

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: All Providers
Managed Care Organizations

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Health and Recovery Services
Administration (HRSA)

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1-800-562-3022, option 2, or go to:
<http://hrsa.dshs.wa.gov/contact/prucontact.asp>

Supersedes: 05-129

Subject: Alien Emergency Medical (AEM) Program, Nursing Facility Program, and Alien Medical Program: Changes in Medical Eligibility and Benefits

Effective November 1, 2009, the Department of Social and Health Services (DSHS) will offer coverage for non-citizens under three medical programs: the federally funded Alien Emergency Medical (AEM) program, the state-funded Nursing Facility program, and the state-funded Alien Medical program. Eligibility criteria for coverage and the services available are different under each medical program. For more information, visit: <http://hrsa.dshs.wa.gov/News/aem.htm>.

What Has Changed?

Financially eligible non-citizens may be covered under three different medical programs:

- 1. Federally Funded Alien Emergency Medical (AEM) Program**
DSHS has modified this federally funded program to better comply with federal regulations.

This memo outlines the changes in this program.

- 2. State-Funded Nursing Facility Program**
There is a state-funded Nursing Facility program to cover nursing facility care for non-citizens who require nursing facility level of care and are pre-approved by the Aging & Disability Services Administration (ADSA) for such care.

This memo outlines coverage under this program.

3. **State-Funded Alien Medical Program**

There is now a **state-funded** program that covers healthcare for non-citizens who require:

- Dialysis to treat acute or end stage renal disease;
- Chemotherapy, radiation, or surgery to treat cancer; or
- Anti-rejection medication because the non-citizen has had a solid or nonsolid transplant.

This memo outlines the new state-funded Alien Medical program.

Note: Clients covered under the state-funded Alien Medical program may apply for coverage under the federally funded AEM program any time they require emergency treatment for an emergency condition not related to the condition that qualified them for the state-funded Alien Medical program.

Federally Funded AEM Program [WAC 388-438-0115]

Who Is Eligible for the Federally Funded AEM Program?

This program is available only to categorically and financially eligible non-citizens who receive treatment for a qualifying emergency condition **and only when that treatment is provided in a hospital setting.**

What Does DSHS Consider a Hospital Setting?

For the purposes of the federally funded AEM program, DSHS considers each of the following a hospital setting:

- Emergency room, which must include an Evaluation and Management (E&M) Service;
- Outpatient surgery; and
- Inpatient admission, including Voluntary or Involuntary Treatment Act (ITA) psychiatric admissions authorized by a DSHS designee.

Is Prior Authorization Required?

No. The services do not require prior authorization because most applications for coverage under the AEM program are submitted after the services are provided. If the services require authorization, the medical necessity review will be conducted after the coverage determination is made. DSHS may request additional information to complete this review. You will receive a letter regarding the authorization determination after the review is completed.

Applications and Billing for AEM Program Services in Hospital Settings

Applications for lengthy inpatient admissions may be submitted during the inpatient stay.

The date(s) of coverage is only for the date(s) the non-citizen received services for an emergency condition in the hospital setting (admission date through discharge date).

Hospitals must bill indicating the service is an “emergency” in Box 14 of the UB-04.

Hospitals are encouraged to assist non-citizens in submitting their applications by providing them copies of the documentation DSHS requires to make a coverage determination.

Documentation Requirements

DSHS requires the following documentation:

For Emergency Room visits:

- Emergency room treatment record; and
- Completed UB-04 claim form.

For Emergency Outpatient Surgery:

- Operative record; and
- Completed UB-04 claim form.

For Emergency Inpatient Admissions:

- History and Physical;
- Discharge Summary; and
- Completed UB-04 claim form.

What Services Does DSHS Pay For?

DSHS pays **only** for the medically necessary services provided in the hospital setting to treat the emergency medical condition as defined by WAC 388-500-0005. DSHS reviews the submitted documentation to determine if the primary condition requiring treatment meets the definition of an emergency medical condition.

DSHS pays for all medically necessary healthcare services and professional services that are related to the emergency medical condition and provided during this specific emergency room visit, outpatient surgery or inpatient admission. These services include, but are not limited to:

- Medications;
- Laboratory, x-ray and other diagnostics and the professional interpretations;
- Medical equipment and supplies;
- Anesthesia, surgical and recovery services;
- Physician consultation, treatment, surgery or evaluation services;
- Therapy services;
- Emergency medical transportation; and
- Non-emergency ambulance transportation to transfer the person from the hospital to a long term acute care (LTAC) facility or an inpatient physical medicine and rehabilitation (PM&R) unit. DSHS must prior authorize an LTAC and Acute PM&R admission.

DSHS may expand the coverage period to cover admissions to an LTAC facility or inpatient Acute PM&R unit if:

- The client's initial admission to the community hospital meets the criteria above;
- The client is transferred directly from the community hospital to the LTAC or Acute PM&R facility; and
- The client's admission is prior authorized.

Refer to the current DSHS/HRSA *Long Term Acute Care Billing Instructions* or *Acute Physical Medicine and Rehabilitation (PM&R) Billing Instructions* located at:

<http://hrsa.dshs.wa.go/download/BI.html> for more information regarding prior authorization of admissions for these services.

DSHS also pays for one fill of prescribed medication(s) and retroactively reimburses this service according to pharmacy program rules in Chapter 388-530 WAC if the prescription is:

- Prescribed on the same day as the release from the hospital;
- Provided and billed by a hospital's outpatient pharmacy service or by a retail pharmacy; and
- Associated with the qualifying, emergency condition and hospital-based service.

What Services Does DSHS Not Pay For?

DSHS does not pay for:

- Any services after the person is discharged from a hospital, authorized LTAC facility, or authorized Acute PM&R unit. Upon discharge, the person is no longer eligible for services.
- Hospital services, care, surgeries, or inpatient admissions to treat any condition which is not considered by DSHS to be a qualifying emergency medical condition, including but not limited to:
 - ✓ Physician consultation, treatment, surgery or evaluation services;
 - ✓ Laboratory, x-ray, or other diagnostic procedures;
 - ✓ Physical, occupational, speech therapy, or audiology services;
 - ✓ Hospital clinic services; and
 - ✓ Emergency room visits, surgery, or hospital admissions.
- Any services provided during an emergency hospital admission or visit (meeting the criteria described under “Who Is Eligible for the Federally Funded AEM Program?”), which are not related to or consistent with best practices in treating the qualifying emergency medical condition.
- Organ transplants and related services, including any pre-evaluation or postoperative care.
- Services provided outside the hospital settings, including but not limited to:
 - ✓ Office- or clinic-based services rendered by a physician, an advanced registered nurse practitioner (ARNP), or any other licensed practitioner;
 - ✓ Prenatal care, except labor and delivery;
 - ✓ Laboratory, radiology, and any other diagnostic testing;
 - ✓ School-based healthcare services;
 - ✓ Personal care services;
 - ✓ Physical, respiratory, occupational, and speech therapy services;
 - ✓ Waiver services;
 - ✓ Nursing facility services;
 - ✓ Home health services;
 - ✓ Hospice services;
 - ✓ Vision services;
 - ✓ Hearing services;
 - ✓ Dental services;
 - ✓ Durable and nondurable medical supplies;
 - ✓ Non-emergency transportation;
 - ✓ Interpreter services; and
 - ✓ Pharmacy services, except as previously described.

State-Funded Nursing Facility Program [WAC 388-438-0125]

Who Is Eligible for the State-Funded Nursing Facility Program?

This program is only available for financially eligible noncitizens who meet the nursing facility level of care (NFLOC) as determined by a Home & Community Service (HCS) Social Worker. Services must be pre-approved by the Aging & Disability Services Administration (ADSA) headquarters. Current individuals that have been approved for nursing facility coverage under the federally funded AEM program will be grandfathered into the state-funded nursing facility program as long as they are still residing in the nursing facility and meet NFLOC. This program is subject to caseload limits determined by legislative funding.

What Services Does DSHS Pay For?

- Nursing facility services at the state rate for that facility; and
- Medical-related services under the categorically needy scope of care. These services must be provided in adherence with the rules of that medical program, including limitations, noncovered services, and prior authorization requirements.

How Do I Get Pre-Approval for Nursing Facility Services Under this Program?

Hospital discharge planners must contact the HCS office in their area to request a pre-approval for the state-funded nursing facility admission prior to discharge into a nursing facility. An application for medical benefits must be either approved by, or submitted to, DSHS.

Nursing facilities must make sure these admissions have been pre-approved by ADSA as slots for this program are limited. Once the program is at capacity, no new approvals can be made until a slot is available. The local HCS office will coordinate with ADSA headquarters for a request of pre-approval.

Phone numbers for Home & Community Services by County

<http://www.aasa.dshs.wa.gov/Resources/clickmap.htm>

How Do I Bill DSHS for Nursing Facility Services Covered Under this Program?

Enter Value Code 24 with Patient Class Code 45 in form locator 39-41 on the UB-04 claim form.

What Services Does DSHS Not Pay For Under the State-Funded Nursing Facility Program?

Other long term care (LTC) services in the community such as Waiver or personal care are not covered under this program. This program is limited to nursing facility services and medical services under the categorically needy scope of care.

State-Funded Alien Medical Program [WAC 388-438-0120]

Who Is Eligible for the State-Funded Alien Medical Program?

This program is available only to categorically and financially eligible non-citizens who have been diagnosed with a condition that requires:

- Surgery, chemotherapy, and/or radiation therapy to treat cancer;
- Dialysis to treat acute renal failure or end stage renal disease (ESRD); and/or
- Anti-rejection medication because the person has had a solid or nonsolid transplant.

Clients may submit applications for coverage once it is determined they requires dialysis or have been clinically diagnosed with cancer. Coverage for dialysis starts the date the dialysis treatment begins. Clients requiring anti-rejection medication may submit their application anytime. The date span for coverage ranges from one week to a year depending on the client's condition and length of anticipated treatment.

What Services Does DSHS Pay For?

DSHS pays for any medically necessary services to treat the non-citizen's qualifying medical condition: cancer, renal disease requiring dialysis and/or post organ transplant and requiring anti-rejection medications as described above, regardless of the place of service. This includes:

- Physician and ARNP services, except when providing a service that is not within the scope of this medical program;
- Inpatient and outpatient hospital care;
- Dialysis;
- Surgical procedures and care;
- Office or clinic based care;
- Pharmacy services, including anti- rejection medications;
- Laboratory, x-ray or other diagnostic studies;
- Oxygen services;
- Respiratory and Intravenous (IV) therapy;
- Anesthesia services;
- Hospice services;

- Home health services, limited to two skilled nursing visits within the eligibility enrollment period (with prior authorization);
- Durable and nondurable medical equipment;
- Non-emergency transportation; and
- Interpreter services.

DSHS requires providers to meet prior authorization (PA) requirements to receive payment for services. All of the following require PA:

- Hospice services;
- Home health services;
- Durable and nondurable medical equipment;
- Oxygen and respiratory therapy;
- IV therapy; and
- Dialysis for acute renal disease services.

Any prior authorization requirements applicable to the other services listed above must also be met according to specific program rules.

What Services Does DSHS Not Pay For?

DSHS does not pay for:

- Cancer screening or work-ups to detect or diagnosis the presence of cancer;
- Fistula placement while the client waits to see if dialysis will be required;
- Services provided by any healthcare professional to treat a condition not related to, or required to, treat the qualifying condition;
- Organ transplants, including pre-evaluations or post-operative care, except as described above;
- Health department services;
- School-based healthcare services;
- Personal care services;
- Physical, occupational, and speech therapy services;
- Audiology services;
- Neurodevelopmental services;
- Waivered services;
- Nursing facility services;
- Home health services--more than two skilled nursing visits within the eligibility enrollment period (with prior authorization);
- Vision services;
- Hearing services;

- Dental services, unless prior authorized and directly related to dialysis or cancer treatment;
- Mental health services;
- Podiatry services;
- Substance abuse services; and
- Smoking cessation services.

What About Clients Currently Covered by the AEM Program?

DSHS will continue to cover clients who have cancer, but will pay only for the services they require to treat their cancer. When their current certification period ends, they must reapply for coverage/services. DSHS will grant extensions for coverage to cover the length of treatment required to treat the cancer as long as clients are categorically and financially eligible.

DSHS will continue to cover clients who have acute or end-stage renal disease, but will pay only for services related to treating their renal disease while they are on dialysis. When their current certification period ends, they must reapply for coverage/services. DSHS will cover clients who continue to be categorically and financially eligible as long as they require dialysis. DSHS will extend coverage in three-month increments for non-citizens with acute renal failure requiring dialysis and in one-year increments for non-citizens who have end stage renal disease requiring dialysis.

DSHS will continue to cover anti-rejection medications but will pay only for services related to post organ transplant care as described above. When their current certification period ends they must reapply for coverage/services. DSHS will cover these clients who continue to be categorically and financially eligible as long as they require anti-rejection medications.

Beginning November 1, 2009, current AEM program clients who don't fall into any of the categories for coverage under the state-funded Alien Medical program will be covered under the federally funded AEM program for **emergency services only**. These emergency services are described in the section "What Services Does DSHS Pay For?" on page 4 of this memo. The client's emergency medical condition must meet qualifying criteria. DSHS determines coverage based on documentation submitted to DSHS. DSHS no longer pays for those services described in "What Services Does DSHS Not Pay For?" on page 5 of this memo.

May I Bill the Recipient of Services NOT in the Scope of Coverage under These Programs?

Yes! You may bill the recipient if:

- The recipient is not deemed eligible for coverage under a program described in this memo; or
- The service isn't included in the program the recipient is covered under. Please refer to WAC 388-502-0160 "Billing the Client" for guidance when the service isn't covered.

Note: Do not bill DSHS for any service not covered according to the WACs referenced in this memo. DSHS will recoup any payment made that are not in accordance with the rules outlined in this memo.

How Do I Conduct Business Electronically With DSHS?

You may conduct business electronically with DSHS by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How Can I Get DSHS/HRSA Provider Documents?

To obtain DSHS/HRSA provider numbered memos and billing instructions, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link). These documents may be downloaded and printed.