



Michelle Lujan Grisham, Governor
David R. Scrase, M.D., Secretary
Nicole Comeaux, J.D., M.P.H, Director

DEPARTMENTAL MEMORANDUM
MAD-MR: 20-09
DATE: DECEMBER 22, 2020

TO: ISD AND MAD STAFF

FROM: NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION
KARMELA MARTINEZ, DIRECTOR, INCOME SUPPORT DIVISION

THROUGH: ROY BURT, BUREAU CHIEF, ELIGIBILITY BUREAU

BY: VANESSA MATHEWS, MANAGEMENT ANALYST, ELIGIBILITY BUREAU

SUBJECT: **REVISION OF MAD 308 FORM**

GENERAL INFORMATION

The MAD 308, Emergency Medical Services for Aliens Referral for Eligibility Determination, form has been updated to include recent process/system change language.

FILING INSTRUCTIONS

Please make the following replacements in the Medical Assistance Forms Manual.

Remove: MAD 308 dated 9/6/2017

Replace: MAD 308 dated 11/3/2020

Please address questions concerning this material to Vanessa Mathews at VanessaJ.Mathews@state.nm.us or at 505-709-5654.

Attachments:
MAD 308



**EMERGENCY MEDICAL SERVICES FOR ALIENS
REFERRAL FOR ELIGIBILITY DETERMINATION**

Instructions for the Person Completing this Form: The emergency services provider must complete this form and provide a copy of it to the applicant. Submit this form along with an HSD 100 application directly to ISD at: CASA, PO Box 830, Bernalillo, NM 87004. Applications can also be sent to ISD by fax at 1-855-804-8960 and on the YESNM website at www.yes.state.nm.us.

Name of Person who Received Emergency Services		Date of Birth
Name of Person's Parent or Guardian (if applicable)		
Address – Number & Street / Apt. #/ P.O. Box / R.Rt.		
City	State	Zip Code

The person named above received emergency medical care from this facility:

From:			
Name of Facility Where Emergency Care was Provided		Date(s) Services Were Provided	
		From:	Through:
Facility Address			
City	State	Zip Code	
By:			
Person Completing Referral Form	Job Title	Telephone Number	Date

IMPORTANT INFORMATION FOR THE PERSON APPLYING

Emergency Medical Services for Aliens (EMSA) may help pay your emergency bills. You have to apply for EMSA every time you get emergency care. You can apply for EMSA by filling out a Medicaid Application (HSD 100). This form will need to be submitted along with the application. You can also apply on the YESNM website at www.yes.state.nm.us. YESNM allows this form to be attached to the application. Please submit an application including this form as soon as possible. The Human Services Department (HSD) will look at your income and residency to see if you meet the EMSA eligibility. If you are approved for EMSA eligibility, HSD will then look at the records for your emergency service to make sure your care was an emergency. If it was not for an emergency, you may have to pay the hospital. If you do not apply for EMSA, then you may have to pay for your medical care. **See your Notice of Rights on the next page.**

[Translate Language Above to Spanish](#)

NOTICE OF RIGHTS FOR THE PERSON APPLYING

Your Civil Rights /Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs. To file a complaint of discrimination regarding a program receiving federal financial assistance through the US Department of Health & Human Services (HHS), write to: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Ave., SW, Washington, DC 20201 or call (202) 619-0403 (voice) or 1-800-537-7697 (ITY). HHS is an equal opportunity provider and employer. (Revised 9/10/15)



Special Needs Information

If you are a person with a disability and you require this information in an alternative format, or if you require a special accommodation to participate in any public hearing, program or services, please contact the Human Services Department, American Disabilities Act (ADA) coordinator at (505) 827-6201, through the New Mexico Relay System TDD at 1-800-659-8331, or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (Revised 09/10/15)

AVISO DE DERECHOS

Sus derechos civiles/ Declaración de no discriminación

En esta institución, está prohibido discriminar en función de raza, color, nacionalidad de origen, discapacidad, edad, género y, en algunos casos, religión y creencias políticas. Para presentar una queja por discriminación en relación con un programa que recibe asistencia financiera federal a través del Departamento de Salud y Servicios Humanos de los EE. UU. (HHS), escriba a: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Ave., SW, Washington, DC 20201 o llame al (202) 619-0403 (voz) o bien al 1-800-537-7697 (ITY). El HHS es un proveedor y empleador que ofrece igualdad de oportunidades. (Revisado el 09/10/15)



.Información de necesidades especiales

Si tiene alguna discapacidad y necesita esta información en un formato alternativo o requiere adaptaciones especiales para participar en alguna audiencia pública, programa o servicio, comuníquese con el coordinador de la Ley de Estadounidenses con Discapacidades (ADA) del HSD al (505) 827-6201, a través del dispositivo de telecomunicación para sordos de Nuevo México al 1-800-659-8331, o marcando 711. El HSD exige contar con una notificación de al menos 10 días de anticipación para proporcionar los formatos alternativos y las adaptaciones especiales solicitadas. (Revisado el 09/10/15)