**GOVERNMENT OF THE DISTRICT OF COLUMBIA**
**Department of Health Care Finance**

**Subject: Emergency Medicaid Hospital Services Policy for Alliance Beneficiaries** **Policy Number: HCPRA-DEP-01**

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| **Policy Scope:** Hospital Claims for Medicaid Reimbursable Emergency Medical Services for DC Health Care Alliance Beneficiaries | **Number of Pages: 4** |
| **Responsible Office or Division:** Health Care Policy and Research Administration | **Number of Attachments:** N/A |
| **Supersedes Policy Dated:** N/A | **Effective Date:** 10/1/2012 |
| **Cross References and Related Policies: State Plan for Medical Assistance, Section 4. 19B, Part 1** | **Expiration Date, if Any:** N/A |

## 1. PURPOSE

To establish policies and procedures governing the submission and reimbursement of hospital claims for Medicaid reimbursable emergency medical services for DC Health Care Alliance beneficiaries.

## 2. APPLICABILITY

This policy applies to all Medicaid and DC Health Care Alliance hospital providers and to all managed care organizations that participate in the DC Health Care Alliance Program for the period beginning October 1, 2012 through September 30, 2013.

## 3. AUTHORITY

The Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109); 8 U.S.C. § 1611(b) (1) (A), 42 U.S.C. § 1396b (v), and 42 C.F.R. § 440.255(c); the District of Columbia State Plan for Medical Assistance - Section 4, Attachment 4.19B Part 1; and Section 5112(c) of the Fiscal Year 2013 Budget Support Emergency Act of 2012, PR 19-796, effective June 20, 2012.

## 4. DEFINITIONS

a. **Alliance beneficiary** – An individual who is eligible for and enrolled in the D.C. Health Care Alliance Program.

b. **Emergency medical condition** – A medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in (a) placing the patient's health in serious jeopardy; (b) serious impairment to bodily function; or (c) serious dysfunction of any bodily organ or part. For purposes of this section, all labor and delivery is considered emergency labor and delivery.

c. **Medicaid-reimbursable Emergency Medical Services** – Services consistent with the requirements of 42 CFR Section 440.255 that are necessary to treat the condition and are rendered after the sudden onset of an emergency medical condition as defined in Section 4.b.

## 5. POLICY

Effective October 1, 2012 through September 30, 2013, Medicaid-reimbursable emergency medical services will no longer be included in the Alliance Benefit Package and will not be paid to network hospital providers by managed care organizations participating in the Alliance program. Accordingly, hospitals providing Medicaid-reimbursable emergency medical services to Alliance beneficiaries must cease billing the beneficiary's health plan and instead, submit claims for these services directly to DHCF for reimbursement under Medicaid pursuant to the procedures set forth in Section 8. This benefit change should have no impact on Alliance beneficiaries' access to emergency medical services.

## 6. SCOPE

This policy pertains only to the submission and reimbursement of hospital claims for Medicaid reimbursable emergency medical services for DC Health Care Alliance beneficiaries.
If eligibility for the Alliance Program or Medicaid Program cannot be verified and the patient otherwise meets eligibility criteria for Emergency Medicaid, the hospital must complete a 780 Emergency Medicaid request and submit it, with all required documentation, to the Department of Human Services' (DHS) Economic Security Administration pursuant to established policy and procedures. Furthermore, a hospital that participates in the Medicare Program and has an emergency room must continue to comply with all requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA).

Services provided to an Alliance beneficiary that do not qualify as a Medicaid-reimburseable Emergency Service shall be billed to the Alliance beneficiary's health plan.

## 7. ELIGIBILITY CRITERIA FOR CLAIMS FOR MEDICAID-REIMBURSABLE EMERGENCY MEDICAL SERVICES PROVIDED TO ALLIANCE BENEFICIARIES

a. Claims for Medicaid-reimbursable Emergency Medical Services provided to an Alliance beneficiary are only payable if (i) the Alliance beneficiary is eligible for emergency Medicaid and (ii) the services constitute treatment for the sudden onset of an emergency medical condition.

b. To be eligible for emergency Medicaid, the Alliance beneficiary must:

i. Meet Medicaid financial and non-financial eligibility requirements (with the exception of citizenship and alien status);

ii. Be a resident of the District of Columbia

iii. Require treatment for a condition that meets the requirements of Section 4.c above.

c. An Alliance beneficiary who is currently eligible and enrolled in the Alliance Program shall be deemed to meet the eligibility criteria set forth in Section 7.b.1 above.

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## 8. CLAIMS PROCESSING

a. A claim for a Medicaid-reimbursable emergency medical condition is allowable if all of following criteria are met:

i. Services were provided to an eligible and enrolled Alliance beneficiary;

ii. Services were provided to treat a medical condition that meets the requirements set forth in Section 4;

iv. Services are not related to an organ transplant procedure, and

v. The principal diagnosis code is an emergent diagnosis with a positive emergency room diagnosis indicator value and any of the following qualifiers are present:

I. Hospital outpatient claims with revenue codes of 0450-0459.

II. Hospital in-patient claim with an emergency room admission based on the presence of revenue code 0450- 0459.

b. The procedures below describe the process for submission of hospital claims for Medicaid emergency medical services rendered to Alliance beneficiaries.

i. Prior to claims submission, the provider must verify that the beneficiary was eligible for and enrolled in the Alliance program on all dates that emergency medical services were rendered.

ii. Providers may verify current Alliance eligibility and enrollment through the DC Medicaid web portal at www.dc-medicaid.com or calling the interactive voice response system at (202) 906-8319.

iii. All claims should be submitted electronically following the claims submission procedures currently used for DC Medicaid fee for service claims.

iv. Claims must meet DHCF criteria for timely claims submission.

## 9. RESPONSIBILITY

Questions regarding this policy should be directed to Claudia Schlosberg, Director, Health Care Policy and Research Administration at (202) 442-9107 (0) or email Claudia.schlosberg@dc.gov.

Questions regarding Fee-For-Service claims submission should be directed to Provider Services at (202) 906-8319 (inside DC metro area) or (866) 752-9233 (outside DC metro area).

Questions regarding the Alliance program and billing for Alliance services should be directed to Lisa Truitt at (202) 442-9109 (O) or email lisa.truitt@dc.gov.

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8/1/2012
Date