



EDPMA Calls on CMS to Develop State Medicaid Provider Enrollment Reciprocity

The Emergency Department Practice Management Association ([EDPMA](#)) is committed to ensuring that patients receive timely access to emergency care no matter when their emergency happens. This commitment requires the resources necessary to deliver care in our nation's emergency departments in a sustainable environment - in every state of our union.

Unfortunately, emergency medicine physicians and their clinical practices continue to face unprecedented financial and operational challenges as we address markedly increasing clinical demands in a setting of well-known health care workforce shortages. The realities of stagnant and declining reimbursement are further complicated by outdated regulatory stipulations that impose significant administrative burdens.

Today, emergency providers evaluate and stabilize patients with a very high standard of clinical care. Later, however, they are unable to collect reasonable compensation for that care, simply because the patient is receiving care in a state that is not where the patient permanently resides.

Currently, to receive payment for treating Medicaid patients, emergency providers must be enrolled in the state where the patient lives and works. When the patient travels outside their home state and requires emergency medical care, the emergency provider is required to evaluate and stabilize the patient, regardless of their ability to pay. If the patient lived and worked in the same state, there would be no issue because the physician is already enrolled in that state. In that instance, Medicaid payment is appropriately rendered for patient care.

However, since the patient is from another state and the provider is not enrolled in that state, the physician is not paid at all for the clinical encounter, even though the clinical care was delivered with the same skill and ability, and the care is delivered under the same federal obligation that protects patients but does not ensure payment through the Emergency Medical Treatment and Labor Act (EMTALA). This happens millions of times a year – as patients travel from state to state. The aggregate effect is overwhelming to emergency practices. As a direct result, the emergency care system is at risk.

Fortunately, there are straightforward and fair solutions.

When emergency providers are properly enrolled and in good standing with the Medicaid program in their home state, enrollment reciprocity with other states would alleviate this inappropriate and dangerous barrier. A Medicaid enrollment reciprocity solution supports patients by ensuring that there is timely access to health care in any state. With fewer administrative burdens, emergency practices are more stable, and better able to assure timely access to health care for Medicaid enrollees. Failing to ensure enrollment reciprocity – the system we have today - already results in hundreds of millions of earned, but unpaid dollars annually (uncompensated care). This produces a systemic and unsustainable issue for our patients. Certainly, this is not the long-term objective of our nation's Medicaid members.

Our EDPMA mission supports the sustainable delivery of high quality, timely emergency care, no matter where patients may experience their emergency. The EDPMA calls on CMS to work with state Medicaid programs and health plans to develop streamlined provider enrollment reciprocity solutions to alleviate a problem that is increasingly reaching epidemic proportions.