

Emergency Medicaid



This handout is for people working directly with clients to help explain and support applications for Emergency Medicaid. Updated February 2021.



Talking points to share with clients

- Emergency Medicaid pays for emergency health care services received in the past three months. Emergency Medicaid does not pay for not routine health care services.
- People who meet all eligibility criteria for Health First Colorado except immigration status are generally eligible for Emergency Medicaid.
- Under Federal law all hospitals are required to provide emergency services regardless of a person's immigration status or nationality.
- Applications for Emergency Medicaid can be completed at the hospital while receiving treatment, or via typical methods (paper application, online via PEAK, over the phone, and in person).
- The use of Emergency Medicaid is not considered in a public charge test. For more information about speaking to clients about public charge, see CKF's [Key Points for Assisters to Help Clients Understand the Final Public Charge Rule](#).
- Information clients share on an application is confidential and cannot be shared with any Federal agency, including U.S. Citizenship and Immigration Services



Program Overview

What is Emergency Medicaid?

Emergency Medicaid, also known as Emergency Health First Colorado or Emergency Medical Services, is a program run by the Colorado Department of Health Care Policy and Financing (HCPF). Emergency Medicaid provides short-term health coverage, through Medicaid, for emergency care for eligible uninsured non-citizens.

Who is eligible for Emergency Medicaid?

Uninsured non-citizens who meet all the criteria (e.g., income, age, residency) for any Health First Colorado (Colorado's Medicaid Program) program (e.g., MAGI or non-MAGI programs), except for citizenship and immigration status, are eligible for Emergency Medicaid.

This includes but is not limited to:

- People without documentation
- Adult legal permanent residents ('Green Card' holders) who have not reached the 5-year bar of lawful presence
- Deferred Action for Childhood Arrivals (DACA) recipients
- Nonimmigrant visa holders such as tourists and students
- Individuals granted Temporary Protected Status

For a complete list of eligibility by immigration status, see CKF's [Immigration Status and Eligibility for Health Coverage Programs](#).

What services does Emergency Medicaid cover?

Covered services

Emergency Medicaid only covers emergency care received in the past three months that is described as treatment for "life or limb-threatening emergencies" in which "the absence of immediate medical attention could reasonably be expected to result in:

1. placing the patient's health in serious jeopardy;
2. serious impairment of bodily function; or
3. serious dysfunction of any bodily organ or part."¹

Examples of covered services include but are not limited to:

- Severe symptoms from COVID-19
- Labor and delivery (not including prenatal or post-natal care)
- Dialysis for End-Stage Renal Disease at an inpatient or freestanding dialysis center

Services must be determined as emergency treatment by the residing physician to be covered.

Emergency Medicaid will not cover physician appointments, prenatal or other routine care, or care that is not certified by the physician as emergency care.



Applying for Emergency Medicaid

People can apply for Emergency Medicaid at the hospital at the time of the emergency care or after the fact for care received in the past three months. Pregnant people seeking coverage for an upcoming labor and delivery can apply at any time throughout the pregnancy or after the labor and delivery. Applications must include a full Medical Assistance application, either on

¹ 10 CCR 2505-10 8.100

<https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6868&fileName=10>

paper, by phone, or via PEAK, and submit a physician's statement or county form signed by the physician attesting that treatment was for a medical emergency. This document should also include the dates the individual received treatment. Pregnant people applying for Emergency Medicaid can self-attest to their pregnancy in their application and will be asked to submit a physician's statement or county form attesting to the labor and delivery after the fact.

Tips for submitting a physician's statement or county form attesting to the emergency:

Many counties created forms to help applicants collect a physician's signature and attestation to emergency treatment. These forms ask for all of the information necessary for an Emergency Medicaid eligibility determination. Assisters recommend submitting this form with the application when possible as it streamlines the process for applicants, assisters, and eligibility technicians. Contact the applicant's county's Department of Human/Social Services for a copy of this form.

Emergency Medicaid recipients must submit a new application for each 'instance of care'. Instance of care is described as the emergency care received during one life or limb-threatening event. If individuals experience a second emergency during the same month in which they are already receiving Emergency Medicaid, they will need to submit a second application and physician's statement or county form. For example, an individual who has Emergency Medicaid in December for a heart attack and then requires emergency treatment for COVID-19 in the same month, will have to reapply for coverage. This is because while Emergency Medicaid coverage stays open for a month at a time in the Colorado Benefits Management System (CBMS), it only covers the instance of care indicated on the physician's statement or county form.

If an emergency goes on for more than one calendar month (for example, a treatment that lasts December 31 – January 4), the individual only needs to apply once. That one application will cover the care, even though the care occurred in two separate months. However, if an applicant requires ongoing care, for example, dialysis for End Stage Renal Disease, they will need to submit a new application and physician's statement or county form each month.

Income eligibility for Emergency Medicaid is generally calculated retroactively based on the applicant's income during the month the emergency occurred. For pregnancy, income from the month of application or the prior month will be considered.

Applying for Emergency Medicaid at the hospital

While at the hospital receiving emergency treatment, clients can:

- Ask the patient advocate or benefits navigator for a Medical Assistance application to apply for Emergency Medicaid and submit the application.
- Ask the physician to write a statement that includes the dates of treatment and attesting that the treatment was for a medical emergency, or complete the county form if the hospital has it available .

Applying for retroactive coverage (or prospective coverage for pregnant adults)

Individuals can apply for Emergency Medicaid through all the methods available for other Medical Assistance programs and must complete a full application.

While Medical Assistance applicants are asked to provide a social security number, individuals do not need a social security number to receive emergency services under Emergency Medicaid.



Tips for applying for Emergency Medicaid on paper:

- Applicants must complete the *Non-Citizen Details* section and indicate that they have medical bills from the past three months. These are the two sections that will prompt screening for Emergency Medicaid.
- Applicants can submit the signed physician's statement or county form with the paper application. Submitting the form with the application, rather than when verification is requested after the fact, makes it easier for clients and helps ensure that the application is properly screened for Emergency Medicaid.
- Some assisters recommend attaching a sticky note to the application that says "Emergency Medicaid application" as an additional precaution to ensure that the application is screened for the program.

Tips for applying for Emergency Medicaid on PEAK

- *People in the Household* page: Applicants should indicate that they are seeking retroactive coverage and for which months. If the applicant does not indicate they have retroactive medical bills, they will not see the questions about *Other Bills* and *Medical Costs*.
- *Citizenship* page: Applicants should enter all the applicable information about their immigration status.
 - Applicants with a non-citizenship status of undocumented can attest to a life or limb-threatening emergency and select the month(s) in which the emergency occurred. Applicants should select Undocumented Alien under Non-Citizenship Status. That will prompt the applicant to answer the following question:
 - "Did [applicant name] experience a life or limb-threatening emergency in the past four months? If so, please tell us which month(s).²" This includes the current month and the previous three months.

² PEAK COVID-19 Updates, <http://campaign.r20.constantcontact.com/render?m=1104865671062&ca=ee440797-466e-461f-b41b-6bcedc6cf6ff>

- Applicants with other eligible statuses will not see the above life or limb-threatening emergency question. Those applicants will need to indicate they are applying for retroactive coverage and enter a medical bill to be screened for Emergency Medicaid.
- *Other Bills* page: Applicants should indicate 'Yes', someone in the home has Medical Costs and select the household member's name from the drop-down menu.
- *Medical Costs* page: Applicants should enter their medical costs to the best of their ability. If they have not paid any money toward the services, they can indicate a zero-dollar amount.
- *Results*: Applications will either pend for county processing or receive a receive a real-time eligibility determination. Applicants with a non-citizen status other than undocumented who receive a real time eligibility determination (approval or denial) should follow-up with their county of residence to ensure the county has properly screened the applicant for Emergency Medicaid and understand that a life or limb-threatening emergency occurred.

PEAK Outreach recommends taking note of the tracking number in case follow-up with the county is required. Contact to PEAK Outreach at PEAKOutreach@bouldercounty.org for more information about applying for Emergency Medicaid on PEAK.

Application Next Steps

Following the application, individuals will receive:

- A Verification Check List with a request to submit verification for income and the signed physician statement of county form, if not submitted with the application. Clients have 10 days to respond to this verification request and 90 days to respond to a request about citizenship and identity if this is requested.
- A Notice of Action (NOA) letting them know of their eligibility determination. Appeal rights apply if the applicant disagrees with the eligibility determination. No additional action is required for applicants with a NOA of approval.



Frequently Asked Questions

Application questions:

Do clients need to complete a new application if they applied for Emergency Medicaid before?

Clients will need to re-apply for each month in which they require coverage; however, if the individual re-applies via PEAK or the phone, they will not have to report all their information again as it will already be saved in CBMS. Clients will still be required to submit any changes in income and the signed physician's statement or county form.

What form does a physician need to sign attesting to the client having treatment for a medical emergency?

There is currently no official state-wide form – counties often use their own form to ensure the information submitted with the application includes all the information needed for an Emergency Medicaid eligibility determination. Contact the applicant’s County Human/Social Services Department to see if they have a form and to get a copy.

My client is being billed for emergency care they recently received. Can I help them apply for Emergency Medicaid retroactively?

Yes, Emergency Medicaid is available for emergency care received in the past three months. Your client will need to submit a full Health First Colorado application, indicating their non-citizenship status and that they have medical bills from the past three months, and obtain the signed physician’s statement or county form.

My client applied for Emergency Medicaid but has not received a request for additional information or NOA of approval or denial. How can I help?

The best practice is to call your client’s County Human/Social Services Department and ask for an eligibility technician. You will need your client’s case number and your client present or a signed consent form from your client to speak on their behalf.

Benefits questions:

What information should I know for clients with End-Stage Renal Disease?

Dialysis is covered for an individual diagnosed with End-Stage Renal Disease (ESRD) at either an inpatient facility or free-standing dialysis center. However, dialysis is not covered in the hospital-based outpatient setting or at the individual’s home. To apply for Emergency Medicaid coverage for ESRD, individuals must submit a full Health First Colorado application (see process described above) and a signed physician statement or county form. Since Emergency Medicaid only provides coverage for one-month at a time, clients must apply re-apply for Emergency Medicaid each month in which they need coverage for dialysis. More information is available in HCPF’s [Frequency Asked Questions: Emergency Medicaid & End-Stage Renal Disease Policy](#) resource.

Is chemotherapy for cancer covered by Emergency Medicaid?

No, chemotherapy treatment is not covered by Emergency Medicaid because chemotherapy is generally not considered emergency medical treatment. If an individual’s cancer progresses to the point that their symptoms require emergency treatment, care will be covered at that point. Routine care and care prior to the emergency, such as chemotherapy, is not be covered.

Does Emergency Medicaid cover any follow-up treatment after emergency care?

No, Emergency Medicaid does not cover follow-up treatment after care for the emergency medical condition is completed. In addition, Emergency Medicaid will only cover treatment that is designated by a physician as necessary to treat the emergency. Therefore, if a physician decides that a CT scan, for example, is necessary to treat the emergency medical condition,

then the scan will be covered. However, if a client receives a CT scan separately from the emergency treatment, then it will not be covered.

Questions about pregnancy related services:

Can pregnant people apply for Emergency Medicaid in advance?

Yes, pregnant people may apply for Emergency Medicaid as early as when they find out they are pregnant. They may also apply retroactively after giving birth. Pregnant people applying for Emergency Medicaid can self-attest to their pregnancy in their application and will be asked to submit a physician's statement or county form attesting to the labor and delivery after the fact.

Will Emergency Medicaid cover miscarriage?

Yes, if a miscarriage is considered an emergency by the physician, then it will be covered under the labor and delivery provision of Emergency Medicaid.

My client has Emergency Medicaid for their pregnancy but was hospitalized for a separate emergency condition. Do they need to reapply for Emergency Medicaid to have that treatment covered?

Yes, individuals must submit a separate application for each medical emergency. The application for Emergency Medicaid to cover labor and delivery for your client's pregnancy would not transfer to cover another emergency treatment and vice versa.

I still have questions about Emergency Medicaid and/or need help in supporting my clients in applying for EM. Who can I contact with specific questions about Emergency Medicaid?

Send questions to the HCPF's Medicaid Eligibility inbox at hcpf_medicaid.eligibility@state.co.us.