Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
August 31, 2026	August 31, 2026	99-26-07

SUBJECT

Updates to Emergency Medical Assistance

BY

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IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.pa.gov/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents

PURPOSE:

The purpose of this bulletin is to advise Medical Assistance (MA) enrolled providers of updates to eligibility for Emergency Medical Assistance (EMA) as well as updates to the billing instructions for EMA, and revisions to the Emergency Medical Condition Information Eligibility (PA 1917) Form.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program.

BACKGROUND:

Under Federal law, an individual (noncitizen) who is not lawfully admitted to the United States, or a qualified noncitizen who has been permanently residing in the United States for less than 5 years and does not meet an exception to the federal 5-year bar, is not eligible for Medicaid except for services that are necessary for the treatment of an emergency medical condition, unless they are under 21 or pregnant or in their 12-month postpartum period and lawfully present in the United States. [42 U.S.C. § 1396b(v)]. This is referred to as Emergency Medical Assistance (EMA).

Under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (P.L. 104-193), certain “qualified noncitizens” are eligible for full Medicaid coverage if they meet all other eligibility requirements in the state.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:
https://www.pa.gov/agencies/dhs/departments-offices/omap-info

With limited exceptions, certain qualified noncitizens will no longer be eligible for full Medicaid benefits, and will only be eligible for EMA after October 1, 2026, under new Medicaid rules. Some of these qualified noncitizens may also be eligible for medical coverage under the state funded General Assistance (GA) MA Program.

The Centers for Medicare & Medicaid Services (CMS) released State Health Official Letter (SHO) 26-001, on April 8, 2026, to provide policy and operational guidance for implementation of section 71109 of the Working Families Tax Cut legislation (P.L. 119-21), that limits the availability of federally funded Medicaid coverage and eligibility for certain noncitizens beginning October 1, 2026.

DISCUSSION:

Section 1903(v)(3) of the Social Security Act (42 U.S.C. § 1396b(v)(3)) defines an "emergency medical condition" related to medical assistance for noncitizens, 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 medical attention could reasonably be expected to result in putting the patient's health in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

In order to determine if a noncitizen is eligible for EMA, an enrolled licensed physician, physician assistant, podiatrist, certified registered nurse practitioner (CRNP), or certified registered nurse midwife (CNM) must complete the PA 1917 Form, which describes the emergency medical condition and the emergency medical treatment needed, including any hospitalization dates for treatment. The submission of the PA 1917 Form and supporting documentation to the County Assistance Offices is necessary to determine EMA eligibility. The PA 1917 Form and any additional information is reviewed by the Department to determine if the noncitizen is eligible for the provision of emergency medical treatment and the time period for those services to be provided.

The Department has updated the PA 1917 Form to reflect the current conditions used as determinants of beneficiary eligibility for EMA. The Department's Clinical Evaluation Team will review requests for EMA for individuals with conditions that are not specifically identified on the updated PA 1917 Form. Individuals eligible for EMA are only able to receive coverage for emergency services and those services medically necessary to treat the emergency medical condition for which they are authorized through the EMA coverage.

The Department has determined that certain services, such as but not limited to, preventive services, screening services, vaccinations, non-emergency dental care, non-emergency vision care, family planning services, routine antepartum and postpartum care, chiropractic care, hospice, and solid organ transplants will not be included as part of EMA coverage and will be denied if submitted on claims for noncitizens that are not eligible for other MA coverage.

PROCEDURE:

Providers should verify Medicaid eligibility using the Eligibility Verification System (EVS) before rendering services. When a provider checks the EVS system they will be notified of a patient's EMA eligibility with the following message:

> *"Eligible only for drugs and services medically necessary to treat their identified Emergency Medical Condition; 5-day emergency drug supply permitted to initiate prior auth. Check for GA coverage."*

Some noncitizens may be eligible for state-funded GA MA in addition to qualifying for EMA services, so it is important that providers verify the service is covered in EVS.

Providers may not bill an MA beneficiary for services covered by the MA Program. Providers may only bill an MA beneficiary for a noncompensable service or item if the beneficiary is told before the service or item is rendered that the MA Program does not cover it. [See 55 Pa. Code § 1101.63(a)]

Providers must complete and submit the PA 1917 Form to the County Assistance Office for review and eligibility determination for noncitizens seeking to be approved for EMA coverage. MA enrolled physicians, physician assistants, podiatrists, CRNPs and CNMs who complete the PA 1917 Form for a noncitizen who presents with one of the conditions listed in Section I of the PA 1917 Form will select the appropriate diagnosis box, describe the needed treatment plan, and sign and date the form.

Practitioners who complete the PA 1917 Form for a noncitizen who presents with a condition not listed on the PA 1917 Form in Section I, will select the box for "any condition not described above." The practitioner will need to include supporting documentation to verify why the condition is an emergency medical condition. Supporting documentation includes documentation relating to a hospital admission history or emergency room visit, rehabilitation, clinic visits, pathology reports, results of biopsies and other diagnostic testing that supports the diagnosis and the presence of an emergency medical condition.

Please note, providers do not need to complete the PA 1917 Form when providing services or submitting claims for beneficiaries who have been approved for EMA as indicated by the EVS system message for eligibility. The PA 1917 Form is to be completed for the initial and subsequent eligibility determinations for EMA.

Providers submitting claims for hospitals and facilities using the PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form must have the emergency medical condition accounted for in block number 14, admission type, by entering "1" for an emergency admission that requires immediate medical attention, and any time delay would be harmful to the patient. Claims for EMA services that do not include the admission type "1" will be denied.

Providers submitting claims for individual practitioners using the PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form must have the emergency medical

condition accounted for in block 24c, EMG, by entering “Y”, which indicates the service was provided in responses to an emergency. Claims for EMA services that do not include the emergency medical condition “Y” will be denied.

Providers must use the EMA Type of Service when an EMA non-drug claim is submitted that requires prior authorization. A separate bulletin will be issued with instructions for prescribers and pharmacies related to EMA coverage of Medicaid covered drug services.

RESOURCES:

SHO #26-001: Implementation of Section 71109 “Alien Medicaid Eligibility” of the Working Families Tax Cut Legislation (Public Law 119-21) - https://www.medicaid.gov/federal-policy-guidance/downloads/sho26001.pdf

PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form - https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837%20Institutional%20UB-04%20Claim%20Form.pdf

PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form - https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837-professional-cms-1500-claim-form.pdf

ATTACHMENT:

Emergency Medical Condition Information Eligibility Form (PA 1917 Form), effective 11/2025

RESET

CAO NAME AND ADDRESS

CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CSLD	DIST
RECORD NAME				DATE
WORKER				

Pennsylvania Department of Human Services

EMERGENCY MEDICAL CONDITION INFORMATION ELIGIBILITY FORM

Certain noncitizens may be eligible to receive Medical Assistance (MA) to cover medical expenses necessary to treat an emergency medical condition. For purposes of MA eligibility for certain noncitizens, an emergency medical condition is defined as:

A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention is reasonably expected to result in serious jeopardy to the patient's health; or serious impairment to bodily functions; or serious dysfunction of any body part or organ. 42 U.S.C. 1396b(v)(3)

Please note that care and services related to an organ transplant procedure is not considered to be an emergency medical condition.

HOW TO COMPLETE THE FORM:

Section I: Select any of the medical conditions which apply.

NOTE: There are many emergency medical conditions that are not listed in Section I. If the emergency medical condition is not listed, please select option I. "Any condition not described above" and list the condition. These applications will be reviewed by the department's clinical evaluation team.

Section II: State the beginning and expected end date of the treatment of the emergency medical condition.

Section III: State the treatment that is needed for each diagnosis listed.

Section IV: Certification and signature of medical provider.

APPLICANT'S INFORMATION		
NAME	BIRTHDATE	RECIPIENT I.D. NUMBER
ADDRESS (Include street, city, state & ZIP code)		TELEPHONE NUMBER

TO BE COMPLETED BY MEDICAL PROVIDER (Must be a licensed physician, physician's assistant or certified nurse practitioner)

NOTE TO PROVIDER: Certain noncitizens may be eligible to receive Medical Assistance (MA) to cover medical expenses necessary to treat an emergency medical condition. For purposes of MA eligibility for certain noncitizens, an emergency medical condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of **immediate** medical attention is reasonably expected to result in serious jeopardy to the patient's health; or serious impairment to bodily functions; or serious dysfunction of any body part or organ. Please note that care and services related to an organ transplant procedure are not considered to be an emergency medical condition 42 U.S.C. 1396b(v)(2)(c) & (v)(3).

I. MEDICAL CONDITION: Please select any of the medical conditions that apply. **If conditions A through H are not applicable, select condition "I. Any condition not described above." These applications will be reviewed by the department's clinical evaluation team.**

☐ **A. High risk pregnancy (if any of the following conditions are present) – Expected Due Date:** _____

- Preeclampsia (confirmed diagnosis with current pregnancy)
- Diabetes (gestational DM requiring medication, type 1, or type 2 DM)
- Current active medical conditions - hypertension (high blood pressure), HIV infection, sickle cell disease, lupus
- Serious mental illness (uncontrolled) - (any of the following)
  - Psychosis
  - Bipolar
  - Schizophrenia
  - Major Depressive Disorder
- Substance use disorder, excluding tobacco.
- Multiple gestations (expecting twins, triplets, etc.)
- Having had 5 or more births or pregnancy < 1 year since prior delivery.
- Teenage pregnancy (age 18 and younger at first prenatal visit)
- Advanced maternal age: 35 yrs or older at expected delivery date
- A past pregnancy with pre-term delivery (before 37 weeks gestation)

☐ **B. Diabetic emergencies:**

- Diabetic ketoacidosis - (which includes all of the following conditions)
  - Plasma glucose > 200 mg/dl
  - Serum bicarbonate level < 18 mEq/l
  - Arterial pH < 7.30
  - Ketonuria and/or ketonemia present
- Hyperglycemic hypersmolar state - (which includes all of the following conditions)
  - Impaired mental status
  - Plasma glucose >600mg/dl
  - Elevated serum osmolality > 320 mOsm/kg

☐ **C. Renal failure requiring ongoing dialysis**

☐ **D. Fracture of a bone in the skull, arm, leg, neck, spine, or pelvis that occurred within the past two months**

☐ **E. Unstable seizure disorder: (if any of the following conditions are present)**

- Person has ≥ 5 minutes of continuous seizures
- Person has ≥ 2 discrete seizures between which there is incomplete recovery of consciousness

☐ **F. Ventilator dependency**

☐ **G. Labor and delivery – Delivery Date:** _____

☐ **H. Acute inpatient psychiatric hospitalization**

☐ **I. Any condition not described above:** _____

Attach medical documentation to verify the condition is/was an emergency medical condition, such as:

- Hospital admission history and physical and discharge summaries, including rehab hospitals, clinic, or ER notes
- Results of pathology reports or biopsies, especially when for a diagnosis of cancer
- Results of other diagnostic testing that supports the diagnosis and presence of an emergency medical condition (e.g. CT, labs, ultrasound)

II. TREATMENT DATES: Date(s) of Emergency Medical Treatment	BEGIN DATE	EXPECTED END DATE

III. EMERGENCY MEDICAL TREATMENT: Please list the medical treatment needed for each diagnosis, including any hospitalization dates for treatment.

IV. CERTIFICATION: As a medical provider, I certify that all of the information provided on this form is true and correct to the best of my professional knowledge. I further certify that the care rendered is for an emergency medical condition and that the absence of immediate medical treatment could reasonably be expected to result in placing the patient's health in serious jeopardy, OR serious impairment to a bodily function, OR serious dysfunction of a bodily organ or part. I certify that the emergency is not an organ transplant or related to an organ transplant procedure.

I understand and agree that the diagnosis and supporting documentation may be subjected to review by the Department of Human Services. I certify that submission of this form complies with all applicable privacy and security laws.

_____

MEDICAL PROVIDER SIGNATURE

MEDICAL PROVIDER (Please print)	DATE	MA PROVIDER ID	NPI	TELEPHONE NUMBER

ADDRESS (Include street, city, state & ZIP code)