# Connecticut Medical Assistance Program Policy Transmittal 2021-39/

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Effective Date: August 1, 2021 Contact: EligPolicy.DSS@ct.gov

**TO: All Providers** 

RE: Emergency Medicaid Coverage of Dialysis for End Stage Renal Disease

The Department of Social Services (DSS) has determined that it will cover dialysis for the treatment of End Stage Renal Disease (ESRD) for Connecticut residents who do not qualify for full Medicaid due to their immigration status. DSS is making this change because the failure to provide ongoing dialysis to a patient with ESRD results almost immediately in a medical emergency, resulting in unnecessary suffering and treatment for the patient and an avoidable cycle of treatment in a more costly inpatient setting.

Emergency Medicaid will cover hemodialysis in both outpatient hospital settings and at freestanding dialysis centers. Emergency Medicaid will also cover peritoneal dialysis when clinically appropriate. Coverage will begin at the point the individual requires a fistula or indwelling venous catheter for expected hemodialysis, or at the point of catheter insertion for peritoneal dialysis.

ESRD treatment will be authorized for a period of 12 months, subject to the patient's continued eligibility for Emergency Medicaid during that time period.

#### **Eligibility**

The dialysis coverage is being added to Connecticut's Emergency Medicaid program. Emergency Medicaid is available to all individuals who qualify for Medicaid, but whose benefits are limited pursuant to federal law to treatment of an "emergency medical condition" due to their immigration status. Emergency Medicaid is available to both

undocumented individuals and individuals who are qualified non-citizens, but who have not met the 5-year bar under federal law. The 5-year bar requires qualified non-citizens to be present in the United States for 5 years before they qualify for federal benefits such as Medicaid. Qualified non-citizens who are pregnant or under the age of 19 do not need to meet the 5-year bar in Connecticut because Connecticut Medicaid has exercised the "CHIPRA" (Children's Health Insurance Program Reauthorization Act) option; this option allows these two groups to avoid the 5-year waiting period.

## **Enrollment:**

1. Providers can assist a client to enroll by submitting a Medicaid application online at <a href="https://www.connect.ct.gov">www.connect.ct.gov</a>, or by submitting a completed paper application by mail (application found at <a href="https://portal.ct.gov/DSS/Lists/Publications/Applications-and-Forms">https://portal.ct.gov/DSS/Lists/Publications/Applications-and-Forms</a>) to:

DSS Scanning Center P.O. Box 1320 Manchester, CT 06045-1320

- 2. To complete the application, include or upload statement of medical necessity from nephrologist. Statement should include:
  - Full name of individual
  - Date of Birth
  - Provider name and contact information
  - Statement indicating individual has ESRD and need for dialysis

- 3. If submitting online, indicate in the 'Accommodations Field' that the application is for Emergency Medicaid Outpatient Dialysis. If submitting by mail, write EM-D in large letters across the top of the first page of the application.
- 4. When submitting the application, also email DSS at <a href="mailto:EMdialysis.DSS@ct.gov">EMdialysis.DSS@ct.gov</a> to indicate application package was submitted to ensure an expedited review. Structure the email as follows:
  - Subject Line
    - o EM Dialysis Application submission
  - Body of Email
    - Applicant First Name
    - o Applicant Last Name
    - o SSN (if available)
    - o DOB
    - If application submitted online, include submission ID
    - If application mailed, include date application was mailed
    - Note if statement from nephrologist was submitted with application
    - If the client is currently inpatient, please include anticipated date of discharge
    - Include anticipated first date of outpatient dialysis services

## **Services Covered**

In addition to dialysis, DSS will cover ESRD related services including primary care and specialty care visits related to ESRD, transportation related to ESRD care, ESRD-related medications, and specific ESRD home services related to dialysis.

The Department will issue more specific and detailed guidance with specific procedure codes and diagnosis codes related to ESRD to be covered in the next few weeks.

# **Other Emergency Conditions**

Requests for coverage of hospital services for treatment of "emergency medical conditions" should continue to be directed to DSS.

## **COVID Testing**

DSS continues to cover COVID-19 Testing and Vaccination for non-citizens under Emergency Medicaid as an "emergency medical condition." Providers should continue to refer to PB 2020-43 "CMAP COVID-19 Response Bulletin 28: Emergency Medicaid for Non-Citizens."

# **Posting Instructions:**

Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

## **Distribution:**

This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Gainwell Technologies.

## **Responsible Unit:**

DSS Medical Eligibility Policy at EligPolicy.DSS@ct.gov

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