

Legislative Program Review and Investigation Committee

Connecticut General Assembly

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Eric D. Coleman
John W. Fonfara
Anthony Guglielmo
Joe Markley

State Capitol Room 506
Hartford, CT 06106
Phone 860-240-0300
Facsimile 860-240-0327
www.cga.ct.gov/pri/index.asp

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SCOPE OF STUDY

Hospital Emergency Department Use and Its Impact on the State Medicaid Budget

Focus

The study will determine if Medicaid clients are inappropriately using hospital emergency departments (EDs) for non-emergency care and what impact that may have on the state's Medicaid budget. The study will also examine use by individuals who need emergency care because of behavioral health or substance use disorders and frequently return to the ED for these reasons. If there is inappropriate or frequent use, the study will determine the reasons, and make recommendations to better manage Medicaid clients' use of emergency departments and contain Medicaid costs.

Background

According to the Connecticut Department of Social Services, in April 2013 there were more than 754,000 recipients in the state's Medicaid program, an increase of more than 50,000 since April of 2012. Current annual Medicaid expenditures are approximately \$5 billion before any reimbursement, about one quarter of the state's budget.

As the Medicaid population has grown, overall emergency department use in Connecticut has been rising among Connecticut's 30 acute care hospitals. In FY 11, there were approximately 1.7 million emergency room visits, a 14 percent increase from the 1.49 million visits in 2006. Concerns have been raised about ED usage, especially by Medicaid clients and how that may be contributing to increasing Medicaid costs.

Areas of Analysis

1. Examine ED utilization by: hospital; payer source; reason for visit; presenting symptoms and diagnosis; and whether the visit resulted in a discharge or an inpatient admission, with a special focus on clients covered under Medicaid.
2. Provide a demographic profile of individuals who are using ED services.
3. Review the types of medical services sought and provided in EDs, including those related to substance use disorders and other behavioral health issues.
4. Identify the ED services provided that were medically determined to be of a non-emergency nature.

5. Examine the costs for ED services over the past few years, including costs for Medicaid clients compared to those of other payers.
6. Identify individuals who frequently visit the ED and determine, what, if any, payer sources exists for them; and what factors may be contributing to them seeking medical services at the ED.
7. Describe the process used by hospitals to qualify uninsured individuals in the ED for Medicaid, if eligible.
8. Determine the programs in place to divert people from EDs, the access Medicaid clients have to those programs, and whether there are barriers to access.
9. Compare ED use in Connecticut by payer source with that in other states.
10. Examine the mechanisms in place to oversee and manage ED utilization for Medicaid clients, including programs for individuals with behavioral health and/or substance use disorder, and identify successful efforts in other states.
11. Identify any anticipated changes that may impact ED utilization as a result of the federal Patient Protection and Affordable Care Act.

Areas Not Under Review

The study will not evaluate the services or costs of any inpatient treatment resulting from ED admissions.

<p style="text-align: center;">PRI Staff Contacts</p> <p style="text-align: center;">Cathy Conlin: catherine.conlin@cga.ct.gov Maryellen Duffy: maryellen.duffy@cga.ct.gov</p>
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