TN Division of Health Care Finance & Administration

Frequently Asked Questions:

Reimbursement for Emergency Medical Services

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Overview of EMS

1. **Has TennCare changed its policy regarding who is eligible for reimbursement for emergency medical services (EMS)?**

   No. An individual must meet all of the Medicaid eligibility requirements except citizenship to be eligible for EMS. Federal law has been consistent on this question; see § 1903(v) of the Social Security Act and 42 CFR §§ 435.139, 406(b). TennCare policy has likewise remained constant; see Attachment 2.6-A of the TennCare Medicaid State Plan and DHS Bulletin No. 41 MA-06-10. Individuals who would not group into a TennCare Medicaid eligibility were it not for the citizenship requirement are not eligible for EMS. A list and description of TennCare Medicaid eligibility groups can be found at the following link: http://www.tn.gov/assets/entities/tenncare/attachments/eligibilityrefguide.pdf.

   For example, a non-qualified alien six-year-old child at 90% of the federal poverty level residing in Tennessee may be eligible for EMS. The child appears to meet all of the requirements for TennCare but for the citizenship test; TennCare may cover EMS provided to this child. In contrast, a 26-year-old, non-disabled childless adult male would not be eligible for emergency medical services because this adult is not part of any eligibility group currently covered by TennCare.

2. **What is reimbursement for EMS?**

   Federal law requires that state Medicaid programs cover EMS for certain noncitizens.

3. **Who can receive EMS coverage?**

   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.

Examples: A Lawful Permanent Resident (LPR) who has been present in the United States of America for less than five years may be eligible for EMS but not regular TennCare. In contrast, an LPR who has been a resident of the USA for more than five years may be eligible for regular TennCare Medicaid.

Individuals eligible for EMS must meet all financial and non-financial requirements for a TennCare Medicaid category except for the citizenship eligibility requirement.

Application Process

4. What part of the application process is changing?

HCFA began accepting faxed and mailed EMS applications directly from providers on June 1st, 2015; for EMS applications that are faxed or mailed to TNHC on or after June 1st, 2015, the coverage date may begin on the date the application was received by TNHC. Providers should submit these EMS applications to TNHC. When submitting such an EMS application to TNHC, the provider **must** also send it to the FFM. Simultaneously sending applications directly to HCFA allows providers to supply much-needed verifications, such as medical records, which the FFM cannot accommodate.

5. What is the process for applying for EMS?

The provider will assist the applicant with completing an FFM application. The applicant or his/her representative must sign the application. All necessary and relevant information (such as income, resources, medical bills, etc.) should be provided with the application to TNHC, if available. Medical records indicating the presence and duration of emergency treatment should also be included when applying to TNHC. Only the application needs to be sent to the FFM.

When applying to TNHC, EMS applications and all relevant documentation should be clearly marked at the top with "EMS APPLICATION." Each page of each document should clearly display this information. 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.

Providers should fax or mail the application to TNHC:

Tennessee Health Connection
P.O. Box 305240
Nashville, TN 37230-5240

Fax: *1-855-315-0669*

For EMS cases only, HCFA will treat the date that TNHC receives the fax or mail as the date of application. Indeed, hospitals should fax or mail applications to TNHC **only** for EMS cases.

6. Should EMS applicants use a special application form?

No. Applicants for EMS coverage should use the paper FFM application, which is available at https://www.healthcare.gov/apply-and-enroll/how-to-apply/. Again, 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.

7. When does the EMS period start?

For EMS applications that are faxed or mailed to TNHC on or after June 1st, 2015, the coverage date may begin on the date the application was received by TNHC. 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.

For EMS applications that are sent to the FFM and **not** also sent to TNHC, the coverage date is determined by the FFM and may be the date the application is processed by the FFM.

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 emergency 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.

8. How long does the EMS period last?

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. For example: providers of emergency services to an EMS enrollee experiencing a stroke may be reimbursed, but providers of rehabilitative services after discharge from the hospital will not be reimbursed; such services do not meet the definition of "emergency" described in #12 below.

Additional example: Medications provided by the hospital staff to an individual receiving treatment for an emergency may be reimbursed. However, costs for medications dispensed in an outpatient setting (including a hospital outpatient pharmacy) will not be reimbursed.

9. What needs to be sent along with the application?

The provider should include medical records with the EMS application, if available. The medical documentation should clearly reflect 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, emergency department physician notes, laboratory reports, histories and physicals, or hospital discharge summaries.

The provider is also encouraged to include proof of income, resources, or prior medical bills from, or on behalf of, the applicant when forwarding the EMS application to TNHC, if available. The information required to process an EMS application is the same information which is required for TennCare Medicaid applications.

10. Can an individual apply for EMS coverage if he or she does not have a Social Security Number (SSN)?

Yes. The applicant should leave this field blank on the application form if he or she does not have an SSN.

11. Can an individual apply for EMS if he or she does not have medical documentation at that point in time?

Yes. We understand that such documentation may not be immediately available. Medical records and other verifications may be accepted after the date of application. For accelerated approval, it is recommended that medical records and any available verifications be sent with the application or as soon as is feasible. Again, 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.

Definition of Emergency Services

12. Which services qualify as emergencies?

Federal regulations define "emergency" for purposes of reimbursement for emergency medical services. To receive payment for EMS, a noncitizen 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 the federal rules at 42 CFR § 440.255.

Citizenship

13. Can a U.S. citizen receive EMS coverage?

No. U.S. citizens cannot receive EMS coverage. However, the individual could potentially be eligible for regular TennCare Medicaid.

14. Can a lawfully-present immigrant qualify for regular TennCare instead of EMS?

Yes, in some instances. To qualify for regular TennCare, the individual must generally meet all of the requirements for TennCare and be a "qualified alien" who has been in the USA for at least five years. More information about who is and is not a qualified alien is in the Eligibility Assistance for Reimbursement for Emergency Medical Services: A Step-by-Step Guide for Hospitals document. If a noncitizen is eligible for regular TennCare, then he or she would **not** be eligible for EMS during the same period.

15. Are all noncitizens eligible for EMS coverage if they do not qualify for regular TennCare?

No. To be eligible, noncitizens must meet all financial and non-financial requirements for a TennCare Medicaid category except for the citizenship eligibility requirement. This means that noncitizens must qualify under an eligibility category covered by TennCare, meet the financial requirements, and be a resident of Tennessee.

By way of example, noncitizens who are visiting the U.S. on a currently-valid travel visa and who are not residents of Tennessee are not eligible for EMS coverage. Also, a non-disabled childless adult noncitizen male would not be eligible for either regular TennCare or EMS because this adult is not part of any eligibility group currently covered by TennCare.

16. Can a lawfully-present immigrant qualify for EMS coverage?

Yes, in some instances. To qualify for regular TennCare, the individual must generally meet all of the requirements for TennCare **and** be a "qualified alien" who has been in the USA for at least five years. More information about who is and is not a qualified alien is in the Eligibility Assistance for Reimbursement for Emergency Medical Services: A Step-by-Step Guide for Hospitals document. Some lawfully-present immigrants may qualify under an eligibility category covered by TennCare and also meet the financial requirements – but they still may not be eligible for regular TennCare because they do not meet the five-year requirements. However, this individual may be eligible for EMS coverage.

For example, as noted in #3 above, a Lawful Permanent Resident (LPR) who has been present in the United States of America for less than five years may not qualify for regular TennCare Medicaid. This individual may qualify for EMS coverage.

17. Can an EMS enrollee later qualify for regular TennCare?

Yes, in some instances. To qualify for regular TennCare, the individual must generally meet all of the requirements for TennCare and be a "qualified alien" who has been in the

USA for at least five years. If an individual recently arrived in the USA and has not satisfied the five-year requirement, then he or she may be eligible for EMS – but he or she could possibly qualify for regular TennCare in subsequent years.

Financial Requirements

18. What are the income and resource limits for individuals applying for EMS?

The income limits vary depending on the category for which the applicant may qualify.

TennCare's reference table at the following link summarizes the financial requirements for each eligibility category: http://www.tn.gov/assets/entities/tenncare/attachments/eligibilityrefguide.pdf.