Emergency Medical Services for Aliens (EMSA)

Presenter: Xerox State Healthcare LLC
Provider Field Representative
Purpose

The purpose of this workshop is to provide an overview on EMSA (Emergency Medical Services for Aliens) claims. Having an understanding on EMSA claim requirements will help improve billing practices by reducing claim denials and ensuring all rendered services are billed properly.
Objectives

We will review the following processes as it pertains to an EMSA claim:

- Overview on Category of Eligibility (COE) 085
- Eligibility verification via NM Web Portal
- EMSA Claim Submissions
- EMSA FAQs
- EMSA Reminders & Tips
EMSA Eligibility – Category of Eligibility 085
Emergency Medical Services for Aliens

Category 085 provides coverage of emergency services for certain non-citizens who are undocumented or who do not meet the qualifying immigration criteria and meet all eligibility criteria for an existing Medicaid category except for their alien status.

The alien must receive emergency medical services and be referred to the local Income Support Division (ISD) office by the provider. If s/he is found eligible by ISD, s/he must give the MAD 310 or Notice of Case Action (NOCA) form issued by ISD to the provider to submit with the claim to the Medicaid fiscal agent.

Coverage is available only for emergencies approved by the UR contractor and only for the duration of the specific emergency.
EMSA General Eligibility Policy

Certain non-citizens who are undocumented or who do not meet the qualifying immigration criteria specified in 8.200.410 NMAC, but who meet all eligibility criteria for other medical assistance program categories 100, 200, 300, 301, 400, 420 or supplemental security income (SSI) can receive coverage for emergency services:

- Other Adults & Parent/Caretaker Relative Medicaid (category 100 & 200)
- Children meeting applicable age requirements (category 400 or 420)
- Medicaid for pregnant women (category 300 or 301)
- Supplemental Security Income (SSI), except for citizenship or legal alien status, are eligible to receive emergency services
EMSA General Eligibility Policy

Undocumented individuals must:

• Submit an application for benefits
• Be residents of New Mexico
• Furnish proof of residence to the local county ISD office
EMSA General Eligibility Policy  continued

- Eligibility determinations are made by local county Income Support Division (ISD) offices.

- After the receipt of emergency services, the patient or responsible party is responsible for:
  - Completing an application at the local county ISD office.
  - Providing all necessary verifications no later then the last day of the third month following the month in which the emergency services were received.

- Individuals are responsible for notifying providers of the approval or denial of an EMSA Medicaid application.

- If these guidelines are not followed or the application is denied, the individual is responsible for payment of the provider bill.
Covered Services for EMSA*

- Alien Recipient’s death
- Labor and Delivery (including inductions and cesarean section)
- Placement of the alien recipient’s health in serious jeopardy
- Serious impairment of bodily functions; or
- Serious dysfunction of any bodily organ or part
- Services are covered only when necessary to treat or evaluate a condition meeting the definition of emergency and are covered only for the duration of that emergency

*Emergency as defined for EMSA includes labor and delivery including inductions and cesarean sections, as well as any other medical condition, manifesting itself with acute symptoms of sufficient severity such that the absence of immediate emergency medical attention could reasonably be expected to result in one of the following:
Non-Covered Services for EMSA

- Long term care
- Organ transplants
- Rehabilitation services
- Surgical procedures, other than unscheduled emergency procedures
- Psychiatric or psychological services
- Durable medical equipment or supplies
- Eyeglasses
- Hearing aids
- Outpatient prescriptions
- Podiatry services
- Prenatal care
- Well child care
- Routine dental care
- Routine dialysis services
- Any medical service furnished by a border or out-of-state provider
- Non-emergency transportation
- Preventive care
New Born Medicaid Coverage and Recertification

Initial Coverage

• After the mother is approved for EMSA and ISD is notified of the birth, the ISD worker may open a Category of Eligibility 031 Newborns.
• The newborn may be “deemed eligible” under the mother’s Medicaid status for the first year.
• If the mother fails to report the birth in a timely manner to the Income Support Division office (ISD) payment to the provider rendering services may be delayed.

Recertification

• After one year, the child’s own eligibility must be established pursuant to the requirements for proof of citizenship and identity.
• For continued eligibility after the first year, the parent must submit an application or recertification notice for the child to continue Medicaid eligibility.
Viewing EMSA Eligibility on the NM Web Portal
EMSA Eligibility on NM Web Portal

• The system will default to eligibility for the current date for date of service

• You can use any DOS within the past 2 years

• Date spans can be used when searching for eligibility

• EMSA Recipients can be searched using:
  
  – Last name, first name, date of birth (information needs to match what is on the MAD 310 and in Xerox’s Medicaid system)

  – Recipient ID (this is the ASPEN Individual ID number, ASPEN Case ID number, temporary SSN etc. indicated on MAD310)
EMSA Eligibility on NM Web Portal

To inquire on a Date of Service range, enter a 'From' date and a 'To' date.

To inquire on a single Date of Service, enter only a 'From' date.

Then enter the Recipient inquiry criteria and click 'Submit'.

* denotes required field(s)

<table>
<thead>
<tr>
<th>Date of Service (From):</th>
<th>mm/dd/cyy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Service (To):</td>
<td>mm/dd/cyy</td>
</tr>
</tbody>
</table>

**Recipient inquiry**

- **Recipient ID:**
- **Card ID:** Located on front of recipient's Medicaid card.
- **SSN:**
- **Last Name:**
- **First Name:**
- **Date of Birth:**

![ID number from MAD 310]
EMSA Eligibility on NM Web Portal

<table>
<thead>
<tr>
<th>Eligibility Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/16/2016 09:56 AM MST</td>
</tr>
<tr>
<td>Inquiry Criteria</td>
</tr>
<tr>
<td>Date of Service : 07/01/2015</td>
</tr>
<tr>
<td>Recipient ID: 0001</td>
</tr>
</tbody>
</table>

For the requested date(s) of service, your inquiry returned the following eligibility information.

Please note that end dates greater than today’s date, such as 12/31/9999, do not indicate eligibility beyond the date and time of this inquiry.

<table>
<thead>
<tr>
<th>Recipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient ID: 0000</td>
</tr>
<tr>
<td>Recipient Name: P</td>
</tr>
<tr>
<td>Date of Birth: 0</td>
</tr>
<tr>
<td>Sex: Male</td>
</tr>
<tr>
<td>Medicaid Card ID: 3</td>
</tr>
<tr>
<td>Recertification Date: 05/31/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category of Eligibility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>COE Code</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>085</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lock-In Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lock In Type</td>
</tr>
<tr>
<td>No Lock In Type information on file for the requested date of service.</td>
</tr>
</tbody>
</table>

2/18/2016
NOTIFICATION OF APPROVAL OF APPLICATION FOR
EMERGENCY MEDICAL SERVICES FOR ALIENS

TO:

Albuquerque, NM 87105-2354

I am the recipient of Medicare. I understand Medicare is a part of this application.

This is to certify that the application dated 04/15/2015 for Emergency Medical Services for Aliens as a portion of the application has been approved. The approval covers services received from 07/16/2015 through 09/15/2015.

IMPORTANT INFORMATION FOR THE APPLICANT

The medical services received must be certified as an emergency so that they will be paid. It is your responsibility to take this letter to all providers when emergency medical services were received during the dates shown above. Please do this as soon as possible. The Medicaid program utilizes a contractor to review whether the medical services are certified as an emergency. Only the medical services received during the dates shown above will be reviewed. If the contractor approves the services, eligibility will extend only through 09/15/2015, the date the emergency ended. Your eligibility will end automatically after that date. If the medical services are not certified as an emergency, you will be notified. You will be responsible for paying all the bills for medical services received.

Please see page 2 for Notification of Rights.

INCOME SUPPORT DIVISION

MEDICAID ALASKA

2/18/2016

[INCOME SUPPORT DIVISION]

EMSA Recipient
1234 EMSA Rd
Albuquerque NM, 87106

Accion del caso

Esta carta le indica sus beneficios. Lea esta carta con atención.

O/p

Para obtener más información, llame al 800-260-9937.

[INCOME SUPPORT DIVISION]
EMSA Claim Submissions
EMSA Claim Submissions Requirements

Each EMSA claims are to be accompanied by:

- Appropriate billing form (UB -04 or CMS 1500). Billing forms must be original forms, photocopies will not be accepted.
- MAD 310 and/or Notice of Case Action (NOCA) supplied by the ISD office.
- Required EMSA attachments – No other documentation required.

Inpatient Facility:
- MAD 310 form
- Admit History and Physical
- Emergency Department Records
- Discharge summary
- Any pertinent diagnostic imaging and/or lab results (if not included in H&P or Discharge Summary)
- Operative Notes (ONLY if Surgery was done)
EMSA Claim Submissions Requirements

Outpatient services:
- MAD 310 form
- History and Physical
- Operative Notes (ONLY if Surgery was done)
- Emergency Department Records

To request an EMSA claim reconsideration that has been denied by Qualis Health, please contact Qualis Health.

Qualis can be reached at 1-866-962-2180 or http://www.qualishealth.org/patients-families/new-mexico-medicaid

- Recommended cover letter with your contact information for any issues that may arise.

NOTE: If MAD 310 / NOCA is not attached along with your claim/s, summary of charges and medical records, the claim/s will not be reviewed and will deny because client ID is not on file.

12/16/2016
Submitting EMSA Claims

All paper EMSA claims are to be filed directly to Xerox

Xerox State Healthcare, LLC
Attn: NM Medicaid Claim
P.O. Box 26500
Albuquerque, NM 87125-6500

Click here to submit electronically via the New Mexico Medicaid Web Portal

(File attachment limit of 10MB)
EMSA Claim Status Inquiry

Paper Submissions

- Allow 4 weeks from the date claim(s) were submitted to Xerox to appear on the Web Portal.

Portal Submission

- TCN will generate after claim has been submitted. Allow 2 - 3 weeks from submission date for EMSA review.
NM Web Portal Claim Status Inquiry

To inquire on claim status, enter one or more of the general inquiry criteria or enter the TCN of the claim and click "Submit." Only claims processed within the past three years will be returned.

* denotes required field(s)

### TCN Inquiry

<table>
<thead>
<tr>
<th>TCN:</th>
</tr>
</thead>
</table>

### General Inquiry

<table>
<thead>
<tr>
<th>Field</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient ID</td>
<td></td>
</tr>
<tr>
<td>Search by</td>
<td></td>
</tr>
<tr>
<td>Date of Service</td>
<td></td>
</tr>
<tr>
<td>First Date of Service</td>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td>Last Date of Service</td>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td>Claim Type</td>
<td></td>
</tr>
<tr>
<td>Claim Status</td>
<td></td>
</tr>
<tr>
<td>Total Billed Amount</td>
<td></td>
</tr>
<tr>
<td>Patient Control/Medical Record Number</td>
<td></td>
</tr>
<tr>
<td>Sort Order</td>
<td>First Date of Service</td>
</tr>
</tbody>
</table>

**Required**
EMSA Claim Denials

When an EMSA claim denies for billing reasons, the corrected claim, the MAD 310 or NOCA, medical records and proof of timely filing must be resubmitted to Xerox. If you do not have a copy of the MAD 310 or NOCA, the provider or the undocumented individual will need to contact the local ISD (Income Support Division) Office to obtain a copy.

Click here for a complete list of ISD offices

2/18/2016
EMS A Claim Denials

If denial code 1300 appears on the EOB, please refer to the letter sent by the TPA/UR contractor regarding denial of the services based on the medical record review. For questions regarding this denial of emergency services, contact the TPA/UR by phone at (866) 962-2180 or visit their website

http://www.qualishealth.org/healthcare-professionals/new-mexico-medicaid

For all other billing question regarding denials, please call Xerox Provider Relations Helpdesk at 800- 299-7304 option 6.
EMSA Claim Resubmissions

Indicate the TCN within the initial timely filing period in box 64 on the paper form.

Prior Authorization Number approval provided by TPA/UR in box 63

<table>
<thead>
<tr>
<th>TCN</th>
<th>1234567890</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>CONNIE CLIENT</td>
</tr>
<tr>
<td>ID</td>
<td>332S00000X</td>
</tr>
</tbody>
</table>

2/18/2016
Indicate a TCN within the initial timely filing period in the “Original Reference No.” section of box 22, leave the “Code” blank.
EMSA Claim Adjustments

Adjustments must be submitted to Xerox when the original claim was submitted incorrectly

[Click here](#) to get an Adjustment Request form

Include the following documents with the Adjustment Request form:

- Original Red claim from
- Proof of timely filing
- MAD 310 / NOCA
- Pertinent medical records to determine the emergency medical condition that required immediate medical attention

2/18/2016
EMSA Frequently Asked Questions (FAQs)
EMSA Claim FAQs

Can an EMSA claim be adjusted?

Yes. The Adjustment Request form must be included with the corrected claim and all other required attachments.

Do previously approved claim by TPA/UR need to be re-reviewed?

No. When the provider includes the authorization number, the claim will not need to be reviewed a second time for the approved service.

What is the timely filing for EMSA claims?

90 days from Date of Service or 120 days from recipients eligibility approval date

For a claim which met the initial timely filing period, but was denied, partially denied, or requires an adjustment, there is an additional one-time 90 day grace period counted from the date of payment or denial, during which the claim can be resubmitted to Xerox as an adjustment.
EMSA Claim Reminders & Tips
EMSA Claim Reminders & Tips

• Verify information on claim matches MAD 310 / NOCA
  • First & Last Name
  • Recipient ID Number (ASPEN Individual ID)
  • DOS either matches or are within the dates indicated on MAD310

• If the undocumented individual is found in the NM Portal by Name and date of birth; Medicaid Card ID # can be indicated instead of the ASPEN ID # as a valid billable ID. MAD 310 / NOCA is still required.

• Always include MAD 310 / NOCA

Continued on next page . . .
EMSA Claim Reminders & Tips continued

• Pertinent medical records to determine the emergency medical condition that required immediate medical attention

• All appropriate EOB’s for TPL, HMO, etc.

• Verify Procedure, diagnosis and revenue codes are correct

• Include your billing, attending NPI Number and Taxonomy codes when applicable.

• Indicate proof of timely filing/TCN if applicable

• Ensure the line item charges are correct and match the total charge

• Keep a copy of the correspondence for your records
New Mexico Medicaid Resources

- New Mexico Medicaid Online
  - Provider Information
  - Provider Login Screen Notices
  - Provider E-News Newsletters
- Medicaid Provider Relations Call Center
- Provider Communication Updates
- Provider Field Representative
- Provider Webinars
- Open Forums and Live Training Sessions

Continued on next page . . . .
New Mexico Medicaid Resources  


NM Human Services Department – [http://www.hsd.state.nm.us/mad/](http://www.hsd.state.nm.us/mad/) Supplements, Memos, Provider Billing Packets and Policy

Xerox State Healthcare, LLC: Provider Relations Call Center – (800) 299 - 7304 option 6 or (505) 246 - 0710 option 6. Claim Status, Eligibility, Prior Authorization, Medicaid Updates

Xerox State Healthcare, LLC. Provider Relations Helpdesk – NMProviderSUPPORT@xerox.com

Claim research assistance and general Medicaid inquiries

Xerox State Healthcare, LLC. HIPAA Helpdesk – HIPAA.Desk.NM@xerox.com

Assistance on NM Web Portal, EDI inquiries, and Online Claim Submission with DDE (Direct Data Entry)

Xerox State Healthcare, LLC. Provider Enrollment Helpdesk - NMProviderSUPPORT@xerox.com

Provider Enrollment Applications, Forms & Instructions

NM Medicaid Recipient Helpdesk – (888) 997 – 2583 or (505) 247 – 1042 Eligibility inquiries, Fee-for-Service Replacement Medicaid Identification Card, Enroll or change a Managed Care Organization and Eligibility application status

2/18/2016
Thank You