

Eligibility Assistance for Reimbursement for Emergency Medical Services: A Step-by-Step Guide for Hospitals

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Overview

The issue: The federally facilitated marketplace (the “FFM” or healthcare.gov) does not allow applicants for emergency medical services (EMS) to submit medical records. However, the State needs this information before it can make an EMS coverage determination.

What we’re doing: Tennessee is making efforts to expedite applications for EMS by encouraging providers to send EMS applications **both** to TNHC and the FFM. This Guide explains these efforts and lays out a step-by-step decision guide to help you determine the right course of action for each patient.

What you can do: Provider staff can help individuals apply for EMS coverage. By doing this, providers increase the likelihood that they will receive TennCare payment for certain emergency services provided at your facility.

What’s in this Guide? The following sections will equip you with the ability to facilitate applications for EMS:

Section A: Steps to Follow in Providing Eligibility Assistance

Section B: Supporting Materials

- Immigration Table
- Program Definitions
- Process Diagram

Section A: Steps to Follow in Providing Eligibility Assistance

Step 1: Is the individual a U.S. citizen or eligible immigrant?

TennCare will not provide reimbursement for EMS if an applicant meets the citizenship criterion for regular TennCare Medicaid eligibility.

42 CFR § 435.406(b) states that applicants who may obtain emergency medical services are:

residents of the State who otherwise meet the eligibility requirements of the State plan (except for receipt of AFDC, SSI, or State Supplementary payments) who are qualified aliens subject to the 5-year bar or who are non-qualified aliens who meet all Medicaid eligibility criteria, except non-qualified aliens need not present a social security number or document immigration status.

If an individual is a citizen, he or she can apply for regular TennCare Medicaid.

Applications for these individuals can be filed directly with the FFM. Further, the individual can send a faxed or mailed Long-Term Services & Supports/Medicare Savings Program application

Providing Eligibility Assistance to Non-Citizens Receiving Emergency Medical Services: Step-by-Step Guide

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directly to HCFA if the individual seeks such coverage. Section B provides information about immigrant eligibility.

If the individual is not a citizen or immigrant eligible for regular TennCare, go to Step 2.

Step 2: Has the individual received treatment for an emergency medical condition?

Assess whether the individual has undergone treatment for the sudden onset of a severe medical condition. The Code of Federal Regulations (CFR) defines “emergency” for purposes of reimbursement for EMS. To be eligible for EMS coverage, a non-citizen must incur a sudden onset of a medical condition, not related to an organ transplant procedure, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient’s health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

This definition is found in 42 CFR § 440.255.

If the individual received treatment for an emergency medical condition, proceed to **Step 3**. If the individual has not received treatment for an emergency medical condition, the individual will not be considered EMS-eligible.

If the applicant is unsure whether the treatment received was for an emergency, go ahead and apply. Proceed to **Step 3**.

Step 3: Send application and medical records.

In addition to filing an application with the FFM, the paper FFM application should also be faxed or mailed to the Tennessee Health Connection:

Tennessee Health Connection
P.O. Box 305240
Nashville, TN 37230-5240
Fax: 1-855-315-0669

EMS applications and all relevant documentation should be clearly marked at the top with “EMS APPLICATION.” Each page of each document should display this information clearly. The EMS Cover Sheet for Applications/Verifications should be included any time an EMS application or subsequent documents are sent. Instructions on the Cover Sheet should be followed. Further, the original application and fax confirmation should be included any time that subsequent documents are sent.

Medical records should be included with the application sent to TNHC. Proof of income, resources, or prior medical bills from, or on behalf of, the applicant should also be provided, if available. The information required to process an EMS application is the same information which is required for TennCare Medicaid applications. Such documentation may not be immediately available, so medical records and other verifications may be accepted after the date of application. For accelerated approval, medical records and any available verifications should be sent with the application or as soon as is feasible.

Effective dates:

- *If the steps in this guide are followed, the effective date for individuals approved for EMS will be the date on which TNHC receives the application, assuming the emergency was taking place on that date. Remember, though, that providers must also submit the EMS application to the FFM. If the FFM and TNHC have different application dates, the EMS coverage date begins on the earlier of the two dates.*
- *If the steps in this guide are followed and the individual is determined not eligible for EMS but instead is approved for full TennCare, the effective date for TennCare coverage would be determined by the FFM based on their receipt and/or processing of the application.*

If an application is received by TNHC on the date of hospital admission, and all factors for coverage are met, then coverage of the emergency service will begin on the date of admission. Coverage will not begin prior to the date of application, and coverage will not begin prior to the date of admission for emergency treatment. Coverage will be limited to the length of time required to stabilize the emergency episode. Coverage is only provided for the single episode of emergency care.

Medical records should be included with the application sent to TNHC. The medical documentation should clearly state the emergency services provided, including the condition being treated, the services/items being provided, and the duration of the emergency. Relevant medical records include emergency department triage notes, laboratory reports, emergency department physician notes, histories and physicals, or hospital discharge summaries.

For all emergency services to be covered, the individual's effective date (or "start date" of the associated eligibility segment) must be on the first date of eligibility treatment. If an individual applies on the second day of an emergency spanning four days, then only the second, third, and fourth day may be covered.

Section B: Supporting Materials

Immigration Reference Table

We understand that the federal rules around immigrant eligibility are complicated. The following table may help applicants and providers understand and how they should answer:

<u>Potentially eligible</u> for regular TennCare:	<u>Unlikely</u> to be eligible for regular TennCare:
<ul style="list-style-type: none"> • U.S. citizen; • U.S. national (i.e., person born in American Samoa or Swain’s Island, or born abroad to a U.S. national parent who has met U.S. residency requirements); • Lawful permanent resident or “LPR” (i.e., person with a green card) who has been in the U.S. for <u>5 years or more</u>; • Immigrant who is a veteran or active duty military (or spouse, un-remarried surviving spouse, or child of such immigrant); or • Humanitarian immigrant, which includes: <ul style="list-style-type: none"> ○ Refugees and asylees; ○ Vietnamese Amerasian immigrants; ○ Cuban or Haitian entrants; ○ Iraqi or Afghani special status immigrants; ○ Victims of a severe form of trafficking (with a “T” visa); ○ Abused immigrants with a VAWA petition; and ○ Immigrants whose deportation is being withheld. 	<ul style="list-style-type: none"> • Undocumented immigrant • Lawful permanent resident who has been in the U.S. for <u>less than 5 years</u> and who is neither a veteran nor a humanitarian immigrant; • Non-immigrant or non-resident alien (temporary residents); or • Other type of immigrant not listed in the column to the left.

Program Definitions

Emergency Medical Services: Services for which TennCare must (under federal law) reimburse health care providers for providing to persons **who would be eligible for TennCare but for their citizenship status**. See 42 CFR 435.139, 406(b). An emergency medical condition is the sudden onset of a severe medical condition, not related to an organ transplant procedure, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of medical attention could reasonably be expected to result in: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

FFM: The federally-facilitated marketplace which is also known as “the exchange” or healthcare.gov.

FPL: Federal Poverty Level, which the federal government updates annual. More information is available at <http://aspe.hhs.gov/poverty/index.cfm>.

TennCare: Tennessee's Medicaid Program. More information is available at <http://www.tn.gov/tenncare/>.

Process Diagram

