



CENTER FOR
HEALTH PROGRESS

EMERGENCY MEDICAID

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Erika Serrano, Center for Health Progress

Rory Thomes, PEAK Outreach Initiative

WHO IS CENTER FOR HEALTH PROGRESS?

We are a statewide organization and we believe that health care is a right. So we fight for laws and policies that make it possible for everyone to take care of themselves and their families.



COALITION.CENTERFORHEALTHPROGRESS.ORG | [@CHPROGRESS](https://twitter.com/CHPROGRESS)

WHAT IS THE COALITION FOR IMMIGRANT HEALTH?

- [The Coalition for Immigrant Health](#) was formed by the Center for Health Progress in 2016 to ensure the safety and well-being of immigrants and their families throughout Colorado. This group is working together to achieve universal access to health care by focusing on the needs and perspectives of immigrants.
- We do this through community organizing, education and outreach, policy analysis and change, and connecting people to services in their community.



WHAT IS EMERGENCY MEDICAID?

- Emergency Medicaid is a social safety net that ensures that people can access medical care in emergency situations
- Emergency Medicaid only pays for emergency health care services, not routine health care services, but is an important resource available to people who qualify

EMERGENCY MEDICAID COVERS CARE AT A HOSPITAL

- Under Federal law all hospitals are required to provide emergency services regardless of a person's immigration status
- All hospitals have patient navigators, patient advocates, or benefits advisers who can help patients navigate this process

WHO IS ELIGIBLE FOR EMERGENCY MEDICAID?

- Uninsured non-citizens who meet Medicaid income requirements and need emergency medical treatment for a life/limb emergency
 - For example, people without documentation, adults under the five-year bar, DACA recipients.
 - See CKF's [Immigration Status and Eligibility for Health Coverage Programs](#)

WHAT SERVICES ARE COVERED BY EMERGENCY MEDICAID?

- Medical problems that could seriously harm the patient's body part, general health, or ability to function
- Traumatic injuries, such as broken bones or large cuts
- Labor and delivery (does not include prenatal care or follow-up care)
- Dialysis for End-Stage Renal Disease, either inpatient or at an freestanding dialysis center
- **Severe symptoms of COVID-19 ← NEW**

Coverage for COVID-19

“Recipients of EMS who experience an emergency medical condition can access necessary services to treat the emergency medical condition through which they became eligible for [Emergency Medicaid Services] (EMS).

In addition to emergency department care and inpatient hospital admissions, services may include other medically necessary interventions to treat the emergency medical condition only to prevent emergent readmission to a hospital.

A COVID-19 diagnosis, absent an emergency medical condition, does not automatically qualify a patient for EMS." ([Colorado Department of Health Care Policy and Financing, Provider Bulletin October 2020](#))

Examples of services that may be covered - coverage is determined by the physician:

1. COVID-19 diagnostic test
2. A maximum of two primary care visits (in person or by telemedicine)
3. Oxygen and other respiratory therapies

([Colorado Department of Health Care Policy and Financing, Provider Bulletin June 2020](#))

HELPLINE FOR NON-EMERGENCY COVID-19 SYMPTOMS



Health First Colorado 24-Hour Nurse Advice
Line:

1-800-283-3221 (available in English and
Spanish)

EMERGENCY SYMPTOMS OF COVID-19

Individuals experiencing any of these serious COVID-19 symptoms should seek medical attention immediately

- Difficulty breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake up or stay awake
- Bluish lips or face

ACCESSING EMERGENCY MEDICAID

- Ask the patient advocate or benefits navigator for an Emergency Medicaid application
- Make sure to get the form or written statement from the provider stating that your treatment was an emergency
- This must be signed by a doctor during the visit
- Each county uses a different form. Call your county to get access to the form

* Coloradans who are not eligible for Emergency Medicaid can ask about charity, indigent, or other hospital financial assistance that may be available to self-pay patients.

ACCESSING EMERGENCY MEDICAID

- Coverage is available for an emergency service up to three months after the date of the treatment and covers a specific instance of care, as noted by the physician.
- Income eligibility is determined monthly. Documentation of income will be requested. Applicants can provide pay stubs or an employer statement

APPLYING FOR EMERGENCY MEDICAID



Paper/Mail

- Local County Office
- Application Assistance Sites



In Person

- Local County Office
- Application Assistance Sites



Phone

- Medical Assistance:
State Call Center
800-221-3943



Online

- Anywhere
- Anytime

People in the Household

Provide more information about James.

Who you should add

Personal Information

Legal First Name

James

Middle Name

*Legal Last Name

Rock

Jr, Sr, etc

-

*Date of Birth Ex: mm/dd/yyyy

02/23/1987

*Sex

Male Female

Preferred Written Language

< click here to choose >

*Marital Status

Single-Never Married

Marital Status Date

Has this person ever used another name (such as maiden name, alias, etc)?

Yes No

Are you a victim of Domestic Violence?

Yes No

Military Status for Medicaid

< click here to choose >

Begin Date

End Date

Program Selection

Not applying for any of the programs listed below (including health insurance)

*Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.

Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, or Tax Credits and Cost Sharing Reductions through Connect for Health Colorado) [Show Details](#)

If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses

September October November

Citizenship

- ✓ [Start](#)
- > **2 People**
- 3 Assets
- 4 Income
- 5 Bills
- 6 Submit

*Does James have a Social Security Number? [?](#)

Yes No

*Social Security Number [?](#)

*Confirm Social Security Number

*Is this person a U.S. citizen? [?](#)

Yes No

*Is James or his/her spouse or parent, a veteran or an active-duty member of the U.S. military?

Yes No

*Non-Citizenship Status: [?](#)

Legal Permanent Resident

*Date of Entry

08/01/2018

*Does James have a Non-Citizen Document? [More Info](#)

Yes No

*Document Type: (select one.) [?](#)

I-551 Resident Alien Card

Non-Citizen Number:

*Card Number

*Document Expiration Date:

08/01/2020

Class Code [?](#)

Other

Is James Rock the same name that appears on this person's document?

Yes No

Has this person lived in the US since 1996?

Yes No

*Was James's non-citizenship status different in October?

Yes No



Other Bills

Does anyone in your home currently have or had any Medical Costs in October?

Yes No

Medical Costs

| Who | Type | How Much | Date Paid | Action |
|-----|------|----------|-----------|--------|
|-----|------|----------|-----------|--------|

To add a monthly medical cost, please choose the person who has the cost and click the Add button.

Name:

[✓ Start](#)[✓ People](#)[3 Assets](#)[✓ Income](#)[> 5 Bills](#)[6 Submit](#)

Medical Costs

✓ [Start](#)

✓ [People](#)

3 Assets

✓ [Income](#)

> [5 Bills](#)

6 Submit

If you have medical costs, answer the questions on this page.

If you came to this page by mistake, click the button below to clear this page and go back to the Other Bills screen.

[Return to Other Bills](#)

You have told us that James has or recently had a medical cost. Please answer the questions below to tell us more about this cost.

Medical Costs Details

What is the type of medical cost James paid for?

Hospital Inpatient

When did James begin paying for this cost?

11/01/2020

How often does James have this service?

One Time only

When was the most recent service date of this cost?

10/12/2020

What was the amount paid for the most recent service?

\$1.00

If this cost recently ended or is going to end, please tell us the end date.

Additional Service Dates

Check the box below if James had another service for this medical cost in the months of October.

October

Costs In Past Months

Check the box below if James had a different cost amount for this medical cost in the months of October.

October

Does James have another medical cost?

Yes No

[Back](#) [Save](#) [Save & Exit](#) [Next](#)



Thank You!

Your application tracking number is **508** [redacted]. Be sure to write this number down or print this page for your records.

Your online application has been sent to Boulder county. If you have questions about the status of your online application, please contact Boulder county. To find the county address [click here](#). Have your application tracking number available to get answers more quickly.

Before submitting another application, contact Boulder county and provide your application tracking number.

Print Your Application

If you would like to print a copy of your application for your files, please click the "Print My Application" button. If you decide to print, please keep in mind that your application has your private, personal information in it.

- [Print My Application](#)
- [Print My Types of Proof Needed](#)
- [Print My Rights & Responsibilities](#)

You'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below:



Next

- 1. Application Review**
2. Results
3. Account

- ✓ Start
- > 2 People
- 3 Assets
- 4 Income
- 5 Bills
- 6 Submit

Citizenship

*Does Mary have a Social Security Number? ⓘ
 Yes No

Has this person applied for a Social Security Number? ⓘ
 Yes No

Reason this person does not have a SSN:

Does Mary have a Taxpayer Identification Number (TIN)?
 Yes No

*Is this person a U.S. citizen? ⓘ
 Yes No

*Is Mary or his/her spouse or parent, a veteran or an active-duty member of the U.S. military?
 Yes No

*Non-Citizenship Status: ⓘ

*Date of Entry

Did Mary experience a life or limb-threatening emergency in the past four months? If so, please tell us which month(s):

February March April May

*Does Mary have a Non-Citizen Document? [More Info](#)
 Yes No

- For those with a Non-Citizenship Status of *Undocumented*, a question will display asking if the individual has experienced a life or limb-threatening emergency in the past four months. Users will be able to select which month(s) the emergency occurred.

APPLICATION NEXT STEPS

Verifications:

- Individuals must obtain a written statement certifying the presence of an emergency medical condition from a physician and provide that information to their County of Residence.
 - This can be submitted at time of application or as a verification afterward.

Notice of Action (NOA):

- A NOA will be sent to the individual, letting them know their eligibility determination for the Emergency Medicaid program.
 - Applicants appeal rights apply.

WHY SHOULD COLORADANS USE EMERGENCY MEDICAID?

- ① **Emergency Medicaid will pay for all of your client's emergency medical care.**
- ② **The use of Emergency Medicaid is not subject to the public charge test,** in case your clients are applying for a green card or will apply for one in the future.
- ③ **The information clients provide when they enroll in Emergency Medicaid will only be used to ensure eligibility;** it will not be shared with other agencies without a court order.

It is very important that no one avoids or delays emergency medical care, for their health, the health of their family, and the health of the entire community.



QUESTIONS?



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CONTACT US



Coalition for Immigrant Health



720.583.1760



erika.serrano@centerforhealthprogress.org,
carly.weisenberg@centerforhealthprogress.org
coalition.centerforhealthprogress.org



@chprogress



CONTACT US



www.peakoutreach.com



peakoutreach@bouldercounty.org