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## Manual Revision Memorandum

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**ISD-MR 17-19**

**TO:** ISD Employees  
**FROM:** Mary Brogdon,  Director, Income Support Division  
**DATE:** October 20, 2017  
**RE:** Forms Manual Revision for MAD 308 Emergency Medical Services for Aliens Referral for Eligibility Determination

Form MAD 308 "Emergency Medical Services for Aliens Referral for Eligibility Determination" has been updated with language to attain a sixth grade reading level. This is a referral from the hospital where an undocumented alien received services that is sent to MAD to request Emergency Medical Services for Aliens.

**Instruction:**

New- Form MAD 308 Emergency Medical Services for Aliens Referral for Eligibility Determination revised 9/6/17

Old- Form MAD 308 Emergency Medical Services for Aliens Referral for Eligibility Determination revised 12/31/15

This form has been posted to the forms drive: \\disfasv025\ISDForms

If you have questions regarding this MR, please contact Gavino Archuleta at (505) 827-7244 or by e-mail at [Gavino.Archuleta@state.nm.us](mailto:Gavino.Archuleta@state.nm.us).

Attachment: MAD 308 Emergency Medical Services for Aliens Referral for Eligibility Determination



**EMERGENCY MEDICAL SERVICES FOR ALIENS (EMSA)  
FORM FOR SENDING ALIENS TO SIGN UP FOR BENEFITS**

Name of person who got emergency care		Date of birth
Name of person's parent or guardian ( <i>if needed</i> )		
Where the person lives: Number & street / Apt. # / P.O. box / R. Rt.		
City	State	Zip code

**We gave emergency care to the person named above.**

<b>From:</b>	Name of place where emergency care was given	Date(s) care was given	
		From:	To:
Where the place is: Number & street / P.O. box / R. Rt.			
City	State	Zip code	
<b>By:</b>	Person making the report	Job title	Phone number
			Date

**IMPORTANT THINGS FOR THE PERSON APPLYING TO KNOW**

Emergency Medical Services for Aliens (EMSA) may pay for some or all of your emergency medical bills. You will need to sign up for EMSA every time you need emergency care. To sign up for EMSA, please take this form to your local ISD office. (Local ISD Office). The Department will decide if EMSA can pay your medical bills. The decision is based on your income and the type of emergency.

You will have to pay for the urgent medical care you got, if you do not sign up for EMSA.

You will also have to pay if you are not approved for EMSA. You must first meet a few requirements. And, you must have been given medical care because of an official emergency. Only then EMSA will pay for your medical care. **Please see page 2 for Notification of Rights.**

**INFORMACIÓN IMPORTANTE PARA EL SOLICITANTE**

Servicios Medicos de Emergencia para Extranjeros (EMSA) podría pagar por algunos o todos sus gastos médicos de emergencia. Usted necesitará aplicar para EMSA cada vez que tenga una emergencia médica. Para aplicar para EMSA por favor lleve esta forma a su oficina local de ISD. (Local ISD Office). El departamento decidirá si EMSA puede pagar sus gastos médicos basado en sus ingresos y el tipo de emergencia.

Si usted no aplica o no es aprobado para EMSA, tendrá que pagar por sus servicios de emergencia que usted recibió.

Ud. Debe de cumplir con todos los criterios de elegibilidad y que los servicios recibidos hayan sido certificados como una emergencia, de modo que los servicios médicos que usted recibió serán pagados bajo EMSA.

**Por Favor de ver la página 2 para la Notificación de Derechos.**

**Trigger: Rights and Responsibilities**

**Trigger: Special Needs**

**Trigger: Confidentiality**

**Trigger: Rights and Responsibilities Spanish**

**Trigger: Special Needs Spanish**

**Trigger: Confidentiality Spanish**

INSTRUCTIONS FOR FORM MAD 308  
EMERGENCY MEDICAL SERVICES FOR ALIENS (EMSA)  
FORM FOR SENDING ALIENS TO SIGN UP FOR BENEFITS

**WHAT THIS FORM IS FOR**

Providers use this form to send people to Income Support Division (ISD) offices to sign up for Emergency Medical Services for Aliens (EMSA). Providers do this when they give emergency care to aliens. Aliens are people who are not citizens. They do not qualify for any other Medicaid programs.

**WHAT TO DO**

All spaces on the form must be filled in.

The form must show the specific date(s) that the emergency care was given.

The person who got the care must show the MAD 308 when they sign up for EMSA at the ISD office.

The date(s) of the care cannot have been more than three (3) months before the month the person signs up.

The person signing up for EMSA must tell the providers if ISD approves them for EMSA. The person must also tell them if they are not approved.

Providers cannot sign up the people who got the care for EMSA.

**WHERE TO SEND THE FORM**

The person who will sign up for EMSA gets the original form to take to the ISD office.

The person who will sign up for EMSA gets a copy of the form for their records.

Providers should keep a copy in their files.

**WHERE TO KEEP THE FORM**

The ISD office keeps the original form in the case record on the computer.