

**Distribution:** Practitioners 04-09  
Hospitals 04-16  
Medicaid Health Plans 04-12

**Issued:** December 1, 2004

**Subject:** Emergency Department Attending Physician Payment Limits and Utilization Adjustor

**Effective:** January 1, 2005

**Programs Affected:** Medicaid, Children's Special Health Care Services, Adult Benefits Waiver

Payments to emergency department (ED) attending physicians for evaluation and management services reimbursed under the two-tiered reimbursement rates are being reduced to comply with Section 1711 of Public Act 349 of 2004.

A rate of \$45.58 will be used as the Medicaid fee screen when the beneficiary is released from the ED, and a rate of \$104.81 will be used as the Medicaid fee screen when the beneficiary is admitted to the hospital/transferred to another hospital from the ED.

The Act requires that aggregate expenditures under the two-tiered reimbursement methodology not exceed 70% of the Medicare payment rate for these services, and the total fiscal year 2004-2005 expenditures for these services not exceed the level of total Medicaid payments made during fiscal year 2001-2002, after adjusting for Medicare co-payments, co-insurance, deductibles, and for changes in the utilization of services.

MDCH has determined the total Medicaid expenditures for these services during fiscal year 2001-2002.

Periodically, fiscal year 2004-2005 expenditures will be compared to the Fiscal Year 2001-2002 expenditures. If actual expenditures are projected to exceed the MDCH expenditure target, an adjustor will be applied to the two-tiered reimbursement methodology to reduce the total expenditures to the Fiscal Year 2001-2002 expenditures.

These new fee screens will be included in the January 1, 2005 practitioner database posted on the MDCH website. Any future changes in screens will also be reflected on practitioner database updates. Affected providers will be notified if additional adjustments in the two-tiered reimbursement rates are required.

## Manual Maintenance

Discard after review.

## 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 [ProviderSupport@michigan.gov](mailto: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

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director  
Medical Services Administration