

Site Neutral Payment Policies Threaten Access to Care

Hospital outpatient departments (HOPD) are principal sources—and in some areas, Pennsylvanians’ only access to primary care and physician services. Hospitals and their HOPDs care for more clinically complex and vulnerable populations than independent physician offices and ambulatory surgical centers, while facing more requirements.

Appropriate reimbursement for hospital-level care is critical. Congress must reject site-neutral payment policies.

UNEQUAL NEEDS: HOPDs serve more clinically complex & vulnerable populations

Disability and/or end-stage renal disease: 31 percent of Medicare beneficiaries receiving care in an HOPD were originally enrolled in Medicare due to disability and/or ESRD, compared to 19 percent in independent physician offices.

Recent emergency department visits and inpatient stays: Medicare beneficiaries undergoing a procedure in an HOPD were 2.8 times more likely to have visited an ED and 3.6 times more likely to have had an inpatient stay in the past 90 days than those receiving care in an ASC.

Social determinants of health: Medicare beneficiaries receiving care in HOPDs are 1.9 times more likely to be enrolled in both Medicare and Medicaid and 1.5 and 1.4 times more likely to be Black and Hispanic, respectively, than those receiving care in independent physician offices.

UNEQUAL STANDARDS:

Sample of key regulatory requirements/roles by setting	Hospitals and Affiliated HOPDs	Ambulatory Surgical Centers	Physician Offices
24/7 standby capacity for ED services	✓		
Treat every patient regardless of ability to pay and hospitals with Eds are required to provide service to anyone who comes to that ED (EMTALA)	✓		
Special capabilities (burn, trauma, neonatal, psychiatric services)	✓		
Backup for complications occurring in other settings	✓		
Equipment redundancy requirements	✓		
Physician training (Graduate Medical Education)	✓		
Disaster preparedness and response	✓	✓	
Stringent ventilation requirements and infection control codes	✓	✓	
Infection control program	✓	✓	
Life Safety Code and Essential Electrical Systems compliance (National Fire Protection Association codes 101 and 99)	✓	✓	
Quality assurance program	✓	✓	
The Joint Commission accreditation	✓	✓	

Greater regulatory requirements necessitate more resources.

Adequate and stable Medicare payments to hospitals and physicians which reflect the unique costs and capacities of different sites of service. Reject site neutral policies that will threaten access to Pennsylvanians’ health care.