

StarCare Specialty Health System Consumer Shoppable Tool

Disclaimer

This StarCare Specialty Health System consumer shoppable tool (the "Tool") provides cost estimates for services listed within the Tool. The Tool uses actual prior service charges billed by StarCare Specialty Health System to provide an estimate for the same to future patients.

Please note, the estimate for any service provided is limited to disclosure of StarCare Specialty Health System standard charges for that particular service. As a result, any seen or unforeseen support service expenses, or expense change based on location or other reason, for any service estimate sought, may not be accurately reflected in the estimate query response provided by the Tool.

As such, StarCare Specialty Health System makes no guarantee of any kind regarding Tool results. Actual service and care expenses vary pursuant to a number of factors that may not be properly considered in any particular query. Further, Tool user error in selecting an appropriate query may similarly lead to inaccurate results.

The results of any Tool query are your property and not subject to retention by StarCare Specialty Health System. Except as related to your ownership of results from Tool queries initiated by you, and that Tool is designed for compliance with the Rule, StarCare Specialty Health System and any other party it is working with make no other warranties regarding the same.

As such, StarCare Specialty Health System, its officers, directors, employees, agents, and all third-parties it is working with to adopt the Rule, disclaim all warranties not listed above, whether statutory, express or implied, including but not limited to, any implied warranties, including, but not limited to the implied warranties of merchantability, specific outcome, validity, accuracy, or fitness for a particular purpose.

To the maximum extent permitted by applicable law, in no event will StarCare Specialty Health System or its vendors, suppliers or other third parties it is working with be liable for any direct, consequential, incidental, special, punitive or other damages whatsoever arising out of or in any way related to any claim regarding (i) the Tool, (ii) the results of any Tool query, or (iii) any other claim related to a service price estimate whether based on contract, tort, negligence, strict liability or otherwise. If there are any questions regarding the result of any Tool query, you agree to discuss it with StarCare Specialty Health System prior to receiving any service.

Star Care Contracted Insurance Payor Rates																					
Procedure Code Description	Rev Code / CPT/HCPCS Code	Medicaid Managed Care Plans			Commercial Plan				Veteran Plans		United Healthcare (Optum)		Team Choice (Insurance Management Plan - IMS)								
		Maximum Standard Facility Charge	Minimum Standard Facility Charge	Discounted Cash Price	MCO - Superior	MCO - Wellpoint (Formerly Amerigroup)***	MCO - FirstCare (Baylor Scott & White)	Aetna	BCBS	Cigna (Evernorth is subsidiary of Cigna)	Humana Behavioral Health Network	Provider Partners Health Plans***	TriCare (TriWest / TriEast)***	Commercial	Medicare	Medicaid	UMC Employee	UMC Physicians	TTUHSC Resident		
Psychiatric Hospital Bed Day	124	\$ 1,500.00	\$ 770.00	\$ 770.00	\$ 630.00	\$ 988.40	\$ 640.13	\$ 900.00	\$ 700.00	\$ 1,025.00	\$ 885.00	\$ 876.53	\$ 1,050.00	\$ 800.00	100% CMS Allowance	\$ 742.00	\$ 800.00	\$ 900.00	\$ 900.00		
Initial Hospital Inpatient Evaluation & Management - Low Level of Medical Decision Making	99221	\$ 147.15	\$ 59.92	\$ 59.92	\$ 59.92	\$ 62.92	\$ 59.92														
Initial Hospital Inpatient Evaluation & Management - Moderate Level of Medical Decision Making	99222	\$ 198.15	\$ 95.05	\$ 95.05	\$ 95.05	\$ 99.80	\$ 95.05														
Initial Hospital Inpatient Evaluation & Management - High Level of Medical Decision Making	99223	\$ 292.85	\$ 120.14	\$ 120.14	\$ 120.14	\$ 126.15	\$ 120.14														
Subsequent Hospital Inpatient Evaluation & Management - Low Level of Medical Decision Making Subsequent Hospital Inpatient Evaluation &	99231	\$ 56.82	\$ 31.68	\$ 31.68	\$ 31.68	\$ 33.26	\$ 31.68														
Management - Moderate Level of Medical Decision Making	99232	\$ 106.36	\$ 45.48	\$ 45.48	\$ 45.48	\$ 47.75	\$ 45.48														
Subsequent Hospital Inpatient Evaluation & Management - High Level of Medical Decision Making	99233	\$ 151.53	\$ 61.17	\$ 61.17	\$ 61.17	\$ 64.23	\$ 61.17														
minutes or less	99238	\$ 75.00	\$ 54.58	\$ 54.58	\$ 54.58	\$ 57.31	\$ 54.58														
than 30 minutes	99239	\$ 107.00	\$ 72.15	\$ 72.15	\$ 72.15	\$ 75.76	\$ 72.15														
								* Per Diem	* Per Diem	* Per Diem	* Per Diem	* Per Diem	* Per Diem	* Per Diem	* Per Diem						

Notes:

**All other Insurance companies will have a single case agreement which determines what they will pay for IP services at the time of admission.

***Inpatient services are reimbursed at the lesser of eligible charges or 115% of Medicare rates. Professional services are reimbursed at 105% of Medicaid rates.

****This amount is payable to the provider less deductible/co-pay/coinsurance, any payments by CMS directly to the hospital, and any sequestration amounts.

****Acute Psychiatric Inpatient & Chemical Dependency Services: reimbursed at the lesser of 90% of TRICARE/CHAMPUS Maximum Allowable or 70% of billed charges

UNDERSTANDING YOUR PAYMENT:

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The table above will help you understand the "estimated payment" for your visit.