

Washington State Emergency Room Payment Limit

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Webcast Objectives

- Emergency Room Overuse: The State's Perspective
- The Three Visit Payment Limit
- Exemptions
- Prior Authorization Process
- Other Solutions
- Your Help



Emergency Room Overuse: The State's Perspective



The State Budget



Is the ER the new medical home of the 21th century?

A large green billboard for West Florida Hospital's Emergency Room (ER). The billboard features the text "Average Wait Time to See a Physician:" at the top. Below this, a red circular logo with "ER" in white is positioned to the left of a central digital display. The digital display shows the number "15" in yellow. To the right of the display, the word "MINUTES" is written in yellow. The word "CURRENTLY" is written in yellow above the display. At the bottom left of the billboard, the text "West Florida HOSPITAL" is visible. The billboard is mounted on a brown structure.

Average Wait Time to See a Physician:

ER

CURRENTLY

15

MINUTES

West Florida
HOSPITAL

0

LEAD

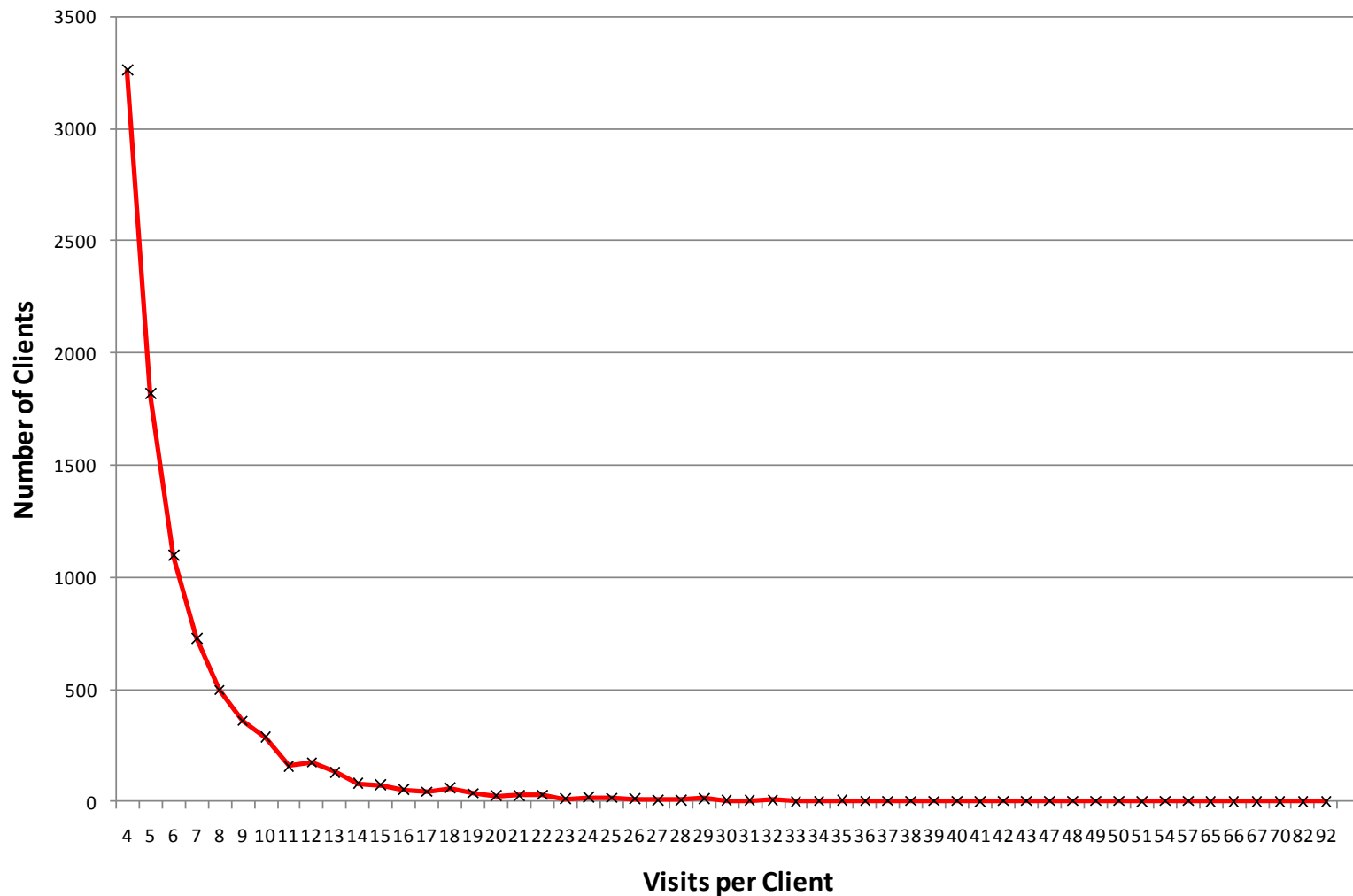
Emergency Room Patients

- Most diagnoses clearly belong in an ER (17,000 CPT codes)
- Of the emergency room patients:
 - 97% of clients have two or fewer ER visits for “non-emergent” conditions
 - 3% of clients have three or more ER visits for “non-emergent” conditions

“Non-Emergent” Vs. Emergent Visits

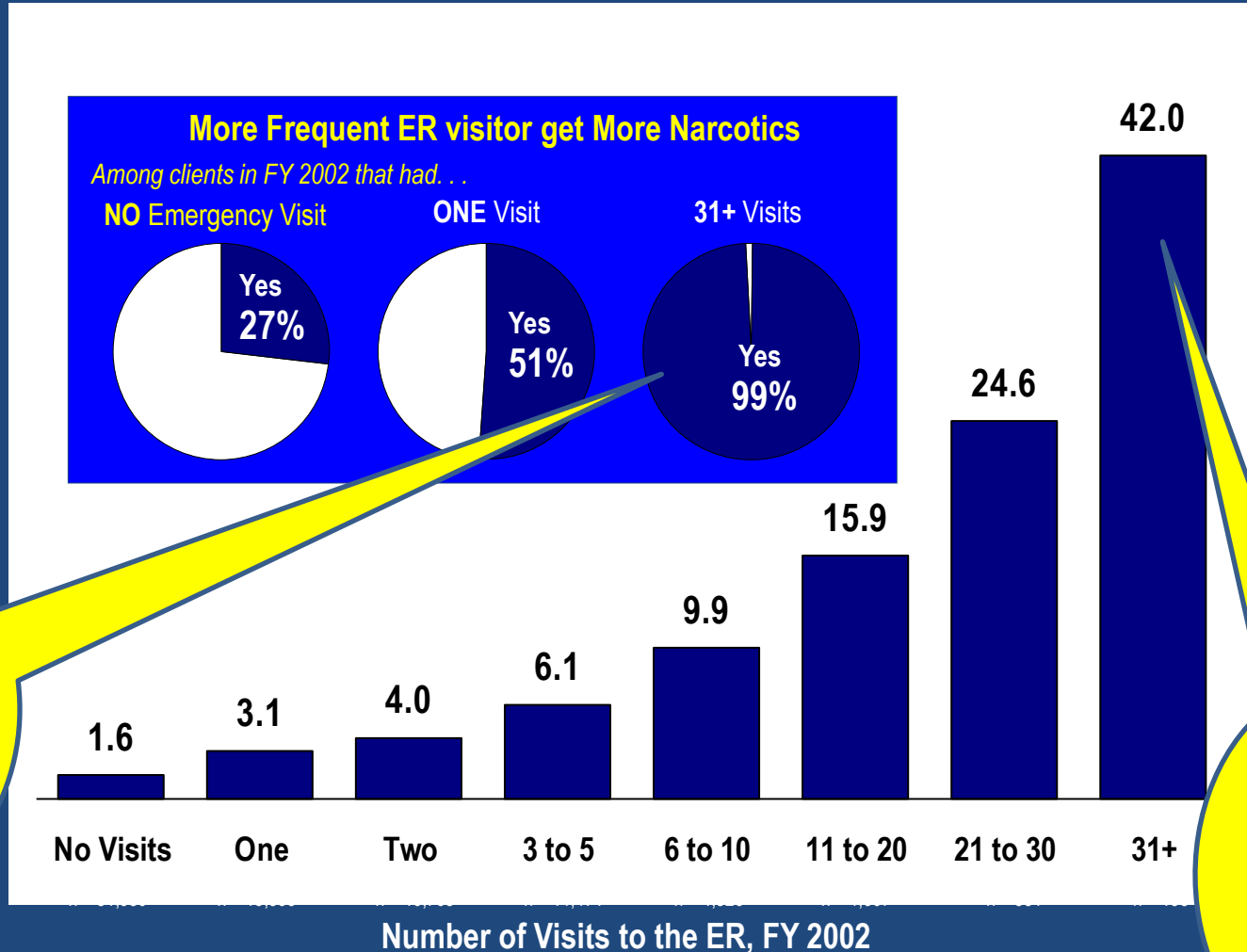
- Total ER visits >3 classified as “non-emergent” per year: **46,537**
- Total number of clients affected by >3 “non-emergent” ER visits: **11,140**
- Total kids affected by >3 “non-emergent” ER visits: **1,007**
- Total number of codes “non-emergent” codes: **704**

Medicaid Purchasing Administration ER Proposal -Emergency Room Non-Emergent Visit Frequency



What Happens When You Mix Frequent ER Use, Pain Meds and Mental Health?

Average Number of Pain Prescriptions is Highest Among Those Most Frequently Visiting the ER



Frequent ER generates frequent narcotics

89% with co-occurring

Same diagnosis as frequent narcotic users

Top Diagnosis ≥ 4 Visits

Discharge DX	Dx_Short_Name	codesource	Number of Visits							Total
			1	2	3	4	5	6	>6	Total
78900	Abdmnal pain unspcf site	original	1215	333	130	50	29	26	27	1810
7840	Headache	original	1126	357	159	58	30	20	42	1792
7242	Lumbago	original	1173	369	118	52	20	14	33	1779
78909	Abdmnal pain oth spcf st	original	1181	257	104	36	19	14	18	1629
5259	Dental disorder NOS	original	915	366	142	98	29	26	24	1600
8472	Sprain lumbar region	injuries	1117	248	76	34	16	4	11	1506
4659	Acute uri NOS	original	1003	167	38	9			1	1218
78650	Chest pain NOS	original	781	220	72	21	21	7	23	1145
5990	Urin tract infection NOS	original	854	171	53	18	8	2	4	1110
4660	Acute bronchitis	original	932	125	17	3			1	1078

The Three Visit Payment Limit



Emergency Room Visit Limit

- Budget Proviso: The department shall collaborate closely with the Washington state hospital and medical associations in identification of the diagnostic codes and retroactive review procedures that will be used to determine whether an emergency room visit is a emergency condition to assure that conditions that require emergency treatment continue to be covered.

\$72 million cut

Participants

- Health Care Authority
- Washington State Medical Association
- Washington State Hospital Association
- Washington State Chapter of the American College of Emergency Physicians (WA/ACEP)
- Washington Chapter of the American Academy of Pediatrics (WCAAP)
- Washington State Chapter of American College of Physicians (WA/ACP)

Status of Diagnosis Codes

- The “HCA List” has 704 codes
- Truly non-emergent codes would have saved only \$10 million
- A couple of the most serious codes were removed
- Injuries added



Status of Diagnosis Codes

Many emergent diagnoses remain:

- Serious pediatric care
- Chest pain
- Miscarriage
hemorrhaging
- Asthma
- Sexually transmitted
disease



Implementation Plan

- October 1, 2011 – June 30, 2012; then every state fiscal year afterwards (July 1 – June 30)
- Both Medicaid fee-for-service and Healthy Options clients
- PPS and CAH emergency rooms
- Limit calculated using visits from any combination of codes to any ER
- Letters sent to frequent users

Exemptions

Patients who:

- Are foster children
- Qualify for Alien Emergency Medical
- Have primary psychiatric diagnosis
- Are seeking detoxification services
- Are transferred from ambulatory surgery centers
- Are transferred to/from another hospital
- Are admitted, placed in observation beds, or require immediate surgical intervention
- Die on arrival or in emergency room

Exemptions (continued)

- Arrive by ambulance or EMT
- Are transferred from or referred by urgent care facility
- Are transferred from a DSHS licensed residential setting/home; a skilled nursing facility; an institution for mentally diseased; a chemical dependency facility
- Are dropped off by police
- Are incarcerated in jail, prior to booking and retention
- Require medical clearance prior to transfer to psychiatric facility

What's Not Exempted

- Children
- Referral from a primary care provider
- Dental care



Prior Authorization List

Emergency Room Expedited Prior Authorization (EPA) Criteria

The Agency requires providers to use Expedited Prior Authorization (EPA) numbers on the claim to certify that the conditions of criteria below are met.

The billing provider must document in the client's file how the EPA criteria were met and make this information available to the Department on request. If the Department determines the documentation does not support the criteria being met, the claim will be denied or recouped.

Note: Failure to bill with the appropriate EPA number at the header level could result in being included in the non emergency visit count.

EPA #	Criteria
87000025	A visit provided to client who lives in one of the following settings: 1) A Department of Social and Health Services-licensed residential setting/home; 2) A skilled nursing facility; 3) An institution for the mentally diseased; or 4) A chemical dependency treatment facility.
87000026	A visit for a client that requires medical clearance by a designated mental health professional required for placement in a psychiatric facility
87000027	A visit for a client that is brought to the hospital via: 1) Ambulance; 2) Emergency Medical Transport; or 3) Police transport for a client that has not been booked and retained in jail. (Includes transfers from another hospital, urgent care center or ambulatory surgery center.)
87000028	A visit where signs and/or symptoms of abuse are present and documented.
	A visit with a principal diagnosis on the "Discharge Diagnosis Indicating Emergency

Knowing Benefit Status?

- HCA is working to show benefit status in its system
- HCA has signed a data sharing agreement with EDIE so it will show benefit status too
- Data provided will not be available until previous visits are adjudicated
- Case management available

Do Other Laws Still Apply?

- EMTALA rules still apply
- Charity care rules still apply

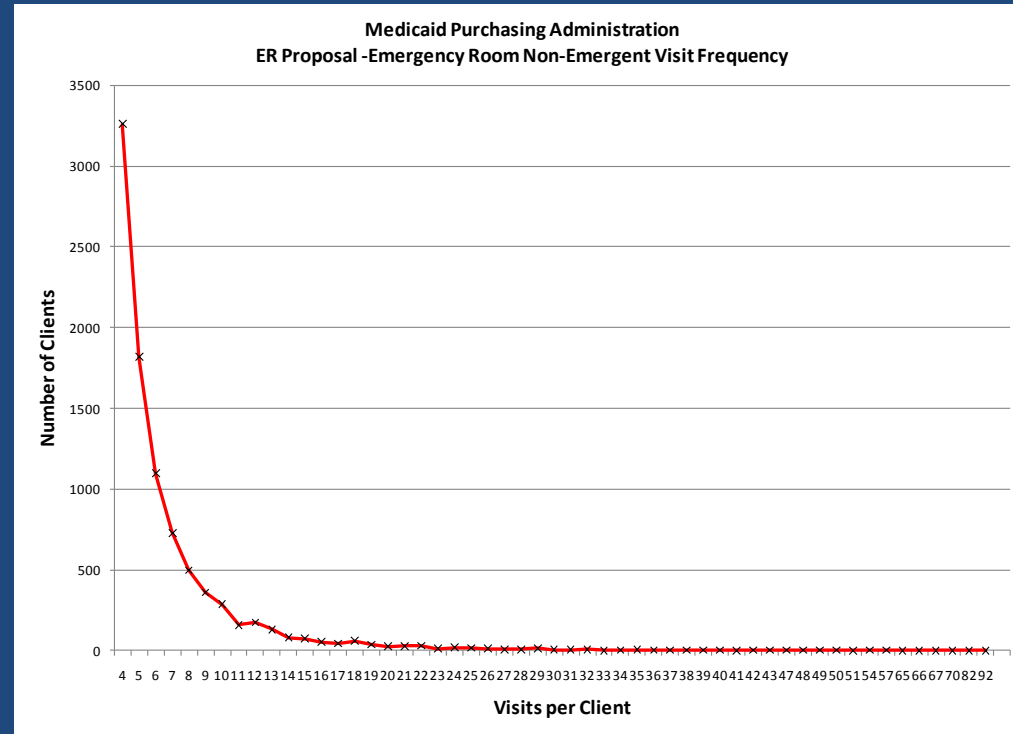


Other (Better!) Strategies



Case Management

- Small group of high utilizers
- Many fee-for-service
- Known to the state
- Manage them!



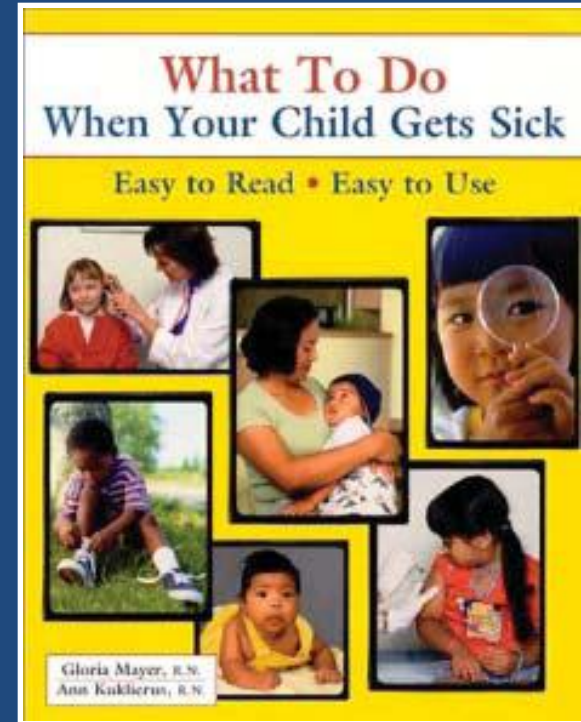
Preventing Drug-Seeking



- Frequent users often drug seeking
- “Oxy-free”
- Coordinated, region-wide tracking
- State’s outpatient prescription monitoring program

Better Coordinated Care

- Flag frequent users
- Get them the care they need
- Regional access projects
- Emergency Department Information Exchange



Appropriate Dental Care



- A common reason for ER visits
- Difficult to find care
- Coordinating with community clinics and other resources

Clinic Visit Convenience

- Longer hours
- Same day appointments
- Connection to a provider



Public Education

- WSHA brochure
- Available online at <http://www.wsha.org/0399.cfm>

Doctor's Office,
Urgent Care Clinic,
or the Emergency Room?



Next Steps

- Underway:
 - Communications strategy
 - Letter to Doug Porter, other elected officials
 - Educating legislators on results
 - Educating hospitals and physicians on best practices to reduce preventable emergency department visits
- Additional Options



How You Can Help

- Make your voice heard!
- Elected officials
- Stakeholders (primary care physicians, community clinics, patient advocacy groups)
- Patients



Physicians and hospitals will continue to work to ensure that patients receive safe care. We will also work collaboratively to reduce costs while maintaining safety.



For More Information

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Questions and Comments

