Frequently Asked Questions- Emergency Room
Medical Programs Analytic & Reporting Knowledgebase (MPARK)

General Descriptions

1. **How does this data differ from the information about ER data contained in the Provider and Recipient tables?** In the Provider and Recipient Summary tables, we included emergency department visits summarized across the experience period. This provided an easy method of analysis but eliminated many details about the dates of service, status of patients, and other details of care. The ER file offers event-level data on emergency department visits, allowing for insight into these details.
2. **Does the ER type of service and table include trauma center/ trauma team claims?** Yes. Specifically the ER type of service and table include any claim billed by a general hospital outpatient department with an emergency department, urgent care, or trauma revenue code (revenue codes 045 series and 068 series).
3. **Is information available regarding the attending physician??** Yes. The attending physician is included under his or her own National Provider Identification (NPI) number. The attending physician may or may not be a Medicaid provider.

Recipient and Providers

1. **What recipients are included in the data set?** The recipient population has the same inclusion criteria as the Recipient and Provider tables: all recipients of full benefits during the calendar year, irrespective of age and geographic location. Only those recipients with at least one emergency department visit during the year have data in this table.
2. **How are Medicare recipients included in the data set?** Medicaid recipients who also receive Medicare are included in all the data set. Medicare is primary and Medicaid generally pays $0 for emergency room visits for Medicare recipients.
3. **What provider types are included?** The provider type included in the data set is general hospitals (provider type 030). A wide variety of providers operate within hospital settings. These providers bill services separate than the claim for the ER facility claim and are therefore not included in this table. This table includes only ER facility claims.
4. **Is there an indicator for the level of trauma care that a facility provides?** We do not include any such indicator in this data set. However, the Illinois Department of Public Health does publicize a list of trauma facilities by level of care provided and by region. Data users who wish to know more about the level of care provided to patients may wish to utilize these sources.

Claims, Diagnoses and Procedures

1. **If an emergency department visit ends in an inpatient admission, is information related to the inpatient care described in the data set?** No. The Emergency Room detail file captures only the outpatient Emergency room visits.
2. **How are surgeries performed as part of emergency care included in the data set?** At times, surgical procedures can be indicated during emergency department visits. These are included in the data set through a field called OutpatientAPLGrpcdDesc. All other surgical procedures (including

outpatient surgery completed without emergency department involvement) are excluded from this data set. Costs will differ for those emergency patients who also receive surgeries.

3. **What is observational care, and how is this included in the data set?** Observational care is low-intensity inpatient care involving what might colloquially be called "watchful waiting." This category of service can include incidents when a recipient is "boarded" at an emergency department due to a lack of inpatient beds. It can also indicate observational care designed to assist diagnosis, clinical decision making, and patient recovery. Observational care can, but does not always, result from a visit that begins in the emergency department. Those observational care incidents that begin with emergency department visits are included in this data set.

4. **How many diagnostic codes are included per claim?** We include up to 25 diagnostic codes for an emergency room claim. Additional diagnostic codes, where present, are simply indicated (by a 1/0 indicator) in an accompanying column.

5. **Which services do the diagnostic codes for a given claim reflect?** The data set includes the diagnoses given in the emergency department; plus those given in inpatient, outpatient surgery, and observational care, if the patient received these services. It should be recognized that the emergency department may provide provisional diagnoses that are later replaced by definitive diagnoses during later care.

6. **Is Emergency Care to Undocumented Aliens included in this data set?** No. Non-maternity emergency care to undocumented aliens is classified as a partial benefit and not included in the data set. Emergency maternity care is inpatient care for women experiencing labor and delivery. This care has been included in the Hospital table and not in the Emergency Room table.

Billing, Costs, and Payments

1. **How are claims submitted to HFS?** Providers may submit claims for emergency department services rendered to outpatients (those who are treated and released) and inpatients (those who are treated in the emergency department first, and then admitted to the hospital). It is permitted for providers to submit separate bills for emergency department visits and the inpatient portion of a hospital stay; it is also permitted for providers to combine both emergency and inpatient care into a single claim. However, providers will not be reimbursed separately on the inpatient hospital claim for the ER services if they do not send in a separate bill. Because we assign a single claim to only one type of service, only ER claims submitted separately from the inpatient claim are in the ER type of service and are included in this table. ER claims submitted as part of an inpatient hospital claim are included in the inpatient types of service and the inpatient hospital admission table.

2. **What is included in a cost?** The cost fields in the data set reflect Medicaid's net liability for a given claim. The data set separately describes the charge the provider originally sought; copayments; sum Third Party Liability (TPL); Medicaid charges; Medicare charges; and a variety of other payments. It does not include static payments to hospitals.

3. **How are emergency department payments determined?** Emergency department payments are determined via Ambulatory Procedures Listing (APLs). An APL is a grouping of procedure codes performed by a given provider type (in this case, emergency departments) that correspond to a

specific price point. Emergency care has three levels: Level 1, Level 2, and Non-emergency/Screening. Additional fees may be applied for Observational Care, which is billed according to the time a recipient remains in care: one to 6.5 hours, 6.5 to 12.5 hours, and >12.5 hours. Surgical fees may be applied, as well: intensive, moderate, low, and very low. These fees may change year to year.

4. **How are Disproportionate Share Hospital payments, Medicaid Percentage Adjustment Add-On Payment, and Medicaid High Volume Adjustment Add-On Payment included in the data set?** They aren't. These hospital payments are not applicable to emergency department care.

5. **Are patient co-insurance payments included in the data set?** The amount submitted for payment by the third party private insurance is provided.

Data Use

1. **What is an event? ER visits are summarized as events in the Recipient and Provider tables.** An event is one row of the ER table -- one recipient in one ER facility on one day.
2. **What is a unit of service? ER visits are summarized as units of service in the Recipient and Provider tables.** Each ER visit is one unit unless there is more than one visit in one day.
3. **Is there an overall count for events, units and costs for the claims data included here?** No. In order to easily access this information, please use the Provider and Recipient tables, which provides this information for the same population in the same timeframe. Data users can also easily calculate counts for recipients and providers.

4. **Does this data set include information on mortality?** Death during an emergency department visit is not included as a separate data field. However, Patient Status Code includes several classifications of "Expired," which is synonymous with deceased. Please consult this field for information on death. Further, Death Date was included in the Recipient file and can be used after a join is completed to specify deaths within a certain span or a specific patient population. Please note that no element in the data set includes specifics as to the cause of death.

5. **Does the data set include any indicator for high frequency of emergency department visits? Is it possible to calculate ER frequency using this data?** Yes. Furthermore, in order to allow you to easily view the ER visits longitudinally, we have assigned an Admission Sequence Number for each ER visit associated with recipient.

6. **Can the data in this data release be used to create baselines for quality measures defined by HFS as important to care coordination?** We know that our partner organizations have an interest in the use of our data to analyze recipients' use of specific services important to quality measures. We recognize some emergency department claims data could possibly be useful towards this end. In particular, this data set is useful for assessing overuse of emergency care by patients with various diagnoses or personal characteristics. However, please note that the Emergency Room data set has not been designed expressly for this function.

7. **Are there any known problems with this data set?** Yes, there is a minor difference between the ER cost on the Recipient and Provider Summary tables when compared to the ER detail file. This is due to some of the services having lab components going under lab and radiology type of service in the summary tables. This difference is less than $4000.00 and hence can be ignored.