

Background

- The emergency department (ED) is the first point of care for many equity-deserving groups (e.g., low-income, uninsured, marginalized, and undocumented individuals)¹
- Many equity-deserving groups that use the ED are self-pay. Self-pay rates are typically set at the discretion of the hospital; as such, they can be changed faster than payer-specific rates
- Potential for hospitals to offset post-COVID losses by raising self-pay prices
- *Affordable* care is a cornerstone of *equitable* and *accessible* care

Research Question

How did ED facility fee pricing for self-pay patients change during the post-COVID era?

Data and Methodology

Primary Data Sources: Standard charge files from September 2021 and 2023, American Community Survey 2021-2022, CMS provider of services file from September of 2023

Key Variables: Self-pay prices for ED visits level 3- 5 (CPT 99283-99285), hospital characteristics (ownership status, system affiliation, number of beds, region, rural/urban, teaching status), community characteristics (county-level % uninsured and Hispanic/Latino)

Sample Restrictions: Excluded hospitals with missing self-pay prices for 2021 or 2023

Methodology: Created longitudinal data set by linking standard charge files from 2021-2023. Accounted for selection bias due to non-compliance by using inverse probability of treatment weighting. Used multivariate linear regression to examine correlates of changing self-pay prices for ED patients.

Reporting vs. Non-Reporting Hospitals

Characteristics	Reporting Hospitals		All hospitals	
Overall No.	911	100%	4388	100%
Bed size				
100 or fewer	364***	39.96%	2246	51.19%
101-250	269***	29.53%	1026	23.38%
251 to 500	181***	19.87%	736	16.77%
501 or more	97**	10.65%	380	8.66%
Census Region				
Midwest	257	28.21%	1304	29.72%
Northeast	105	11.53%	521	11.87%
Pacific	6	0.66%	35	0.80%
South	387**	42.48%	1711	38.99%
West	156	17.12%	817	18.62%
Ownership status				
Private, nonprofit	476***	52.25%	2075	47.29%
Private, for profit	144	15.81%	737	16.80%
Public	163***	17.89%	964	21.97%
Other	128	14.05%	612	13.95%
System affiliation				
Not in system	125***	13.72%	1157	26.37%
In system	786***	86.28%	3231	73.63%
Rural Status				
Rural	287***	31.50%	1755	40.00%
Urban	624***	68.50%	2633	60.00%

We used t-tests to test differences in the distribution of hospital characteristics in sample hospitals versus all active hospitals with an ED that have to comply with the hospital price transparency regulation (all hospitals), as of September 2023. **p < 0:05 ***p < 0:01

How did self-pay prices change in the post-COVID era?



- In 2023, self-pay patients paid an average of **\$735** for a **level 3** visit
- This represents a **14.1%** increase in price since 2021 and a **9.17%** increase above inflation
- Largest change observed for **level 5** visits
- **43.5%** overall increase or **37.4%** increase above inflation

What hospital and community characteristics are associated with increases in self-pay price?

- Weighted multivariable linear regression to model *change* in price for procedure *p* as function of hospital and community characteristics in baseline period

	Level 3	Level 4	Level 5
Bed Size (ref: 100 or fewer)			
101-250	-19.383	-69.983	36.324
251-500	-9.657	-21.331	187.449
501+	-44.926	-148.839	-254.621
Ownership Structure (ref: non-profit)			
For-profit	287.53***	862.86***	1342.01***
Public	13.12	-56.923	-79.62
Other	39.06	123.71	191.55
Percent Uninsured 2021	1.125	-21.41	-13.68
Percent Hispanic/Latino 2021	17.243	100.16***	165.25***
System-Affiliated (ref: no)			
In health system	129.35**	466.22***	777.76***

Notes All regressions are weighted by the inverse probability of being a reporting hospital and include state-level fixed effects. **p < 0:05 ***p < 0:01

Conclusions

- The self-pay price of ED facility fees increased at a much faster pace than inflation in the post-COVID era
 - This presents a concerning affordability issue for vulnerable ED users
- For-profit status and system affiliation were associated with large and significant increases in ED facility fee prices for self-pay patients
 - If these hospitals were already maximizing profits in 2021, what is driving this effect?
- Hospitals serving communities with larger Hispanic populations tended to increase prices more

Implications for Policy

- Self-pay patients are facing a large and growing affordability issue in accessing the ED.
- Findings suggest that prices may be increasing at a higher rate in communities of residents who are more likely to be undocumented, discriminated against, and have low levels of trust in the healthcare system.²

Limitations

- While analyses adjust for missing data due to noncompliance, results may not be generalizable to small, non-system-affiliated hospitals.
- Analysis restricted to self-pay ED facility fees.

Acknowledgments and References

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