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Senator Carol A. Roessler and  
Representative Suzanne Jeskewitz, Co-chairpersons  
Joint Legislative Audit Committee  
State Capitol  
Madison, Wisconsin 53702

Dear Senator Roessler and Representative Jeskewitz:

At your request, we have compiled information on the use of hospital emergency department services by Medical Assistance recipients.

The Department of Health and Family Services (DHFS) administers the Medical Assistance program, through which health care services are provided to low-income individuals through fee-for-service plans or managed care providers. From fiscal year (FY) 1997-98 through FY 2001-02, the State paid fee-for-service providers an average of \$20.1 million annually for emergency department services that did not result in an inpatient stay. Expenditure information for emergency department visits that resulted in inpatient hospital stays and for visits made by those enrolled in managed care plans was not available.

From FY 2000-01 to FY 2001-02, the number of fee-for-service Medical Assistance recipients visiting emergency departments increased by 9.2 percent and totaled 106,126 in FY 2001-02. For those covered by managed care providers, the increase was 23.9 percent and totaled 110,669 in FY 2001-02. These increases are primarily the result of an increase in the number of Medical Assistance recipients. Approximately one quarter of Medical Assistance recipients visited an emergency department in FY 2001-02; however, a fairly small number accounted for a substantial percentage of total visits. For example, 5.5 percent of fee-for-service recipients sought emergency department care six or more times in FY 2001-02, but they accounted for 27.0 percent of all visits.

DHFS, hospitals, and managed care providers are taking steps to study and reduce the number of visits to emergency departments for minor injuries and illnesses. Existing steps include the use of fees charged to patients and the creation of "minor ERs" co-located with hospital emergency departments.

I hope you find this information useful. Please contact me if you have additional questions.

Sincerely,

A handwritten signature in cursive script that reads 'Janice Mueller'.

Janice Mueller  
State Auditor

JM/PS/bm

## **USE OF EMERGENCY DEPARTMENT SERVICES BY MEDICAL ASSISTANCE RECIPIENTS**

Federal law requires nearly all hospitals with emergency departments to perform a medical examination on all patients to determine if an emergency medical condition exists, regardless of a patient's ability to pay. Emergency department services are a covered service under the Medical Assistance program, which was established by Congress in 1965 to fund health care services for certain groups of low-income individuals. In Wisconsin, the Medical Assistance program is administered by the Department of Health and Family Services (DHFS). The program is supported with state and federal funds; Wisconsin funds approximately 38.5 percent of the total cost of medical services. In fiscal year (FY) 2001-02, a total of \$3.6 billion in state and federal funds was spent on Medical Assistance benefits.

Some legislators and public health officials have expressed concern about the increasing use of emergency departments by Medical Assistance recipients and the cost of treating patients. At the request of the co-chairs of the Joint Legislative Audit Committee, we reviewed:

- trends in the number of Medical Assistance recipients visiting emergency departments;
- expenditures for emergency department services;
- trends in emergency department care rendered by fee-for-service and managed care providers, and;
- characteristics of the most frequent users of emergency department services.

In conducting our review, we analyzed data for all 969,000 emergency department visits made by Medical Assistance recipients from FY 1997-98 through FY 2001-02 that were paid for on a fee-for-service basis. We also analyzed data related to 356,000 emergency department visits that were paid for by health maintenance organizations (HMOs) during FYs 2000-01 and 2001-02, the only years for which complete data were available. In addition, we attended meetings of a DHFS work group focused on Medical Assistance recipients' use of emergency department services, spoke with emergency department medical providers and organizations representing the interests of emergency department and managed care providers, and observed the operation of a hospital emergency department. It should be noted that our review did not include an analysis of the medical necessity of the services provided.

### **Trends in Medical Assistance Enrollment**

The Wisconsin Medical Assistance program provides health care services for several low-income groups who meet other qualifying criteria:

- individuals receiving Supplemental Security Income (SSI) as a result of age, blindness, or disability;

- pregnant women; and
- children under the age of 19 and their parents or caretaker relatives.

Enrollment in Wisconsin’s Medical Assistance program increased 31.5 percent in the five-year period shown in Table 1, from 539,477 individuals in FY 1997-98 to 709,442 individuals in FY 2001-02. The largest annual enrollment increase followed the introduction of BadgerCare, Wisconsin's health insurance program for low-income working families, in July 1999.

Table 1

**Enrollment in Wisconsin’s Medical Assistance Program**

Fiscal Year	Enrollment <sup>1</sup>	Percentage Change
1997-98	539,477	—
1998-99	526,819	(2.3)%
1999-2000	594,645	12.9
2000-01	648,572	9.1
2001-02	709,442	9.4

<sup>1</sup> Represents total Medical Assistance enrollment at any time during the fiscal year.

Medical Assistance recipients receive health care services from providers in one of two ways:

- through a fee-for-service arrangement under which health care providers are paid either a per diem rate or an established rate for each procedure or service they perform; or
- through a managed care arrangement under which HMOs are paid a set rate to provide all care recipients may require over an agreed-upon period.

DHFS officials indicate that the use of managed care encourages providers to practice preventative medicine in an effort to reduce costs associated with chronic illness and preventable disease.

The amount the State pays HMOs is based on monthly Medical Assistance enrollments for each HMO. Fee-for-service reimbursement rates are established directly by DHFS in accordance with amounts appropriated by the Legislature, and DHFS negotiates an annual contract that provides for monthly capitation payments to HMOs for Medical Assistance recipients enrolled in managed care plans. In FY 2001-02, approximately half of Medical Assistance recipients were enrolled in HMOs, and total payments to HMOs were \$450.2 million.

Whether Medical Assistance recipients are served by fee-for-service providers or an HMO depends on several factors, including their county of residence and the basis on which they qualify for the Medical Assistance program, such as whether they are elderly, disabled, or have dependent children. In general, nondisabled parents and their dependent children receive services through HMOs unless they reside in an area that is not served by a participating HMO. In contrast, elderly, blind, and disabled Medical Assistance recipients typically receive services on a fee-for-service basis. Overall, 41.7 percent of recipients served by fee-for-service providers were eligible for Medical Assistance because they were elderly, blind, or disabled.

In general, managed care recipients are required to receive treatment from their HMO's member physicians and hospitals. In FY 2001-02, DHFS contracted with 13 HMOs to provide managed health care services to Medical Assistance recipients in 68 counties.

As shown in Table 2, managed care enrollment has increased faster than fee-for-service enrollment, growing by 40.1 percent from FY 1997-98 to FY 2001-02, compared to 24.8 percent for fee-for-service enrollment. Both groups experienced the greatest growth from FY 1998-99 to FY 1999-2000.

Table 2

**Medical Assistance Enrollment by Service Type<sup>1</sup>**

	FY 1997-98	FY 1998-99	FY 1999-00	FY 2000-01	FY 2001-02	Percentage Change
Fee-for-Service	380,154	364,174	470,055	459,924	474,564	24.8%
Managed Care	295,132	285,009	325,916	363,613	413,506	40.1

<sup>1</sup> The number of recipients does not equal the total Medical Assistance enrollment shown in Table 1 because some of the same recipients were served under both fee-for-service and managed care arrangements within a given year.

We were unable to determine the total cost of Medical Assistance services that are associated with care provided through hospitals' emergency departments because:

- fee-for-service costs for emergency department visits that resulted in hospital stays cannot be isolated from inpatient costs; and
- payments HMOs make to hospitals for emergency department services are proprietary and were unavailable for our review.

We analyzed the best available data in an effort to provide basic information on expenditures for emergency department services. In order to identify trends in usage, we analyzed all visits, including those resulting in a hospital admission. It should be noted that medical professionals

with whom we spoke cautioned that the appropriateness of any visit is difficult to evaluate without a comprehensive review of the individual's medical chart.

### Medical Assistance Expenditures for Emergency Department Services

Fee-for-service payments for emergency professional services and for hospital services that did not result in an inpatient stay increased 47.3 percent in the five-year period we reviewed. As shown in Table 3, these payments totaled \$25.0 million in FY 2001-02, compared to \$17.0 million in FY 1997-98. Overall, they averaged \$20.1 million annually. During the period shown, payments to hospitals accounted for 84.9 percent of the \$100.3 million in total payments for emergency department services.

Table 3

#### Fee-for-Service Payments for Emergency Department Services

Fiscal Year	Payments to Medical Professionals <sup>1</sup>	Payments to Hospitals <sup>2</sup>	Total	Percentage Change
1997-98	\$ 2,660,565	\$14,321,465	\$ 16,982,030	
1998-99	2,484,244	14,474,710	16,958,954	(0.1)%
1999-2000	2,894,626	17,370,952	20,265,578	19.5
2000-01	3,216,949	17,856,326	21,073,275	4.0
2001-02	3,841,354	21,177,270	25,018,624	18.7
<b>Total</b>	<b>\$15,097,738</b>	<b>\$85,200,723</b>	<b>\$100,298,461</b>	

<sup>1</sup> Includes medical doctors, physician assistants, doctors of osteopathy, and nurse practitioners.

<sup>2</sup> Excludes charges for emergency department visits that resulted in an admission, because those costs cannot be isolated from inpatient costs. Ambulance and pharmacy charges that may have been associated with emergency department visits are also excluded.

As noted, maximum reimbursement rates for emergency services are established by the State. As shown in Table 4, the average payment to hospitals based on these rates increased by 14.1 percent, to \$113 per visit for emergency department visits that did not result in an admission. In contrast, the average payment to medical professionals for all emergency department visits was unchanged at \$30 per visit.

Table 4

**Average Fee-for-Service Payments to Hospitals and  
Medical Professionals for Emergency Department Visits**

Payment Type	1997-98	2001-02	Percentage Change
Average Payment to Hospital <sup>1</sup>	\$99	\$113	14.1%
Average Payment to Medical Professional <sup>2</sup>	30	30	0.0

<sup>1</sup> Represents payments for emergency department visits that did not result in an admission.

<sup>2</sup> Represents payments regardless of whether an admission resulted from the visit.

Although proprietary information on payments by HMOs for emergency department visits is not available to us, we found that state payments to HMOs for all services provided under the Medical Assistance program increased 68.7 percent in the five-year period we reviewed and were driven primarily by an increase in enrollment. As shown in Table 5, the State’s total Medical Assistance expenditures increased from \$266.9 million in FY 1997-98 to \$450.2 million in FY 2001-02. This increase is due to an increase in enrollment, which grew 40.1 percent over five years, and an increase in premium payments. In FY 1997-98, monthly Medical Assistance premium payments to HMOs ranged from \$103 to \$544; in FY 2001-02, the range was \$115 to \$663.

Table 5

**Expenditures for Medical Assistance Recipients Served by HMOs**

Fiscal Year	Number of Recipients	Percentage Change	Total Amount Paid	Percentage Change
1997-98	295,132	—	\$266,902,075	—
1998-99	285,009	-3.4%	268,890,867	0.7%
1999-2000	325,916	14.4	295,159,295	9.8
2000-01	363,613	11.6	366,271,169	24.1
2001-02	413,506	13.7	450,203,326	22.9

### Use of Emergency Department Services by Fee-for-Service Recipients

The number of emergency department visits by Medical Assistance recipients served by fee-for-service providers increased 30.2 percent in the five-year period shown in Table 6, from 174,034 in FY 1997-98 to 226,619 in FY 2001-02. However, a 24.8 percent increase in the number of fee-for-service Medical Assistance recipients, rather than increased usage by existing recipients, was the primary reason for the change. Just over 20.0 percent of fee-for-service recipients visited emergency departments in each year we reviewed, with the greatest percentage in FY 2001-02, at 22.4 percent.

Table 6

#### Use of Emergency Departments by Fee-for-Service Recipients

Fiscal Year	Number of Recipients	Number Who Visited an Emergency Department	Percentage of Total Recipients	Total Number of Visits
1997-98	380,154	81,972	21.6%	174,034
1998-99	364,174	79,785	21.9	170,539
1999-2000	470,055	94,888	20.2	193,853
2000-01	459,924	97,216	21.1	203,810
2001-02	474,564	106,126	22.4	226,619
Percentage Change	24.8%	29.5%		30.2%

As shown in Table 7, 23.6 percent of the 106,126 Medical Assistance recipients who used emergency department services on a fee-for-service basis during FY 2001-02 were age 10 or younger, and the majority of fee-for-service recipients who used emergency department services were female. The fee-for-service population that visited emergency departments did not differ significantly from the entire Medical Assistance population served by fee-for-service providers. However, the fee-for-service population is more likely than recipients covered by HMOs to be covered by Medical Assistance because of disability or age.

Table 7

**Fee-for-Service Recipients Visiting Emergency Departments  
FY 2001-02**

	Fee-for-Service Recipients	Percentage of Total	Fee-for-Service Recipients Visiting Emergency Departments	Percentage of Total
<b>Gender</b>				
Female	275,569	58.1%	63,365	59.7%
Male	198,995	41.9	42,725	40.3
<b>Total</b>	<b>474,564</b>	<b>100.0%</b>	<b>106,090<sup>1</sup></b>	<b>100.0%</b>
<b>Age</b>				
Infant – Age 10	137,486	29.0%	24,975	23.6%
Age 11 – Age 20	85,360	18.0	16,723	15.8
Age 21 – Age 30	57,558	12.1	14,354	13.5
Age 31 – Age 40	53,103	11.2	13,892	13.1
Age 41 – Age 50	40,154	8.5	12,230	11.5
Age 51 to Age 60	24,058	5.1	7,981	7.5
Age 61 to Age 70	19,640	4.1	5,552	5.2
Age 71 to Age 80	23,528	5.0	4,909	4.6
Age 81 to Age 89	22,067	4.6	3,827	3.6
Age 90 and Above	11,610	2.4	1,683	1.6
<b>Total</b>	<b>474,564</b>	<b>100.0%</b>	<b>106,126</b>	<b>100.0%</b>
<b>Enrollment Type</b>				
Family and Other Types of Medical Assistance	275,341	58.0%	51,120	48.1%
SSI and SSI-Related	121,473	25.6	44,209	41.7
BadgerCare	77,750	16.4	10,797	10.2
<b>Total</b>	<b>474,564</b>	<b>100.0%</b>	<b>106,126</b>	<b>100.0%</b>

<sup>1</sup> The individual's gender was not listed for 36 records.

Although information on diagnoses associated with emergency department visits is collected for all Medical Assistance claims, these data are limited by physicians' specificity in coding



individual diagnoses. For example, physicians may use the code “general symptoms,” or an emergency department visit may result in more than one diagnosis. We found that in FY 2001-02, 804 different primary diagnosis codes were used to describe the 226,619 emergency department visits made by fee-for-service Medical Assistance recipients in that year. As shown in Table 8, the most common diagnosis category was general symptoms, but it represented only 4.4 percent of all visits. Moreover, the top five diagnosis categories combined accounted for only 18.3 percent of visits.

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Table 8

**Top Five Primary Diagnoses for Fee-for-Service Emergency Department Visits  
FY 2001-02**

	Count	Percentage of Visits
General Symptoms	9,929	4.4%
Respiratory and Chest Symptoms	9,853	4.3
Symptoms Involving Abdomen or Pelvis	8,807	3.9
Ear Infection	6,715	3.0
Acute Upper Respiratory Infection	6,144	2.7
Subtotal	41,448	18.3
Other	185,171	81.7
<b>Total Emergency Department Visits</b>	<b>226,619</b>	<b>100.0%</b>

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As shown in Table 9, 58.3 percent of fee-for-service recipients who sought emergency department services in FY 2001-02 did so only once. However, a small group of 5.5 percent visited emergency departments six or more times in that year and accounted for 27.0 percent of all visits. Among this group were 43 recipients who, on average, each visited hospital emergency departments more than once per week during FY 2001-02, and one recipient who made a total of 379 emergency department visits during that year.

Table 9

**Frequency of Fee-for-Service Recipients' Visits to Emergency Departments  
FY 2001-02**

Frequency of Visits	Number of Individuals	Percentage	Number of Visits	Percentage
1	61,891	58.3%	61,891	27.3%
2	21,610	20.4	43,220	19.1
3	9,353	8.8	28,059	12.4
4	4,756	4.5	19,024	8.4
5	2,641	2.5	13,205	5.8
6 to 12	4,760	4.5	36,546	16.1
13 to 24	880	0.8	14,408	6.4
25 to 52	192	0.2	6,349	2.8
53 or More	43	<0.1	3,917	1.7
<b>Total</b>	<b>106,126</b>	<b>100.0%</b>	<b>226,619</b>	<b>100.0%</b>

Individuals who qualify for Medical Assistance because of age or disability could be expected to use emergency departments with greater frequency than the general population, and 68.9 percent of the 5,875 recipients who made six or more visits were eligible for Medical Assistance because they were elderly, blind, or disabled. Because most were 60 or younger, they qualified for Medical Assistance because of a disability rather than age.

We analyzed the diagnoses for the 43 fee-for-service recipients who made 53 or more emergency department visits in FY 2001-02. As shown in Table 10, these recipients were most commonly treated for symptoms related to sickle cell anemia, a disease that may require emergency care because it can produce extreme pain. All 43 individuals were either elderly, blind, or disabled.

Table 10

**Top Five Diagnoses for Fee-for-Service Recipients  
with 53 or More Emergency Department Visits  
FY 2001-02**

Diagnosis	Number of Diagnoses	Percentage of Total
Sickle Cell Anemia	1,194	30.6%
Unspecified Procedures and Follow-up	366	9.3
Migraine	205	5.2
Respiratory and Chest Symptoms	164	4.2
Neurotic Disorders	153	3.9
Subtotal	2,082	53.2
<b>Total for Those Making 53 or More Visits</b>	<b>3,917</b>	<b>100.0%</b>

**Use of Emergency Departments by Managed Care Recipients**

Because HMOs do not submit reimbursement claims for each service they provide, and proprietary information on their payments to hospitals for emergency department services is not available, limited data are available regarding the use of emergency departments by Medical Assistance recipients who are served by HMOs. Since January 1, 2000, HMOs have submitted complete information on emergency department usage to DHFS, but because data for FY 2002-03 were not available during the course of our review, our analysis was limited to FYs 2000-01 and 2001-02.

As shown in Table 11, emergency department visits by Medical Assistance recipients enrolled in HMOs increased from a total of 155,734 in FY 2000-01 to 200,427 in FY 2001-02, or by 28.7 percent over two years. Reasons for the increase include a 13.7 percent increase in enrollment over that period, as well as a 23.9 percent increase in the number of recipients visiting emergency departments at least once.

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Table 11

**Managed Care Recipients' Use of Emergency Departments**

Fiscal Year	Number of Recipients	Number Who Visited an Emergency Department	Percentage of Total Recipients	Total Number of Visits
2000-01	363,613	89,344	24.6%	155,734
2001-02	413,506	110,669	26.8	200,427
Percentage Change	13.7%	23.9%	—	28.7%

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As shown in Table 12, 63.0 percent of the HMO recipients who visited emergency departments at least once in FY 2001-02 were female and 45.8 percent were age 10 or younger. This is not surprising, given that HMOs typically serve recipients who qualify for Medical Assistance because they are children or the parents of dependent children, and that only 2.3 percent of Medical Assistance recipients served by HMOs in FY 2001-02 were elderly or disabled. Overall, the demographic characteristics of managed care recipients who visited emergency departments were similar to those of all Medical Assistance recipients served by HMOs.

Table 12

**Managed Care Medical Assistance Recipients Visiting Emergency Departments  
FY 2001-02**

	Managed Care Recipients	Percentage of Total	Managed Care Recipients Visiting Emergency Departments	Percentage of Total
<b>Gender</b>				
Female	244,357	59.1%	69,667	63.0%
Male	169,149	40.9	40,991	37.0
<b>Total</b>	<b>413,506</b>	<b>100.0%</b>	<b>110,658<sup>1</sup></b>	<b>100.0%</b>
<b>Number of Individuals By Age</b>				
Infant - Age 10	185,985	44.9%	50,739	45.8%
Age 11 - Age 20	91,488	22.1	21,132	19.1
Age 21 - Age 30	58,037	14.0	19,757	17.9
Age 31 - Age 40	43,789	10.6	12,349	11.2
Age 41 - Age 50	20,507	5.0	5,065	4.6
Age 51 to Age 60	5,064	1.2	1,101	1.0
Age 61 to Age 70	2,802	0.7	352	0.3
Age 71 to Age 80	2,761	0.7	128	0.1
Age 81 to Age 89	2,302	0.6	31	<0.1
Age 90 and Above	771	0.2	4	<0.1
<b>Total</b>	<b>413,506</b>	<b>100.0%</b>	<b>110,658<sup>2</sup></b>	<b>100.0%</b>
<b>Enrollment Type</b>				
Family and Other Types of Medical Assistance	309,443	74.9%	88,530	80.0%
SSI and SSI-Related	6,759	1.6	2,577	2.3
BadgerCare	97,304	23.5	19,562	17.7
<b>Total</b>	<b>413,506</b>	<b>100.0%</b>	<b>110,669</b>	<b>100.0%</b>

<sup>1</sup> Gender was not recorded for 11 recipients.

<sup>2</sup> Age was not recorded for 11 recipients.

As with fee-for-service recipients, emergency department diagnoses for managed care recipients varied widely. As shown in Table 13, five diagnosis categories accounted for 21.4 percent of all

diagnoses, and no single category accounted for more than 5.7 percent of the total. Upper-respiratory infections and ear infections were diagnosed most frequently.

Table 13

**Top Five Primary Diagnoses for Managed Care Emergency Department Visits  
FY 2001-02**

	Count	Percentage of Visits
Acute Upper-Respiratory Infection	11,456	5.7%
Ear Infection	11,443	5.7
Symptoms of Abdomen and Pelvis	7,335	3.7
General Symptoms	7,091	3.5
Respiratory Abnormalities	5,596	2.8
Subtotal	42,921	21.4
Other	157,506	78.6
<b>Total Emergency Department Visits</b>	<b>200,427</b>	<b>100.0%</b>

As shown in Table 14, 60.5 percent of managed care recipients who used emergency department services in FY 2001-02 did so once. In contrast, slightly more than 2.8 percent made six or more visits each and accounted for 13.5 percent of all visits. Among this group were ten recipients who visited emergency departments more than an average of once per week in FY 2001-02, and one had a total of 121 emergency department visits.

Medical professionals with whom we spoke indicated that patients may visit emergency departments for minor illnesses and injuries for a variety of reasons, including because doctors' offices and urgent care centers are closed for the evening. However, emergency department usage data do not include information on the time of the visit, so it is not possible to determine if another care setting might have been available during the time a patient visited the emergency department.

Table 14

**Frequency of Managed Care Recipients' Visits to Emergency Departments  
FY 2001-02**

Frequency of Visits	Number of Individuals	Percentage	Number of Visits	Percentage of Total
1	66,988	60.5%	66,988	33.3%
2	24,113	21.8	48,226	24.1
3	9,641	8.7	28,923	14.4
4	4,535	4.1	18,140	9.1
5	2,232	2.0	11,160	5.6
6 to 12	2,878	2.6	21,174	10.6
13 to 24	227	0.2	3,624	1.8
25 to 52	45	<0.1	1,448	0.7
53 or More	10	<0.1	744	0.4
<b>Total</b>	<b>110,669</b>	<b>100.0%</b>	<b>200,427</b>	<b>100.0%</b>

As shown in Table 15, the most common single diagnosis for managed care recipients with 53 or more emergency department visits during FY 2001-02 was related to back pain.

Table 15

**Top Five Diagnoses for Managed Care Recipients  
with 53 or More Emergency Department Visits  
FY 2001-02**

Diagnosis	Count	Percentage
Back Disorders	82	11.0%
Symptoms of Abdomen and Pelvis	50	6.7
Migraine	47	6.3
Respiratory and Chest Symptoms	43	5.8
Disease of the Pancreas	40	5.4
Subtotal	262	35.2
<b>Total of 53 or More Emergency Department Visits<sup>1</sup></b>	<b>744</b>	<b>100.0%</b>

<sup>1</sup> In FY 2001-02, a total of 103 different primary diagnoses were made for managed care enrollees who made 53 or more emergency department visits.

Some providers indicated that Medical Assistance recipients may also visit emergency departments for minor injuries and illnesses because they have difficulty finding a primary care provider who will accept them as patients because of reimbursement rates for services provided. We found that the number of physicians certified as Medical Assistance providers in Wisconsin decreased 5.1 percent over five years, or from 16,662 in FY 1997-98 to 15,808 in FY 2001-02. However, the percentage of physicians who were certified as Medical Assistance providers and submitted at least one reimbursement request increased from 73.3 percent to 87.2 percent during the same period.

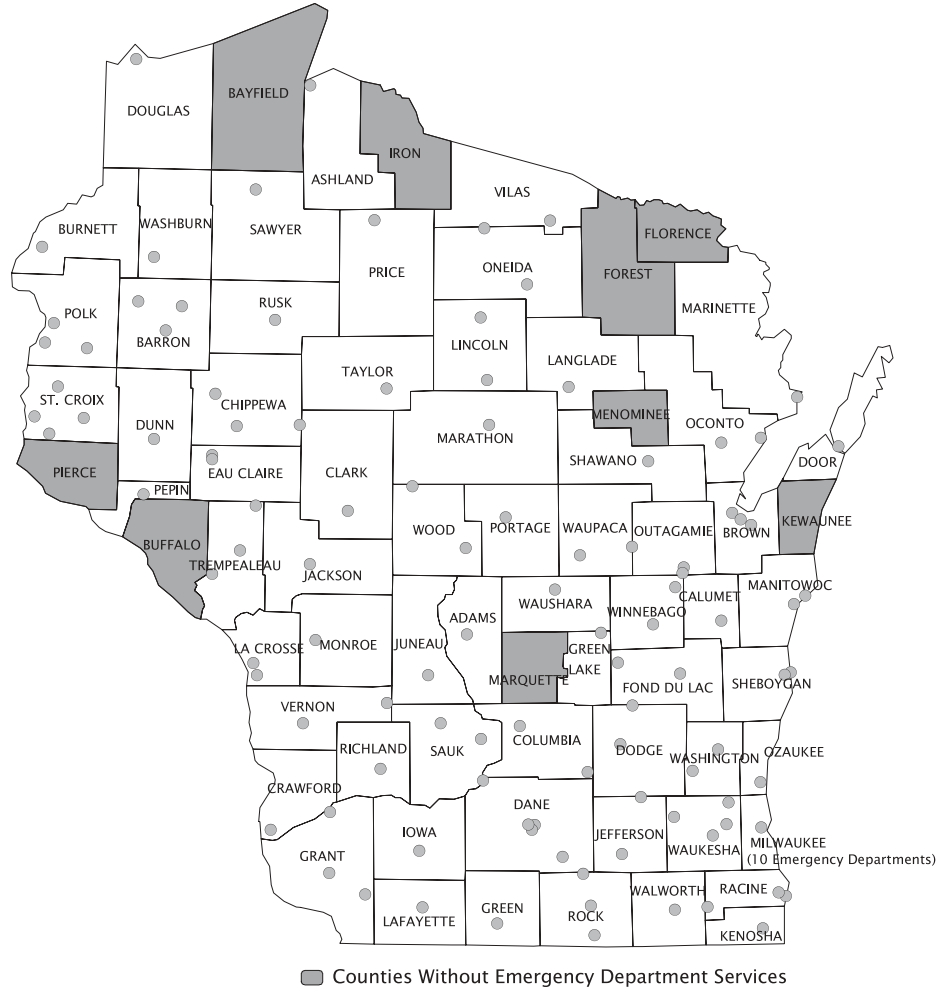
### Future Considerations

Some are concerned that use of emergency departments by uninsured patients could force emergency care facilities to close. Hospitals and medical professionals contend that reimbursement rates are not sufficient to cover the actual cost of treatment provided, and therefore costs for those without insurance or those enrolled in programs such as Medicare or Medical Assistance must be absorbed by providers. However, it does not appear that reimbursement rates have affected the number of facilities with emergency departments in Wisconsin. The number of Wisconsin hospitals with emergency departments actually increased from 115 in 1998 to 116 in 2002. Figure 1 shows the location of the 116 hospitals with emergency departments in Wisconsin during FY 2001-02. Appendix 1 provides a detailed listing of these facilities.



Figure 1

**Location of Hospital Emergency Departments  
FY 2001-02**



Nationally, some hospitals have begun to address emergency department usage in various ways. For example:

- Some facilities discourage the use of emergency departments for minor illnesses and injuries by either instituting fees or refusing treatment. Locally, St. Joseph Regional Medical Center in Milwaukee recently began charging uninsured patients a \$150 fee for emergency care in an effort to reduce the number of patients seeking treatment for minor ailments, such as colds. Such actions may reduce the number of patients seeking care at particular facilities, but it is possible they will only divert patients without private insurance to other providers, who will then bear the financial burden of providing care. In addition, under the terms of a special federal waiver, use of co-payments for emergency room services provided to Medical Assistance recipients is limited to \$10 per visit.
- Some facilities have dedicated a small portion of their emergency departments to the treatment of minor injuries and illnesses. After an initial assessment, patients with minor medical conditions are diverted to these facilities, which are generally staffed by physician assistants who treat conditions such as small lacerations, ear infections, and sore throats. These “minor ERs” generally operate only during peak emergency department hours and are intended to decrease waiting times for those patients with minor injuries or illnesses, as well as to reserve space in the emergency department for those with more serious health needs.

As noted, a very small number of Medical Assistance recipients account for a significant percentage of total emergency department visits. Consequently, it may be beneficial for DHFS to analyze this population more closely to determine whether efforts could be made to improve health care delivery to them and potentially reduce costs through better management of these patients’ medical conditions.

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Appendix 1

**Hospital Emergency Departments**  
FY 2001-02

County <sup>1</sup>	City	Facility Name
Adams	Friendship	Adams County Memorial Hospital
Ashland	Ashland	Memorial Medical Center
Barron	Barron	Barron Memorial Medical Center - Mayo Health System
Barron	Cumberland	Cumberland Memorial Hospital, Inc.
Barron	Rice Lake	Lakeview Medical Center
Brown	Green Bay	Aurora BayCare Medical Center
Brown	Green Bay	St. Mary's Hospital Medical Center
Brown	Green Bay	St. Vincent Hospital
Burnett	Grantsburg	Burnett Medical Center
Calumet	Chilton	Calumet Medical Center
Chippewa	Bloomer	Bloomer Medical Center - Mayo Health System
Chippewa	Chippewa Falls	St. Joseph's Hospital
Clark	Neillsville	Memorial Medical Center
Clark	Stanley	Our Lady of Victory Hospital
Columbia	Columbus	Columbus Community Hospital
Columbia	Portage	Divine Savior Healthcare
Crawford	Prairie du Chien	Prairie du Chien Memorial Hospital
Dane	Madison	Meriter Hospital, Inc.
Dane	Madison	St. Marys Hospital Medical Center
Dane	Madison	University Hospital & Clinics
Dane	Stoughton	Stoughton Hospital
Dodge	Beaver Dam	Beaver Dam Community Hospital
Dodge	Watertown	Watertown Area Health Services
Dodge	Waupun	Waupun Memorial Hospital
Door	Sturgeon Bay	Door County Memorial Hospital - Ministry Health Care
Douglas	Superior	St. Mary's Hospital of Superior
Dunn	Menomonie	Myrtle Werth Hospital
Eau Claire	Eau Claire	Luther Hospital - Mayo Health System
Eau Claire	Eau Claire	Sacred Heart Hospital
Fond du Lac	Fond du Lac	St. Agnes Hospital
Fond du Lac	Ripon	Ripon Medical Center
Grant	Boscobel	Boscobel Area Health Care
Grant	Lancaster	Grant Regional Health Center

County <sup>1</sup>	City	Facility Name
Grant	Platteville	Southwest Health Center
Green	Monroe	The Monroe Clinic
Green Lake	Berlin	Berlin Memorial Hospital
Iowa	Dodgeville	Upland Hills Health
Jackson	Black River Falls	Black River Memorial Hospital
Jefferson	Fort Atkinson	Fort Atkinson Memorial Health Services
Juneau	Mauston	Hess Memorial Hospital
Kenosha	Kenosha	Aurora Medical Center
La Crosse	La Crosse	Franciscan Skemp Medical Center - Mayo Health System
La Crosse	La Crosse	Gundersen Lutheran
Lafayette	Darlington	Memorial Hospital of Lafayette Co.
Langlade	Antigo	Langlade Memorial Hospital
Lincoln	Merrill	Good Samaritan Health Center
Lincoln	Tomahawk	Sacred Heart Hospital
Manitowoc	Manitowoc	Holy Family Memorial
Manitowoc	Two Rivers	Aurora Medical Center
Marathon	Wausau	Wausau Hospital
Marinette	Marinette	Bay Area Medical Center
Milwaukee	Milwaukee	Aurora Sinai Medical Center
Milwaukee	Milwaukee	Children's Hospital of Wisconsin
Milwaukee	Milwaukee	Columbia Hospital
Milwaukee	Milwaukee	Froedtert Hospital
Milwaukee	Milwaukee	St. Francis Hospital
Milwaukee	Milwaukee	St. Joseph Regional Medical Center
Milwaukee	Milwaukee	St. Luke's Medical Center
Milwaukee	Milwaukee	St. Mary's Hospital of Milwaukee
Milwaukee	Milwaukee	St. Michael Hospital
Milwaukee	West Allis	West Allis Memorial Hospital
Monroe	Sparta	Franciscan Skemp Healthcare
Oconto	Oconto Falls	Community Memorial Hospital
Oconto	Oconto	Oconto Memorial Hospital, Inc.
Oneida	Rhineland	St. Mary's Hospital
Oneida	Woodruff	Howard Young Medical Center
Outagamie	Appleton	Appleton Medical Center
Outagamie	Appleton	St. Elizabeth Hospital
Outagamie	New London	New London Family Medical Center
Ozaukee	Mequon	St. Mary's Hospital Ozaukee
Pepin	Durand	Chippewa Valley Hospital
Polk	Amery	Amery Regional Medical Center

County <sup>1</sup>	City	Facility Name
Polk	Osceola	Osceola Medical Center
Polk	St. Croix Falls	St. Croix Regional Medical Center
Portage	Stevens Point	Saint Michael's Hospital
Price	Park Falls	Flambeau Hospital
Racine	Burlington	Memorial Hospital of Burlington
Racine	Racine	All Saints Medical Center - St. Luke's Campus
Racine	Racine	All Saints Medical Center - St. Mary's Campus
Richland	Richland Center	The Richland Hospital, Inc.
Rock	Beloit	Beloit Memorial Hospital
Rock	Edgerton	Memorial Community Hospital
Rock	Janesville	Mercy Hospital
Rusk	Ladysmith	Rusk County Memorial Hospital
Sauk	Baraboo	St. Clare Hospital & Health Services
Sauk	Prairie du Sac	Sauk Prairie Memorial Hospital
Sauk	Reedsburg	Reedsburg Area Medical Center
Sawyer	Hayward	Hayward Area Memorial Hospital
Shawano	Shawano	Shawano Medical Center
Sheboygan	Sheboygan	Aurora Sheboygan Memorial Medical Center
Sheboygan	Sheboygan	St. Nicholas Hospital
St. Croix	Baldwin	Baldwin Area Medical Center
St. Croix	Hudson	Hudson Hospital
St. Croix	New Richmond	Holy Family Hospital
St. Croix	River Falls	River Falls Area Hospital
Taylor	Medford	Memorial Health Center
Trempealeau	Arcadia	Franciscan Skemp - Mayo Health System
Trempealeau	Osseo	Osseo Area Hospital
Trempealeau	Whitehall	Tri-County Memorial Hospital
Vernon	Hillsboro	St. Joseph's Community Health Services
Vernon	Viroqua	Vernon Memorial Hospital
Vilas	Eagle River	Eagle River Memorial Hospital
Walworth	Elkhorn	Aurora Lakeland Medical Center
Washburn	Shell Lake	Indianhead Medical Center
Washington	Hartford	Aurora Medical Center
Washington	West Bend	St. Joseph's Community Hospital
Waukesha	Brookfield	Elmbrook Memorial Hospital
Waukesha	Menomonee Falls	Community Memorial Hospital
Waukesha	Oconomowoc	Oconomowoc Memorial Hospital
Waukesha	Waukesha	Waukesha Memorial Hospital
Waupaca	Waupaca	Riverside Medical Center

County <sup>1</sup>	City	Facility Name
Waushara	Wild Rose	Wild Rose Community Memorial Hospital
Winnebago	Neenah	Theda Clark Medical Center
Winnebago	Oshkosh	Mercy Medical Center
Wood	Marshfield	Saint Joseph's Hospital
Wood	Wisconsin Rapids	Riverview Hospital Association

<sup>1</sup> The following counties do not have hospitals with emergency departments: Bayfield, Buffalo, Florence, Forest, Iron, Kewaunee, Marquette, Menominee, and Pierce.

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