



# **Alien Emergency Medical (AEM)**

Office of Medicaid Eligibility and Policy (OMEP)  
Updated October 2017

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# Overview

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- AEM is a program for individuals who do not meet citizenship or immigration status requirements or for qualified individuals who have not met the 5-year bar **and** have a qualifying medical emergency.
- Pregnancy related hospitalizations are covered under Washington Apple Health Pregnancy medical program, not AEM.
- It is safe for anyone to apply. The information you submit in the application is used solely for the purpose of determining eligibility.

# Updates

## What is new?

- Applications for AEM MAGI-Based are no longer limited to being sent as paper applications to HCA. They are now, like any other WA Apple Health Programs, accepted via Washington [Healthplanfinder.org](https://www.healthplanfinder.org)
- Updated fax cover sheet for AEM MAGI-Based medical documentation submission

# AEM Applications Overview

Health Care Authority (HCA) and Department of Social and Health Services (DSHS) are the agencies responsible for processing AEM applications

<b>HCA</b>	<b>DSHS</b>
<b>MAGI Medicaid</b>	<b>Classic Medicaid</b>
An individual is age 19 through 64	Individual is age 65 or older and is not a caretaker for a child < age 19; or
An individual is not eligible for Medicare or is eligible for Medicare but has a child; and	Individual is receiving Medicare and not eligible for a MAGI Medicaid program
Follows MAGI rules established through the WA <a href="http://Healthplanfinder.org">Healthplanfinder.org</a>	Countable income exceeds the MAGI standard and individual is claiming a disability

# Medical Emergency

# Who qualifies and what is covered

In order to qualify for AEM, an individual must not be eligible for another WA apple health program due to citizenship or immigration status **and** have or need at least one of the following:

- A qualifying emergent medical condition such as emergency room care, inpatient admission or outpatient surgery
- A cancer treatment plan
- Dialysis treatment
- Anti-rejection medication for a post-organ transplant

HCA clinical staff determine whether or not the medical condition meets the definition of a qualifying emergency medical condition.

# Qualifying Medical Emergency Defined

## **WAC 182-500-0030:**

A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part

HCA clinical staff determine whether or not the medical condition meets the definition of a qualifying emergency medical condition.

# **Application Process For MAGI Based AEM**

# How to Apply for MAGI-BASED AEM

- Applications should be submitted through Washington Healthplanfinder at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org). For ID proofing, follow the instructions for Identity Proofing located on your training page under Resources
- By completing an Application for Health Care Coverage (HCA 18-001P) [www.hca.wa.gov/medicaid/forms/Documents/18-001P.pdf](http://www.hca.wa.gov/medicaid/forms/Documents/18-001P.pdf)

# How to Avoid Duplicate IDs

## Demographic Matching

- If you are a navigator and you receive the partial ID match in HPF, contact your lead organization
- If you are a Certified Application Counselor or Assister/Community Partner contact the HBE customer Support Center: 1-855-923-4633
- Check [ProviderOne](#) to see if the applicant is known to the system
- Enter information in the WA [Healthplanfinder.org](http://Healthplanfinder.org) the same as is in [ProviderOne](#) to prevent duplicate [ProviderOne](#) IDs

### For example:

If ProviderOne shows the client is Jane Smith Johnson but the information you have shows Jane Smith-Johnson, enter the information as Jane Smith Johnson.

# HPF Application Partnering

## In-Person Assisters (IPAs) Partnering for Individuals Without an SSN

**Hospital-Based IPA:** Can contact a [HCA Community-Based Specialist](#)

**Non-Hospital-Based IPA:** Must use their resources as listed below:

- **Navigators:** Contact your lead organization
- **Certified Application Counselors (CACs):** Contact the Washington Healthplanfinder Customer Support Center at 1-855-923-4633
- **HCA Volunteer Assisters:** Contact the Washington Healthplanfinder Customer Support Center at 1-855-923-4633

Error Codes: refer to your troubleshooting guide and process according to user access

# Review the Emergency Medical Coverage Question

- In order to be considered for AEM, ensure the answer to this question is “yes”

## Emergency Medical Coverage

You have indicated that you or someone in your household is not a U.S. citizen. Limited coverage may be available for the medical conditions listed below

Do you or someone in your household need coverage due to an emergency hospitalization, cancer or kidney disease? \* ?

[REDACTED]  YES  NO

[◀ Back](#) [Save and Exit](#) [Next](#)

# Applying for Multiple Dates of Service

- List all days of services that occurred up through the date of application
- If an AEM application is currently pending and the client incurs another emergency medical condition:
  - Obtain medical records; and
  - Submit with a new fax cover sheet
  - Write on the fax cover sheet the specific additional dates of service for the initial application ID - Include: "approval needed"

# Screenshot of Pending Status in Healthplanfinder



## Eligibility Status

You applied for free or low-cost health insurance coverage. To see Eligibility Status details per household member click each name below.

[Redacted Name]

**PENDING**  
Household: Primary Applicant  
Coverage: WAH - AEM  
Start Date: Not Applicable  
End Date: Not Applicable  
[View Details](#)

[Redacted Name] **PENDING**

We were unable to verify [Redacted Name]'s status. Coverage may be available once we receive some additional information.

 **Washington Apple Health Alien Emergency Medical**  
[Redacted Name] is pending Washington Apple Health Alien Emergency Medical Coverage. [Why this result?](#)

Coverage Start Date	Coverage End Date	Renewal Information
Not Applicable	Not Applicable	Not Applicable

# Denials Due to Income Exceeding the Income Standard

If an AEM application is denied due to income exceeding the MAGI-based income standard and the applicant has indicated they are disabled:

- Refer the applicant to [WashingtonConnection.org](http://WashingtonConnection.org); or have them complete the HCA 18-005 paper application and fax it to 1-888-338-7410.
- The application will be evaluated for the AEM spenddown program through Classic Medicaid.

# Application Status Update - MAGI

Before requesting a status update be sure to:

- Check WA [Healthplanfinder.org](https://www.healthplanfinder.org) to check the status of the application
- Check [ProviderOne](#) to see if coverage has been approved
- For status updates or questions about MAGI AEM applications:  
Call the Medical Assistance Customer Service Center (MACSC) at 1-800-562-3022 (AEM application processing could take up to 45 days, please limit status checks to allow time for processing)
- Emergent requests will be directed by the MACSC to the AEM team for follow up

**Emergent** is when a person needs cancer treatment, dialysis or anti-rejection medication.

# **Application Process for Classic Medicaid AEM**

# Submitting an Online Application to DSHS

- **Online application**
  - ✓ [WashingtonConnection.org](http://WashingtonConnection.org)
- **Supporting Medical documents**
  - ✓ Fax AEM supporting medical documents to DSHS at 1-888-338-7410. Include the name and ACES client ID on the fax cover sheet.

# Submitting a Paper Application to DSHS

- Retrieve the application form **18-005** from the [HCA website](#)
- Write “AEM” on the top of the application
- Write the date(s) of services needed
- Include applicable supporting medical documents
- Fax the completed paper application (HCA 18-005) and supporting medical documents for Classic Medicaid (ABD/LTC) to: **1-888-338-7410**

# Application Status Update - DSHS

**Before requesting a status update, please be sure to:**

- Check [ProviderOne](#) to see if coverage has been approved
- For Classic Medicaid AEM status updates or questions Call DSHS Customer Service Contact Center (CSCC) at **1-877-501-2233**
- Emergent requests will be directed by the CSCC to the AEM team for follow up

**Emergent** is when a person needs cancer treatment, dialysis or anti-rejection medication.

# Requesting Additional Dates of Service When Application is Pending

- If an AEM application is currently pending and the client incurs another emergency medical condition:
  - Obtain medical records and
  - Submit with a fax cover sheet
  - Write on the fax cover sheet the specific additional dates of service, ACES client ID - Include: "approval needed" and fax to 1-888-338-7410

# Required Medical Documents

# Required Medical Documents

This section applies to both MAGI and Classic Medicaid

We strongly encourage obtaining the supporting medical documents pertaining to the medical emergency prior to submitting an application

Providing your medical documents at the same time of the application will expedite the process

# Supporting Medical Documents

## Emergency Room Care

If the individual received emergency room care, the following medical documents must be provided:

- Emergency room treatment page(s)
- Copy of completed hospital claim form (UB04)

## Outpatient Surgery Care

If the individual received outpatient surgery care, please provide the following:

- Operative note (description of procedure completed)
- Copy of completed hospital claim form (UB04)

## Inpatient Admission

If the individual was admitted and received inpatient care, please provide the following:

- History and Physical
- Hospital discharge summary
- Copy of completed hospital claim form (UB04)

# Supporting Medical Documents

## Cancer Treatment

If the individual is in need of cancer treatment, please provide the following:

- Current cancer treatment plan from the attending physician; and
- Pathology report (if available)

## Dialysis Treatment

If the individual is in need of dialysis treatment, please provide the following:

- Current dialysis flow charts from the dialysis center; or
- Treatment plan from the attending physician

## Anti-Rejection Treatment

If the individual is in need of anti-rejection medication for a post organ transplant, please provide the following:

- Treatment plan from the attending physician or provider including required medications

# Supporting Medical Documents for MAGI

Once you have submitted the application for AEM through the [WAhealthplanfinder](#), the following steps are required:

- Print the HCA fax cover sheet, which can be found at: <http://www.hca.wa.gov/assets/free-or-low-cost/aem-fax-cover-sheet.pdf>
- Be sure to properly complete and check mark the appropriate radio buttons on the fax sheet that apply to your case.
- Fax to HCA at: 1-866-841-2267

**Do not upload medical documents to WAhealthplanfinder**

# Supporting Medical Documents for Classic

Once you have submitted the application for AEM to DSHS, the following steps are required:

- Fax supporting medical documents to DSHS at 1-888-338-7410
- Please refer to slides 20 and 21 for detailed instructions

# **HCA Clinical Referral & Application Processing**

# HCA Clinical Referral

- Once financial eligibility has been determined, the HCA Clinical Consultant determines whether or not the medical condition meets the criteria of a qualifying emergency medical condition.
- If additional medical information is needed, the HCA clinical consultant will attempt to obtain the information from the provider.
- If the required information is not received within 10 days, the application will be denied.
- Eligibility will be reconsidered if the missing information is received within 30 days of the date of the denial.

# Application Approval or Denial

It can take up to 15 days for the HCA Clinical Consultant to make a decision

<b>HCA</b>	<b>DSHS</b>
<b>MAGI Medicaid</b>	<b>Classic Medicaid</b>
HCA Clinical Consultant makes a decision	HCA Clinical Consultant makes a decision
HCA Medical Assistance Specialist approves or denies the AEM application based on the HCA clinical decision	DSHS Financial Services Specialist approves or denies the AEM application based on HCA clinical decision
Eligibility notice is mailed from HPF. As a navigator, this will appear in your list of clients – review Updated Eligibility Decision and Important Information letters	Eligibility letter is mailed from ACES

# HPF Screen – Approval for Ongoing AEM

Account Home | Payments | My Household | Action Center

## Message Center

Notice	Date/Time Received
<a href="#">Updated Eligibility Decision</a> <span>English</span>	03/02/2017, 02:50 AM
<a href="#">Updated Eligibility Decision</a> <span>Spanish</span>	03/02/2017, 02:50 AM
<a href="#">Updated Eligibility Decision</a> <span>English</span>	03/02/2017, 02:43 AM

[View More](#)

## Your Household Coverage Summary [PRINT](#)

Current Year-2017  
Health Coverage  
*Washington Apple Health (except Alien Emergency Medical) includes dental coverage*

Name	Plan Name	Start Date	End Date
[Redacted]	Washington Apple Health	03/01/2017	02/28/2018

## Washington Apple Health Details

### Eligibility Status

Individual Covered	Coverage	Coverage Start Date	Coverage End Date	Eligibility Status
[Redacted]	Washington Apple Health Alien Emergency Medical	03/01/2017	02/28/2018	Approved

### Managed Care Enrollment Status

Individual Covered	Plan Name	Plan Start Date	Plan End Date	Enrollment Status
[Redacted]	Coverage without a Managed Care Plan			Enrolled

No further action is required at this time.

[Back](#) [OK](#)

# HPF Screen – Processed AEM

Account Home | Payments | My Household | Action Center

## Message Center

Notice	Date/Time Received
<b>Updated Eligibility Decision</b> English	03/16/2017, 02:08 AM
<b>Important Information</b> English	03/16/2017, 01:54 AM
<b>Important Information</b> English	03/08/2017, 02:17 AM

[View More ▶](#)

Your Household Coverage Summary [PRINT](#) 

No Plans to show

By looking at a client’s HPF dashboard you will know AEM has been processed when:

- Washington Apple Health is not showing for the AEM applicant under “Your Household Coverage Summary” and
- There is an Updated Eligibility Decision and Important Information in the Message Center

# **State-Funded Long-Term Care (LTC) Program**

# State-Funded LTC Program

There is a state-funded LTC program for non-citizens under the Alien Medical Program; not under AEM.

- Aging and Long Term Supports Administration (AL TSA) has a limited amount (45 slots) of state funding available for non-citizens in need of long-term care services in a nursing facility, adult family home or in-home care. There is waiting list for this program.
- Contact [sandra.spiegelberg@dshs.wa.gov](mailto:sandra.spiegelberg@dshs.wa.gov) for information on the state-funded LTC for non-citizen program.
- Eligibility for this program is described in WAC 182-507-0125 <https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/state-funded-long-term-care-non-citizens>

# Additional Resources

# Additional Medicaid Resources

- **HCA Apple Health (Medicaid)**

<http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage>

- **Training & Education**

<http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage/stakeholder-training-and-education>

- **HCA Area Representatives**

[http://www.hca.wa.gov/assets/free-or-low-cost/area\\_representatives.pdf](http://www.hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf)

- **Cross-Agency Customer Support Referrals**

[http://www.hca.wa.gov/assets/free-or-low-cost/customer\\_support\\_center\\_referrals.pdf](http://www.hca.wa.gov/assets/free-or-low-cost/customer_support_center_referrals.pdf)

- **Contact Us**

[http://www.hca.wa.gov/assets/free-or-low-cost/area\\_representatives.pdf](http://www.hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf)