

To:
Dentists
Federally Qualified
Health Centers
Inpatient Hospital
Providers
Nurse Midwives
Nurse
Practitioners
Outpatient
Hospitals
Physician
Assistants
Physician Clinics
Physicians
Rural Health
Clinics
HMOs and Other
Managed Care
Programs

Revised Certification of Emergency for Non-U.S. Citizens Form

Wisconsin Medicaid has changed the name and format of the Provider Certification of Emergency for Undocumented Aliens form. The form is now known as the Certification of Emergency for Non-U.S. Citizens form, HCF 1162, dated 03/04. Providers may begin using this form immediately.

Revised Certification of Emergency For Non-U.S. Citizens Form

Wisconsin Medicaid is introducing the revised Certification of Emergency for Non-U.S. Citizens form (HCF 1162). This form replaces the one published in the January 2003 *Wisconsin Medicaid and BadgerCare Update* (2003-02), titled "Wisconsin Medicaid revises Provider Certification of Emergency for Undocumented Aliens form." The basic information requested on the form has not changed; only the name and the format of the form has changed. The form has been reduced to one page with separate completion instructions.

Providers should continue to give the completed form to a non-U.S. citizen who has received emergency medical services. The patient should then take the completed form to the county/tribal social or human services department in his or her county of residence

where the decision of Medicaid eligibility is made.

Wisconsin Medicaid encourages providers to discontinue using old versions of the form and begin using the revised Certification of Emergency for Non-U.S. Citizens form, HCF 1162, dated 03/04, and instructions. The instructions, HCF 1162A, dated 03/04, for the form are included as Attachment 1 of this *Update* and the revised form, which may be photocopied for future use, is included as Attachment 2.

The revised form is available in a fillable Portable Document Format (PDF) from the forms page of the Wisconsin Medicaid Web site at dhfs.wisconsin.gov/medicaid/.

The fillable PDF may be accessed using Adobe Acrobat Reader®* and may be completed electronically. Providers may then give a printed version of the completed form to the recipient. To use the fillable PDF, click on the dash-outlined boxes to enter information. Press the "Tab" key to move from one box to the next.

To request a paper copy of the form, call Provider Services at (800) 947-9627 or

(608) 221-9883. Questions about the form may also be directed to Provider Services at the telephone numbers previously mentioned.

*The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site. Adobe Acrobat Reader® does not allow users to save completed fillable PDFs to their computer; however, if Adobe Acrobat® is obtained, providers may save completed PDFs to their computer. Refer to the Adobe® Web site, www.adobe.com/, for more information about fillable PDFs.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, PO Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT 1

Certification of Emergency for Non-U.S. Citizens Form Instructions

(A copy of the "Certification of Emergency for Non-U.S. Citizens Instructions"
is located on the following pages.)

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WISCONSIN MEDICAID CERTIFICATION OF EMERGENCY FOR NON-U.S. CITIZENS INSTRUCTIONS

SERVICES FOR NON-U.S. CITIZENS

Use of this form is not mandatory, but by verifying that the service(s) provided was to treat an emergency medical condition (according to the federal definition below), the provider is helping the county/tribal social or human services department determine Wisconsin Medicaid eligibility for certain non-U.S. citizens.

Under 8 USC 1611(b)(1)(A), certain non-U.S. citizens are not eligible for Wisconsin Medicaid services except when those services are necessary for the treatment of an emergency medical condition. Title 42 CFR s. 440.255(c)(1). law describes an emergency medical condition as follows:

A medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of 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.

Per federal regulations, Wisconsin Medicaid does not cover services related to routine prenatal or postpartum care or major organ transplants (e.g., heart, liver) for non-U.S. citizens only eligible for emergency services. For purposes of this policy, all labor and delivery is considered emergency labor and delivery.

MEDICAID ELIGIBILITY

Do not complete this form if the patient is already eligible for Wisconsin Medicaid. To determine whether a patient is a Medicaid recipient, contact the Wisconsin Medicaid Eligibility Verification System (EVS). For more information on the EVS, refer to the Provider Resources section of the All-Provider Handbook. Providers also have the option of calling Provider Services at (800) 947-9627 or (608) 221-9883 to determine the eligibility status of a patient.

Note: A provider's certification of 'emergency' does not guarantee Wisconsin Medicaid reimbursement.

PATIENT INFORMATION

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible patients.

Patients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, and address (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

INSTRUCTIONS The patient should take this form to the county/tribal social or human services department in his or her county of residence where the decision of eligibility is made. Wisconsin Medicaid advises providers to keep a copy for their records. Medicaid reimbursement for the emergency service is conditional on meeting all program rules, including meeting the definition of emergency medical condition as described above and medical necessity.

SECTION I — PATIENT INFORMATION

Element 1 — Name — Patient

Enter the patient's last name, first name, and middle initial.

Element 2 — Address — Patient

Enter the complete address (street, city, state, and Zip code) of the patient's place of residence.

Element 3 — Date of Birth — Patient

Enter the birth date of the patient.

Element 4 — Social Security Number — Patient

This information is not required. Most non-U.S. citizens do not have Social Security numbers. If provided, the Social Security number will only be used for the administration of Wisconsin Medicaid.

Element 5 — Emergency Start Date

Enter the start date in MM/DD/YYYY format in which the patient was initially treated for the emergency condition.

Element 6 — Emergency End Date

Enter the date in MM/DD/YYYY format in which the patient's condition was no longer considered an emergency condition (according to the federal definition), or the date in the future, in the provider's judgement, the emergency condition will end.

Element 7 — Name — Contact Person

Enter the name of the person who can verify the information provided on this form.

Element 8 — Telephone Number — Contact Person

Enter the telephone number of the contact person, including area code.

SECTION II — PROVIDER INFORMATION AND AUTHORIZATION

Element 9 — Name — Provider

Print the medical provider's name or the name of the facility where treatment was provided.

Element 10 — Signature — Provider

The form must be signed and dated by the performing physician, physician assistant, nurse practitioner, nurse midwife, or dentist who can verify that the patient was treated for an emergency medical condition according to the federal definition.

Element 11 — Date Signed

Enter the date the form is signed.

ATTACHMENT 2

Certification of Emergency for Non-U.S. Citizens Form

(A copy of the "Certification of Emergency for Non-U.S. Citizens" form is located on the following page.)

**WISCONSIN MEDICAID
CERTIFICATION OF EMERGENCY FOR NON-U.S. CITIZENS**

The patient should take this form to the county/tribal social or human services department in his or her county of residence where the decision of eligibility is made. Wisconsin Medicaid advises providers to keep a copy for their records. Medicaid reimbursement for the emergency service is conditional on meeting all program rules, including the definition of an emergency medical condition as described in the instructions. Before completing this form, read the Certification of Emergency for Non-U.S. Citizens Instructions (HCF 1162A).

SECTION I — PATIENT INFORMATION

1. Name — Patient	2. Address — Patient
3. Date of Birth — Patient	4. Social Security Number — Patient
5. Emergency Start Date	6. Emergency End Date
7. Name — Contact Person	8. Telephone Number — Contact Person

SECTION II — PROVIDER INFORMATION AND AUTHORIZATION

I verify that the above-named patient was treated for an emergency medical condition as defined under 42 CFR s. 440.255(c)(1).

9. Name — Provider (Print)	
10. SIGNATURE — Provider	11. Date Signed
