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To: Emergency Medicaid Advocates
Date: January 26, 2011
Re: Talking Points: Streamline Emergency Medicaid through the Medicaid Redesign Process

This memo outlines key points in support of streamlining New York's Emergency Medicaid program as a part of the Medicaid redesign process.

Background

- Health care providers can receive reimbursement from the Medicaid program for the treatment of an emergency condition (Emergency Medicaid) provided to certain foreign born residents of New York State who are not eligible for full Medicaid due to their immigration status.
- To utilize the program, an individual who experiences a medical emergency must complete a full Medicaid application (providing proof of identity, address and income, but not of Social Security Number or immigration status). Both the patient and the physician must also sign and fill out a certificate of treatment of an emergency medical condition, form DOH-4471, authorizing treatment for a specific set of dates that fall between thirty days prior to and sixty days after the date of application.
- Streamlining the Emergency Medicaid application procedure would improve uniformity of delivery and utilization of the program and would align it with streamlined application procedures and enrollment outreach efforts New York State has undertaken for other public health insurance programs.

Problem

- The current variety of procedures across hospitals, general confusion and reluctance about using the program, and complex administrative burden hurts patients, results in the misuse of the state's Indigent Care Pool and other safety net funding, and misses an opportunity to leverage federal Medicaid funding.
 - Hospitals' procedures and utilization of the Emergency Medicaid program differ significantly. Based on years of feedback from community members and the advocates who help them directly, many hospitals do not notify patients about the program or help them to apply. Some claim to not take the program at all. Most commonly, patients simply receive a full-price bill as a self-pay patient. Remember these are patients who are eligible for Medicaid based on their income and simply cannot afford a full-priced emergency medical bill. Hence, eligible individuals are strapped with unaffordable bills that deter them from seeking treatment and follow-up care and many hospitals are forced to write-off the bill, seeking reimbursement instead from the state-funded Indigent Care Pool.
- New York's Emergency Medicaid program has a complex and administratively burdensome financial and medical certification process. The paperwork must be submitted within 30 days of the emergency, often a highly stressful time. Moreover, medical providers have to resubmit DOH-4471 forms at least every 90 days to certify an Emergency Medicaid patient's

medical eligibility, which is especially burdensome when ongoing treatment is provided to patients with chronic emergency conditions like cancer and renal failure.

- The current under-utilization of Emergency Medicaid and subsequent under-utilization of federal funds has adverse results for patients, providers and the state.
 - Low-income patients are billed directly by providers who fail to submit Emergency Medicaid applications for eligible treatments, causing them to avoid necessary treatment or follow-up care;
 - Providers that fail to submit Emergency Medicaid applications forfeit potential reimbursement from a federal government program designated specifically for the purpose of paying for the treatment of this population;
 - The state fails to leverage federal dollars and instead must utilize state charity care funds or other funding mechanisms to reimburse providers.

Solution – Improve the Emergency Medicaid Program through the Medicaid Redesign Process.

- **Clarify Emergency Medicaid policies and procedures** through administrative directives, provider updates and consumer outreach so as to prevent confusion as to when Emergency Medicaid can be used, and to encourage its use whenever appropriate. Encourage improved coordination between the physician, the patient and the hospital's billing department so that individuals are notified about the program and how to apply, and sign any necessary paperwork, such as the DOH-4471 form, before they receive a bill.
- **Allow for prequalification of financial eligibility.** Create a restricted scope Emergency Medicaid enrollment category code and allow local district Social Services offices and other community based facilitated enrollers to screen and determine eligibility for individuals who are likely to qualify for Emergency Medicaid coverage based on meeting all of the non-medical state eligibility requirements.
 - No new or expanded benefits are sought, simply a streamlined application process that would promote proper utilization of the program and leverage federal funding rather than relying on the state-funded Indigent Care Pool.
 - At least six states already do this, including California, Maine, Massachusetts, Michigan, and Oregon.
 - Individuals should also be allowed to prequalify for Emergency Medicaid through New York State's new insurance exchange, mandated by federal health care reform.
- **Create a clinically-appropriate 12-month medical certification period for coverage of certain treatments and conditions under the state's Emergency Medicaid program,** as states like California, Connecticut, Maine, Virginia and Washington have done. Extending medical certification periods for certain conditions -- for example, for cancer and renal failure -- would streamline the process by eliminating paperwork and administrative requirements for providers, local social services districts, and patients. It would also provide security for providers and peace of mind to patients, encouraging proper compliance with treatment plans and improved health outcomes.