

Bulletin Number: MSA 05-61

Distribution: All Providers

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Subject: Emergency Services Only Medicaid

Effective: Upon Receipt

Programs Affected: Medicaid

The purpose of this bulletin is to provide clarification of existing Michigan Department of Community Health policy related to the Emergency Services Only (ESO) Medicaid Program.

ESO Medicaid provides a very limited benefit for aliens who are not otherwise eligible for full Medicaid because of immigration status. The attached Emergency Services Only Medicaid Chapter explains program eligibility and includes coverage information to assist providers in determining treatment options available for this group.

Manual Maintenance

This bulletin should be retained until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Michigan 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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EMERGENCY SERVICES ONLY MEDICAID

SECTION 1 – GENERAL INFORMATION

This chapter applies to all providers.

Aliens who are not otherwise eligible for full Medicaid because of immigration status may be eligible for Emergency Services Only (ESO) Medicaid.

For the purpose of ESO coverage, federal Medicaid regulations define an emergency medical condition (including emergency labor and delivery) as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to:

- Place the person's health in serious jeopardy, or
- Cause serious impairment to bodily functions, or
- Cause serious dysfunction of any bodily organ or part.

SECTION 2 – ELIGIBILITY

Michigan Department of Human Services (MDHS) determines eligibility for ESO coverage. To qualify for ESO Medicaid, non-citizens must meet all Medicaid eligibility requirements not related to immigration status. The Beneficiary Eligibility Chapter of the Medicaid Provider Manual contains information on how to identify ESO beneficiaries.

Pregnant ESO beneficiaries may also qualify for pregnancy-related services under the MDCH Maternity Outpatient Medical Services (MOMS) program. Refer to the Maternity Outpatient Medical Services Chapter of the Medicaid Provider Manual for additional information on MOMS covered services.

SECTION 3 - COVERAGE

ESO Medicaid coverage is limited to labor and delivery services, and those services necessary to treat emergency conditions. The following services are **not** covered under this benefit:

- Preventative services,
- follow-up services related to emergency treatment (e.g., removal of cast, follow-up laboratory studies, etc.),
- treatment of chronic conditions (e.g., ongoing dialysis, chemotherapy, etc.),
- sterilizations performed in conjunction with delivery,
- organ transplants,
- pre-scheduled surgeries.

The following table provides additional information regarding specific coverage under the ESO program. Prior authorization and/or co-payment requirements may apply to some services listed. Those requirements are described in other chapters of the Medicaid Provider Manual.

Service	Coverage
Ambulance	Limited to emergency transport to a hospital Emergency Department (ED).
Case Management	Not covered
Chiropractor	Not covered
Dental	Not covered
Eyeglasses	Not covered
Family Planning	Not covered
Hearing Aids	Not covered
Home Health	Not covered
Home Help (personal care)	Not covered
Hospice	Not covered
Inpatient Hospital	Limited to labor and delivery, and emergency-related services only.
Lab & X-Ray	Limited to services related to labor and delivery, or necessary to diagnose/treat an emergency condition. Follow-up services to emergency treatment are not covered.
Medical Supplies/ Durable Medical Equipment (DME)	Medical supplies are limited to those items necessary to treat an emergency condition within an inpatient or outpatient hospital setting. Durable medical equipment is not covered.
Mental Health Services	Limited to emergency stabilization of a psychiatric episode within the emergency department of a medical hospital.
Nursing Facility	Not covered
Optometrist	Not covered

Service	Coverage
Outpatient Hospital/ Emergency Department	Limited to the treatment of emergency conditions. Follow-up care to emergency treatment and chronic care (e.g., dialysis, chemotherapy, etc.) is not covered.
Pharmacy	Limited to those drugs directly related to the emergency condition. Refills are not covered. Medicaid co-pays apply. (Refer to the Pharmacy Chapter of the Medicaid Provider Manual for additional information.)
Physician Nurse Practitioner (NP) Medical Clinic	Limited to labor and delivery services, and treatment of an emergency condition. Preventative care, follow-up care to emergency treatment, and chronic care are not covered.
Podiatrist	Not covered
Prosthetics/ Orthotics	Not covered
Private Duty Nursing	Not covered
Substance Abuse	Limited to medically necessary inpatient detoxification services in a life-threatening situation. Inpatient detoxification of a beneficiary who is simply incapacitated is not covered. (Refer to the Acute Inpatient Medical Detoxification subsection of the Hospital Chapter of the Medicaid Provider Manual for additional information.)
Therapies	Not covered
Transportation (nonambulance)	Not covered