

## How The Affordable Care Act Will Affect Emergency Department Payments

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A recent article in the [Annals of Emergency Medicine](#) [1] analyzed the revenue increases due to emergency physicians for services delivered to currently uninsured individuals when they begin to receive coverage (via either Medicaid or private plans) under the Affordable Care Act.

The authors analyzed payments for outpatient emergency department (ED) visits using the Medical Expenditure Panel Survey from 2005-2010. They looked into characteristics of charges and payments for the following groups: current Medicaid recipients, patients currently with private insurance, and uninsured patients either eligible for the Affordable Care Act's Medicaid expansion (up to 138% FPL) or not Medicaid expansion eligible (>138% FPL). Payments reported reflected both the physician and facility payments. The reimbursement ratio, *i.e.* the ratio of provider charges to actual payments received, was also calculated. The sample included over 18,000 observations.

Patients currently with Medicaid provided an additional \$34 payment per ED visit compared to low-income uninsured patients that were Medicaid eligible (\$562 vs. \$528). In terms of the reimbursement ratio, current Medicaid reimbursed 40 percent of ED charges compared with 34 percent of the Medicaid-eligible uninsured.

The findings were more dramatic for privately insured patients compared to the moderate-income uninsured. Patients with private coverage paid \$212 more for ED

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services than uninsured patients with incomes greater than 138 percent FPL (\$956 vs. \$744). These Medicaid expansion ineligible patients would be able to obtain coverage in the insurance exchanges and/or marketplaces provided affordable coverage will not be offered to them via their respective employers. The reimbursement ratio for private patients was 54 percent while for the Medicaid expansion ineligible population the ratio was 39 percent.

The authors noted that a large number of uninsured patients potentially affected by the ACA's coverage provisions reside in Southern states presently opposed to expansion.

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[1] <http://www.annemergmed.com/article/S0196-0644%2813%2901346-2/abstract>

[2] <http://www.kevinmd.com/blog/2014/01/affordable-care-act-affect-emergency-department-payments.html>