

Michigan Department of Community Health

Bulletin Number: MSA 07-25

Distribution: All Providers

Issued: May 2007

Subject: Clarification of Reimbursement for Services by Out of State/Beyond Borderland Providers

Effective: Upon receipt

Programs Affected: Medicaid, Children's Special Health Care Services, MOMS, ABW

This bulletin clarifies current policy related to reimbursement for non-emergency services rendered by out of state providers.

Reimbursement for services rendered to beneficiaries is normally limited to providers enrolled in Michigan Medicaid. Michigan Department of Community Health (MDCH) reimburses out of state providers who are beyond the borderland area if the service meets one of the following criteria:

- Emergency services as defined by the Federal Emergency Medical Treatment and Active Labor Act (EMTALA) and the Balanced Budget Act of 1997 and its regulations; or
- Medicare and/or private insurance has paid a portion of the service and the provider is billing MDCH for the coinsurance and/or deductible amounts; or
- The service is prior authorized by MDCH. MDCH will only prior authorize non-emergency services to out of state/beyond borderland providers if the service is not available within the state of Michigan and borderland areas.

Managed Care Plans follow their own Prior Authorization criteria for out of network/out of state services.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Paul Reinhart, Director
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