



Susana Martinez, Governor
Brent Earnest, Secretary
Nancy Smith-Leslie, Director

INTRADEPARTMENTAL MEMORANDUM
MAD-GI: 15-06
DATE: August 10, 2015

TO: ISD AND MAD STAFF

FROM: *ML* NANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE DIVISION
MARILYN MARTINEZ, DIRECTOR, INCOME SUPPORT DIVISION

THROUGH: ROY BURT, BUREAU CHIEF, ELIGIBILITY BUREAU

BY: SONYA PIERCE, STAFF MANAGER, ELIGIBILITY BUREAU

SUBJECT: **PROCEDURES FOR PROCESSING EMERGENCY MEDICAL SERVICES FOR ALIENS (EMSA) AS RELATED TO THE AFFORDABLE CARE ACT (ACA) CATEGORIES and SUPPLEMENTAL SECURITY INCOME (SSI) METHODOLOGY**

GENERAL INFORMATION

This GI replaces MAD GI 14-02 in regards to EMSA and SSI Methodology.

1. Would an undocumented individual who would have qualified for the Other Adult category (COE 100) be eligible for EMSA?

Yes, an undocumented individual who qualifies for an ACA category would qualify for EMSA. Family Planning is *NOT* an approved category.

In the past, EMSA used Supplemental Security Income (SSI) methodology when there is an undocumented or unqualified adult with no children who is seeking coverage for hospital emergency costs. Effective January 1, 2014, these individuals may qualify for an Other Adult-EMSA as the Alternative Benefit Plan would cover an emergency stay.

EMSA policy states:

8.285.400.9 EMERGENCY MEDICAL SERVICES FOR ALIENS - CATEGORY 085: Certain non-citizens who are undocumented or who do not meet the qualifying immigration criteria specified in 8.200.410 NMAC, but who meet all eligibility criteria for other

medical assistance program categories 100- Adult MAGI, 200-MAGI Parent, 300-Full Coverage for Pregnant Women, 301-Pregnancy Services Only, 400-MAGI Children, 420-Chip or supplemental security income (SSI) can receive coverage for emergency services. See 42 CFR Section 440.225.

8.285.600.11 INITIAL BENEFITS: Applications for Medicaid must be acted on within 45 days of the date of application.

If an applicant is eligible for EMSA, the ISD worker notifies the individual of approval using Notification of Approval of Application for Emergency Medical Services for Aliens form (MAD 310). On this form please enter the ASPEN Individual ID as the case number. The approval of financial eligibility is not a guarantee that Medicaid will pay for the services. The form also serves as notice of case closure, since Medicaid covers only emergency services received during the specified term of the emergency. The applicant must give the medical service provider a copy of the MAD 310 form. The provider must attach the MAD 310 to the claims that are submitted to the Medicaid fiscal agent for payment. Claims should be submitted to: Xerox State Healthcare, LLC, Attn: NM Medicaid Claim, P.O. Box 26500, Albuquerque, NM 87125.

If an applicant is ineligible for Medicaid or a decision on the application is delayed beyond the 45 day time limit, the ISD worker sends a Notification of Denial or Delay of Action on Application for Emergency Medical Services for Aliens form (MAD 309) to the undocumented applicant. The MAD 309 explains the reason for denial or delay and informs the applicant of his/her right to an administrative hearing. If the application is denied, the applicant must notify providers of the denial.

The applicant is responsible for payment for the medical services if he/she fails to apply promptly for coverage, verify eligibility for coverage, or notify the provider of the approval or denial of the application.

An EMSA applicant who is 65 years of age or older automatically meets the SSI requirement on age and medical documentation. Information does not need to be collected or referred to the Disability Determination Unit (DDU) for a disability determination.

- The SSA definition of disability includes two parts, both the disability itself and that it has or is expected to last for 12 months. The DDU adjudicators often note that it is a “durational denial” which means it simply hasn’t or isn’t expected to last 12 months. In those situations, applicants should be advised to reapply in the future, if the condition(s) continues.
- Please do not ask the applicant to provide you with copies of the medical bills.

Separate notices of approval or denial, MAD 310 or MAD 309 do not need to be sent to Xerox, the Medical Assistance Division, or to the TPA/UR Contractor directly. The applicant is to provide the MAD 310 or MAD 309 to any providers who administered medical services to them.

Always utilize the ASPEN Individual ID on the MAD 310 form in the Recipient ID Number

box.

2. What happens after the client receives the MAD 310 approval?

It is the client's responsibility to submit the MAD310 to all providers. If the client was approved for eligibility, the provider for inpatient medical services must gather and forward the UB-40 (claim form), summary of charges, medical records for the emergency services, and a copy of the MAD 310 form to Xerox. The medical provider for physician services must submit the CMS 1500 claim form and a copy of the MAD 310 form to Xerox. Labor and delivery, including inductions and cesarean sections even with negative outcomes are considered emergency services and are approved, upon receipt of the claim, for payment by Xerox.

For all other medical services and/or situations Xerox forwards an image of the claim form, MAD 310, and supporting documentation to the Medicaid TPA/UR Contractor to determine if the service meets the definition of "emergency". Actual payment of the claim is not the responsibility of the TPA/UR Contractor. Approved eligibility also does not guarantee payment of the claim.

Please see ASPEN screen shots and IBP 066 EMSA Notices attached to this for more detail.

Please direct questions regarding this material to Sonya Pierce at sonya.pierce@state.nm.us or (505) 827-7777.

ATTACHMENTS

Job Aid 23: EMSA Process Steps
ASPEN IBP 066 EMSA Notices