A Commitment to Price Transparency
New Hampshire hospitals helping patients make informed decisions about their healthcare.

New Hampshire
Hospital Association

For Patients: Frequently Asked Questions

HOW MUCH WILL I HAVE TO PAY OUT OF MY OWN POCKET?

A patient **with** health insurance needs to pay the deductible, copay and/or coinsurance set by their health plan.

The financial obligations could differ depending on whether the hospital or physicians are "out-of-network," meaning the health plan does not have a contract with them. Contact your insurance company to understand what your financial obligations will be.

A patient **without** health insurance will discuss financial assistance options available that could include either a complete write-off or a substantial reduction of the charges in accordance with the hospital's financial assistance program.

Please contact our Patient Financial Counselor at 603-388-4234 to obtain further information about the discounts available.

Health insurance plan pays: Health plans such as Medicare, Medicaid, workers' compensation, commercial health insurance, etc. do not pay charges. Instead, they pay a set price that has been predetermined or negotiated in advance. The patient only pays the out-of-pocket amounts set by the health plan.

If you need help understanding your healthcare bill, please contact 877-642-4122.

WHAT DO THE FOLLOWING HEALTH INSURANCE TERMS MEAN?

Deductible means the amount the patient needs to pay for healthcare services before the health plan begins to pay. The deductible may not apply to all services.

Copay means a fixed amount (e.g., $20) the patient pays for a covered healthcare service, such as a physician office visit or prescription.

Coinsurance means the percentage the patient pays for a covered health service (e.g., 20% of the bill). This is based on the allowed amount for the service. You pay coinsurance plus any deductibles you owe.

Important to Remember: patient's specific healthcare plan coverage, including the deductible, copay and coinsurance, varies depending on what plan the patient has. Health plans also have differing networks of hospitals, physicians and other providers that the plan has contracted with. Patients need to contact their health plan for this specific information.

What is Price Transparency?

Price transparency is the ability for the healthcare consumer to access provider-specific information on the price of healthcare services, including out-of-pocket costs, regardless of the setting in which they are delivered.

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WHAT IS THE DIFFERENCE BETWEEN CHARGES, COST AND PRICE?

Total charge is the amount set before any discounts. Hospitals are required by the federal government to utilize uniform charges as the starting point for all bills. The charges are based on what type of care was provided and can differ from patient to patient for similar services, depending on any complications or different treatment provided due to the patient's health.

Cost: For a hospital, it is the total expense incurred to provide the healthcare. Hospitals have higher costs to provide care than freestanding or retail providers, even for the same type of service. This is because a hospital is open 24 hours a day, 7 days a week and needs to have everything necessary available to cover any and all emergencies. Non-hospital healthcare providers can choose when to be available and typically would not provide services that would result in losses. 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 healthcare professionals, again provided at a loss;

- More patients with significantly higher levels of illness, yet payment doesn't cover;

- A disproportionately high number of patients who are on public assistance or uninsured and unable to pay much, if anything, toward the cost of their care.

Total Price is the amount actually paid to a hospital. Hospitals are paid by health plans and/or patients, but the total amount paid is **significantly less** than the cost of care.

- Medicare and Medicaid pay hospitals according to a set fee schedule depending on the service provided, much less than the hospital's total charge and actually less than their costs.

- Commercial insurers negotiate discounts with hospitals on behalf of their enrollees and pay hospitals at varying discount levels, but much less than the actual cost of care provided to patients.

- New Hampshire hospitals **provided over $540 million** in free and discounted care measured at cost in 2016.

WHY ARE THERE PRICE DIFFERENCES BETWEEN HOSPITALS?

There can be variations, sometimes large ones, in the prices that hospitals set for the same procedure or service. This is due to the many factors that go into determining the cost of hospital services and that each facility has its own set of factors to manage which determines its cost structure. Some organizations have higher cost structures due to the complexity of the service being provided, such as trauma, transplant, or neonatal intensive care, that are extremely expensive to maintain. Some organizations have mission-related costs, such as teaching, research, or providing care for low-income populations.

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HOW CAN I USE THIS HOSPITAL CHARGE INFORMATION TO COMPARE PRICES?

Charge information is not necessarily useful for consumers who are "comparison shopping" between hospitals because the descriptions for a particular service could vary from hospital to hospital and what is included in that description. It is difficult to try to independently compare the charges for a procedure at one facility versus another. 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 charge estimates across hospitals. Ask your physician to provide the technical name of the procedure that has been recommended as well as the specific ICD and CPT codes for service.

HOW CAN I GET AN ESTIMATE FOR A SPECIFIC PROCEDURE?

If you need an estimate for a specific procedure or operation, please contact the patient financial services office at 603-388-4234.

Such an estimate will be an average charge for the procedure without complications. A physician or physicians make the determination regarding specific care needed based on the patient's diagnosis, general health condition and many other factors. For example, one individual may require only a one-day hospital stay for a particular procedure, while another may require a two-day stay for the same procedure due to underlying medical condition.

Remember, patients **with** health insurance will only pay the specified deductible, copay and coinsurance amounts established by their health plan. Patients **without** health insurance or sufficient financial resources may be eligible for significant discounts from charges. Please contact the patient financial services office for further information.

WHAT IF I AM UNINSURED?

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, financial assistance and discount programs available.

Covering New Hampshire
This resource provides information about the Health Insurance Marketplace and the affordable health insurance plans that are available.

ACA Marketplace
The Affordable Care Act's online marketplace is a place where you can shop for health insurance to find the one that best suits your needs.

NH Department of Health & Human Services
To determine your eligibility and / or apply for coverage for the Granite State Advantage Plan, a healthcare program that expands coverage to low-income NH residents, or for Medicaid.