

Utah Maternity Hospital Guide

1997 Average Maternity and Newborn Hospital Charges

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Using this Information

This report provides hospital price comparisons for nine common conditions. The information in this report is general information only. Statistical and technical language have been omitted. You can use this brochure to ask questions of your doctor, hospital or insurance company representative and let them know you plan to take an active role in your health care decisions.

The charges in this report are averages only and may differ from what you are, or were billed. Unusually high charges were excluded from the calculations. For each condition, the average was calculated as in the following example.

$$\frac{\text{Total newborn charges/}}{\text{Total number of patients} = \text{Average newborn charge}}$$

Hospital charges vary for a number of different reasons such as: hospitals differing in the types and severity of patients they treat; teaching hospitals and large referral centers may charge more, as they treat the most complex patients.

Utah Department of Health Resources

Additional sources of health care consumer information provided by the Utah Department of Health:

- For HMO Satisfaction survey and “report card” results, call the Office of Health Data Analysis, 801-538-7048 or visit our website at www.healthdata.state.ut.us
- For additional C-section information see the C-section report on our web site under the consumer publications section
- Check your Health Hotline: 1-888-222-2542
- Baby Your Baby Hotline: 1-800-826-9662

This is a Health Data Committee Publication. The Utah Health Data Committee was established by the Utah legislature in 1990 to collect, analyze and distribute statewide healthcare data.

This report is published to increase consumer awareness of health care costs. This and other consumer reports are available on our website: www.healthdata.state.ut.us For more copies write to the above address or call (801) 538-7048. All data ©1998, Utah Department of Health, Office of Health Data Analysis.

Become an Informed Health Care Consumer

Take Responsibility for Parenthood

Take an active part in the health care of yourself and your baby. Don't wait until delivery to learn about your health plan coverage or to compare hospital and/or physician fees and services. Let your only surprise be the boy-girl kind, not gaps in your maternity coverage.

Speak Up

No one knows more about you than you do! Visit your doctor before you get pregnant or early in pregnancy and then regularly during pregnancy. Tell your doctor about what you are experiencing and why you think it is happening. Ask about delivery options.

Explore Alternatives

Birth Centers are becoming an accepted alternative to giving birth in a hospital or at home by health insurers. Most birth centers are freestanding, unattached or affiliated with a particular hospital. These accredited centers are staffed by licensed staff (e.g. nurse midwives) and offer women with low-risk pregnancies a drug-free birth with minimal intervention in a home-like environment.

Ask Questions

Consider yourself a partner in your care and treatment. Look closely in the maternity provisions of company health plans available to you. Ask the following questions:

- *Does the plan cover pregnancy and prenatal care?*
- *Is the pregnancy covered if the child is conceived before or soon after the mother joined the policy?*
- *What deductible or co-payments will the parents be expected to pay, and will they be reimbursed for expenses before or after the delivery?*
- *Will the plan cover midwives or birthing centers if the parents wish to use them?*
- *Is the mother required to attend a prenatal education program to get full benefits?*
- *To what extent does the plan cover prenatal diagnostic testing such as ultrasound, amniocentesis, or chorionic villa sampling?*
- *Is prior approval required for prenatal care or hospital admission?*
- *To what extent does the policy cover newborn nursery care or neonatal intensive care?*
- *How long can the mother and baby stay in the hospital after delivery and are home nursing and equipment charges covered if needed?*
- *When does the plan begin covering the baby as a dependent?*
- *What does your insurance company need to add your child to insurance plan?*
- *Is a surgical procedure (e.g. C-section) necessary? Why?*

Reduce The Chances of Complications

You can reduce the chances of complications occurring during pregnancy and childbirth by getting early and regular prenatal care. Don't smoke, drink alcohol or take non-prescribed drugs during your pregnancy. Follow your doctors instructions about diet, exercise, weight gain and other concerns.

Complications Cost More

The most significant difference in cost is not between hospitals, but between an uncomplicated vaginal delivery and a cesarean section or complicated birth. In addition, the cost of caring for a newborn is a fraction of the cost of caring for a premature baby.

Know Your Insurance Plan

Know the ins and outs of your insurance plan or medical benefits before you become pregnant, if possible. This allows time to make some choices. Many companies offer several insurance plans: indemnity, preferred provider, or health maintenance organization (HMO). Each plan varies in what it covers, its limits of coverage and the rules that apply to the plan.

Know Your Hospital

The chart in this brochure lists hospital charges as well as hospital characteristics. Hospital Characteristics that have an effect on C-section rate are the following:
(1) Presence of a Neonatal Intensive Care Unit (NICU);
(2) Availability of an Obstetrician or Anesthesiologist;
(3) Location of the hospital - Urban or Rural; and
(4) Volume of deliveries. Hospitals in rural areas, with no obstetrician and/or anesthesiologist on staff, with less than 1,500 deliveries during the years 1992-1995 show a statistical effect on a high first cesarean rate for mothers age 18-34.*

Accreditation represents a standard for a level of care for hospitals and other health organizations. The Joint Commission of Health Care Organizations (JCAHO) performs hospital accreditation. Having accreditation is an important indicator of quality; however, hospitals constrained with monetary and time limits choose not to pursue it.

*Source: Office of Health Data Analysis report, *Cesarean Delivery in Utah 1992-1995*

Average Hospital Maternity Charges

1997 Average Inpatient Charges for Utah's Most Common Maternity Related Conditions Requiring Hospital Admission

Hospital	Normal delivery no complication DRG 373	Normal delivery w/tubal ligation DRG 374	Normal delivery w/complication DRG 372	C-Section no complication DRG 371	C-Section w/complication DRG 370	C-Section Rate##	Newborn normal DRG 391	Premature w/RDS DRG 386	Premature major problem DRG387	Hospital characteristics
Allen Memorial Hospital	\$1,354	\$3,421*	—	\$4,656*	—	@	\$425	—	—	R
Alta View Hospital	2,364	2,838	\$2,665	4,610	\$5,549	14.30%	803	\$6,552	\$5,444	U, A, O, J
American Fork Hospital	1,898	2,430	2,573	4,555	5,690	12.70%	792	3,407	2,631	U, J
Ashley Valley Medical Center†	2,074	4,084	2,877	4,882	6,348	13.50%	620	4,589	3,013*	R, O, J
Bear River Valley Hospital	1,779	3,411	2,222	3,036	4,140*	@	658	—	—	R, O
Beaver Valley Hospital	1,627	—	2,633	3,115	3,284	@	523	—	—	R
Brigham City Community Hospital†	2,404	4,558	3,633	4,956	5,821	15.40%	672	1,639*	3,930	R, O, J
Castleview Hospital†	2,769	6,843*	3,413	7,453	7,957	11.00%	991	5,139*	7,916	R, O, J
Central Valley Medical Center	2,023	3,619*	2,411	4,170	5,002*	@	687	—	—	R
Cottonwood Hospital	2,454	3,114	2,966	4,575	5,354	18.40%	982	5,748	3,649	U, A, O, J
Davis Hospital & Medical Center	1,923	3,516	2,446	4,714	5,483	20.60%	548	34,380	13,118	U, A, O, J
Delta Community Medical Center	2,344	3,610	2,447	3,852	4,523	23.00%	898	—	1,703	R
Dixie Medical Center	1,784	2,603	2,313	3,549	3,843	19.00%	623	20,304	7,424	U, J
Fillmore Community Medical Center	1,868	3,452	3,899*	3,229	3,637*	@	881	—	—	R
Garfield Memorial Hospital	1,571	—	2,440	5,704	5,319	@	749	—	—	R
Gunnison Valley Hospital	2,366	4,555	3,331	5,083	4,901*	21.80%	673	—	3,389*	R
Jordan Valley Hospital†	2,635	4,141	3,777	5,540	6,994	12.20%	1,083	6,142	5,841	U, O
Kane County Hospital	2,569	4,338	—	5,972	10,110*	@	729	—	—	R
Lakeview Hospital†	2,710	4,326	3,143	5,071	5,577	21.10%	890	8,813*	6,319	U, O, J
LDS Hospital	2,605	3,208	3,359	4,991	6,500	14.60%	667	45,015	22,200	U, N, A, O, J
Logan Regional Hospital	2,077	2,973	2,597	3,712	4,774	11.70%	637	15,027	12,004	U, N, O, J
McKay Dee Hospital	2,687	3,225	3,255	4,740	6,102	17.50%	832	56,091	31,551	U, N, A, O, J
Milford Valley Memorial Hospital	2,318	—	3,720*	6,388*	—	@	1,087	—	—	R
Mountain View Hospital†	2,550	4,085	3,353	5,002	6,196	12.50%	733	13,067	8,767	U, O, J
Ogden Regional Medical Center†	2,184	2,748	2,451	4,723	5,780	15.40%	606	54,636	10,615	U, N, O, J
Orem Community Hospital	2,377	3,223	3,084	4,406	4,830	18.70%	698	2,147	3,052*	U, O, J
PHC Hospital◆	2,841	3,787	3,882	5,793	6,756	20.80%	2,480	46,568	17,066	U, A, O, J
Pioneer Valley Hospital†	2,178	3,515	2,708	4,761	5,219	15.40%	543	668*	1,960	U, O, J
Primary Children's Medical Center	—	—	—	—	—	@	1,851	86,327	24,871	U, J
Salt Lake Regional Medical Center	2,503	4,039	3,313	6,328	7,467	14.40%	645	30,481	10,836	U, O, J
San Juan Hospital	2,007	4,177	2,267	6,358	4,601*	8.70%	579	—	—	R
Sanpete Valley Hospital	2,486	4,187	3,048	4,891	5,808	26.30%	884	3,712*	5,884*	R
Sevier Valley Hospital	1,745	3,377	2,192	4,263	5,250	18.00%	674	3,616*	—	R, J
St. Mark's Hospital†	2,626	3,843	3,389	4,668	5,573	17.00%	780	6,124	5,578	U, J
Tooele Valley Regional Medical Center	2,129	4,215	3,139	5,851	—	@	614	—	—	R
Uintah Basin Medical Center	1,881	2,971	2,138	3,910	4,347	28.90%	586	2,974*	2,635	R
University of Utah Hospital	2,924	4,561	4,310	5,924	7,950	18.40%	733	98,279	21,492	U, N, A, O, J
Utah Valley Medical Center	2,184	2,635	2,858	4,312	5,683	13.50%	864	62,755	15,799	U, N, A, O, J
Valley View Medical Center	1,783	2,909	2,000	3,555	5,268	13.80%	527	987*	5,119	R, O, J
Wasatch County Hospital	1,939	3,407	3,031*	3,928	5,930	20.90%	489	1,355*	—	R
Utah Hospital Average**	2,386	3,435	3,134	4,766	6,017	16.00%	764	59,870	17,109	

Maternity Category

Definitions

Descriptions of Maternity Related Conditions Requiring Hospitalization

DRG (Diagnoses Related Group) is a classification indicating what was wrong and what was done to a patient during a hospital stay. The classification is determined based on diagnoses, clinical procedures, patient age, gender, length of stay, and other factors.

DRG 373: Uncomplicated Normal Delivery. This is the most common delivery category. No illness or condition in the mother or newborn complicated the delivery and no C-section delivery or operating room procedure (tubal or D&C) was performed.

DRG 374: Uncomplicated Normal Delivery with Tubal Ligation and/or D&C. A tubal ligation or D&C was performed, but otherwise the vaginal delivery was uncomplicated.

DRG 372: Complicated Normal Delivery. While no C-Section or operational procedure (tubal or D&C) was performed, an illness or condition in the mother or newborn complicated the delivery.

DRG 371: Uncomplicated Cesarean Section. The C-Section was not complicated as no health problems were identified in mother or newborn.

DRG 370: Complicated Cesarean Section. An illness or condition in the mother or newborn complicated the C-Section delivery.

DRG 391: Normal Newborn. The newborn has no identified illness or condition to complicate hospital care. This is the largest newborn category.

DRG 386: Extreme Premature Birth. Newborn weighs less than 3 1/2 pounds at birth or is born before the 28th week of a 40 week pregnancy with or without severe lung problems (Respiratory Distress Syndrome). With severe lung problems a newborn has difficulty breathing due to immature or underdeveloped lungs. This category does not include newborns who were transferred to another hospital or who died in the hospital.

DRG 387: Premature Birth with Major Problems. Newborn is born before full term of 40 weeks with an illness or condition which complicates hospital care.

Key

- † Change in ownership in 1997
- ❖ Closed 7/97
- @ Cesarean Section Rate number was not calculated - Less than 100 births in 1997
- ## Cesarean Section Rate was calculated by dividing the number of C-Section deliveries by the total number of deliveries and multiplying by 100
- No discharges in 1997
- * Based on less than four discharges
- ** State average was calculated by dividing the sum of all charges billed in the state by the total number of discharges. Average includes all general acute care hospitals only.

Hospital Characteristics

- R- Rural hospital
- U- Urban hospital
- N- Neonatal intensive care unit in hospital
- A - Anesthesiologist on staff
- O - Obstetrician on staff
- J - JCAHO accredited