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**Memorandum in Support  
Managed Care Organization (MCO) Tax  
Health/MH Article VII, Part F  
Inclusion of Support for Significant Allocation for Emergency Medicine Physicians**

The New York American College of Emergency Physicians (New York ACEP) strongly supports Health/MH Article VII, Part F which codifies the structure of the proposed MCO tax and establishes a plan for spending tax receipts over the next three years. Among the first-year installments is an allocation of \$50 million to support an increase in the Medicaid physician fee schedule to bring Medicaid reimbursement closer to the Medicare level. We believe that a significant portion of that appropriation should be specifically earmarked to increase Medicaid reimbursement for emergency services delivered under Medicaid by physicians.

The issue of waiting times, boarding of patients and staffing in emergency departments across the state today equates to a health care emergency. The State needs to provide significant financial resources to address this crisis. Emergency medicine physicians are required by the Emergency Medical Treatment & Labor Act (EMTALA) to evaluate and treat every patient who enters their door, regardless of insurance status or ability to pay. We ask that you provide the financial resources necessary so that Physicians and other health care providers who work in the State's hospital emergency departments meet the goals of EMTALA in a timely manner following the lead of other states, such as California.

California used over \$100 million of the proceeds of the MCO Provider Tax program to support increase rates for Emergency Physician rates for Fee for Service and Medi-Cal managed care plans ([California MCO Investments](#)). California took a positive first step in addressing a similar crisis by increasing rates for Emergency Department physicians to no less than 87.5% of the Medicare rate for fee for service and managed care plans in California. We urge New York to address the crisis in New York's emergency departments by taking this step to close the Medicaid Gap.

We have outlined the significant Medicaid reimbursement rate deficit for emergency physicians relative to Medicare and reimbursement in other surrounding states below.

**New York ACEP represents over 3,000 dedicated professionals committed to speaking out for broad access to quality health care, including and especially emergency health services for all. The Emergency Physicians of New York ACEP urge you to act now! New York State's Medicaid reimbursement rates are significantly deficient for emergency physicians relative to Medicare and reimbursement in other surrounding states. Address the crisis by earmarking an increase Medicaid reimbursement for emergency services delivered under Medicaid by physicians in the FY26 Budget.**

## New York (2023)

CPT	Medicaid of NY	Medicare NY Area 02	Percentage of Medicare	Medicare NY Area 01	Percentage of Medicare
99281	\$8.04	\$14.54	55%	\$13.89	58%
99282	\$15.11	\$49.72	30%	\$48.11	31%
99283	\$24.41	\$85.70	28%	\$82.81	29%
99284	\$45.02	\$142.57	32%	\$138.25	33%
99285	\$67.19	\$208.42	32%	\$201.75	33%

## New Jersey (2023)

CPT	Medicaid of NJ Specialist	Medicare NJ Area 01	Percentage of Medicare	Medicare NJ Area 99	Percentage of Medicare
99281	\$16.00	\$12.71	126%	\$12.46	128%
99282	\$23.50	\$45.10	52%	\$44.18	53%
99283	\$44.53	\$77.40	58%	\$75.85	59%
99284	\$69.48	\$130.07	53%	\$127.46	55%
99285	\$108.78	\$189.07	58%	\$185.36	59%

## Massachusetts (2023)

CPT	Masshealth	Medicare MA Area 01	Percentage of Medicare	Medicare MA Area 99	Percentage of Medicare
99281	\$17.15	\$12.47	138%	\$11.93	144%
99282	\$32.96	\$44.41	74%	\$42.53	76%
99283	\$49.26	\$76.19	65%	\$72.99	66%
99284	\$90.36	\$128.15	71%	\$122.88	72%
99285	\$131.18	\$186.13	70%	\$178.59	72%