



Changes in Health Care Eligibility and Benefits for Noncitizens

Dec. 28, 2011

Legislative changes were made in 2011 to two health care programs for noncitizens – Emergency Medical Assistance (EMA) and state-funded Medical Assistance for noncitizens – that DHS will implement in 2012.

- **EMA** is state and federally funded and provides health care coverage for emergency medical conditions for certain noncitizens, regardless of immigration status.
- **State-funded Medical Assistance (MA)** is a program for certain noncitizens in the country lawfully who do not qualify for federally funded MA due to their immigration status.

No Coverage Changes for Pregnant Women

- There are no MA changes to coverage for prenatal care, labor and delivery, and postpartum care for noncitizen pregnant women.
- Undocumented pregnant women and lawfully present noncitizen pregnant women continue to be eligible for these services under MA with federal funding.

EMA Changes

Beginning Jan. 1, 2012, EMA will only pay for an emergency medical condition treated in an emergency room or inpatient hospital and certain follow-up services. A limited exception for continued care and treatment in other settings may apply if specific conditions are met.

- Many services will no longer be covered, including prescription drugs filled at an outpatient pharmacy, alcohol or drug treatment, mental health outpatient services, clinic visits, home health care, nursing home or other facility care, and medical equipment.

EMA Limited Exception

Consistent with federal and state requirements regarding payment for care and treatment related to emergency medical conditions, EMA will cover certain nursing facility services and home care services for people who meet **all** of the following criteria:

- The person had an emergency medical condition covered by EMA and was discharged to the nursing facility or a home/community setting directly from an emergency department or inpatient hospital;
- The continuing treatment of the emergency medical condition is necessary in a nursing facility or a home/community setting; and



Minnesota Department of **Human Services**

- The treatment and services provided in the nursing facility or home/community setting are directly responsible for preventing an emergency medical condition from immediately arising. Specifically, the treatment and services must be such that if discontinued, the person's cardiovascular or respiratory condition would reasonably be expected to result, **within 48 hours**, in placing the person's health in serious jeopardy, or causing serious impairment to bodily functions or serious dysfunction of any bodily organ or function.

A Minnesota Health Care Program (MHCP) provider must request approval from DHS for limited exception coverage.

- The MHCP Provider Manual contains information about the limited exception process at www.dhs.state.mn.us/provider
- The Provider Call Center is available to answer provider questions at (651) 431-2700 or (800) 366-5411.

Communication

- DHS mailed a [notice about EMA changes](#) to 2,300 enrollees on Nov. 29.
- Information about EMA changes is also being provided to counties, tribes, providers and community organizations.

State-funded Medical Assistance for Noncitizens

Effective March 1, 2012, state-funded MA for most lawfully present noncitizens who do not qualify for federally funded MA will end. Many of these noncitizens may qualify for state-funded MinnesotaCare. DHS is developing a transition plan and will be providing additional information in the coming weeks.

This change does not affect noncitizen pregnant women and children because they are covered under federally funded MA. State-funded MA will continue for individuals receiving care and services from the Center for Victims of Torture.

MinnesotaCare

MinnesotaCare benefits do not include all of the services available under MA. It does not include personal care assistance services, home and community-based waiver services, nursing home or other facility care. It does have other limits like higher cost-sharing and may have an annual inpatient hospitalization cap.

Communication

Enrollees will receive information in late January about the process for changing coverage, as well as a notice in early February that state-funded MA is ending.