

DOWNCODING

\$15.45

Total reimbursement, per visit, if a Virginia ER doc treats a Medicaid patient for one of nearly 800 conditions — many serious and life-threatening.

As overflowing ERs struggle during COVID, when managed-care organizations pay this unsustainable fee to emergency departments, ERs are further stressed to keep staffing levels sufficient. That hurts access and quality of care for every person, Medicaid or not.

Remove the "Downcoding Provision" from the proposed '22-'24 Virginia budget.

SUPPORT HB30/SB30 Budget Amendments:

58s (Hanger), 37s (McClellan), 17h (Bloxxom), 33h (Sickles)

Downcoding:

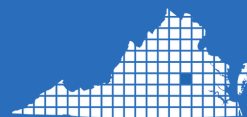
- Threatens access to emergency care for low-income Virginians, most of whom already struggle with access to care issues
- Penalizes emergency physicians, emergency department staff, and hospitals by \$40 million every year in state and federal dollars for patients they are required to see by law
- Is at odds with federal law (EMTALA) requiring emergency departments to treat all patients seeking care
- Does NOT reduce a patient's utilization of an ER
- Penalizes healthcare providers to the financial benefit of Medicaid managed care organizations, many of which saw record profits during the pandemic

BACKGROUND: Since 2020, Virginia has automatically cut Medicaid reimbursements for emergency department visits that are on a list of 790 diagnoses. Most of these are common and acute diagnoses that can be medically serious and life-threatening, such as heart failure, pneumonia, severe diabetes complications. Emergency physicians **MUST** take care of all patients under federal law and cannot (and should not) turn any patients away.

Not paying doctors and hospitals for care provided does not reduce a patient's utilization of the ER. Emergency physicians have worked to improve coordination of care and we support increasing access to primary care and mental health providers as the true ways to reduce utilization. ER utilization levels are our "canary in the coal mine" — it shows a clear need for system-wide health care reform.

For more information:

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