



HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Sidonie Squier, Secretary
Julie B. Weinberg, Director

INTRADEPARTMENTAL MEMORANDUM
MAD-GI: 14-02
DATE: March 10, 2104

TO: ISD AND MAD STAFF

FROM:  JULIE B. WEINBERG, DIRECTOR, MEDICAL ASSISTANCE DIVISION
MARILYN MARTINEZ, ACTING DIRECTOR, INCOME SUPPORT
DIVISION

THROUGH:  ROY BURT, BUREAU CHIEF, ELIGIBILITY SERVICES BUREAU

BY:  SONYA PIERCE, STAFF MANAGER, ELIGIBILITY SERVICES BUREAU

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

GENERAL INFORMATION

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.

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 030, 032, 035, 072, 100, 200, 300, 301, 400, 420 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 Medicaid, the ISD worker notifies the individual of approval using Notification of Approval of Application for Emergency Medical Services for Aliens form (MAD 310). 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.

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. **It is not necessary to send a MAD 333 form to the Medical Assistance Division to cover any prior months due to conversion to ASPEN. If the MAD 310 has the correct dates, those are the dates considered for payment on the claim submitted by the provider. The Medicaid fiscal agent makes the information available to the TPA/UR Contractor who then makes a medical determination regarding the services or portion of the services that are considered life-saving. The Medicaid fiscal agent then uses the medical determination information to pay the claim.**

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 case number on the MAD 310 form in the Recipient ID Number box.

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

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.

3. What is the procedure for determining Retroactive Medicaid for an SSI recipient?

Sometimes, when a client is approved for SSI and Medicaid, there are still medical services uncovered for months prior to the approval month for the SSI. The client can apply for Retroactive Medicaid for SSI.

Medicaid Extension policy states:

Subsection A of 8.201.600.13 SSI RETROACTIVE BENEFIT COVERAGE states that applications for retroactive SSI medicaid benefits for recipients of SSI must be made by 180 days from the date of approval for SSI.

8.201.600.13 SSI RETROACTIVE BENEFIT COVERAGE states that up to three months of retroactive medicaid coverage can be furnished to applicants who have received medicaid-covered services during the retroactive period and would have met applicable eligibility criteria had they applied during the three months prior to the month of application. See 42 CFR Section 435.914.

Approval requirements: To establish retroactive eligibility, the ISD worker must verify that all conditions of eligibility were met for each of the three retroactive months and that the applicant received Medicaid-covered services. Eligibility for each month is approved or denied on its own merits.

Applicable benefit rate: The federal benefit rate (FBR) in effect during the retroactive months based on the applicant's living arrangements is applicable for retroactive Medicaid eligibility determinations. See 8.200.520 NMAC, *Income Standards*. If the applicant's countable income in a given month exceeds the applicable FBR, the applicant is not eligible for retroactive Medicaid for that month. If the countable income is less than the FBR, the applicant is eligible on the factor of income for that month. A separate determination must be made for each of the three months in the retroactive period.

If disability needs to be determined for any of the retroactive months, please submit a Disability Determination form (MAD 299) with medical material covering the months requested for retroactive coverage. The date of onset is needed on the MAD 299.

Any retroactive month(s) of eligibility would need to be manually entered into Omnicaid using a MAD 333 sent to the MAD Eligibility Bureau, P.O. Box 2348, Santa Fe, NM 87504.

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

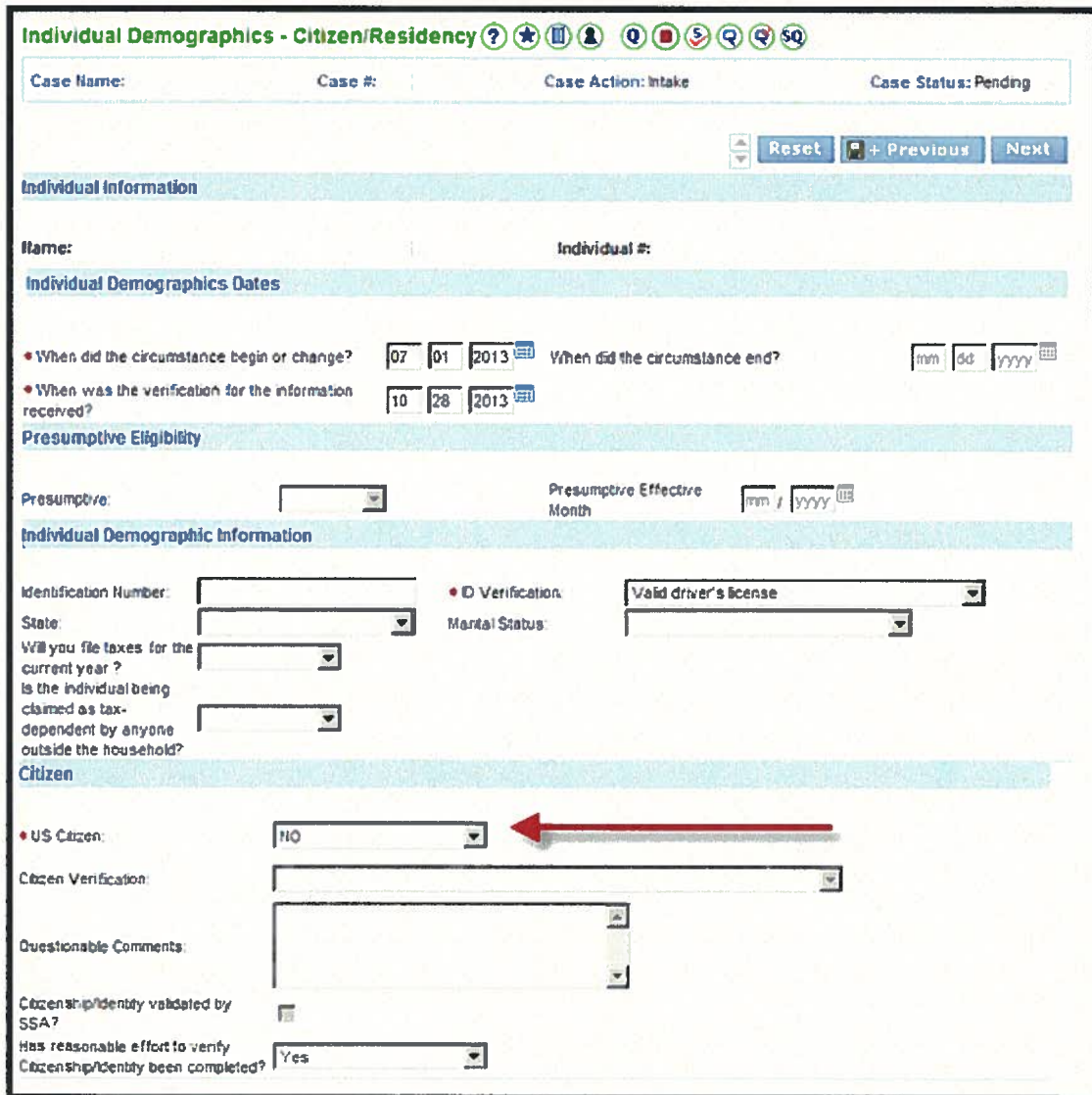
Job Aid 23: EMSA Process Steps

Process Steps:

1. Register Application (via registration or program request as appropriate)

Individual Demographics – Citizen/Residency page

2. Click US Citizen drop-down list and select NO.



Individual Demographics - Citizen/Residency ? * [User Icons] [Help] [Print] [Refresh] [Save] [Cancel] [Submit]

Case Name: Case #: Case Action: Intake Case Status: Pending

[Reset] [+ Previous] Next

Individual Information

Name: Individual #:

Individual Demographics Dates

• When did the circumstance begin or change? 07 01 2013 When did the circumstance end? mm dd yyyy

• When was the verification for the information received? 10 28 2013

Presumptive Eligibility

Presumptive: Presumptive Effective Month mm / yyyy

Individual Demographic Information

Identification Number: • ID Verification: Valid driver's license

State: Mental Status:

Will you file taxes for the current year?

Is the individual being claimed as tax-dependent by anyone outside the household?

Citizen

• US Citizen: NO ←

Citizen Verification:

Questionable Comments:

Citizenship/identity validated by SSA?

Has reasonable effort to verify Citizenship/identity been completed? Yes

Individual Demographics-SSN Application/Armed Service page

1. Complete **SSN Application Verification** section - as appropriate based on client circumstances.

Individual Demographics - SSN Application/Armed Services ? * [Icons]

Case Name: Case #: Case Action: Intake Case Status: Pending

[Reset] [Previous] [Next]

Individual Information

Name: Individual #:

Dates

Effective Begin Date: 07 / 01 / 2013 End Date: 10 / 28 / 2013
Reported On: 10 / 28 / 2013 Date Client Became Aware: 10 / 28 / 2013
Verification Received On : 10 / 28 / 2013

SSN Application Verification

* Does individual have an SSN? NO [v] if no SSN, has an SSN been applied for? [v]
SSN Application Date: mm / dd / yyyy [v] Is individual willing to apply for an SSN? [v]
SSN Application Verification: [v]
Reason Unwilling to Apply for SSN: [v]

Armed Services / Veteran / Survivor Information

Individual is a veteran? NO [v] Individual was honorably discharged? NO [v]
Individual is on active duty? NO [v]
Individual is spouse of deceased veteran? NO [v] * Verification: [v]
Individual is child of deceased veteran? NO [v]
Was deceased veteran a qualified military immigrant? [v]

Immigrant – Details page

1. Complete this page as appropriate based on client circumstances.

Immigrant - Details ? ★ [User Icons] [Refresh] [Save] [Print] [SQ]

Case Name: _____ Case #: _____ Case Action: Intake Case Status: Pending

Individual Information

Name: _____ Individual #: _____

Alien Dates

* When did the circumstance begin or change? [07][01][2013]
 When did the circumstance end? [mm][dd][yyyy]

* When was the verification for the information received? [10][28][2013]

Alien Information

* Immigrant Admission Status: [Undocumented]
 Systematic Alien Verification for Entitlements (SAVE)

Immigrant Type / Document: _____

Immigrant Type Verification: _____

U.S. Date of Entry: []/[]/[]
 Date of Special Immigrant Visa(SM) or Asylum Granted: [mm]/[dd]/[yyyy]

Alien Registration Number(A-Number): _____
 I-551 Card Number: _____

I-94 Number: _____
 Student and Exchange Visitor Information System(SEVIS) ID: _____

Foreign Passport Number: _____

Visa Number: _____

Special Program Approval – Details page

1. In the **Approval Type** drop-down list, select **Emergency Medical Services for Aliens**.
2. In the **Approval Begin Date**, enter the appropriate date.
3. In the **Approval End Date**, enter the appropriate date.

Special Program Approvals - Details ? ☆ [icon] [icon] [icon] [icon] [icon] [icon]

Case Name: Case #: Case Action: Intake Case Status: Pending

Reset Cancel + Add Special Program Approvals + Previous + Continue

Individual Information

Name: Individual #:

Special Program Approval Dates

* When did the circumstance begin or change? 10 / 09 / 2013 [icon] When did the circumstance end? [mm] [dd] [yyyy] [icon]

Special Program Approval Information

* Approval Type: Emergency Medical Services for Aliens ←

* Approval Begin Date: 10 / 09 / 2013 [icon] ← Approval End Date: 10 / 11 / 2013 [icon] ←

Type of Cancer Diagnosed: [dropdown]

Reset Cancel + Add Special Program Approvals + Previous + Continue

Results of the Process:

Eligibility Summary page

Category of Eligibility column (COE) will display **MA – Family Planning**. (COE may be any category of eligibility).

Summary								
Policy Exception Request			Exception Details		Exception Summary		Exception Detail	
Eligibility :								
Case Name: Martinez, Manny			Case #: 120023356		Case Action: Intake		Case Status: Pending	
						Run EDBC	Re-Build EDG	Next
EDG #	COE	Benefit Period	Benefit	CG Size	EDG Status	Pending Reasons VCL Other	Disposition Status (Overridden)	Disposition Date
20039975	MA - Family Planning	10/01/2013 - 10/31/2013	0.00	1	Approved	NA		
	MA - Family Planning	11/01/2013 - 11/30/2013	0.00	0	Closed	NA		
	MA - Family Planning	12/01/2013 -	0.00	0	Closed	NA		

1. Click the approved **Benefit Period** hyperlink.

MA – EDG Summary page

2. In the **Coverage** column, **Emergency Medicaid Services** displays.

Summary													
Notice Reasons		Assets		Patient Pay Amount		Income							
MA - EDG Summary						Override Details		Eligibility Summary					
Case Name: Martinez, Manny			Case #: 120023356		Case Mode: Intake		Case Status: Pending						
EDG Name:			EDG #: 20039975		COE: MA - Family Planning								
Benefit Period: 10/01/2013-10/31/2013			Eligibility Status: Approved		Disposition Status:								
Certification Period: 10/01/2013-			Review Due Date:		Interim Review Date:								
EDG Information:						Eligibility Begin Date: 10/01/2013				Eligibility End Date:			
Non Financial: Pass			Aged/Disabled EDG: N/A			Last authorized amount for this month:							
Assets: Not Applicable			Migrant Household: No			Current Benefit Amount:							
Financial: Pass			Expedited/CRISIS (LIHEAP):			Supplement/Overpayment:							
Verification: Pass			Maximum Copay Amount: 0.00			State Supplement Amount:							
Reporting Type: N/A			Funding Indicator: Federal			Categorically Eligible: N/A							
Penalty Count:			Penalty Begin Date(mm/yyyy):			Penalty End Date(mm/yyyy):							
Existing Penalty Count:													
Name	Certified Group	Relationship	EDG Participation Status	Coverage									
EDG	Y	Self	Eligible Adult	Emergency Medicaid Services									
Excluded													

ASPEN Interim Business Process

Item	Description
IBP066 EMSA Notices	IBP #066 EMSA Notices
CR Number	129151
Process Background	In ASPEN, the Notice of Case Action (NOCA) does not have specific language related to Emergency Medical Services for Aliens (EMSA).
Process Detail	The worker will need to manually complete the MAD 309 (Denial/Delay) or MAD 310 (Approval) located in the ISD forms drive and send the form to the client. The MAD 309 and/or MAD 310 form will be scanned into the Electronic Case File as processed and a case comment will be added. The applicant is responsible for providing a copy of the MAD309 and/or MAD310 to the medical services provider (doctor, hospital, etc.)
Process Timeframe	The language is scheduled to be implemented in the NOCA at a later date.
Reviewed By	Nicole Jess/Karmela Martinez/Liz Martinez
Approved By	Penny Jimerson

MAD 309 1-11-13
Fillable.pdf

MAD 310 1-11-13
Fillable.pdf

2239 Add Case Level
Comments_updated.r