



State of New Mexico
Medical Assistance Program Manual
Supplement



DATE: July 7, 2010

NUMBER: 10-04

TO: PHYSICIANS AND HOSPITALS
FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION
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SUBJECT: APPLICATION REQUIREMENTS AND COVERAGE CHANGES FOR EMERGENCY SERVICES FOR ALIENS (EMSA)

New Mexico Medicaid provides coverage of EMSA services for certain non-citizens who are undocumented or who do not meet the qualifying immigration criteria specified in 8.200.410 NMAC, *General Recipient Requirements*, but who meet all eligibility criteria for Medicaid categories 030, 032, 035, 072, or SSI.

The service must meet the EMSA definition of emergency medical services which includes labor and delivery, inductions, and cesarean sections, as well as other medical conditions manifesting with acute symptoms of sufficient severity such that the absence of immediate emergency medical attention could reasonably be expected to result in one of the following:

- the individual's death;
- placement of the individual's health in serious jeopardy;
- serious impairment of bodily functions; or
- serious dysfunction of any bodily organ or part.

The following are not covered as EMSA emergency services:

- long-term care;
- organ transplants;
- rehabilitation services;
- elective surgical procedures;
- psychiatric or psychological services;
- durable medical equipment or supplies;
- hearing aids;
- outpatient prescriptions;
- podiatry services;
- prenatal and postpartum care;
- well child care;
- routine dental care;

- routine dialysis services,
- non-emergency transportation; and
- preventive care.

Current regulations, 8.325.10 NMAC, *Emergency Services for Undocumented Aliens*, do not allow for reimbursement to out-of-state providers for emergency services provided to eligible individuals. MAD is in the process of removing the in-state limitation from MAD rule section 8.325.10.14 NMAC, *service limitations*, for approved emergency services. Effective the date of this notice, the limitation of out-of-state services will not be enforced. In order for providers to be reimbursed, they must be enrolled as an active Medicaid Fee-for-Service provider.

After an individual receives an emergency service, the medical provider must complete the EMSA Referral for Eligibility Determination form MAD 308 and refer the individual to the local Income Support Division (ISD) office. The individual must take the referral form and apply for coverage at the ISD office no later than the last day of the third month following the month in which the services were received. A copy of the form may be found at http://www.hsd.state.nm.us/mad/pdf_files/Forms/EMSAMAD308.pdf.

The individual is responsible for completing an application at the local county ISD office and for providing all necessary documentation to prove that he or she meets the applicable eligibility criteria. The required documentation includes proof of identity, proof of residency in New Mexico, and proof of income. The information provided will be used to determine whether the individual meets the financial and non-financial criteria for eligibility. Individuals not requesting assistance for themselves do not need to give immigration status information or Social Security Numbers. If the individual or representative has questions regarding the application process, the individual should contact the local ISD office and speak to a caseworker.

If the individual meets the requirements for financial and non-financial eligibility, the ISD caseworker will issue a Notification of Approval of Application for Medical Services for Aliens form, MAD 310. A copy of the form will be given to the eligible individual by the ISD caseworker with instructions to take the form to the billing representative of the medical provider that rendered the medical services. The individual is responsible for notifying providers of the approval or denial of an application. If the individual is found eligible by ISD, he or she must notify the medical provider and give the provider the MAD 310 so that the claim can be submitted for processing.

The provider for inpatient medical services must gather and forward the UB-04 claim form, summary of charges, medical records for the emergency services, and a copy of the MAD 310 form to Affiliated Computer Services (ACS). The medical provider for physician services must submit the CMS 1500 claim form and a copy of the MAD 310 form to ACS. The address for ACS is:

ACS, Inc
PO Box 26500
Albuquerque, NM 87125-6500

When the claim form and supporting documentation are received by ACS, the documents are scanned for processing. Molina TPA/UR Utilization Review Contractor, will complete a review of the medical records for covered services by accessing the ACS records electronically. If the services provided meet the definition of EMSA emergency services, the claim will be

approved for reimbursement. Molina TPA/UR will issue an authorization number; notify the provider of the authorization number; and approve the claim with no further action on the part of the provider unless, the claim is denied for clerical or coding errors.

If the medical review is approved by Molina TPA/UR, and if the claim denies due to billing errors, the provider must correct all errors and resubmit the corrected claim to ACS. Corrected claims must be resubmitted to ACS with the prior authorization number and within 90 calendar days of the denial of the claim. When the provider includes the authorization number, the claim will not need to be reviewed a second time for the approved service, thus expediting payment.

If an eligibility application is denied or an application for coverage is not filed by the last day of the third month following the month in which the services were received, the individual is responsible for payment of the provider bill. If reimbursement for services is denied because the services do not meet the definition of an EMSA emergency, the individual is responsible for payment.

If the medical review determines that the services provided do not meet the definition of emergency, the claim will be denied, and a notice of denial will be sent to the provider and to the patient. If the reimbursement for services is denied because the services do not meet the definition of an EMSA emergency, the individual is responsible for payment. For an individual's right to an appeal, please see 8.352.2 NMAC, *Recipient Hearings*, at http://www.hsd.state.nm.us/mad/pdf_files/provmanl/prov83522.pdf.

If you would like to review the policy for EMSA services, please visit the Medical Assistance website at <http://www.state.nm.us/hsd/mad/Index.html>. You may, also, contact Medical Assistance Division staff at (505) 827-3171.