

DATE: October 12, 2022

TO: Eligibility Staff and Cover Virginia Staff

FROM: Cindy Olson, Director, Eligibility and Enrollment Services, Department of Medical Assistance Services (DMAS)

SUBJECT: Evaluation and Enrollment process for MA (Medical Assistance) coverage for Emergency Services

CONTACT: Regional and Home Office Medicaid Practice Consultants

The purpose of this broadcast is to provide information regarding eligibility and enrollment for individuals who do not meet citizenship/immigration requirements to be evaluated for full Medical Assistance coverage.

Services Provided On and After July 1, 2022

Effective July 1, 2022, the new Aid Categories 112 and 113 (applicable to individuals who do not meet citizenship/immigration requirements) are being assigned for admissions that began *on or after July 1, 2022* for services rendered on or after July 1, 2022.

Covered services have not changed. The individuals have ongoing enrollment but are eligible for coverage for emergency services only.

1. Aid Category **112** Expansion population/Modified adjusted gross income (MAGI) Adults
2. Aid Category **113** Non-MAGI/ABD/Children

For services provided on or after July 1, 2022, DMAS no longer requires Eligibility Workers to review medical records and Emergency Medical Certification forms. **Providers** must submit claims for individuals enrolled with Aid Categories 112 and 113 directly to the DMAS fiscal agent. Providers can find a list of examples of covered services in Chapter IV of the *Physician/Practitioner Manual* and the *Hospital Manual*. The services must meet emergency treatment criteria in order to qualify for coverage. Billing instructions are in Chapter V of the *Hospital* and the *Physician/Practitioner Provider Manuals*.

Services Provided Prior to July 1, 2022

Individuals who do not meet citizenship/immigration requirements are evaluated using prior policy for services provided prior to July 1. Medicaid eligibility for individuals who were admitted *prior to July 1, 2022*, will only be enrolled for the approved outpatient or inpatient time periods that service was provided.

Please contact your Medicaid Practice Consultants with additional questions.

