

January 2, 2024

Bureau of Program and Policy Coordination
Division of Medical Programs
Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0001

Submitted electronically via www.hfs.illinois.gov

RE: Proposed Changes in Methods and Standards for Establishing Medical Assistance Payment Rates

Department of Healthcare and Family Services:

On behalf of the undersigned organizations, we write to express our strong desire to see emergency physician (EP) services included in the proposed methods and standards \$97.7M and \$5M bonus rate increases for the Illinois Medicaid Practitioner Fee Schedule.

Based on the methodology provided in the proposed changes, the current Medicaid reimbursement rate for emergency procedure codes in Illinois falls well below the 72% of Medicare rate that would be the new minimum threshold set for most procedural codes in the fee schedule.

Illinois EP's Medicaid reimbursement rates are among the lowest in the nation and fall in the lowest quartile of all state Medicaid Fee-For-Service (FFS) rates. The severity of this reality is only exacerbated when compared to some of our neighboring states, as the national average for 99285 is \$138.28.

Procedure Code	Illinois	Indiana	Missouri
99285	\$69.25	\$166.70	\$146.64
99284	\$44.00	\$114.79	\$100.99
99283	\$32.20	\$67.92	\$59.80
99282	\$24.20	\$39.61	\$35.15
99281	\$14.85	\$10.97	\$18.83

This problem is compounded by the fact that EPs and hospital emergency departments (EDs) are mandated by federal law to stabilize and treat anyone coming to an ED, regardless of their insurance status or ability to pay. Since EPs provide care to all patients who walk through their doors, they are the only universal health care providers in the system. It is a mission we are proud of, but it has complex implications.

Emergency services have continued to provide a safety net for Illinois residents who are without a primary care provider. ED visits between 1997 and 2007 nearly doubled the projected rate, which was attributed to an increase in visits by Medicaid adult and pediatric populations.¹

Adding to the evolving role of EPs, there has also been a dramatic rise in the proportion of patients referred to the ED by primary care providers, creating significant difficulties in completing a complex work-up in the outpatient setting. This trend has led to a dramatic increase in hospital admissions from the ED. In the interval from 2003 to 2009, the proportion of emergent hospital admissions from the ED

¹ Tang N, Stein J, Hsia RY, Maselli JH, Gonzales R. Trends and characteristics of US emergency department visits, 1997-2007. JAMA. 2010;304:664-670.

increased from 60% to 69%, while the proportion of direct admissions from a primary care clinic decreased from 32% to 23%.²

The significant changes in the role of EPs have created challenges that we work to overcome every day to maintain the safety net for patients. We are the frontline for patient care and strongly believe that our increased responsibilities should be reflected in the methodology for both the \$97.7M and \$5M bonuses being used to increase reimbursement rates in the Medicaid Practitioner Fee Schedule.

As such, we urge the Department of Healthcare and Family Services (HFS) to consider these comments as the proposed changes are finalized.

Sincerely,

American College of Emergency Physicians
Emergency Department Practice Management Association
Illinois College of Emergency Physicians

² Gonzalez Morganti K, Bauhoff S, Blanchard JC, Abir M, Iyer N, Smith AC, et al. The evolving role of emergency departments in the United States. USA: The RAND Corporation; 2013.