

See the Medicaid Provider Manual, Hospital Chapter, Hospital Reimbursement Appendix, Section 4 for background on this document. The document was originally issued as part of MSA 01-28.

DEFINITIONS

Authorization or Prior Authorization. Documented approval by a Health Plan for the medical services rendered to an Enrollee by a Hospital, based on clinical information provided to Health Plan and Pursuant to the Terms set forth in this bulletin.

Beneficiary. An individual who has been determined eligible for Medicaid.

Certificate of Coverage means the written document approved by OFIS, which explains the scope of benefits, limitations of coverage and exclusions governing the Enrollee's health care benefit coverage pursuant to the Health Plan's Medicaid Contract with the State of Michigan.

Clean Claims. Clean Claims as defined in *PA 187 OF 2000*, being MCL 400.111i and OFIS bulletin 2000/09.

Covered Services. All required services for Medicaid Enrollees as defined by a) Section 400.105 of the Michigan Compiled Laws, b) Title XIX of the federal Social Security Act, 42 USC 1395 et. seq.; c) MDCH Program Manuals and Bulletins; d) the Contract between Health Plans and the Michigan Department of Management and Budget for services rendered to Enrollees, and e) the Certificate of Coverage.

Department or MDCH means the Michigan Department of Community Health.

Emergency Medical Condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent lay person, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (i) serious jeopardy to the health of the individual or in the case of a pregnant woman, the health of the woman or her unborn child; (ii) serious impairment to bodily functions; or (iii) serious dysfunction of any bodily organ or part.

EMTALA. The Emergency Medical Treatment and Active Labor Act, 42 USC 1395dd, that requires a Hospital to perform a medical screening examination of any individual presenting in its emergency department to determine if an emergency medical condition exists and to stabilize the individual's medical condition.

Enrollee. A Medicaid-eligible beneficiary who is enrolled in a Health Plan and who is either eligible at the time of service or determined retroactively eligible.

Health Plan means a Medicaid managed care plan that provides medical assistance through the delivery of Covered Services to Beneficiaries and that holds a Comprehensive Health Care Program Medicaid Contract with the State of Michigan.

Hospital means the licensed entity that executed the Hospital Access Agreement included in this bulletin and which has the inpatient capacity that is necessary to provide covered services.

Medically Necessary or Medical Necessity. Medical or surgical treatment that an Enrollee requires, as determined by a physician, in accordance with: 1) accepted medical and surgical standards; 2) professional and technical standards; and 3) applicable federal and state laws, rules and regulations, and the Department promulgated Medicaid policies.

Medicaid Rates. The entire amount payable by the Department to Hospitals for Covered Medical Services provided to Medicaid beneficiaries who are not enrolled in Health Plans. It includes, without limitation, Diagnosis Related Group (DRG) payments, Per Diem payments for exempt units, outpatient fee screen payments and applicable pass-through payments. Any other available resources, such as Medicare or other insurances, reduce the amount payable.

Non-Covered Service. A medical or health care service that is 1) not covered by the Medicaid program, 2) not medically necessary; 3) not described in a Health Plan's Certificate of Coverage, 4) provided before or after a beneficiary is an Enrollee in a Health Plan, or 5) non-emergency services for which the Hospital did not secure prior authorization.

OFIS means the Office of Financial and Insurance Services (OFIS) in the Michigan Department of Consumer and Industry Services.

Rapid Dispute Resolution Process. The process implemented by the Department to administer and resolve claim disputes according to the terms set forth in Rapid Dispute Resolution Process.