

Health Care Finance and Administration	Section: Emergency Medical Services
Policy Manual Number: 020.005	Chapter: Emergency Medical Services

Emergency Medical Services

Legal Authority: Social Security Act § 1903(v); 42 CFR 435.350, 42 CFR 440.255

1. Policy Statement

Individuals eligible for Emergency Medical Services (EMS) must meet all financial requirements and non-financial requirements for a TennCare Medicaid category, except for citizenship.

Federal law requires that state Medicaid programs cover EMS for undocumented and ineligible aliens when these individuals otherwise meet criteria for Medicaid eligibility.

An undocumented alien is a person who is not a citizen of the U.S. and who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Undocumented aliens were either never legally admitted to the U.S. for any period of time or were admitted for a limited period of time and did not leave the U.S. when that period of time expired.

An ineligible alien is a person other than an undocumented alien who is not a citizen of the U.S. and whose alien status prevents qualification for Medicaid. Examples include the following:

- Certain qualified aliens arriving on or after August 22, 1996, that may have been lawfully admitted to the U.S. but may be prohibited from acquiring Medicaid during the first five years of their residence in the country. This period of time is referred to as the “five-year bar.”

2. Non-Financial Eligibility Requirements

a. Qualifying Conditions

In order for an alien to be the recipient of EMS, the alien 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.

3. Financial Eligibility Requirements

Household composition for this category is based MAGI methodology or the Financially Responsible Relative (FRR) principle depending on the TennCare Medicaid category in which the applicant groups.

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If an individual meets all financial and non-financial criteria for a TennCare Medicaid category except for citizenship then HCFA will determine if there is an emergency that qualifies them for EMS.

Note: An applicant for EMS is only potentially eligible for the following categories: Caretaker Relative MAGI; Child MAGI 0-1; Child MAGI 1-5; Child MAGI 6-18; Pregnancy MAGI, Child Medically Needy; and Qualified Pregnancy Woman Medically Needy. Undocumented and ineligible aliens are unable to meet all non-financial eligibility criteria for the other TennCare Medicaid categories.

4. Application Process

HCFA accepts applications from aliens requiring emergency medical services. Hospitals and birthing or women’s centers, or others acting on behalf of these individuals have been advised to submit applications to HCFA on the first date of the emergency because no coverage will be granted prior to the date of application. Medical records must also be submitted to support the emergency.

HCFA Medical Review Nurses determine whether the service requested by an alien qualifies as an emergency service. If an individual qualifies for coverage of an emergency service, then that coverage would apply regardless of whether he receives the service in the Emergency Department or whether he is subsequently admitted to the hospital.

5. Eligibility Begin and End Dates

If an application is filed on the date of admission, and all factors for coverage are met, then coverage begins 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.

Coverage will be limited to the length of time required to stabilize the emergent episode. Only the services involved in the emergency itself will be reimbursed and coverage is only provided for the single episode of care.