

# Oregon Hospital Payment Report: Pregnancy Related Procedures 2017

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Oregon Health Authority  
Division of Health Policy & Analytics  
Office of Health Analytics



## Oregon Hospital Payment Report: Pregnancy Related Procedures

The Oregon Hospital Payment Report is an annual report that contains median payment information from commercial insurers to hospitals for common inpatient and outpatient procedures. This fulfills the requirement set forth in Oregon Revised Statute (ORS) 442.466. This sub-report of the Oregon Hospital Payment Report and contains payment information procedures related to pregnancy. Payment information for outpatient procedures, inpatient procedures, radiation and chemotherapy, and diagnostic imaging and testing procedures can be found in their own sub-report releases.

Due to the U.S. Supreme Court's March 2016 ruling in *Gobeille v. Liberty Mutual Insurance Company*, the Oregon Health Authority may no longer require self-insured Employment Retirement Income Security Act (ERISA) covered health plans to submit claims. It is estimated that Oregon's All Payer All Claims (APAC) database has over 300,000 fewer covered lives reported from the commercial market since the *Gobeille* decision. As a result, the number of procedures reported has decreased, which in turn affects whether data can be reported.

Highlights of the pregnancy related procedures sub-report are:

- Most procedures vary substantially in paid amounts, both within and between hospitals.
- Cesarean deliveries with complications and co-morbidities had the highest median paid amount in 2017 at \$17,475 per delivery.
- Cesarean deliveries without complications and co-morbidities had the largest increase in median paid amount, increasing by \$1,559 from 2016.
- Cesarean deliveries without complications and co-morbidities also had the largest percentage increase, increasing by 12% from 2016.
- The weighted average change in median paid amounts for pregnancy related procedures was an increase of \$240. The range of change in median amount paid was -\$208 to \$1,559.

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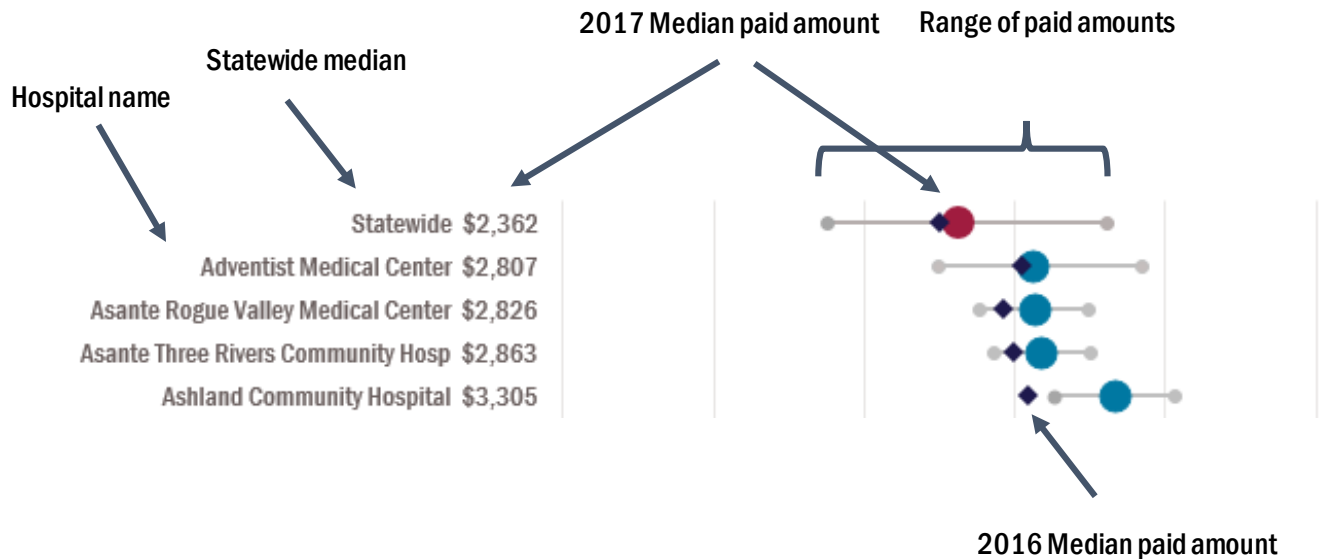
Procedures for 2017 are broken into several smaller reports. This report contains information for pregnancy related procedures. Other procedure types may be found in their own sub-report.

## Pregnancy Related Procedures

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# How to Interpret This Report

This report presents information on the amount paid for procedures related to pregnancy at hospitals in Oregon. The data on these paid amounts come from submissions made to Oregon's All Payer All Claims database (APAC) from commercial reporting entities. The range of typical paid amounts for each procedure is included at the statewide and hospital levels, and a median amount paid is also displayed. The median is the middle value in the range of typical paid amounts.

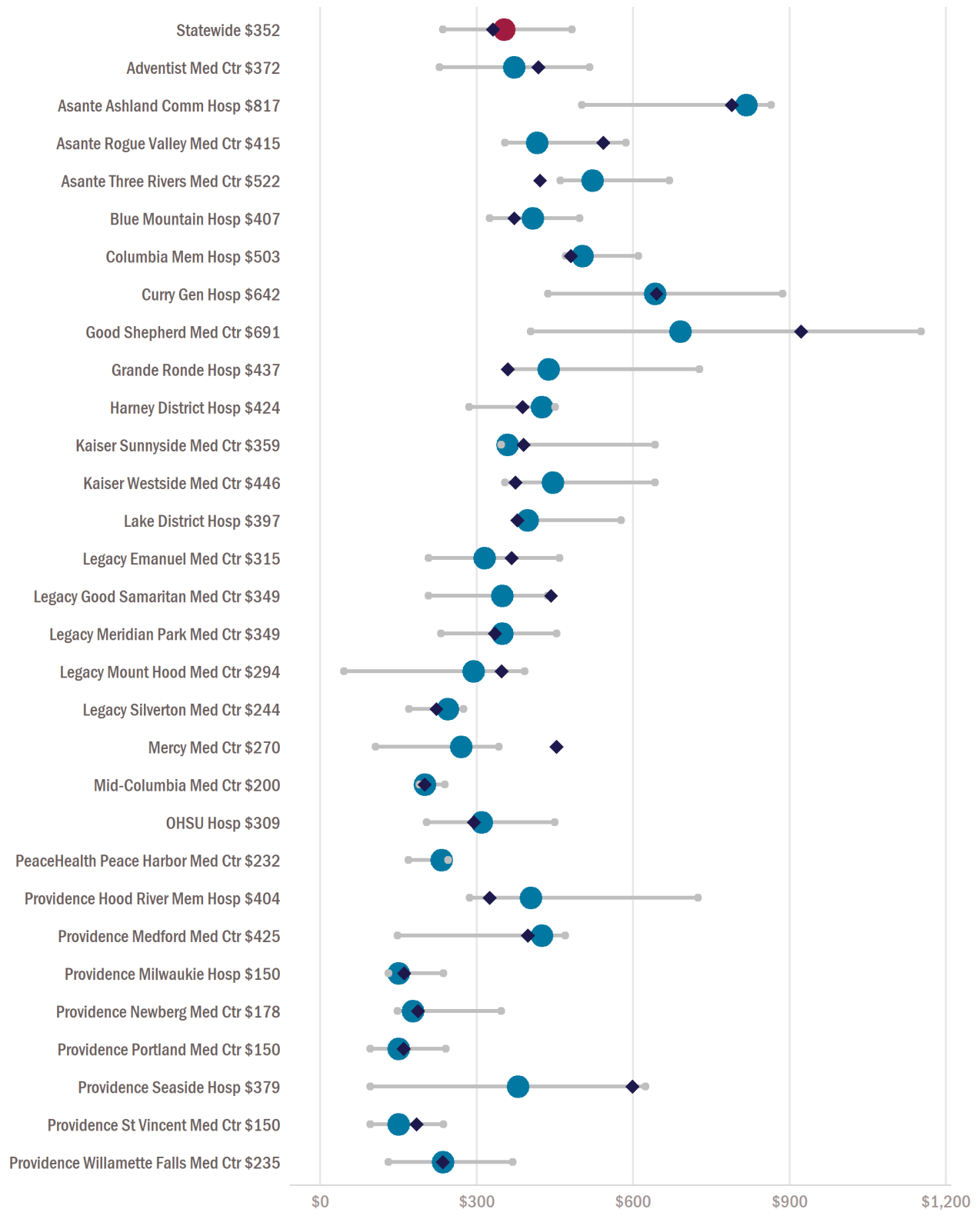
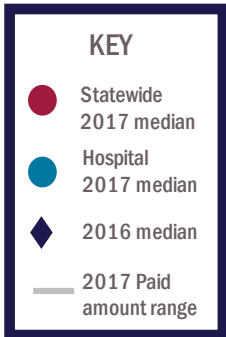


The graphs included in this report contain four main points of information: the hospital name, the 2016 and 2017 median paid amounts, and the range of paid amounts. The hospital name is the name of the hospital facility that performed the procedure. Only procedures that were performed at one of Oregon's sixty acute care hospitals are included in this report. The 2017 median paid amount is reported next to the hospital name, and is also represented on the graph as the large dot. The statewide median paid amounts is provided at the top of every graph. The median represents the point that divides the paid amounts in two parts, half above and half below the median amount. This is also known as the 50th percentile. The range of paid amounts is represented in the charts as the small gray dots and the gray line. This range excludes outliers in the data and is also known as the interquartile range. It is the range between the lower 25th percentile and the upper 75th percentile. By removing the lower 25% of the data and upper 25% of the data, we remove outliers that can skew the median values. This range represents the middle 50% of all paid amounts. The 2016 median paid amount is shown for reference as the dark diamond. Hospitals that do not have a 2016 median paid amount mean that procedures in that year did not qualify for reporting based on established methodology.

The median amount (large dot in the charts) is not necessarily the center point of the interquartile range (gray line and dots). This is because paid amounts are not evenly distributed across the range. It is common to see paid amounts clustered around certain dollar amounts resulting in the median being pulled off center. The variance in the paid amounts within a hospital come from the different co-payment and deductible amounts paid by patients, as well as different levels of severity in the patient's condition. The differences in paid amount between hospitals include the above reasons, as well as each hospital's negotiated payment rate with commercial insurance companies.

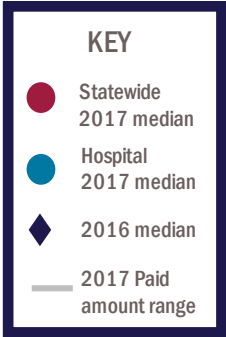
# Obstetrical Ultrasound

An obstetrical ultrasound is an ultrasound that is administered for the purpose of evaluating the progression of a pregnancy, or conditions related to pregnancy. In most cases, an ultrasound is administered around 20 weeks of pregnancy in which the organs of the developing fetus are measured and evaluated. Further ultrasounds may be ordered at the doctor's discretion.



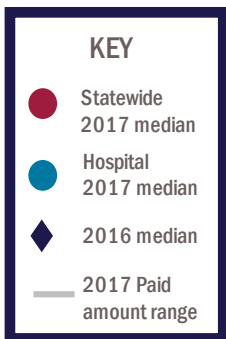
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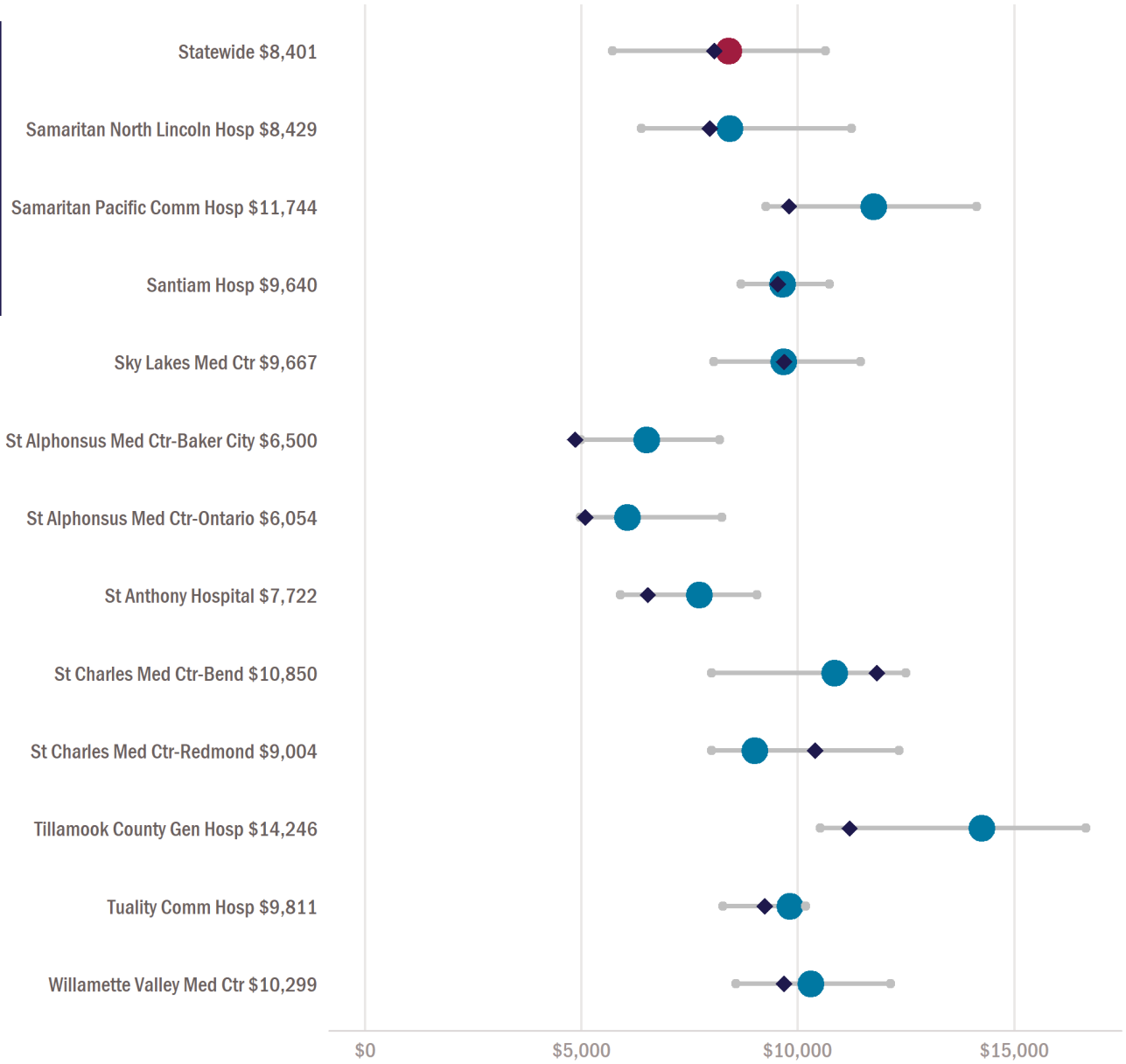
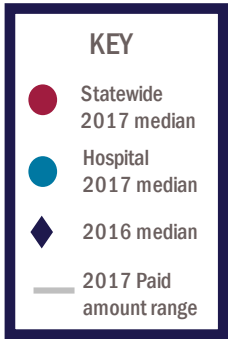
# Normal Delivery without Complications

A normal delivery without complications is a vaginal delivery in which there are no complicating conditions or events that make the childbirth more complex or difficult.



# Normal Delivery without Complications Continued

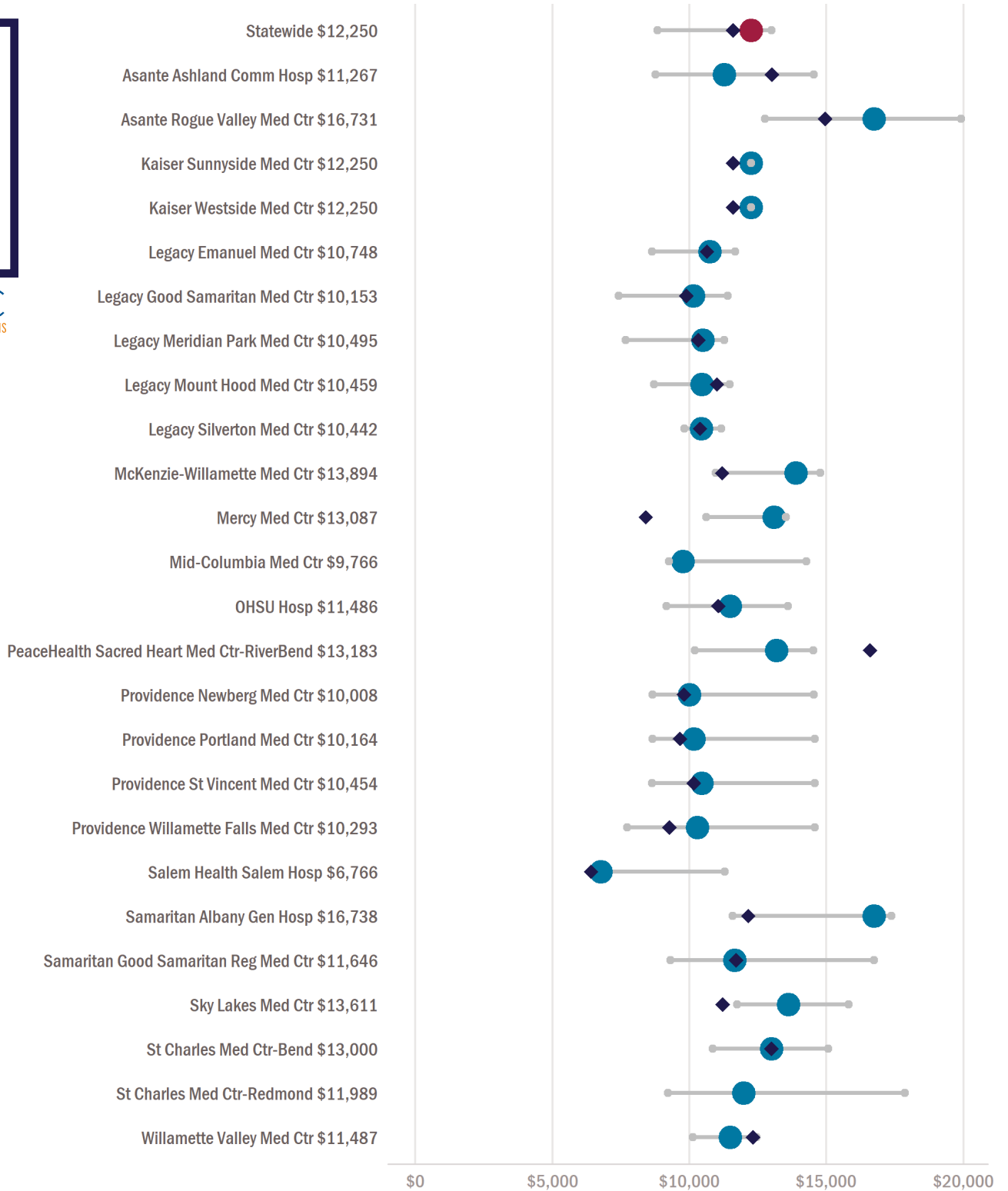
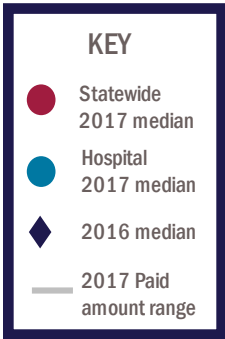
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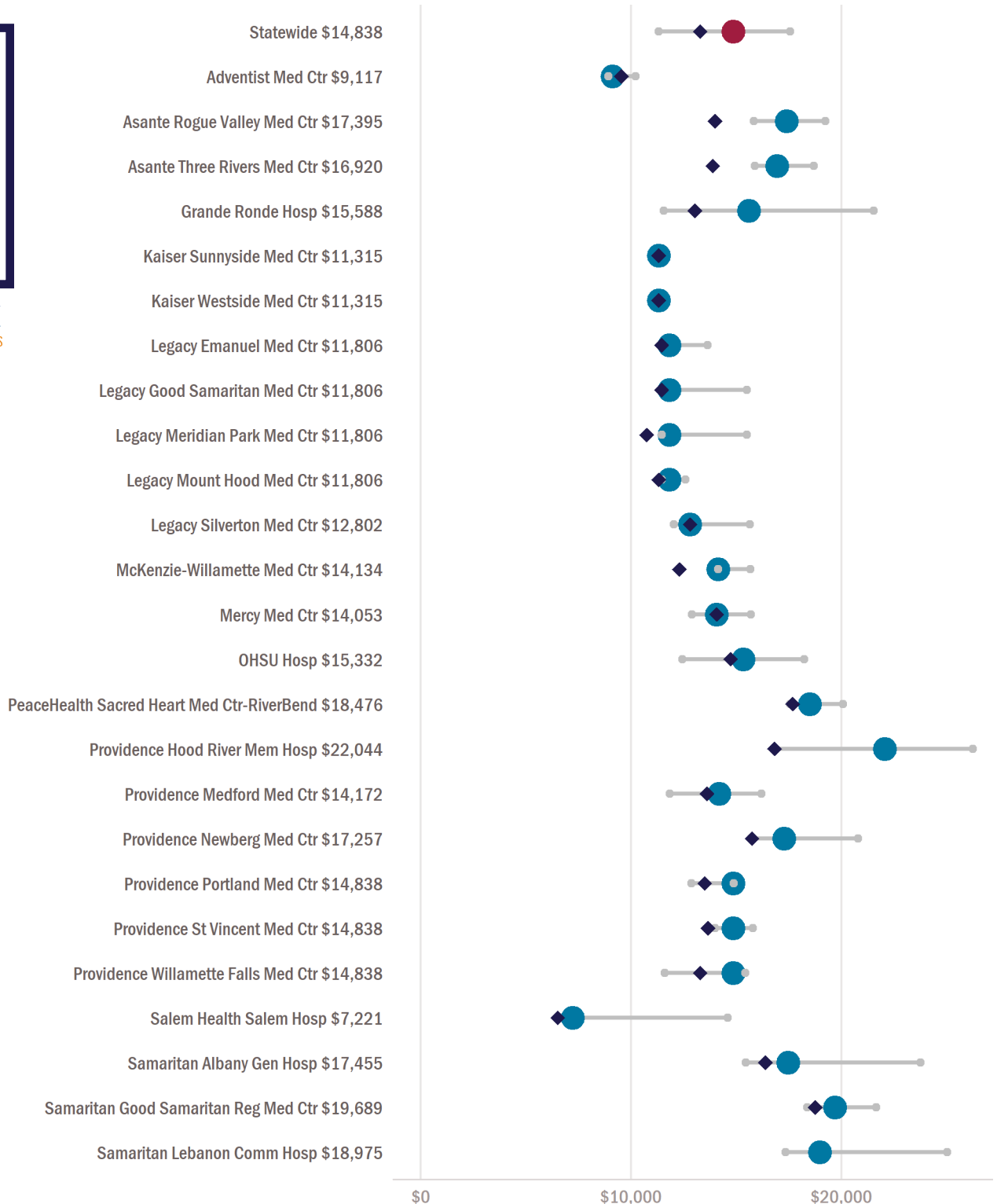
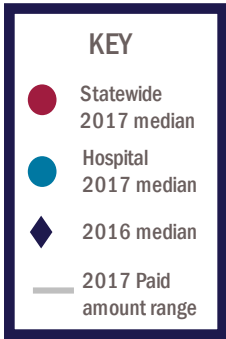
# Normal Delivery with Complications

A normal delivery with complication is a vaginal delivery in which there were associated conditions or events that made the delivery of the child more complex, risky or difficult. Examples of such conditions are prolonged labor, a fetus that has not turned to the proper position, fetal distress, or displacement of the umbilical cord or placenta.



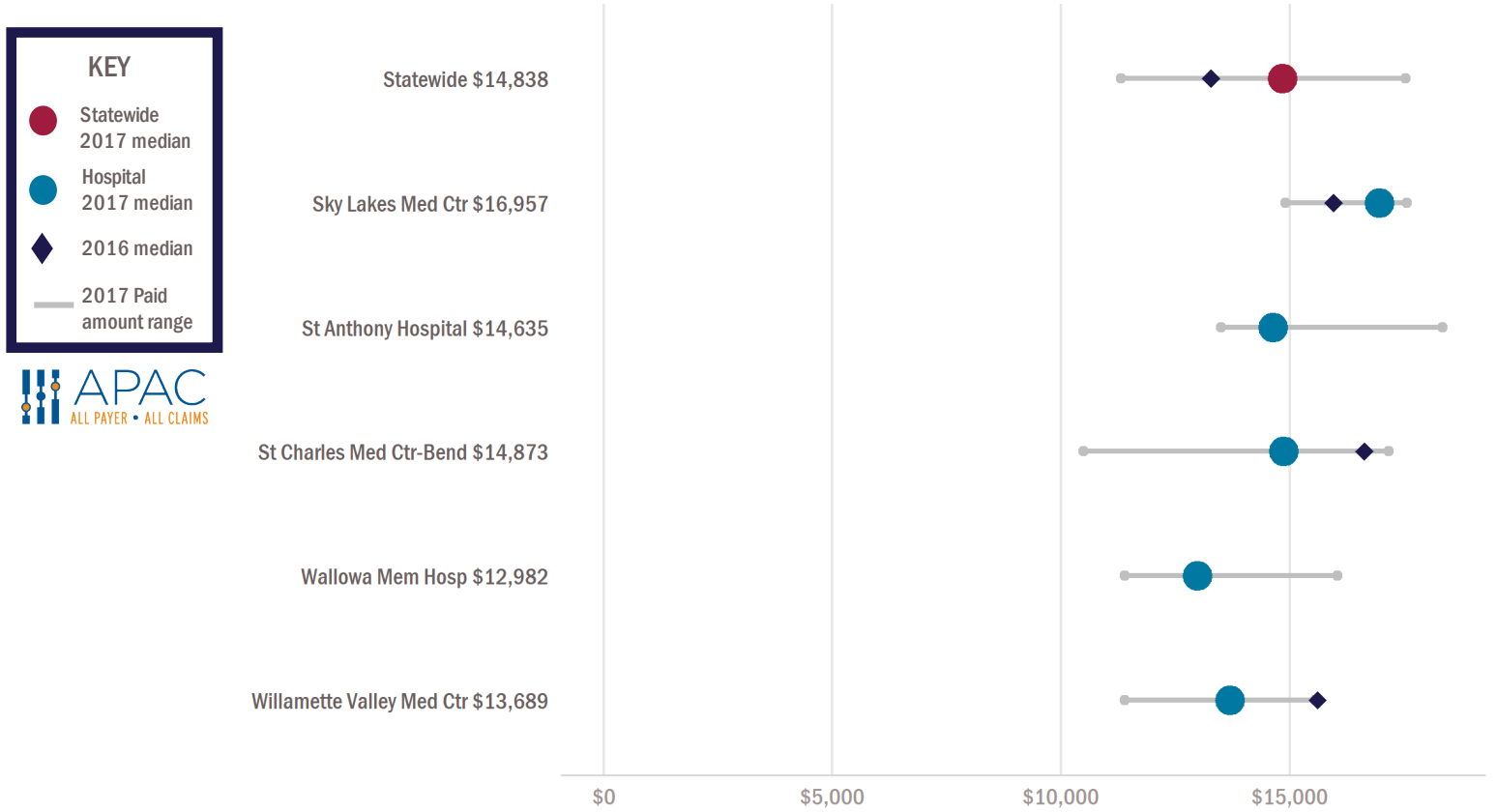
# Cesarean Delivery without Complications

A Cesarean Section (C-section) is a surgical method of delivering a baby. An incision is made in the lower abdomen, through the uterus, from which the baby is delivered. C-sections without complications refer to a C-section delivery that was requested by the mother, or performed preventively because the mother had a previous C-section delivery.



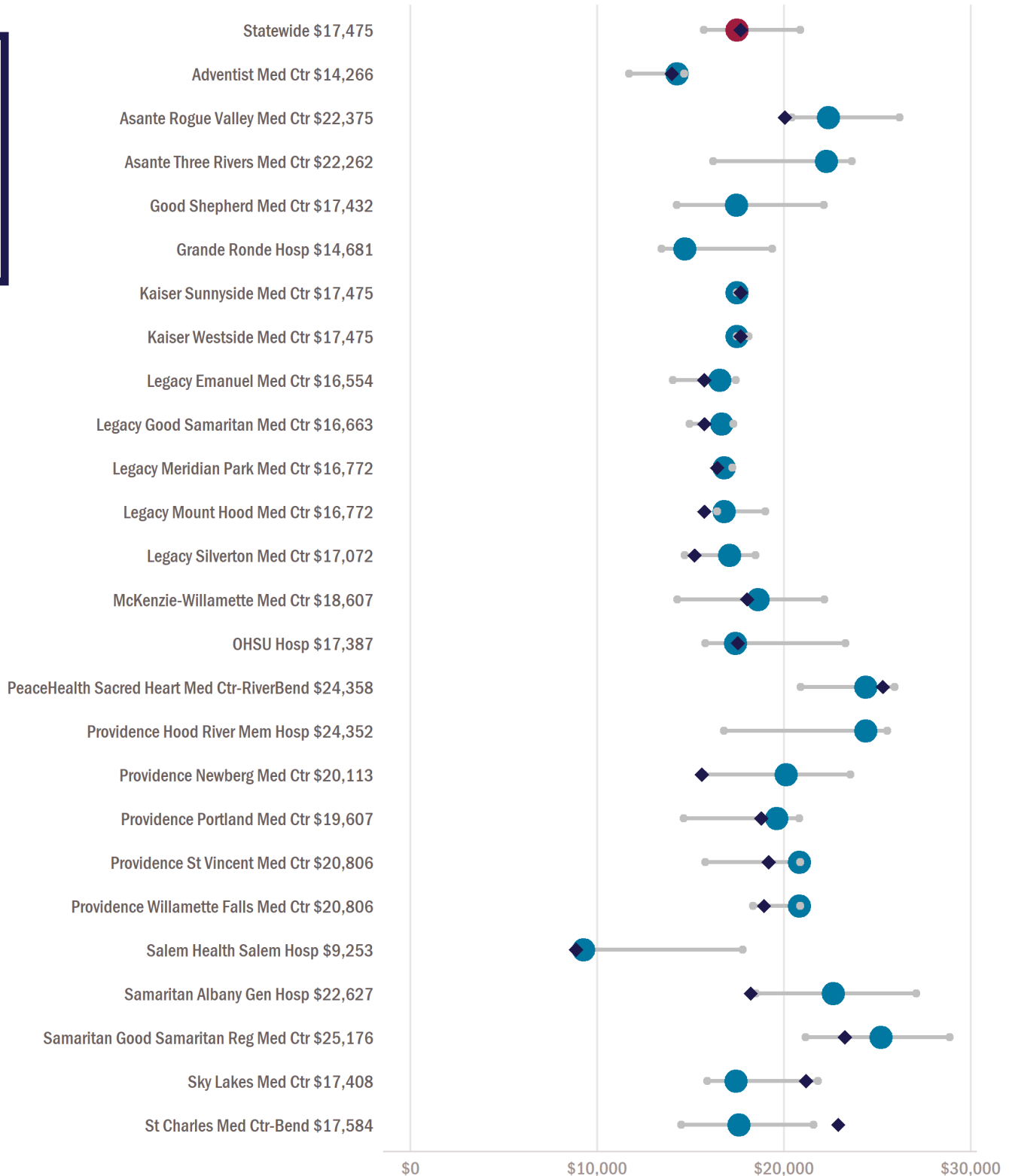
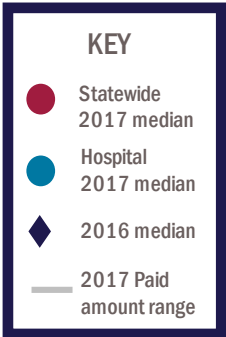
# Cesarean Delivery without Complications Continued

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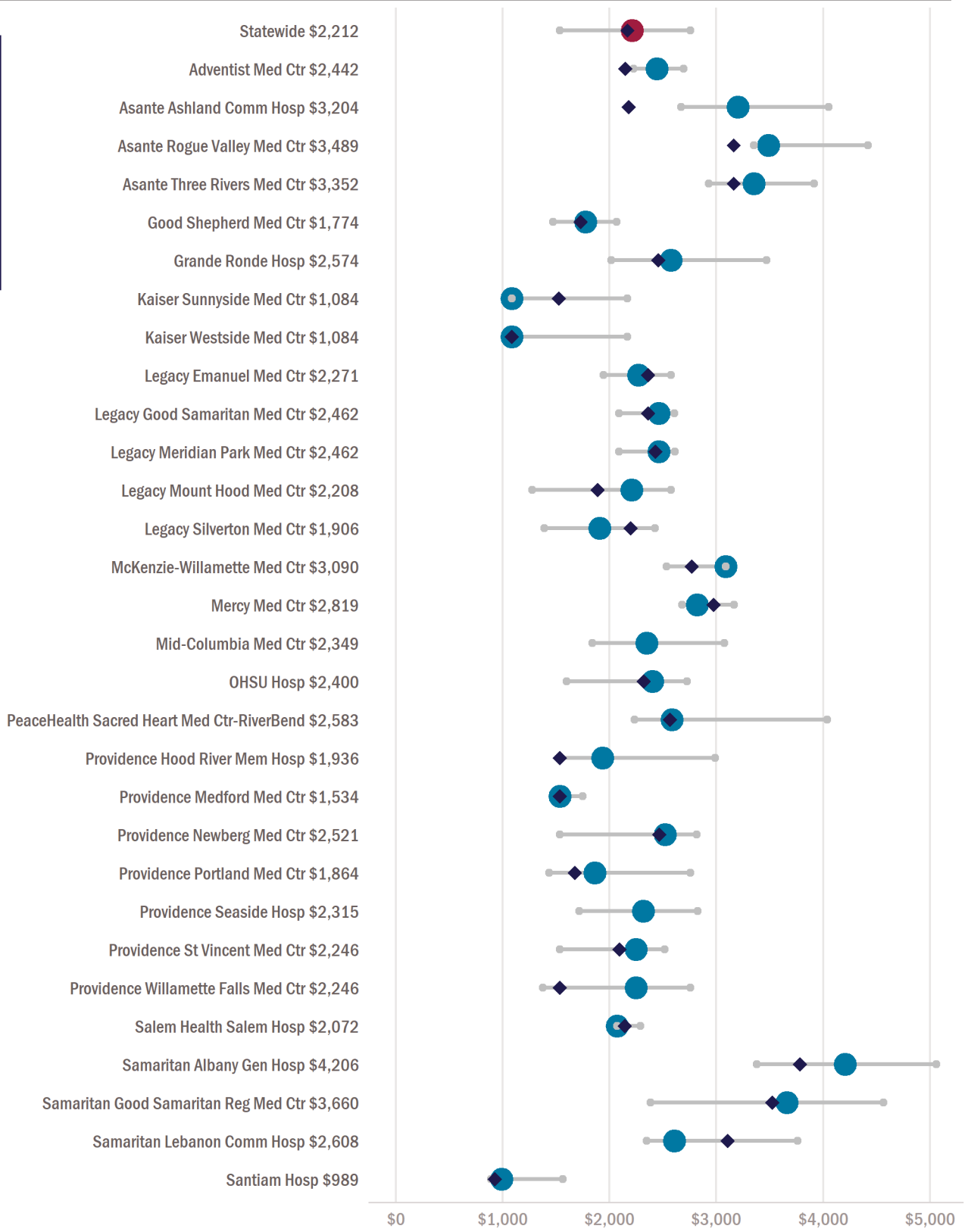
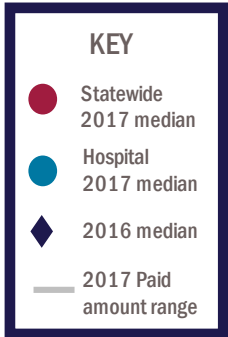
# Cesarean Delivery with Complications

Cesarean Deliveries with complications are C-section deliveries that were required due to health complications of the mother or baby. Fetal distress is typically the most common reason a C-section is required. The baby's condition is considered too critical for a normal delivery and the health and safety of the child is at risk.



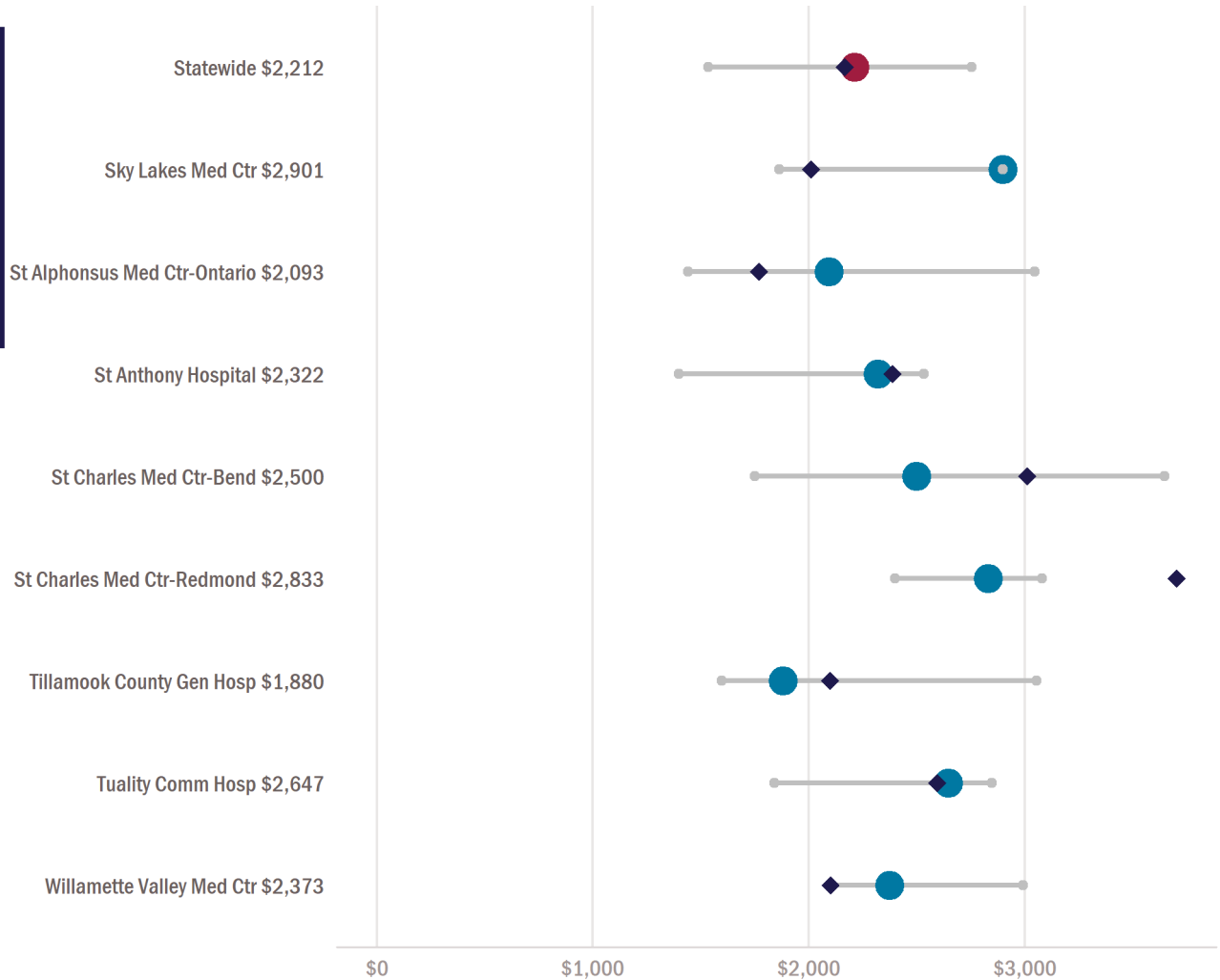
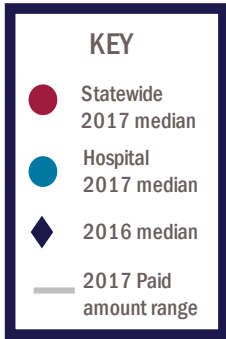
# Newborn Care without Complications

Newborn care is the traditional nursery care a hospital provides a newborn baby. This includes a range of initial procedures such as hearing tests, reflex tests and a variety of other medical screenings. A normal healthy baby is usually held in the hospital for 24 hours after delivery.



# Newborn Care without Complications Continued

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# Newborn Care with Complications

Newborn care with complications is care provided to a newborn child who has a health condition that requires additional treatment beyond standard care. The most typical complicating condition for newborns is jaundice, a yellowing of the skin that is treated by exposure to special lights.

