

Emergency Medicaid in New York State

May 2010



Basic Eligibility Tests

- Income
- Resources
- State Residency
- Disability/Medical Status
- Other Insurance

Standard for Treatment of Emergency Condition

- Medical condition (including emergency 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:
 - placing the person's health in serious jeopardy;
 - serious impairment to bodily functions; or
 - serious dysfunction of any bodily organ or part.

Coverage for Treatment of an Emergency Medical Condition

- Emergency medical condition standard must be met at time that service is provided
- Determined on a case by case basis
- Coverage is not site specific
- Treatment can include medications if associated with the stabilization and treatment of the medical emergency

Specific Treatment Exclusions

- Organ Transplants
- Alternate Level of Care in Hospital
- Nursing Facility Services
- Home Care Services (personal care, private duty nursing, home health services)
- Rehabilitation Services (PT, OT, Speech)

Logistics

- Attending physician must certify emergency medical condition which can last up to 90 days.
- Thereafter, new certification must be submitted for subsequent or continuing treatment for an emergency condition.
- Applicant must complete full Medicaid application to prove financial eligibility every year.

Revised Certification Form

- Effective July 1, 2010 providers in NYS will be required to use a revised emergency certification form. (See NYSDOH GIS 10 MA/012 with the attached form at http://www.health.state.ny.us/health_care/medicaid/publications/pub2010gis.htm)
- The form, which acts as a HIPAA authorization for disclosure of protected health information, must be signed by the physician treating the emergency, the applicant and/or his authorized representative.
- The form has space to accommodate up to 4 coverage periods, which can last up to 90 days (30 days of retrospective and up to 60 days of prospective coverage).
- After which a new emergency certification form must be completed.

Problems with Process

- Standard application
- Recertification
- Lack of pre-qualification
- Different coverage in different localities
- Treatment of chronic conditions
- Provider education
- Specific coverage exclusions
- Prescription coverage for providers who do not have access to pharmacy services

Problems Specific to Treatment of Chronic Conditions

- Federal “sudden onset” requirement
- 2007 CMS audit
- GIS/ Medicaid provider update issued by SDOH and retracted (sort of)
- CMS letter Re: coverage of women with breast/cervical cancer

Solutions...

- Yearly financial eligibility recertification
- Medicaid card authorized for year period
- Emergency certification authorization period based on conditions
- Relation back theory
- Provider training and deference to treating physician

California Model

- Medicaid “Pre-Qualification”:
 - Limited coverage card in advance of need for emergency treatment.

Washington Model

- Pre-qualification
- Affirmative list of specific conditions covered including chemotherapy, dialysis, post-organ transplant care including immunosuppressant
- Longer period for certain conditions: Ex/ 12 months for cancer w/ surgery, chemotherapy, radiation; acute renal failure requiring dialysis
- Nursing home services can be obtained by approval of Department's medical consultant.

Other states

- Pre-qualification: Texas and Massachusetts certify the patient for financial eligibility for a one year period and issue Medicaid cards that only work during emergency certification periods.

Contact Information

Diane K. Spicer
The Legal Aid Society's
Health Law Unit
199 Water Street, 3rd Floor
New York , N.Y. 10038
212-577-3390
dkspicer@legal-aid.org

Jenny Rejeske
Health Advocacy Coordinator
New York Immigration Coalition
137-139 W. 25th Street, 12th Fl.
New York, NY 10001
t: 212-627-2227 x223
jrejeske@thenyic.org