

OPERATIONAL MEMO

Title: Emergency Medicaid Services (Updated Guidance)	Topic: Eligibility Process
Audience: Eligibility Sites, County Departments of Human/Social Services, Medical Assistance (MA) Sites, and Eligibility Application Partners (EAP)	Sub-Topic: Eligibility
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HCPF Memo Series can be accessed online: https://www.colorado.gov/hcpf/memo-series

Purpose and Audience:

The purpose of this memo is to provide county departments of social/human services, Medical Assistance (MA) sites, and Eligibility Application Partner (EAP) sites with general information about Emergency Medicaid provided through Health First Colorado. Additionally, this memo outlines the eligibility criteria for Emergency Medicaid, how people can submit their applications, as well as a brief explanation of covered emergency services. This guidance is intended for all teams who are working in-person, online or over the phone. Please share this memo with anyone who works with Health First Colorado applicants and members.

Information:

Federal requirements described at 42 CFR § 435.139 and § 435.350 requires state medical assistance programs to provide medical coverage for care and services that are necessary to treat a medical emergency for individuals who do not meet the U.S. citizenship or qualified non-citizenship criteria for Health First Colorado (Colorado's Medicaid program). To qualify for Emergency Medicaid, these individuals must meet all other eligibility criteria for Medicaid which includes, but is not limited to:

- Live in Colorado
- Be determined financially eligible for Health First Colorado

Medical emergencies will be reported by the physician through the claims process appropriately, not by the member.

Emergency Medicaid only covers the treatment of emergency medical conditions that a physician determines to be life or limb threatening and are coded as emergency services in the claims and billing process.

Information that applicants share on their application for Medicaid is confidential and cannot be shared with any Federal agency, including U.S. Citizenship and Immigration Services.

Who is eligible for Emergency Medicaid?

To be eligible for Emergency Medicaid, applicants must meet the same eligibility requirements as all other Health First Colorado applicants, except for U.S. citizenship or qualified non-citizenship criteria. Emergency Medicaid benefits can only apply to services billed by a physician as emergency treatment. People who may qualify for Emergency Medicaid include, but are not limited to:

- Deferred Action for Childhood Arrivals (DACA) recipients
- Undocumented people (people without legal immigration status)
- Non-immigrant visa holders such as tourists and students
- Individuals granted Temporary Protected Status
- Individuals without Social Security numbers
- Adult legal permanent residents ('Green Card' holders) who have not been in the U.S. lawfully for at least five years.
 - This limitation does not apply to children and pregnant people who may qualify for Medicaid with full benefits.

All people should be encouraged to apply for Health First Colorado to see if they qualify, even if they are unsure of their immigration status.

What does Emergency Medicaid cover?

Emergency Medicaid covers medical emergencies that:

- Place the patient's health in serious jeopardy, and/or
- Impair the patient's bodily functions, and/or
- Cause serious dysfunction of any bodily organ or part.

Additional examples include but are not limited to:

- Severe symptoms from COVID-19
- Labor and delivery (Emergency Medicaid does not cover prenatal or postnatal care)
- Dialysis for End-Stage Renal Disease at an inpatient or freestanding dialysis center
- Life-threatening symptoms, like chest pains
- Life-threatening illnesses, like heart attacks
- Life- or limb- threatening accidents

Emergency Medicaid does not cover:

- Follow-up care after the medical emergency
- Routine physician appointments
- Prenatal or postnatal care
- Care that is not certified by a physician as emergency treatment

Emergency Medicaid coverage is limited to care and services that a physician considers emergency treatment. Emergency treatment is defined and reported by the attending physician(s) via the claims and billing process.

Applying for Emergency Medicaid

All applicants can apply for Medicaid by mail, in-person, online via PEAK, or via telephone. A question is included in the Health First Colorado and Child Health Plan *Plus* (CHP+) paper application, the joint program Single Purpose Application, and the Renewal Packet to give individuals the option to apply and be considered for Emergency Medicaid Services.

Applicants must answer "Yes" to the question within the application that asks, "Does this person want to apply for Emergency Medicaid and/or Reproductive Benefits?".

When applicants apply for Health First Colorado via PEAK, the Colorado Benefits Management System (CBMS) will determine the Medicaid category for which they qualify. Applicants can apply for Emergency Medicaid on the 'Citizenship and lawful

presence' page of an application or change report by selecting 'Manage my benefits' and then 'Case summary and report changes.' On this page, an applicant must first specify that they do not have a Social Security number and are not a U.S. citizen. They will then see the following question: "Does [applicant name] want to apply for Emergency Medicaid and/or Reproductive Benefits?"

Individuals can apply for Emergency Medicaid at any time, even if there is not currently nor ever has been an emergency event. Applicants may also request retroactive Emergency Medicaid Services. These services follow the same requirements as all other retroactive Medicaid services. However, retroactive Emergency Medicaid Services benefits can only apply to emergency events wherein a physician confirmed on the billing and claim forms that emergency treatment was rendered.

Applicants are encouraged to follow-up with counties and Medical Assistance (MA) sites if they believe their eligibility determination is incorrect or to go through the appeals process.

Effective August 8, 2021, applications for Emergency Medicaid no longer require a written physician statement certifying a current or previous medical emergency. CBMS was updated to no longer require this physician statement for application data entry. However, for Emergency Medicaid benefits to be utilized, a physician is required to confirm on the Medicaid billing and claim forms that any services rendered were emergency treatment.

Effective July 1, 2022, Emergency Medicaid recipients no longer need to submit a new application for each instance of emergency care. Members who submit an initial application and are determined eligible for Emergency Medicaid Services will receive these services for up to a 12-month period or until the case is redetermined at the end of their renewal period. A 12-month period does not guarantee paid services. The member's recertification process will align with the renewal policy under 10 CCR 250510 8.100.3.P and additional renewal guidance for Medical Assistance programs can be found under HCPF Operational Memo 023-029.

Resources:

The Staff Development Division has created a process manual that provides step-by-step instructions on data entering Emergency Medicaid in CBMS. To access this document, <u>click here</u> or navigate: training.colorado.gov, click "Document Library", click "Process Manuals", and select the document titled "Entering a Life or Limb Threatening Emergency for Emergency Medicaid". If you have any questions about this document, please reach out to <u>SOC_StaffDevelopment@state.co.us</u>.

CBMS Communication issued October 9, 2024:

Medical Assistance - Limited to EMS/RHCS Data Entry

Action To Be Taken:

Individuals can apply for Emergency Medicaid at any time, even if there is not currently nor ever has been an emergency event. Applicants may also request retroactive Emergency Medicaid Services. These services follow the same requirements as all other retroactive Medicaid services. However, retroactive Emergency Medicaid Services benefits can only apply to emergency events wherein a physician confirmed on the billing and claim forms that emergency treatment was rendered.

Attachment(s):

None

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