



# Facility Fees and Care Team Support

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# What are Facility Fees?

- “Care team” support [*overhead costs*]
- Unique to hospitals and hospital-affiliated clinics (Hospital Outpatient Departments – HOPDs)
- Bundled vs Separate billing requirements
- ”Care team” fees essential to the whole of care in a HOPD setting



# HOPD Billing Compared

## BILL EXAMPLE 1

### Hospital Outpatient Clinic Visit

#### Bill for Professional Fee

Covers the cost of the service the doctor or professional staff provides.

#### Billing for Facility Fee

Covers the cost of nurses, other clinical staff, front desk personnel, environmental services, leasing the clinic space, equipment, supplies, maintaining electronic medical records, etc.

## BILL EXAMPLE 2

### Private Practice Physician Visit

#### “Global” Bill

Covers the cost of the service the doctor or professional staff provides and the cost of nurses, other clinical staff, front desk personnel, environmental services, leasing the clinic space, equipment, supplies, maintaining electronic medical records, etc.

# Why Facility (Care Team) Fees Matter

- Support the costs necessary to operate care teams, equipment dedicated to a unique facility
- Federal requirements dictate how hospitals must bill separately from provider fees
- Hospital-affiliated clinics are held to higher regulatory standards than independently owned practices
- Many hospital clinics stand to shut their doors if hospitals and subsequently, facility fees are inappropriately prohibited

# Reality of Facility (Care Team) Fees

- NC has the 2nd largest rural population in the country
  - In counties where 90% live in a rural area, 36% of physician visits take place at a HOPD
- Fees do *not* substantially increase costs for patients *unless* the insurer opts not to cover them
- Consolidations?
  - Between 2019 and 2023, physician practice acquisitions:
    - 65% private equity
    - 14% physician medical groups
    - 11% insurers
    - **6% percent hospitals/health systems**



**Thank you**