

MEDICAID ALERT

June 8, 2010

DOH-4471, "Certification of Treatment of an Emergency Medical Condition" Replaces MAP-2151

The purpose of this Alert is to inform New York City Hospital providers that MAP-2151 "Certification of Treatment of Emergency Medical Condition" is being replaced by a new statewide form: DOH-4471. The new DOH-4471 must be used for all "07 Coverage" submissions beginning no later than July 1, 2010. Submission of the MAP-2151 after June 30, 2010 may result in a delay in processing. A copy of the new DOH-4471 is attached.

Like the MAP 2151, the DOH-4471 is used to document an emergency medical condition for Medicaid applicant/recipient who is either undocumented (someone that did not have appropriate immigration status from USCIS) or a temporary non-immigrant. Such consumers, if they meet all other Medicaid eligibility criteria, are eligible only for treatment of emergency medical conditions. Under Federal law [SSA 1903(v) (3)], the term "**emergency medical condition**" is defined as a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Submission of the DOH-4471 should follow the same approved protocol for the current submissions of MAP-2151. Hospital providers are to continue to make their submissions to MAP's Undercare Processing Division/Correspondence Unit.

The most significant change in the DOH-4471, compared to the MAP-2151, is the "Authorization to Release Medical Information" section on its reverse side. The DOH-4471 includes only English and Spanish translated versions of an authorization to release medical information. The applicant/recipient (A/R) or her/his authorized representative must sign this release. Signing the DOH-4471 authorizes MAP to request information regarding the emergency medical treatment as well as authorizing the physician or facility that is providing treatment to provide such information.

Instructions to the provider for completing the DOH-4471 appear directly underneath the "Authorization to Release Medical Information" section. **In all cases**, the physician must make the decision as to whether or not the medical treatment is for an emergency medical condition.

The maximum period of coverage for which "emergency treatment" may be entered from a single DOH-4471 form submission is **ninety (90) days**. This can be a combination of retroactive and prospective (future) coverage, with at least one **(1) day's coverage being retroactive**. If additional coverage is needed, a new/additional DOH-4471 must be submitted. See attached copy of the form.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

NYC Medicaid Alerts are a Periodic Service of the NYC Human Resources Administration
Medical Assistance Program • Office of Eligibility Information Services • 330 West 34th Street, New York, NY 10001
Robert Doar, Administrator/Commissioner ♦ Mary Harper, Executive Deputy Commissioner ♦ Maria Ortiz-Quezada, Director of EIS

Certification of Treatment of an Emergency Medical Condition

Please see reverse side for instructions on how to complete this form.

Patient's Name _____ Date of Birth ____/____/____ CIN # _____
LAST FIRST M.I. MM DD YY IF AVAILABLE

Address _____ City _____ State _____ ZIP _____
STREET

Diagnosis _____

Treatment _____

Date(s) of Treatment/Hospital Stay
1. From ____/____/____ To ____/____/____ 3. From ____/____/____ To ____/____/____
MM DD YY MM DD YY MM DD YY MM DD YY
2. From ____/____/____ To ____/____/____ 4. From ____/____/____ To ____/____/____
MM DD YY MM DD YY MM DD YY MM DD YY

Medicaid coverage may be available to the above named individual for care and services (exclusive of care and services related to an organ transplant procedure) that were necessary for the treatment of an "emergency medical condition." Under federal law [42 USC 1396b(v)(3), SSA 1903(v)(3) and 42 CFR 440.255] the term "emergency medical condition" means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- (A) Placing the patient's health in serious jeopardy;
- (B) Serious impairment to bodily functions; or
- (C) Serious dysfunction of any bodily organ or part.

This definition must be met at the time medical service is provided, or it will not be considered to be an emergency medical condition. Not all services that are medically necessary meet the federal definition of treatment of an emergency medical condition.

PHYSICIAN'S CERTIFICATION:

In signing below, I certify that the care and services provided to the above named individual on the date(s) specified were for the purpose of treating an emergency medical condition as defined above.

The condition for which treatment was provided to the above named individual on the date(s) specified (please check one box):

- Meets the definition of an emergency medical condition described above.
- Does not meet the definition of an emergency medical condition described above.

Signature of Attending Physician _____ License # _____

Print Full Name _____

Provider/Facility Name _____ MMIS ID # or NPI _____ Date ____/____/____
MM DD YY

Address _____ City _____ State _____ ZIP _____
STREET

Attention LDSS Worker Please be sure that applicant/recipient signs the authorization on the reverse side of this form (in the language of his/her choice).

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I understand that the Local Department of Social Services must obtain information regarding emergency medical treatment rendered to me in order to determine my eligibility for Medical Assistance. I give permission to the local Department of Social Services to request such information and to the physician or facility to provide such information as requested by the local Department of Social Services for this purpose.

Signature of
Applicant/
Recipient/
Authorized
Representative

Date / /
MM DD YY

AUTORIZACIÓN PARA DIVULGAR INFORMACIÓN MÉDICA (Spanish)

Tengo conocimiento de que el Departamento de Servicios Sociales Local (Local Department of Social Services) debe obtener información con respecto a los tratamientos médicos de emergencia que recibí para determinar mi elegibilidad para asistencia médica. Doy mi autorización al Departamento de Servicios Médicos local para solicitar dicha información y al médico o institución para proporcionar dicha información según lo solicitado por el Departamento de Servicios Sociales a este fin.

Firma del
solicitante/
beneficiario/
Representante
autorizado

Fecha / /
MM DD YY

INSTRUCTIONS TO PROVIDERS FOR COMPLETING DOH-4471

Please print clearly.

PAGE 1:

- Please read the definition of an emergency medical condition on page one of the DOH-4471 form. Fill in the spaces for the patient's name, Client Identification Number (CIN), date of birth, address, city, state and zip code.
- The treating physician must fill in the diagnosis, describe the treatment provided and indicate the date(s) of treatment and/or hospital stay.
 - Only the treating physician may sign the physician's certification (no stamps please).
- Medicaid coverage may only be provided for the treatment of an emergency condition for a limited period of time and must be at least one day prior to the completion of this form.
 - The DOH-4471 form can accommodate up to four coverage periods (From-To Dates of Treatment/Hospital Stay).
 - The date of Treatment/Hospital Stay entered on the form begins with the first day of the emergency (i.e., From Date).
 - The maximum period of time that can be entered on a single DOH-4471 form is 90 days. This can be a combination of retroactive, current and prospective coverage.
 - Prospective coverage cannot exceed 60 days.
 - A new DOH-4471 form must be submitted for subsequent or continuing treatment for an emergency medical condition.
- Medicaid payment for emergency services is limited to the day the treatment was initiated through the following period of time in which the need for the emergency services exists.
 - In all cases, the treating physician must decide whether the medical treatment is for an emergency medical condition as described on this form and check the appropriate box indicating whether the treatment provided meets or does not meet this definition.
 - The treating physician must sign, date and print his/her full name and license number in the spaces provided at the bottom of the first page. Additionally, the name of the provider/facility, provider facility MMIS ID Number or NPI, and the complete address must be entered.

PAGE 2:

- Please be sure the applicant/recipient signs the "Authorization to Release Medical Information" on the top of this page (in the language of his/her choice).
- This form must be sent to the local department of social services.
- Please keep a copy of this form for your records.