

# ADDENDUM F

SPECIALIZING IN YOU **Applicable to:**

**Affected Departments:**

**I. PURPOSE:**

It is the purpose of this procedure to define the Undocumented Immigrant Health Care Reimbursement and how it is described by Section 1011 of the Medicare Prescription Drug, Modernization and Improvement Act. This procedure will also incorporate the Palomar Pomerado Health process of identification of these patients that qualify for reimbursement and the process in which Patient Financial Services bills them to the authorized Fiscal Intermediary for reimbursement.

**II. DEFINITIONS:**

Section 1011: References the limited federal funding to health care providers for emergency care given to uninsured patients who are undocumented immigrants, Mexican citizens with "border crossing cards", or persons paroled into the United States to received medical services.

Section 1011 Provider Payment Determination: CMS recommended form used to determine whether a patient's claim is eligible to received federal funding under Section 1011.

Undocumented citizen: Non citizens who either entered the United States illegally or whose legal immigration documents have expired since they entered.

EMTALA: The Emergency Medical Treatment and Active Labor Act is a statute which governs when and how a patient may be (1) refused treatment or (2) transferred from one hospital to another when he is in an unstable medical condition.

Fiscal Intermediary: A private insurance company that serves as the federal government's agent in the administration of the Section 1011 program, including the payment of claims.

**III. TEXT / STANDARDS OF PRACTICE:**

1. **SECTION 1011:** The Centers for Medicare and Medicaid Services (CMS) implemented section 1011 of the Medicare Prescription Drug, Modernization and Improvement Act. Section 1011 provides limited federal funding to hospitals and certain other health care providers for emergency care given to uninsured patients who are undocumented immigrants, Mexican citizens with "border crossing cards," or persons paroled into the United States to receive medical services. Reimbursement under section 1011 is targeted to otherwise uncompensated care and is therefore not available for services provided to patients who are eligible for emergency or full-scope Medicaid or who have other insurance.

A. Palomar Pomerado Health participates in Medicare and therefore remains obligated under the Emergency Medical Treatment and Labor Act (EMTALA) to screen and provide treatment to all persons with an emergency medical condition, regardless of whether they have insurance or can be claimed under section 1011. The CMS guidelines allow section 1011 payments for services provided with limitation on reimbursement for only the services necessary to "stabilize" the emergency condition.

B. Patients seeking emergency services are not required to provide immigration documents or to disclose any information about their immigration status in order to receive such treatment or to be claimed for section 1011 reimbursement.

2. **SECTION 1011 QUALIFICATION AND DETERMINATION:** Palomar Pomerado Health uses the CMS suggested form (Section 1011 Provider Payment Determination Form CMS - 10130A) for providers to document whether a patients services are eligible for reimbursement. The information contained on the form is to be collected during or after the registration process and maintained once identification that the services may be reimbursable under the section 1011 guidelines.

A. After stabilization of the patient, during full registration, screening is performed to identify if the patient qualifies for any applicable assistance programs. Assistance programs include but are not limited to County Medical Service, Medi-cal, SSI or Medicare benefits due to disability and Section 1011. The form for Section 1011 asks three major questions as follows:

\*Is the patient eligible for or enrolled in Medicaid or emergency Medicaid? If not, state the reason.

\*Does the patient have a Mexican "border crossing" card or evidence that he or she was paroled into the U.S.?

\*Provide proof of foreign birth, such as a birth certificate, passport, voting card, expired visa, invalid border crossing card, foreign driver's license, consular identification card, or other foreign identification card; or indicate that the patient submitted an invalid Social Security number (SSN), or that the patient is in federal or state custody.

B. Completed Section 1011 forms are forwarded to the Patient Financial Services Department for storage. (Form CMS-10130A)

C. Patient Financial Services separates the forms into service dates that match the quarterly billing guidelines for the Section 1011 program. These are maintained for review up through completion of billing.

3. **SECTION 1011 BILLING:** Palomar Pomerado Health screens out all encounters not eligible for Section 1011 billing via seeking reimbursement from all other sources (assistance programs) including the patient.

A. Patient Financial Services receives a report of patients that do not qualify for assistance programs and have disclosed or have made a part of their record their citizenship status. The report is generated in quarterly increments that coincide with the quarterly billing cycles established by CMS. The report is based on self disclosure of the citizenship status from the patient, where this information is housed in the "citizenship" field in the registration computer system.

B. The patient encounters on the report are matched up to the Section 1011 Provider Payment Determination form to ensure screening and eligibility for Section 1011 reimbursement.

C. Patient Financial Services creates a claim, attaches it to the Section 1011 Provider Payment Determination form and bills directly to Trailblazer, the Fiscal Intermediary for the Section 1011 adjudication, using their common working file (CWF).

D. Copies of the Section 1011 Provider Payment Determination form for those patients that qualify and where Palomar Pomerado Health is billing Section 1011 is sent to the ancillary physician group that facilitates care in the Emergency Department, California Emergency Physicians (CEP).

E. Quarterly billing and Quarterly payment dates are as follows:

|        |             | Service Dates        | Billing Deadline | Payment Date |
|--------|-------------|----------------------|------------------|--------------|
| Year 3 | 1st Quarter | 10/1/2006 12/31/2006 | 6/29/2007        | 8/28/2007    |
|        | 2nd Quarter | 1/1/2007 3/31/2007   | 9/27/2007        | 11/26/2007   |
|        | 3rd Quarter | 4/1/2007 6/30/2007   | 12/27/2007       | 2/25/2008    |
|        | 4th Quarter | 7/1/2007 9/30/2007   | 3/28/2008        | 5/27/2008    |
| Year 4 | 1st Quarter | 10/1/2007 12/31/2007 | 6/30/2008        | 8/27/2008    |
|        | 2nd Quarter | 1/1/2008 3/31/2008   | 9/29/2008        | 11/26/2008   |
|        | 3rd Quarter | 4/1/2008 6/30/2008   | 12/29/2008       | 2/25/2009    |
|        | 4th Quarter | 7/1/2008 9/30/2008   | 3/30/2009        | 5/28/2009    |

**IV. ADDENDUM:**

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**V. DOCUMENT / PUBLICATION HISTORY: (template)**

| Revision Number     | Effective Date | Document Owner at Publication | Description                         |
|---------------------|----------------|-------------------------------|-------------------------------------|
| (this version)<br>0 |                | Cindy S Burns, PBS Supervisor | Documented process for Section 1011 |

**Authorized Promulgating Officers:** ( unsigned ) Bob Hemker, Chief Financial Officer

**VI. CROSS-REFERENCE DOCUMENTS:(template)**

**Reference Type**

**Title**

**Notes**

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[http://www.lucidoc.com/cgi/doc-gw.pl/ref/pphealth:26152\\$0](http://www.lucidoc.com/cgi/doc-gw.pl/ref/pphealth:26152$0)*