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Owner Shannon Hartke:
CORP DIR PFS
Area Patient Financial
Services
Applicability Southern Illinois
Healthcare
Corporate
System

Epic HB - Price Transparency, SY-PF-356

I. POLICY

SIH is committed to price transparency and has posted charges for services in accordance with Centers for Medicare and Medicaid Services (CMS) as listed in the final rule, CMS-1717-F2, Price Transparency Requirements for Hospitals to Make Standard Charges Public. Additionally, in accordance with the Affordable Care Act, Section 2718(e) of the Public Health Service Act, all of Southern Illinois Healthcare's (SIH) hospital standard charges are available as a comprehensive machine-readable file and displayed on the website; 45 CFR 180.20

The information presented is a tool to assist consumers to shop and compare prices with any hospital operating a license in the United States prior to receiving service. However, it is likely not a helpful tool for a patient to know what their financial obligation will be as patient care is highly individualized, based on medical necessity, and ultimately processed under their insurance plan benefit design. It is intended to promote transparency in hospital pricing as well as for patients to engage in consumer-based communications with their health insurance plan to understand their potential financial liability for services rendered.

II. DEFINITIONS

De-identified Maximum Negotiated Charge - the highest charge a hospital has negotiated with all third party payers for an item or service.

De-identified Minimum Negotiated Charge - the lowest charge a hospital has negotiated with all third party payers for an item or service.

Discounted Cash Price - the price which applies to an individual who pays cash or the cash equivalent for a hospital item or service.

Epic – electronic medical record used to bill or follow-up on patient accounts and scan information received or printed on behalf of a patient

Epic Dynamic Charge Description Master – a file/dictionary in the Epic billing system where a list of items, services, and/or charges reside and are defined to establish a charge(s)

Gross Charge - the charge for an individual item or service as reflected on the hospital's chargemaster, absent any discounts.

Hospital Charges / Uniform Charges – the amounts set before any discounts. Hospitals are required by federal regulations to utilize uniform charges as the starting point for all bills and also defined as gross charge(s). 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 differences in treatment plans provided, as ordered by the physician, due to the patient's health. Therefore, actual total charges to a specific patient most likely differ from the average charge per case.

Items and Services - means all items and services, including individual items and services and packages, that could be provided by a hospital to a patient in connection with an inpatient admission or an outpatient department visit for which the hospital has established a gross charge.

Machine-Readable Format - a digital representation of data or information in a file that can be imported or read into a computer system for further processing.

Payer-Specific Negotiated Charge - the charge that a hospital has negotiated with a third party payer for an item or service.

Third Party Payer - an entity that is, by statute, contract, or agreement, legally responsible for payment of a claim for healthcare item(s) or service(s).

III. RESPONSIBILITIES

1. The Corporate Director of Patient Financial Services, Corporate Director of Finance, and the IT Analyst ensures price transparency by posting a list of Inpatient and Outpatient charges on the internet with at least annual updates.
2. SIH Corporate Compliance Officer is the single point of contact for all SIHS Hospital locations.

IV. EQUIPMENT/MATERIALS

1. Epic
2. Epic Dynamic Charge Description Master
3. Hospital Information System

V. PROCEDURE

1. SIH is committed to price transparency and has posted the required elements as defined in the

Final Rule, CMS- 1717-F2 for items and services.

1. This list may not prove helpful for a patient to know what their financial obligation will be as many factors which include; the care which is provided can and often differs from patient to patient for the same service depending on any complications or differences in treatment plans provided, as ordered by the physician, due to the patient's health.
2. Physician Services, are not included in the price transparency files as these charges are separately billable and are not part of the regulation. Patients will receive additional charges and billing statements for these professional services. Examples include but are not limited to the following: Pathology, Cardiology, Radiology report and interpretation results/services, Anesthesia professional services, and other miscellaneous professional services.
 1. The physicians, physician assistants, and advanced practice nurses for whose services are being billed are not employees or agents of Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale, Herrin Hospital, or St. Joseph Memorial Hospital.
3. Third Party Payers not included in this policy are identified as payers who are governed by State and Federal regulatory bodies which display their allowed/payable amounts via a fee schedule. These amounts are viewable by the general public free of charge and listed on various websites to include:
 1. Crime Victims Compensation Program
 2. Indian Health Programs
 3. Medicare
 4. Medicaid
 5. Veterans Administration
 6. Workers Compensation
 7. Any payers which the rates are not negotiated - Includes but not limited to SIH self-Insured plan.
4. Requirements for making public hospital charge(s) for all items and services include:
 1. Each hospital operating under a single hospital license must include price transparency files which are publicly displayed on the website and include the following:
 - a. Hospital name and location
 - b. File naming convention in a CMS approved format
 - i. Tax identification Number <ein>

- ii. Hospital Name
 - iii. Standard charges in the |JSON| file format.
- c. Standard charges for the purpose of this policy are defined as items and services, hospital charges / uniformed charges and/or gross charges. Standard charge commonly means the regular rate established by the hospital for an item or service provided to a specific group of paying patients and includes
 - i. Gross Charges
 - ii. Payer-specific negotiated charge
 - iii. De-identified minimum negotiated charge
 - iv. De-identified maximum negotiated charge
 - v. Discounted cash price
 - a. The discounted cash price is the amount paid by the patient who elects not to bill their insurance and reimburse the hospital 80% of gross charges.
- 2. A description of each item or service provided by the hospital in a machine-readable format free of charge.
 - a. SIH reserves the right to consolidate services among their location, thus not all services are offered at each location with the exception of emergency services.
- 3. Gross charge that applies to each individual item or service when provided in, as applicable, the hospital inpatient setting and outpatient department setting.
- 4. Payer-specific negotiated charge that applies to each item or service when provided in, as applicable, the hospital inpatient setting and outpatient department setting.
 - a. Each payer- specific negotiated charge is clearly associated with the name of the third party payer and plan.
- 5. De-identified minimum negotiated charge that applies to each individual item or service when provided in, as applicable, the hospital inpatient setting and outpatient department setting.
- 6. De-identified maximum negotiated charge that applies to each individual item or service when provided in, as applicable, the hospital inpatient setting and outpatient department setting.
- 7. Discounted cash price that applies to each individual item or service when provided in, as applicable, the hospital inpatient setting and outpatient department setting.

8. Codes used by the hospital for purposes of accounting or billing for items or services, including, but not limited to the Current Procedural Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) code, Diagnosis Related Group (DRG), National Drug Code (NDC) or other common payer identifier.
 - a. This policy excludes codes or charges used to hold or monitor claims for final processing, working appeals and/or general tracking mechanisms, and minimal values such as zero or penny charges.
5. Average charges by Diagnostic Related Group (DRG) as listed in the price transparency file and displayed on the internet.
 1. These are total average charges by DRG for recent inpatients at each hospital. These charges include items such as room and bed, and, as applicable, surgical and recovery services, lab tests, imaging exams and other services ordered by clinicians for the care of the patient generally described as facility fees.
 2. Actual charges could vary significantly by patient since they are influenced by their medical condition, length of stay, procedures and medications ordered by a clinician and other various factors.
 3. Any DRG in which the hospital(s) lacks charge history or service is not performed in the annual reporting period is excluded.
6. The format of the information is published in a single |JSON| digital file per facility in a searchable machine-readable format.
7. The location of the files are listed on the SIH public website, www.sih.net, for purposes of public viewing, with the intent to prominently display in a location of vast accessibility in a prominent manner and clearly identified.
 1. Files can be located on www.sih.net, see Patients & Visitors then select Financial Resources
 2. A link in the footer on the SIH website; labeled Price Transparency, links directly to the publicly available web page hosting the machine-readable file.
8. This information is easily accessible, without barriers, and is free of charge.
 1. In addition to the information being available free of charge; reviewing or searching for information will not require a registration, a user account or password, nor any personally identifying information (PII).
 2. SIH has no obligation to reproduce files in any form of media based on a patient's request.
9. The files will be updated with the standard charge information listed above at least once annually and timing determined by SIH. The updated file will be clearly indicate the date the standard charge data was most recently updated either within the file itself or otherwise

clearly associated with the file.

10. Files from previous years will not be retained on the website or reproduced in any manner of media.
11. The SIH Corporate Compliance Officer, located at Southern Illinois Hospital Services Corporate Office, is the single point of contact for information regarding Price Transparency and may be reached at 618-457-5200.
12. Requests for specific price estimates are not covered in this policy and are directed to the Financial Counselor or by sending a MyChart request for further assistance. Refer to [SY-PF-355](#)
 1. Patient Estimates Financial Counselors can be reached at the numbers listed below.
 - A. Memorial Hospital of Carbondale 618-549-0721 ext. 64572
 - B. Herrin Hospital 618-942-2171 ext 36458
 - C. St. Joseph Memorial Hospital 618-684-3156 ext 55331

VI. DOCUMENTATION

N/A

VII. CHARGES

N/A

REPLACES

COPY

Approval Signatures

Step Description	Approver	Date
	Andrew Ziramba: CORP REGULATORY COOR	1/31/2024
	Warren Ladner: SR VP & CFO	1/31/2024
	Shannon Hartke: CORP DIR PFS	1/31/2024
	April Peters: CORP DIR COMPLIANCE	1/31/2024

Julie Gwaltney: DIR REV CYCLE 1/31/2024
PAT ACCESS

Jennifer Hertter: CORP DIR 1/30/2024
MANAGED CARE / POP HLTH

Jennifer Granados: SYS DIR 1/30/2024
FINANCE

Applicability

Southern Illinois Healthcare Corporate System

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