Minnesota Department of **Human Services**

Emergency Medical Assistance (EMA)

What is Emergency Medical Assistance (EMA)?

EMA is federally-funded coverage for noncitizens who have a medical emergency and who do not qualify for federally-funded Medical Assistance (MA) due to their immigration status.

Who is covered?

- People with an immigration status of undocumented or nonimmigrant.
- Lawfully present noncitizens who are sponsored immigrants. Although sponsor deeming can be a barrier to MA, sponsor deeming does not apply to EMA.

Who is eligible?

To qualify for EMA, an individual must:

- Have a basis of MA eligibility (Parent, child, pregnant woman, age 65 or older, disabled, adult without children)
- Meet all MA eligibility requirements associated with the basis, except citizenship and immigration status (Income and assets within limits, state residency, etc.)
- Have a medical emergency

What are the federal requirements?

Medicaid programs are required to provide care that is necessary for the treatment of an emergency medical condition for certain non-citizens who are ineligible for Medicaid due to citizenship status (§1903(v) of the Social Security Act). An emergency medical condition is one that manifests by acute, severe symptoms, including pain, such that the absence of immediate treatment could result in serious jeopardy to health, service impairment of bodily function, or serious dysfunction of bodily organ part. An emergency condition includes labor and delivery.

What services were previously covered and how did the law change?

EMA Coverage Prior to 1/1/12:

Any medically necessary service that was for treatment of an emergency medical condition and that:

- Would have otherwise been covered under MA; and
- Was not a service that is specifically prohibited in the federal regulation from coverage under EMA (e.g. organ transplants, prenatal care).

Legislative Change:

The 2011 legislature enacted a change to align the definition of an "emergency medical condition" with the definition provided under the federal regulation.

EMA Coverage as of 1/1/12:

Coverage for services is based upon verifying that an emergency medical condition exists by limiting coverage to the places of service that treat medical emergencies – emergency rooms and inpatient hospitals.

As a result, services are covered under EMA if they are medically necessary to treat an emergency medical condition and meet at least one of the following:

- Services delivered in an emergency room or by an ambulance service that are directly related to an emergency medical condition,
- Services delivered in an inpatient hospital setting following admission from an emergency room or clinic for an acute emergency condition,
- Follow up services that are directly related to the original service provided to treat the emergency medical condition and are covered by the global payment made to the provider.

EMA Limited Exception

Consistent with federal and state requirements regarding payment for care and treatment related to emergency medical conditions, EMA will cover certain nursing facility services and home care services for people who meet **all** of the following criteria:

- The person had an emergency medical condition covered by EMA and was discharged to the nursing facility or a home/community setting directly from an emergency department or inpatient hospital;
- The continuing treatment of the emergency medical condition is necessary in a nursing facility or a home/community setting; and
- The treatment and services provided in the nursing facility or home/community setting are directly responsible for preventing an emergency medical condition from immediately arising. Specifically, the treatment and services must be such that if discontinued, the person's cardiovascular or respiratory condition would reasonably be expected to result, **within 48 hours,** in placing the person's health in serious jeopardy, or causing serious impairment to bodily functions or serious dysfunction of any bodily organ or function.

Providers must request approval from DHS for limited exception coverage.

- The MHCP Provider Manual contains information about the limited exception process at www.dhs.state.mn.us/provider
- The Provider Call Center is available to answer provider questions at (651) 431-2700 or (800) 366-5411.

Who was impacted by this change?

- There were 2,587 enrollees in the EMA program as of November 2011.

How did we communicate the change?

- DHS mailed a notice about EMA changes to enrollees on Nov. 29. www.dhs.state.mn.us/healthcare/notices
- Information about EMA changes is also being provided to counties, tribes, providers and community organizations.

What is the appeal process?

A recipient can appeal a reduction in benefits at any point. For recipients who filed a timely appeal, their benefits will continue at the previous level through the appeal process. In the case of the changes to EMA, only those appeals received before January 1, 2012 were considered timely. Recipients that appeal after January 1, 2012 will have their appeals addressed, but will receive the new benefit level (effective January 1, 2012) through the appeal process.