibility varies based on the type and degree of insurance coverage. We encourage patients to consult with their insurers for specific questions about their coverage.

### **Can I get an exact pricing estimate?**

We will do our best to provide you with a pricing range based on groups of services historically used to treat individual conditions. However, estimated prices are not guaranteed. This is because actual treatment received may differ from services used to compile the estimated pricing range. For example, your physician may order additional tests or services to address unforeseen medical complications or clinical needs.

### **Why are the DRG charges so much higher than “standard charges”?**

The "List of Standard Charges," also known as the charge master list, reflects line-item charges for individual items, such as operating room, bone marrow procedures, etc. By contrast, the DRG is an average of the total charges for patients with a specific diagnosis, including all the line items that are involved in providing care. The average DRG total charges would be impacted by the acuity of an average patient's condition, his or her length of stay in the hospital, tests and medications, and other charges involved in his or her care. Note that this is not what any patient would actually pay: Not only are these the average total charges for all patients with that particular medical condition, but an individual patient's out-of-pocket responsibility would be influenced by his or her insurance coverage, deductibles, co-insurance and other factors.

## **Why do different hospitals charge different prices for the care they provide?**

There are no specific requirements or consistent guidelines for how hospitals determine their charges. As a result, one hospital might combine the charges of some line items, while another may spell out each charge individually. Neither approach is right or wrong, and both comply with the federal rule; they are simply different ways of representing the charge for a therapy or procedure.

## **Does the estimate ensure that the service is a covered benefit?**

No, the estimate does not ensure that the service is a covered benefit of your insurance plan. Please check your benefits or contact your insurance plan prior to scheduling.

Depending on the service, your insurance plan may also require a prior authorization. If a prior authorization is required, Memorial Hospital and Health Care Center will work with your insurance plan to obtain the required authorization.