

EMSA Process Guide

Purpose: This guide is designed to assist workers on the SRT Eligibility Operations (EO) team who handle Emergency Medical Services Assistance (EMSA) assignments to ensure each team member follows a defined process when processing a case.

Assigned EMSA worker process:

1. Review the Medicaid application thoroughly for important information, such as:
 - a. If there are other individuals reported on the application or listed in the Master Case that are related to the individual applying.
 - i. It is important to review household composition to clarify family relationships and/or financial responsibility.
 - b. If there is an Authorized Representative (AR) for the individual applying. This information may be reported on the application or listed in the Master Case.
 - i. If there is an AR, determine if that role has been added to the case.
 1. If there is an AR and the role has not been added to the case this information will need to be added. See the [Application Management Guide](#) for additional information.
 - ii. If there isn't an AR, no additional action is needed.
 - c. Review to see if there is any other helpful information reported in the comments section of the application.
 - i. If yes, act on the information accordingly. (**Example:** dates of service(s) or other clues that the individual may be applying for EMSA); and
 - ii. Look for dates of service(s) being requested, reason for the hospitalization, or other information pertaining to the request for EMSA services.
 - d. Check the application for any listed immigration status information and determine if the information is current in NFOCUS (use VLP/SAVE, if necessary).
 - i. Immigration information may be reported on the application, filed in Document Imaging (DI), or indicated in prior narratives. The worker may have to request the most recent immigration documents from the individual.
2. Review the application using the [MLTC Processing Guide](#) to determine if the individual meets Medicaid eligibility requirements with the exception of having a qualified non-citizen status.
 - a. If the individual **does not** meet Medicaid eligibility requirements (with the exception of a qualified non-citizen status) follow the process in the [MLTC Processing Guide](#) to deny the application for the applicable reason and send a notice. **OR**
 - b. If the individual **does** meet Medicaid eligibility requirements, (with the exception of a qualified non-citizen status), proceed with the process below.
 - c. Determine if the individual meets MAGI or Non-MAGI eligibility.

NOTE: Review all Medicaid categories that do not require a disability first and then, review all Medicaid categories that do require a disability to ensure eligibility consideration is provided for all categories.

Example 1: A 63-year old, single individual indicates they are disabled. Their income exceeds all MAGI income limits; therefore they would need to meet a disability criteria along with an emergent criteria to be reviewed for Non-MAGI eligibility for EMSA.

Example 2: A 63-year old, single individual indicates they are disabled. Their income is within a MAGI category income limit; therefore they would only need to meet the emergent criteria and not a disability to be reviewed for EMSA. Non-MAGI eligibility for the individual would not be reviewed as they were found eligible in a MAGI category and meet an emergent criteria.

- d. If EMSA eligibility is being determined in the Non-MAGI category and:
 - i. The individual **does** have an SSN:
 1. Use AVS as the primary verification source. See additional information in the [AVS Procedural Guide](#).
 2. Verify income and all other eligibility requirements accordingly.
 - ii. If the individual **does not** have an SSN:
 1. The worker will be unable to use AVS to verify resources and will also be unable to verify the individual's income or eligibility requirements via interfaces. Include the request for resource, income, and all other eligibility requirement information on a VR, as applicable. Send the VR to the individual and the AR.
3. If the individual appears to meet MAGI or Non-MAGI eligibility:
 - a. Determine if there are medical dates of services (DOS) being requested for the emergency treatment; information may be in DI.
 - b. If it is determined that information is still missing:
 1. Attempt to contact the AR or the individual via phone call.
 - a. If able to reach them via phone call:
 - i. Verify dates of services.
 - ii. Ask if assistance is being requested due to an accident.
 1. If yes, follow the information in the [Third Party Liability Policy Log](#).
 - b. If the phone call attempt is unsuccessful, send a VR to obtain the dates of services and information about if the services needed pertain to an accident.
 - i. If assistance is being requested due to an accident.
 1. Follow the information in the [Third Party Liability Policy Log](#).
 - c. Review the dates of services provided by the individual to determine if the services covered meet the EMSA eligibility requirements at [477 NAC 27-009.01](#).

- i. If the individual **does not** meet EMSA eligibility requirements deny the application for *Eligibility Requirements Not Met*, add [477 NAC 27-009.01](#) to the comment section of the notice and send a notice. **OR**
 - ii. If the individual **does** meet EMSA eligibility requirements. See Step 2 below.
2. Complete the DM-13 (EMSA Social Study):
- d. Document the dates of services in the narrative.
 - e. Upload the completed DM-13 into DI; and
 - f. Email the completed DM-13 to Health Services: DHHS.SRTMedical@nebraska.gov and use the template below:
- i. Client Name:
 - ii. Master Case:
 - iii. Person Number or ARP ID:
 - iv. Dates of Services:
 - v. Date 1:
 - vi. Date 2 (If more than one):
 - vii. Authorized Rep/Guardian:
 - viii. Type of Referral:
 - ix. Disability declared, if known:
 - x. DM-13: EMSA Social Study Form (attached)
 - xi. Comments:

NOTE: An Agency Related Person ID or and ARP ID/Person Number is found in the *Person Detail Window* of NFOCUS.

- 3. If the EO VR Due alert is received, and if the requested information is not received, deny the case for failure to provide information.
 - g. Notify Health Services of the denial by emailing DHHS.SRTMedical@nebraska.gov.
 - i. Remain assigned to the case to process any further actions through the 90-day redetermination period.
 - ii. Send a notice of action.
- 4. If all requested documents on a denied case are received and the verification process is resumed, notify Health Services by emailing DHHS.SRTMedical@nebraska.gov.
 - h. Health services will then resume collection of medical records.
 - i. As verifications for income, resources, citizenship, etc. are received, update the information in the NFOCUS Expert system.
- 5. After the individual provides all needed EO documentation either initially or within the 90-day redetermination period, Health Services

will make a determination on if the individual meets an emergent medical condition and/or disability (if required) for the requested dates of services.

6. If the disability category is marked on the DM-13, Health Services is required to determine disability prior to the dates of services being reviewed.
 - j. Health Services notifies the worker of the denial for disability via note on the MLTC-73. This information is obtained by the worker from the completed MLTC-73 that Health Services scans into DI.
 - k. The worker denies the Medicaid application for eligibility requirements not met;
 - i. Send a notice of action and include the following:
 1. Based on the medical information submitted for Emergency Medical Services Assistance, it has been determined that your condition does not meet the disability requirement for Medicaid eligibility. This pertains to your EMSA request for the following dates of services _____. The manual references that support this notice are 477 NAC 2-001 and 27-009.01;
 2. Add the comments on the MLTC-73 from the Medical Director/Nurse/Doctor and/or Nebraska State Review Team Determination.
 3. If the individual has ‘Spanish’ identified as their primary written language, include the comments in both Spanish and English.
 - a. Basada en la información presentada para la Asistencia de Servicios Médicos de Emergencia, se ha determinado que su condición no cumple con el requisito de discapacidad para la elegibilidad de Medicaid. Esto se refiere a sus solicitud de EMSA para las siguientes fechas de servicios _____. La referencias de manual que sustentan este aviso son 477 NAC 2-001 y 27-009.01.
 - ii. Review the notice for accuracy prior to sending.
 - iii. Unassign the case.
 1. Health Services will not make a determination on an emergent medical condition and/or disability (if required) for the requested dates of services if their area does not receive medical documentation.

- i. Health Services must notify the worker of whether or not the individual is approved or denied based on the medical documentation only. This information is obtained from the completed MLTC-73 that Health Services scans into DI.
 - ii. If the individual fails to provide the medical documentation, Health Services will email this information to the worker.
- m. Once the email is received, the worker denies the Medicaid application for failure to provide information and sends a notice of action.
 - n. Keep the case assigned throughout the 90-day redetermination period.
 - i. Unassign after that date OR after the case has been processed.
 - o. If the individual provides the needed medical information to Health Services within the 90-day redetermination period, Health Services will review the information and make a determination on the emergent medical condition.
 - p. Once Health Services has reviewed the medical information and has made their determination, they will set an SRT Response alert and upload the MLTC-73 into DI.
 - q. Act on the SRT Response alert generated on the case by reviewing the information on the MLTC-73.
 - i. If the individual is denied by Health Services due to the emergent medical condition requirements not met:
 1. Deny the Medicaid application for eligibility requirements not met;
 2. Send a notice of action and include the following:
 - a. Based on the medical information submitted for Emergency Medical Services Assistance, it has been determined that your condition does not meet the EMSA eligibility requirement for the following dates of services _____ . The manual references that support this notice are 477 NAC 2-001 and 27-009.01;
 - b. Add the comments on the MLTC-73 from the Medical Director/Nurse/Doctor and/or Nebraska State Review Team Determination.

- c. If the individual has ‘Spanish’ identified as their primary written language, include the comments in both Spanish and English.
 - i. Basada en la información presentada para la Asistencia de Servicios Médicos de Emergencia, se ha determinado que su condición no cumple con el requisito de discapacidad para la elegibilidad de Medicaid. Esto se refiere a sus solicitud de EMSA para las siguientes fechas de servicios _____.
 - _____.
3. Review the notice for accuracy prior to sending.
 4. Unassign the case.

NOTE: The same individual that has had an EMSA determination already made for dates of services may make additional future requests for other dates of services. Follow the outlined process above.

- ii. If the individual is approved by Health Services:
 1. Review the dates of services listed on the MLTC-73 that the individual is approved for.
 2. Enter the EMSA approval dates:
 - a. Under Medical Impairment → SRT Emergency Medical For Aliens in the NFOCUS Expert System. (A begin date and end date must be entered); **and**
 - b. The SRT Form DM-5R must be selected as the Verification Source for each of the approval dates entered.

Example 1: The individual is approved for the dates of services of May 5th. May 5th is entered as the begin date AND the end date.

Example 2: If the dates of services are all inclusive enter the dates together (for example: September 13th- 20th: September 13th is entered as the begin date and September 20th is entered as the end date).

Example 3: If the dates of services are for multiple days and there is a gap between the days enter the dates separately (for example: begin and end on September 13th and begin and end on September 20th).

- i. September 13th is entered as the begin and end date; and
- ii. September 20th is also entered (separately) as the begin and end date.

NOTE: If a portion of the dates are approved and a portion of them are denied, ensure that the dates are clearly outlined in the comment section of the Notice of Action.

3. Once the dates of services are entered:
 - a. Enter all other financial and non-financial information into NFOCUS; and
 - b. Follow the additional steps in the [MLTC Processing Guide](#).
4. Once all applicable information is entered into NFOCUS:
 - a. Process the budgets for the months that correspond with the approved dates of services as determined by Health Services.
 - b. Deny months that do not correspond directly with the approved dates of services as determined by Health Services.

Example: The individual's application was received in May and the individual is approved for dates of services in May and July.

- Process the May budget.
- Deny the June budget for Ineligible Alien (the individual did NOT request dates of services to be covered for this month).
- Process the July budget.
- Close the case for August for Ineligible Alien (the individual did NOT request dates of services to be covered for this month).
 - If at a later time within the 90 days from the closure date (7/31) the individual requests additional dates of services coverage; follow the outlined process above and process the additional dates of services requested (if Health Services approves the additional dates of services requested **AND** the individual meets all other EMSA eligibility requirements.)

- If the request to cover additional dates of services is outside of the 90-day timeframe a new application is needed.

NOTE: If the individual is denied for not meeting eligibility requirements (with the exception of a qualified non-citizen status) and then later requests other dates of services after their application has been denied; the individual must submit a new application.

5. Send a Notice of Action.
6. Include the following:
 - a. Based on the medical information submitted for Emergency Medical Services Assistance, it has been determined that your condition meets the EMSA eligibility requirement for the following dates of services _____. The manual references that support this notice are 477 NAC 2-001 and 27-009.01; and
 - b. Add the comments on the MLTC-73 from the Medical Director/Nurse/Doctor and/or Nebraska State Review Team Determination.
 - c. If the individual has “Spanish” identified as their primary written language, include the comments in both Spanish and English.
 - i. Basada en la información presentada para la Asistencia de Servicios Médicos de Emergencia, se ha determinado que su condición cumple con el requisito de elegibilidad de EMSA para las siguientes fechas de servicio _____. Las referencias de manual que sustentan este aviso son 477 NAC 2-001 y 27-009.01; and
7. Review the notice for accuracy prior to sending.
8. Unassign the case.

Example:

- Dates of Services Requested: May 5th and May 6th, 2022, and July 2nd, 2022.
- Dates of Services Approved: May 5th and May 6th, 2022.
- Dates of Services Denied: July 2nd, 2022.

Revision History		
Date	Author	Comment
11/2022	PAS, Policy, and EO Work Group	Revised the document to clarify steps.