

2054 – EMERGENCY MEDICAL ASSISTANCE

POLICY STATEMENT	<p>Emergency Medical Assistance (EMA) provides medical coverage to individuals who meet all requirements for a Medicaid Class of Assistance(COA) except for citizenship/alienage and enumeration requirements and who require or have received an emergency medical service.</p>
BASIC CONSIDERATIONS	<p>A non-citizen applicant is potentially eligible for EMA under any Medicaid COA.</p> <p>The applicant must meet all eligibility criteria for the COA with the following exceptions:</p> <ul style="list-style-type: none">• citizenship/alienage• enumeration. <p>Approval for EMA will usually be for, but is not limited to a service that was provided prior to the date of application. An eligible individual may be approved for ongoing EMA coverage for the period of time for which a doctor certifies the need for ongoing emergency medical services.</p> <p>Emergency medical services are services provided for the treatment of acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in:</p> <ul style="list-style-type: none">• placing the patient's health or the health of an unborn child serious jeopardy• serious impairment of bodily functions• serious dysfunction of any bodily organ or bodily function. <p>Services can include labor and delivery, from active labor until delivery is complete and mother and baby are stabilized.</p> <p>A physician determines the need for an emergency medical service and verifies that the service has been or will be rendered. The physician verifies emergency medical services by completing DMA Form 526, "Physician's Statement for Emergency Medical Assistance", or other written statement. The written statement must include all information on the DMA Form 526; specifying the date(s) emergency medical service has been or will be rendered.</p>

**BASIC
CONSIDERATIONS
(cont.)**

The EW will accept DMA Form 526 and proceed with the eligibility determination, regardless of level or type of medical service rendered. DMA will determine if claims submitted by providers meet the definition of an emergency medical service. Only emergency medical services should be reimbursed.

Georgia residency is required and is established by the A/R's verbal or written statement that s/he lives or has intent to live in the state and is physically present in Georgia.

An application for EMA is processed within 45/60 days. If a person applies for an emergency medical service to be received at a future date more than 45/60 days after the date of application, the application is denied and the applicant may reapply at a later date.

A pregnant woman who is approved for EMA is not eligible for the 60-day pregnancy transition coverage unless there is another medical emergency after the woman has given birth. Normally EMA ceases the day after delivery.

EMA is only approved for the date(s) specified on the DMA Form 526 or physician's written statement. EMA cannot be approved ongoing for more than three months. If EMA services will be needed for longer than three months, obtain a new statement in the third month.

A child born to a woman approved for EMA for the delivery is eligible for Newborn Medicaid.

An EMA A/R has the right to request a Fair Hearing. Refer to Fair Hearings for additional information.

A Continuing Medicaid Determination (CMD) is not required upon termination of EMA.

NOTE: Other family members who meet citizenship/alienage and enumeration requirements can request Medicaid coverage. Follow application procedures appropriate for any other COA for those family members.

BASIC CONSIDERATIONS (cont.)	<p>Determine eligibility and provide notification of case disposition within the following SOPs:</p> <ul style="list-style-type: none">• within 10 days for pregnant women• within 45 days for Family Medicaid COAs and ABD COAs for aged and blind applicants• within 60 days for ABD COAs for disabled applicants
PROCEDURES	<p>Follow the steps below to approve EMA.</p> <p>Step 1 Obtain a signed application from the A/R and determine the appropriate COA under which EMA will be processed. Conduct a face-to-face interview.</p> <p>NOTE: A face-to-face interview is not a requirement if EMA is processed under RSM.</p> <p>Step 2 Determine the AU and BG and complete the budgeting process for the appropriate COA.</p> <p>Step 3 Establish basic eligibility for the BG with the exception of citizenship/alienage and enumeration.</p> <p>Step 4 Obtain DMA Form 526 or a written, signed statement from the physician verifying the need for emergency medical services.</p> <p>NOTE: If DMA Form 526 or physician's statement indicates emergency medical services will be needed for longer than three months, obtain a new Form 526 or statement in the third month and every third month thereafter until the end of the emergency medical services.</p>

**PROCEDURES
(cont.)**

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| Step 5 | Approve the case using the appropriate COA if the A/R meets all eligibility criteria. Notify the AU of the eligibility determination. The notice should include the following: <ul style="list-style-type: none">• approval/disposition date• Medicaid ID number• Date(s) of eligibility |
| Step 6 | If EMA is approved ongoing, in the third month obtain a new Form 526 or physician's statement verifying whether EMA services will continue and the anticipated time period. Update SUCCESS with the new EMA period of eligibility. |
| Step 7 | A review is required prior to approving EMA beyond the initial 6 months, and each 6 month period thereafter.

NOTE: A new DMA form 526 or physician's statement is required every third month to verify that emergency services will continue to be needed. Ongoing Medicaid eligibility is not to be continued without verification of new period of eligibility for emergency services. |
| Step 8 | At the point the A/R is no longer eligible for emergency services, terminate eligibility. Provide timely, written notification to the AU indicating the reason for termination and the effective date. A CMD is not required. |