



CABINET FOR HEALTH
AND FAMILY SERVICES

Interim Joint Commission

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Lisa Lee, Commissioner

Health care for Undocumented Individuals

- Due to the [Personal Responsibility and Work Opportunity Act of 1996](#) (PRWORA), undocumented immigrants (and immigrants without permanent status like DACA recipients, TPS holders, or nonimmigrant visa holders) are barred from access to most federal benefits, including federal health care programs and assistance, including Medicaid and the Children's Health Insurance Program (CHIP).
- The [Emergency Medical Treatment and Labor Act](#) (EMTALA) ensures that all patients regardless of citizenship or immigration status have access to emergency medical treatment. The purpose of EMTALA is to ensure all Medicare-participating hospitals do not to turn away individuals who need lifesaving care. Undocumented immigrants use of EMTALA-related services is often covered via emergency Medicaid.

[Fact Sheet: Undocumented Immigrants and Federal Health Care Benefits - National Immigration Forum](#)

42 CFR § 440.255

- Individuals granted lawful temporary resident status, or lawful permanent resident status under sections 245A, 210 or 210A of the Immigration and Nationality Act and who meet all other Medicaid eligibility requirements will be eligible for the following services:
 - Emergency services required after the sudden onset of a medical condition 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:
 - Placing the individual's health in serious jeopardy;
 - Serious impairment to bodily functions; or
 - Serious dysfunction of any bodily organ or part.
- Services for pregnant women include routine prenatal care, labor and delivery, and routine postpartum care.

42 CFR § 440.255

- Effective Jan. 1, 1987, individuals who are not lawfully admitted for permanent residence in the United States or permanently residing in the United States must receive services necessary if:
 - The individual has, after sudden onset, 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:
 - Placing the individual's health in serious jeopardy
 - Serious impairment to bodily functions; or
 - Serious dysfunction of any bodily organ or part, and
 - The individual otherwise meets the requirements for Medicaid

Medicaid Coverage of Undocumented

- Undocumented immigrants are ineligible to enroll in Medicaid or CHIP or to purchase coverage through the ACA Marketplaces.
- Medicaid payments for emergency services may be made on behalf of individuals who are otherwise eligible for Medicaid but for their immigration status.
- Refugees, asylees, and other humanitarian immigrants are generally eligible for Medicaid upon entering the country and remain eligible for seven years.
- Medicaid receives approximately 70% federal match for services provided to undocumented individuals.

Emergency Medicaid Enrollment

- Must reside in the state and have a medical condition that qualifies as an emergency under Medicaid guidelines.
- Must still meet all other Medicaid eligibility criteria, except for the technical eligibility requirement of citizenship/immigration status.
- Typically, health care providers or hospitals will assist with initiating the Emergency Medicaid application and gathering any needed documentation.
- KY has a single streamlined application for all Medicaid programs – the application process is the same, with the addition of requiring a written statement from a licensed physician explaining the emergency condition, date of emergency treatment, and specific language that the medical provider considers the condition an emergency medical condition.
- State reviews the information and determines eligibility.
- If eligible, Medicaid is issued for an initial 2-month period with extension requests reviewed and granted on a case-by-case basis, as long as the same medical emergency continues to be verified by a physician. Birth of a child grants only the month of birth and the month after – no extension of coverage.
- Coverage is issued as fee-for-service and is not subject to Managed Care.
- Once the emergency is resolved, the coverage ends.

Kentucky Spend for Emergency Medicaid

(Based on calendar year, 2024 is year to date)

Year	Undocumented Member Count	Total Claims Paid	Average Per Member	Federal Share	State Share
2016	1,313	\$10,917,884.74	\$8,315.22	\$7,642,519.32	\$3,275,365.42
2017	1,803	\$16,966,628.53	\$9,410.22	\$11,876,639.97	\$5,089,988.56
2018	2,025	\$19,306,532.85	\$9,534.09	\$13,514,573.00	\$5,791,959.86
2019	2,236	\$22,102,016.96	\$9,884.62	\$15,471,411.87	\$6,630,605.09
2020	1,575	\$20,415,317.97	\$12,962.11	\$14,290,722.58	\$6,124,595.39
2021	2,376	\$27,599,086.54	\$11,615.78	\$19,319,360.58	\$8,279,725.96
2022	3,252	\$35,551,387.73	\$10,932.16	\$24,885,971.41	\$10,665,416.32
2023	3,818	\$35,875,755.21	\$9,396.48	\$25,113,028.65	\$10,762,726.56
2024	1,029	\$10,526,999.65	\$10,230.32	\$7,368,899.76	\$3,158,099.90

Most Common Diagnosis Codes for Undocumented

- Labor and delivery
- End-stage renal disease
- Kidney failure
- Sepsis
- Covid-19 (beginning in 2020)

Questions/Discussion

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