

September 9, 2011

Mr. Doug Porter  
Administrator  
Washington State Health Care Authority  
P.O. Box 42682  
Olympia, WA 98504-2682

Dear Mr. Porter:

On behalf of the Washington State Medical Association (WSMA), the Washington State Hospital Association (WSHA), the Washington Chapter of the American College of Emergency Physicians (WA-ACEP), the Washington Chapter of the American Academy of Pediatrics (WCAAP), and the Washington Chapter of the American College of Physicians (WA-ACP) we are writing to express our frustration and deep concerns about the list of non-emergent conditions that the Health Care Authority (HCA) has indicated it will use to impose a three-visit-per-year limit on Medicaid payments for “non-emergency” visits to the emergency room.

This list, which is required by law to be a list of non-emergent conditions, includes truly emergent conditions. Excluding coverage for these emergencies clearly places patients at risk.

Over the past month we spent multiple hours, during frequent meetings, seeking to collaborate with representatives from HCA to reach agreement on a list of non-emergent conditions that would reduce potential harm to patients while still resulting in significant savings to the Medicaid program. At the end of this process we thought we had reached agreement on a list of conditions which could be considered non-emergent, and could reasonably be subject to coverage limitations. Those efforts appear to have been in vain as the list now being advanced by the HCA in no way reflects the non-emergent list we believed we had collectively agreed upon.

We respectfully request that the following concerns be addressed immediately prior to implementation of any limitations:

- **The information being sent to Medicaid clients regarding this new policy must accurately reflect that the list being applied to their three-visit-limit includes conditions that are actually emergencies.** The HCA’s recent portrayal of this list to its Medicaid clients as being a list of non-emergent conditions is clearly incorrect. The HCA list contains numerous conditions that are nationally recognized by the medical community as being emergent – such as chest pain, asthma, miscarriage with hemorrhage, kidney stones, and gallbladder problems. The documentation being used to support the HCA list indicates that 192 of the diagnosis codes are emergent 100 percent

of the time. If a code is emergent 100 percent of the time then how can it be on the HCA list which is portrayed as including only non-emergent conditions?

- **The budget language requiring us to collaborate on a list of diagnosis codes should be satisfied; a truly collaborative process should be established.** Our goal should be to develop together a list of non-emergent conditions which is based on reality and does not place patients at risk.

Specifically the budget language provides (*emphasis added*):

*“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 nonemergency condition **to assure that conditions that require emergency treatment continue to be covered.**”*

As we have pointed out, the list includes conditions that require emergency treatment – some as much as 100 percent of the time. At our last meeting, HCA staff stated that the current HCA list was created solely by the HCA without our collaboration, and that they added over 50 diagnoses – including emergent diagnoses – to the list we had previously agreed upon.

- **There must be a reasonable timeline for implementation and a reasonable exemption process with adequate details.** After including hundreds of emergent conditions on the list, the HCA has proposed remedying this situation by creating an exemption process. The authority has failed to clarify the process, identify the list of exemptions, or verify that it will work for physicians and hospitals. With less than three weeks to implementation of the three visit limit, this is an impossibly unrealistic timeline.
- **We should focus on the areas where we have agreement, recoup those savings, and then work together to find other ways to reach the required savings while not jeopardizing patient care.** After initially reaching agreement that children would not be included (12 and under) in the coverage limitations, we were told that children would be included. Later, after a long discussion, we were told that the HCA would settle on a limited list of non-emergent diagnoses – a list upon which we had all agreed. Much to our surprise and disappointment, the HCA reverted to an overly broad, inaccurate, and potentially harmful list of conditions, including many emergent conditions. This was done to maximize cost savings, clearly placing cost savings over providing health care to patients.

- **We should collaborate on implementing more balanced cost saving initiatives that improve efficiencies and the quality of care being delivered to our Medicaid patients.** We have discussed a number of such initiatives with HCA staff and would like to work together to begin implementing those initiatives immediately.


This matter is of vital importance to the medically needy citizens of Washington. Ultimately we must take action to alert the public of our concerns and point out the serious flaws, inequities, and dangers with the manner in which this policy is being implemented.

We appreciate your attention to this vital issue.

Best regards,



Dean Martz, MD, President  
Washington State Medical Association



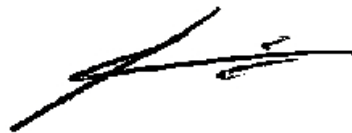
Scott Bond, President  
Washington State Hospital Association



Stephen Anderson, MD, FACEP, President  
Washington Chapter of the American College  
of Emergency Physicians



F. Curt Bennett, MD, FAAP, President  
Washington Chapter of the American  
Academy of Pediatrics



Carrie Horwitch, MD, FACP, Governor  
Washington Chapter of the American College of Physicians

Cc: **The Honorable Christine Gregoire**; Governor, Washington State  
**The Honorable Eileen Cody**; Chair, House Health Care & Wellness Committee  
**The Honorable Joe Schmick**; Ranking Minority Member, House Health Care & Wellness Committee  
**The Honorable Mary Lou Dickerson**; Chair, House Health & Human Services Appropriations & Oversight Committee  
**The Honorable Norm Johnson**; Ranking Minority Member, House Health & Human

Services Appropriations & Oversight Committee

**The Honorable Ross Hunter;** Chair, House Ways & Means Committee

**The Honorable Gary Alexander;** Ranking Minority Member, House Ways & Means Committee

**The Honorable Karen Keiser;** Chair, Senate Health & Long-Term Care Committee

**The Honorable Randi Becker;** Ranking Minority Member, Senate Health & Long-Term Care Committee

**The Honorable Ed Murray;** Chair, Senate Ways and Means Committee

**The Honorable Joseph Zarelli;** Ranking Minority Member, Senate Ways & Means Committee

**Mr. Marty Brown;** Director, Washington State Office of Financial Management

**Mr. Jason McGill;** Executive Policy Advisor, Governor Christine Gregoire's Executive Policy Office