

# NCOIL: Improving Affordability for Patients Model Act

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### **Overview**

- Facility Fees
- Specifics of Hospital Care
- Physician Acquisition
- Honest Billing and NPIs for Off-Campus Facilities
- Takeaways





### **Facility Fees and Site-Neutral Payments**



### Facility Fees vs Professional Fees

Professional Fees	Facility Fees
Physician services	<ul> <li>Nurses and other medical support staff</li> <li>Social workers</li> <li>Housekeeping</li> <li>Pharmacists</li> <li>Security</li> <li>IT infrastructure and support staff</li> <li>Medical equipment and supplies</li> <li>Lab technicians</li> <li>Care coordination</li> <li>Secure platforms that are HIPAA-compliant</li> <li>Language interpreters</li> <li>Building maintenance</li> <li>Regulatory compliance</li> <li>Patient education</li> <li>Clinician training</li> </ul>
	Physician subsidies





### Hospital Care

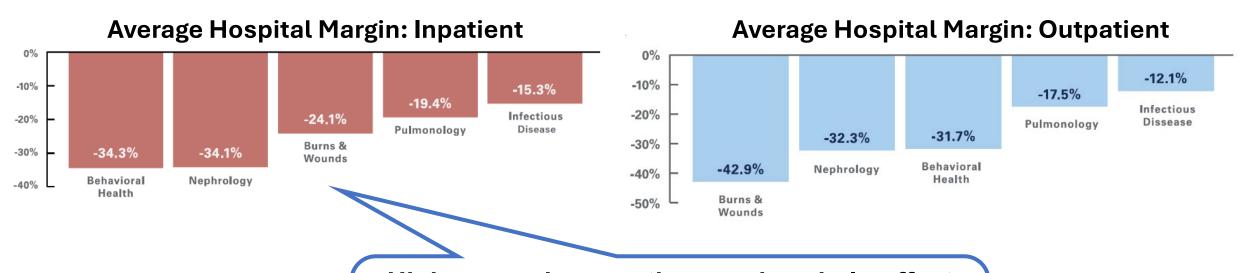
- Patient type
  - Acuity: Hospitals care for sicker patients
  - Larger number of uninsured patients
- Hospitals costs for delivering care are not equivalent
  - 24/7 care
  - More comprehensive licensing, accreditation and regulatory requirements
  - Essential public services that do not produce revenue
    - Cost shift necessary





### Cost-shift Across Services

In aggregate, payers fail to cover hospitals' costs for key services. These losses must be made up for from higher margin services.



Higher margins on other services help offset these losses. Without those higher margins, hospitals could not maintain these services, many of which only hospitals provide.

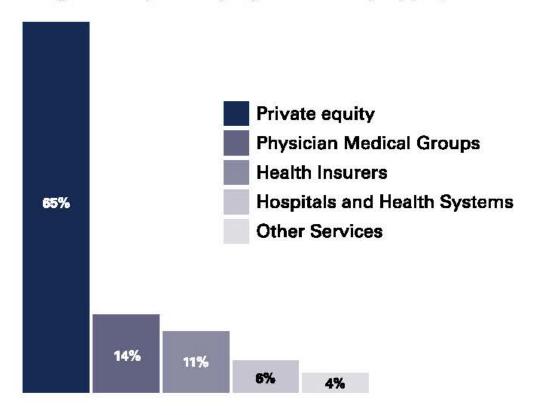


Source: https://www.aha.org/costsofcaring

## Setting the Record Straight: Private Equity and Health Insurers Acquire More Physicians than Hospitals

Hospitals not among the three largest drivers of physician acquisitions

Percentage of aquired physicians by type, 2019 - 2023



Source: AHA analysis of LevinPro HG, Levin Associates, 2023, June, levinassociates.com. Only includes values for deals where the number of acquired physicians was reported. Certain acquirer types were also modified to more closely align with the services provided by the acquirer.

### "Honest Billing" Concerns



# New NPI for Off-campus Outpatient Department?

Current claim requirements for indicating off-campus outpatient place of service:

 Professional Claim: "Place of Service" code used to flag outpatient off-campus site of care



- Institutional Claim:
  - UB-04: Data content standard for all hospital claims
    - ➤ Type of Bill (FL04): Indicates outpatient vs. inpatient
    - ➤ Billing Provider Name and Address (FL01):
      - **►** Name and <u>Service Location</u>







## Key Takeaways

- Facility fees are essential to providing the unique care provided by hospitals.
  - ➤ Eliminating facility fees will threaten ability to provide non-revenue generating services, particularly in rural settings.

 Reduction in independent physicians is concerning, but hospitals are not driving this issue.

 NPI for off-campus departments is unnecessary and only adds unnecessary administrative costs.

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### Contact / Questions

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