

R414. Health, Health Care Financing, Coverage and Reimbursement Policy.

R414-518. Emergency Services Program for Non-Citizens.

R414-518-1. Introduction and Authority.

This rule is authorized by 42 U.S.C. 1396b, 42 CFR 440.255(c), and Subsection 1903(v) (1) of the Social Security Act, and implements the scope of services available to individuals who qualify for coverage under the Emergency Service Program for Non-Citizens.

R414-518-2. Definitions.

In addition to the definitions in Rule R414-1, the following definitions apply to this rule:

(1) "Acute" means referring to a disease or illness of sudden onset and brief course, not chronic;

(2) "Chronic" means a persistent condition in relation to a disease or illness;

(3) "Diagnosis" means the identification of the cause, nature, or manifestation of a disease or illness;

(4) "Non-Citizens" means aliens who are not lawfully admitted for permanent residence in the United States or permanently residing in the United States under the color of law;

(5) "Stabilized" means that an individual's severity of illness and the intensity of necessary services are such that the individual can leave the acute care facility, no longer needs constant attention from a medical professional, advances to supportive care, or requires long-term care;

(6) "Treating Physician" means a licensed physician, who has conducted an evaluation of the individual sufficient to render a medical opinion, that the presenting symptoms are emergent in nature and require immediate medical attention.

R414-518-3. Service Coverage and Limitations.

(1) Coverage of emergency services for non-citizens must meet the criteria found in 42 CFR 440.255(c) and is only covered until the individual is stabilized.

(2) In the event of a referral to the emergency department, the initial emergency department visit may qualify for coverage when all of the following criteria is met and established by supporting documentation:

(a) The treating physician performs an evaluation of the individual and refers the individual to the emergency department for further evaluation to determine if there is an emergency medical condition;

(b) The individual goes from the treating physician directly to the emergency department for emergency services.

(3) Dialysis is a covered benefit when the following criteria is met and established by supporting documentation. The individual:

(a) must have an initial qualifying emergency department event that meets the criteria outlined in Subsection R414-518-3(1) or (2) above;

(b) must be diagnosed with End Stage Renal Disease (ESRD) requiring dialysis; and

(i) during the initial qualifying event, the provider shall inform the individual where and how to receive continued outpatient

dialysis services, and document the provided information in the individual's medical record;

(c) the individual must be receiving services through a qualifying inpatient hospitalization; or

(d) through a Medicaid-enrolled outpatient dialysis facility after an initial qualifying emergency department event outlined in Subsection R414-518-3(3)(a) above.

(4) Medicaid does not cover the following services for non-citizens:

(a) Stabilized medical conditions;

(b) Organ transplants;

(c) Planned or follow-up care;

(d) Maintenance or planned chemotherapy; or

(e) Maintenance or planned treatment of a chronic condition except as outlined in Subsection R414-518-3(3)(d) above.

(5) Medicaid does not cover services provided during the prenatal or post-partum period unless the criteria in Subsection R414-518-3(1) and (2) is met.

(6) Except for services covered pursuant to Subsection R414-518-3(2), all coverage determinations are based upon the final diagnosis of the treated emergency condition.

R414-518-4. Reimbursement.

Reimbursement for services covered under the Emergency Services Program for Non-Citizens is paid as described in the Utah Medicaid State Plan.

KEY: Medicaid, emergency services

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Authorizing, and Implemented or Interpreted Law: 26-1-5; 26-18-3