

**FORWARDHEALTH
CERTIFICATION OF EMERGENCY FOR NON-U.S. CITIZENS
COMPLETION INSTRUCTIONS**

SERVICES FOR NON-U.S. CITIZENS

The 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 local county or tribal agency determine Wisconsin Medicaid or BadgerCare Plus enrollment for certain non-U.S. citizens.

Under 8 USC 1611(b)(1)(A), certain non-U.S. citizens are not eligible for Wisconsin Medicaid or BadgerCare Plus 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 sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in one of the following:

- Placing the patient's health in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.

Per federal regulations, services related to routine prenatal or postpartum care, major organ transplants (e.g., heart, liver), or ongoing treatment for chronic conditions where there is no evidence of an acute emergent state are not covered. For purposes of this policy, all labor and delivery is considered emergency labor and delivery.

MEDICAID AND BADGERCARE PLUS ENROLLMENT

Do not complete this form if the patient is already enrolled in Wisconsin Medicaid or BadgerCare Plus. To determine whether a patient is a Medicaid or BadgerCare Plus member, contact Wisconsin's Enrollment Verification System (EVS). For more information about the EVS, refer to Online Handbook. Providers also have the option of calling Provider Services at (800) 947-9627 to determine the enrollment status of a patient.

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

PATIENT INFORMATION

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

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

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants is confidential and members is confidential and is used for purposes directly related to ForwardHealth 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 payment for the service.

INSTRUCTIONS

After the provider has completed the form, the patient should take this form to the local county or tribal agency in his or her county of residence where the decision of eligibility is made. Providers are encouraged to keep a copy for their records. Reimbursement for the emergency service is conditional on meeting all program rules, including meeting the definitions 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 (SSN). If provided, the SSN will only be used for the administration of Wisconsin Medicaid or BadgerCare Plus.

Element 5 — Emergency Start Date

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

Element 6 — Emergency End Date

Enter the date, in MM/DD/CCYY 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 judgment, that 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 or type the medical provider's name or the name of the facility where treatment was provided.

Element 10 — Signature — Provider

The form must be signed by the rendering 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.