Emergency Medical Assistance (EMA)

Bri Miller | HCEA Policy
• Emergency Medical Assistance (EMA) covers emergency services for certain people who meet eligibility requirements for Medical Assistance (MA), but are not eligible due to their immigration status.

• To qualify for EMA, a person must have a basis of eligibility for MA and must meet all the eligibility requirements for that basis of eligibility, with the exception of immigration status.
The following people may qualify for EMA:

- Noncitizens who do not have a lawfully present immigration status for MA eligibility, including noncitizens granted Deferred Action for Childhood Arrivals (DACA) status.
- Noncitizens age 21 and older with a lawful immigration status who are not eligible for MA because they do not have an MA qualified immigration status or who have not resided in the United States in a qualified status for five or more years.
- Sponsored noncitizens who are not eligible for MA because of their sponsors' income or assets.
- Sponsored noncitizens whose sponsor is not cooperating.
To apply for EMA, a person must complete the MHCP application that matches their basis of eligibility:

- Parents, relative caretakers, children, pregnant women and non-disabled adults under age 65 complete DHS-6696
- People who are age 65 or older and people who are blind or have a disability complete DHS-3876

People may request retroactive eligibility for EMA up to three months before the month of application.

Writing “EMA” on a paper application is helpful.
• EMA applicants and enrollees must verify eligibility criteria through electronic data sources or by paper proof, if electronic data sources are unsuccessful or unavailable.

• Self-attestation of certain eligibility factors may be accepted if electronic data sources are unsuccessful or unavailable and paper proof does not exist or is not available.

• People applying for EMA are not required to verify: immigration status, medical emergency, or Social Security Number.
• People who receive EMA are excluded from managed care enrollment.

• They receive EMA on a fee for service basis.
EMA covers the care and treatment of medical conditions:

- In an emergency department (ED)
- In an inpatient hospital when the admission is result of an ED admission
- For labor and delivery
- When the diagnosis meets the definition of an emergency medical condition

Treatment and services must be medically necessary and directly responsible for preventing the member’s medical condition from quickly becoming an emergency medical condition, typically within 48 hours.
Emergency Medical Condition

For EMA, an *emergency medical condition* is a medical condition with acute symptoms (including pain) so severe that without immediate medical care or treatment could reasonably result in:

- Placing the member’s health in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part
• In certain situations, EMA may cover additional services when a health care provider determines additional services are needed.

• EMA will cover additional services only if they are part of an approved Care Plan Certification (CPC).

• The person's provider must initiate the CPC request by completing the Emergency Medical Assistance Care Plan Certification Request (DHS-3642).

• Not every EMA enrollee has a CPC.
Care Plan Certification Request (DHS-3642)

On the CPC request, the provider must describe how the additional services or medications are needed and that if discontinued, would cause the member's condition to deteriorate so rapidly that the absence of immediate medical attention would reasonably be expected to result in quickly placing the member's health (typically within 48 hours), in serious jeopardy, or cause serious impairment to bodily functions or serious dysfunction of any bodily organ or part.
These services require authorization under EMA:

- Emergency dental services
- Home care services
- Kidney transplant
- Pre-kidney transplant evaluation
- Personal care assistant services
- All medications, including over the counter drugs
- Any service that requires authorization for coverage under other MHCP programs.
Non-Covered Services

Some services are not covered by EMA, even if there is an approved CPC or if they take place in an emergency department or inpatient hospital. The following list is not comprehensive.

- Breast reconstructive surgery following mastectomy
- Cancer testing, treatment or services when the member is in remission
- Family planning services
- Hearing or vision screening, hearing aids, or glasses
- Immunizations
- Organ transplants, other than kidney
- Prenatal care
- Preventive and non-emergent dental
- Screening tests such as mammograms or PSA
- Well-person checkups
Updates to an Approved EMA CPC

Providers may request updates to an existing Care Plan Certification by submitting a new EMA CPC form with:

- Additional diagnosis(es)
- Additional drug(s)
- Change in date span
- Change in eligibility
• Claims for emergency department visits do not require a CPC if they are billed as *emergent* rather than *urgent*.

• Claims for inpatient services do not require a CPC if they are billed as an emergency admission.

• Professional claims for services provided during an emergency department or inpatient must have an emergency department or inpatient place of service to pay without a CPC.

• Claims from a dialysis center (claim type I) do not require a CPC.

• Claims for emergency ambulance services do not require a CPC.
• **MHCP Eligibility Policy Manual** 2.5.3 Emergency Medical Assistance

• **MHCP Provider Manual** Emergency Medical Assistance
  
  ▪ EMA Overview
  
  ▪ Care Plan Certification
  
  ▪ Requesting Care Plan Certification
  
  ▪ Covered Services
  
  ▪ Non-Covered Services
  
  ▪ Billing
Thank You!

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