



Presented By:

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Hospitality ER Overview and Recommendations





Top 30 Most Utilized Facilities by Amt Paid – Oct 2017 through Aug 2020

Provider Name	Visit Cnt	Paid Amt
LONGVIEW REG MED CTR	1,625	\$6,332,406.12
CHRISTUS GOOD SHEPHERD	2,036	\$2,286,568.95
HOSPITALITY ER LONGVIEW & HOSPITALITY ER TYLER	870	\$2,141,454.45
CHILDRENS MEDICAL CENTER	304	\$1,265,138.41
TEXAS ONCOLOGY PA LONGVIEW CC	522	\$597,155.98
LONGVIEW DIALYSIS CENTER	2,071	\$551,420.73
MOTHER FRANCES HOSPITAL	324	\$454,905.58
DIAGNOSTIC CLINIC OF LGVW ACET	3,066	\$413,880.59
TRINITY CLINIC	2,619	\$410,993.99
TEXAS SPINE AND JOINT HOSPITAL	135	\$368,793.66
BAYLOR UNIVERSITY MED CTR	25	\$356,953.50
PRECISION EMERGENCY PHYSICIANS	878	\$307,682.51
ASSOC CLINICIANS ET DBA DCOL	2,120	\$274,656.15
HEART HOSPITAL BAYLOR PLANO	6	\$255,794.19
UT SOUTHWESTERN UNIVERSITY HOS	69	\$234,269.99
REGIONAL CLINICS	1,288	\$201,748.99
UT SOUTHWESTERN MEDICAL SERVIC	404	\$187,507.72
ACS PRIMARY CARE PHYS SW PA	339	\$153,147.09
PHI AIR MEDICAL	3	\$151,096.80
ACUTE CARE SPECIALISTS	401	\$130,054.17
DIAGNOSTIC CLINIC OF LGVW CHS	758	\$124,525.25
US ANES PARTNERS OF TX PA	87	\$120,511.53
EXCEL ER	192	\$118,746.20

Top 3 Inpatient and ER - Cost per visit – Oct 2017 through Aug 2020

Provider Name	Visits	Cost per visit
LONGVIEW REG MED CTR	1625	\$3,897
HOSPITALITY ER LONGVIEW	659	\$2,476
HOSPITALITY ER TYLER	211	\$2,415
MOTHER FRANCES HOSPITAL	324	\$1,404
CHRISTUS GOOD SHEPHERD	2036	\$1,123
EXCEL ER	192	\$618



Hospitality Longview ER & Tyler ER Operations

since 10/1/2017

	Patient Count	Visit Count	Paid Amt
Paid Dates: 10/01/2017 - 09/30/2018			
HOSPITALITY ER LONGVIEW	149	230	\$732,155
HOSPITALITY ER TYLER	26	50	\$146,398
Inpatient Admissions – Total Plan Paid			\$2,962,948
Paid Dates: 10/01/2018 - 09/30/2019			
HOSPITALITY ER LONGVIEW	131	229	\$603,683
HOSPITALITY ER TYLER	20	77	\$225,600
Inpatient Admissions – Total Plan Paid			\$2,837,853
Paid Dates: 10/01/2019 - 08/31/2020			
HOSPITALITY ER LONGVIEW	153	220	\$295,975
HOSPITALITY ER TYLER	41	89	\$137,640
Inpatient Admissions – Total Plan Paid			\$1,646,216



Hospitality Longview ER & Tyler ER Levels Billed June 2019 through May 2020

City of Longview							
Claims paid 201906-202005							
	PrvName	ProcCd	ProcDesc	# Claims	Eligible Charge		Percent of Claims
	HOSPITALITY ER LONGVIEW	99283	EMERGENCY DEPT VISIT	23	\$18,704.58	Level 3	11.3%
		99284	EMERGENCY DEPT VISIT	106	\$157,661.99	Level 4	52.0%
		99285	EMERGENCY DEPT VISIT	70	\$147,348.51	Level 5	34.3%
		99291	CRITICAL CARE, FIRST HOUR (Eval)	5	\$13,393.21		2.5%
			Total	204	\$337,108.29		100.0%
	HOSPITALITY ER TYLER	99282	EMERGENCY DEPT VISIT	1	\$825.00	Level 2	1.0%
		99283	EMERGENCY DEPT VISIT	8	\$5,344.16	Level 3	7.6%
		99284	EMERGENCY DEPT VISIT	67	\$104,508.11	Level 4	63.8%
		99285	EMERGENCY DEPT VISIT	29	\$64,565.60	Level 5	27.6%
			Total	105	\$175,242.87		100.0%
			Grand Total	309	\$512,351.16		

Emergency Department Visit Level Definitions

Level 1

99281 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. - Last Update 6/1/2020

Level 2

99282 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. - Last Update 6/1/2020

Level 3

99283 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. - Last Update 6/1/2020

Level 4

99284 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function. - Last Update 6/1/2020

Level 5

99285 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function. - Last Update 6/1/2020

Timeline for Agreement Efforts:

- Meeting with City of Longview, HUB, Hospitality ER Leadership and UMR at the City on March 5, 2020.
- 6/18/20: Made initial contact with Consultant to discuss agreement.
- 6/26/20: Sent agreement to Consultant.
- 7/8/20: Confirmed receipt of agreement. Consultant advised they would respond “next week.”
- 7/20/20: No response. Sent follow-up inquiry e-mail.
- 7/21/20-7/22/20: Negotiating rates with the provider. Responded with counter proposal.
- 8/6/20: No response. Left a voicemail message and sent a follow-up inquiry via e-mail.
- 8/11/20: No response. Sent second follow-up e-mail.
- 8/12/20: Consultant advised will have a response by end of day on 8/14/20.
- 8/19/20: No response. Sent follow-up e-mail.
- 8/19/20: Consultant advised they will get back with me “shortly.”
- 8/31/20: No response. Sent follow-up e-mail.

Observations

- Hospitality Longview ER has 80% of services billed at levels 4&5. The national average is 54%. Hospitality Longview ER has a unit cost that is 41% higher on all ER levels than the national average.
- From November, 2018 through December, 2019, one member was treated by Hospitality Longview and Tyler ER's 63 times.
- The plan excluded non-emergent ER services June 1, 2018, however, spend to Hospitality ER facilities had a minimal decrease. Services coded as Level 5 increased significantly from 2018 to 2019.
- Numerous attempts have been made by UnitedHealthcare to contract with Hospitality ER as an in-network provider and they have declined to participate.
- As an alternative, we have pursued a client specific agreement with Hospitality ER and they have been non-responsive to multiple follow up inquiries.

RECOMMENDATIONS

HUB International, UMR and United Healthcare (UHC) are recommending excluding all Hospitality ER locations from coverage under the partial self funded health plan for both emergency and nonemergency services effective 10/1/20. This includes Longview, Tyler and Galveston locations.

Our recommendations are based on the following:

- Hospitality ER is the highest cost center for emergency department services under the partial self funded health plan and unit costs are 41% higher on all ER levels than the national average.
- Although the City proactively excluded non-emergency use of the emergency room to control visits to emergency rooms, the City has not experienced substantive reductions in patient volume or visit counts to Hospitality ER. Hospitality ER substantially exceeds market averages for level 4 and level 5 coding and there is evidence of frequent utilizers of Hospitality ER.

Our recommendations are based on the following (continued):

- UMR / UHC have approached Hospitality ER for inclusion in the UHC network and Hospitality declined to participate.
- In 2020, at the request of the City, UMR approached Hospitality ER to explore the possibility of entering into a client specific agreement and they have been non-responsive to follow up inquiries.
- UMR / UHC has provided HUB with their interpretation of CMS regulations, the Emergency Medical Treatment and Labor Act (EMTALA) statute and Affordable Care Act and it is reasonable to conclude that the City can exclude a Free Standing Emergency Department from a self funded health plan. The interpretation has been reviewed by HUB's legal council and provided to the City.





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