

Emergency Medical Assistance

Emergency Medical Assistance (EMA) covers emergency services for lawfully present noncitizens who are not eligible for regular Medical Assistance (MA) coverage with a federal match, and undocumented persons. (Certain groups of lawfully present noncitizens qualify for regular MA coverage with a federal match; individuals in these groups do not qualify for EMA.) EMA is administered by the Department of Human Services (DHS); the state receives the regular federal Medicaid match for the cost of EMA services. Eligibility and covered services for EMA are specified in [Minnesota Statutes, section 256B.06](#), subdivision 4, paragraphs (f), (g), (h), and (k).

Eligibility

Individuals must have an MA basis of eligibility (which means they belong to a group for which MA coverage is available) and meet all MA eligibility requirements such as income and asset limits and residency, other than those related to immigration status.

The following groups of individuals are eligible for EMA:

- (1) Lawfully present noncitizens who do not qualify for regular MA coverage with a federal match due to their immigration status. Pregnant women and children under age 21 who are lawfully present qualify for regular MA coverage with a federal match regardless of their immigration status.
- (2) Sponsored immigrants ineligible for MA because of the deeming of sponsor income and assets. Pregnant women and children under age 21 are exempt from sponsor deeming.
- (3) Noncitizens who are undocumented. Most pregnant women who are not lawfully present and who do not have other insurance qualify for regular MA coverage while pregnant, including labor and delivery and 60-days postpartum.

Services Covered Under EMA

EMA covers: (1) care and services provided in an emergency department or inpatient hospital (following admission from an emergency department), or by an ambulance service, that are necessary to treat an emergency condition; (2) services provided in a nursing facility or the community necessary for continued treatment of an emergency condition or necessary to prevent the recipient's condition from developing into an emergency medical condition; and (3) certain dialysis services, cancer treatment, and kidney transplants.

Minnesota law specifies that EMA covers "care and services necessary for the treatment of an emergency medical condition" as this term is defined in federal law. Federal law ([42 U.S.C. 1396b \(v\)](#)) defines an emergency medical condition as "...a medical condition (including emergency labor and delivery) manifesting itself

by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate attention could reasonably be expected to result in—

- (A) placing the patient’s health in serious jeopardy,
- (B) serious impairment to bodily functions, or
- (C) serious dysfunction of any bodily organ or part.”

EMA may cover services provided in a nursing facility or a home/community setting following discharge from an emergency department or inpatient hospital, if these services are part of a care plan approved by the DHS medical review agent and are medically necessary and required to prevent the individual’s condition from quickly becoming an emergency medical condition (typically within 48 hours); other criteria also must be met.

EMA also covers the following services, if approved as part of a care plan approved by the DHS medical review agent: (1) dialysis and services provided in a hospital or freestanding dialysis facility; (2) surgery, chemotherapy, radiation and other services necessary to treat cancer that is not in remission; and (3) kidney transplants for persons with end-stage renal disease who are currently receiving dialysis services.

Limits on services

Certain services are specifically excluded from coverage under EMA. These services include, but are not limited to: nonemergency services delivered in an emergency department or inpatient setting; transplants (other than certain kidney transplants); routine prenatal care; continuing care; elective surgery; outpatient prescription drugs, unless administered or dispensed as part of an emergency department visit; preventive health care and family planning services; rehabilitation services; physical, occupational, and speech therapy services; nonemergency transportation for routine or preventive care; case management; dental services; vision services and eyeglasses; waiver services; and chemical dependency treatment. See [Minnesota Statutes, section 256B.06](#), subdivision 4, paragraph (h), clause (2), for the full list of excluded services.

Certain services, such as emergency dental services, personal care assistant and home care services, and outpatient prescription drugs, require authorization by DHS in addition to care plan approval, in order to be covered under EMA.

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