



Teleconference Instructions

New Provider Education

December 8, 2010 at 1:00 pm – 2:00 pm (EST)

*To participate in the teleconference,
please dial*

**1-888-276-8689 on the date of the call
and enter access code 1920282#
when prompted.**

When the call has reached attendee capacity,
you will hear the message,
“conference is full”.



New-Provider Education



Section 1011

Provider Outreach and Education



Training Objective

To offer newly enrolled providers a concise overview of the **vital components** and **basic requirements** of the Section 1011 program.





Program Distinctions

- Section 1011 is a federal reimbursement program for eligible emergency services furnished by eligible types providers and facilities to undocumented aliens defined under the act
- Section 1011 is administered by the Centers for Medicare and Medicaid Services (CMS)
- Section 1011 gets its name from a section of Public Law 108-173 know as the Medicare Modernization Act of 2003
- Section 1011 is **not** Medicare





Program Distinctions

- Highmark Medicare Services (Highmark Medicare Services) is the national contractor for Section 1011.
- Section 1011 accepts **electronic** requests for reimbursement only.
- Section 1011 makes **quarterly** reimbursements to eligible providers.





Program Distinctions

- Section 1011 is not a health-insurance plan.
- Section 1011 allows an additional **10 percent** reimbursement on approved outpatient emergency services.
- Section 1011 provides reimbursement to eligible providers for emergency services that are rendered to undocumented patients.





EMTALA-Related Services

- EMTALA is the Emergency Medical Treatment and Labor Act, also known as the “Patient anti-dumping statute.”
- The EMTALA relation is patient stabilization in an emergency, not to cure the underlying illness or injury.
- Section 1011 obligation begins and ends when the EMTALA obligation begins and ends.





Eligible Providers

- Medicare-participating hospitals
- Physicians:
 - Medical Doctors
 - Doctors of Osteopathy
- State-licensed providers of ambulance services





Eligible Providers

- Indian Tribal Organizations
- With (statutory) **restrictions** of services provided:
 - doctors of podiatric medicine
 - doctors of optometry
 - doctors of dental surgery
 - chiropractors





Ineligible Providers

- Mid-level practitioners such as:
 - nurse practitioners
 - physician assistants
 - clinical nurse specialists





Eligible Patients

- Undocumented aliens
- Aliens paroled into the United States at a U.S. port of entry
- Mexican citizens permitted to enter the United States for not more than 72 hours under laser-visa authority





Ineligible Patients

- United States citizens
- Permanent residents
- Aliens with employment authorization
- Individuals with valid non-immigrant visas:
 - students
 - tourists
 - business travelers





Eligible Services

- EMTALA-related inpatient and outpatient hospital services to the point of stabilization
- Medically necessary and appropriate services furnished by an eligible physician
- Medically necessary air or ground ambulance transportation of a patient to the first hospital at which the patient is seen



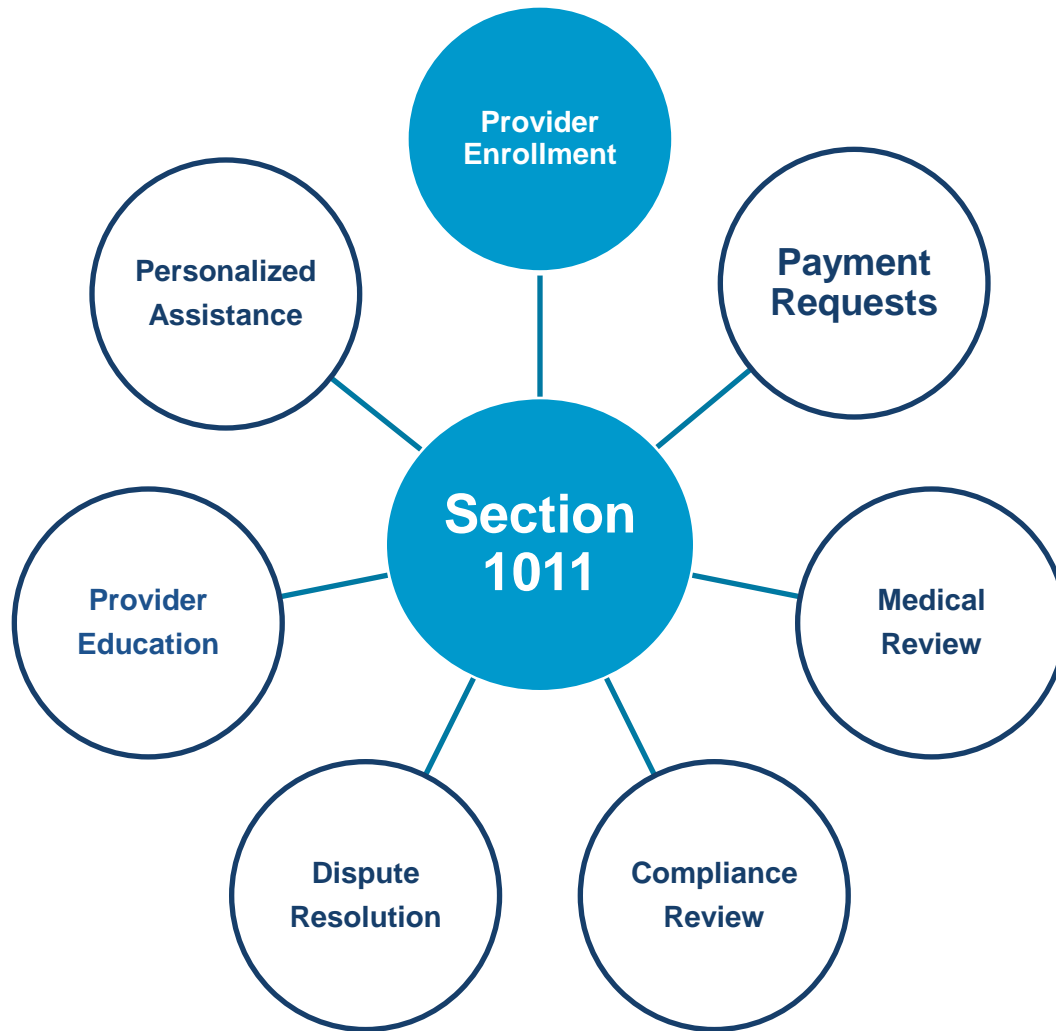


Payment Methodology

- Section 1011 generally uses Medicare payment rules to calculate reimbursement.
- Provider reimbursement is taken from the state allocation and cannot exceed provider costs.
- Pro-rata reduction applies to reimbursement if allocated funds are insufficient.



Program Components





Provider Enrollment

- Application changes or program withdrawal
- Payment-election options
- Electronic funds transfer (EFT) authorization
- Electronic Data Interchange (EDI) agreement
 - for ERA setup for all providers
 - for EDI setup for hospitals wishing to bill in a batch via the ANSI X12N 837I transaction





DDE Enrollment

- DDE enrollment is accomplished via an online form on the Section 1011 Website
- After the form is completed, a RACF ID (or PV ID) and password will be assigned to you and you will be notified by Highmark Medicare Services
- Keep your password active by logging into DDE every 60 days
- RACF IDs expire and will be deleted after 90 days without use; providers will need to reapply





Electronic Funds Transfers

- Electronic Funds Transfer (EFT) agreements allow Highmark Medicare Services to transfer the approved reimbursement into the designated account.
- EFT forms must be included as part of the initial enrollment package for Section 1011.
- A voided permanent check or bank letter with account and routing information must be included for account verification.





Electronic Remittance Advices

- Electronic Remittance Advices (ERAs) are placed in the electronic mailbox for retrieval by the provider. They must be retrieved within five (5) days of being posted.
- Reformatting is needed for the ERA transmittal to be easily read.
- Highmark Medicare Services offers free print software (PC Print) that allows providers to print ERAs from a personal computer.





Payment Requests

- Submitted electronically via Direct Data Entry (DDE) or Electronic Data Interchange (EDI)
- Hard copy payment requests are **not accepted**
- Undocumented Alien Reimbursement System (UARS) processing availability:
 - Monday through Friday, 5 am – 8 pm ET
 - Saturday, 6 am – 2 pm ET





Medical Review

- Ensures reimbursement is made to **eligible** Section 1011 providers
- Requests medical documentation when necessary to determine patient stabilization
- Examines medical records that document EMTALA-related stabilization





Medical Review continued

- Reduces billed days to medically approved days
- Sends additional development requests (ADRs)
- Reviews medical documents and makes a determination within 30 days of receipt





Compliance Review

- Ensures payment is made for emergency services to **eligible patients**.
- Ensures that on-call payments to physicians are properly calculated.





Compliance Review continued

- Ensures that inappropriate, excessive, or fraudulent payments are not made.
- Ensures that payment request submissions are supported by clinical and non-clinical documentation.





Dispute Resolution continued

- Allows providers to dispute Section 1011 payment decisions
- Requests are dismissed or returned if **all** data elements are not provided

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

SECTION 1011 DISPUTE RESOLUTION REQUEST

DIRECTIONS: If you wish to request a dispute resolution on a payment request determination, please fill out this form and mail it, along with documentation, to:

Trailblazer Health Enterprises, LLC
Attn: Section 1011 Dispute Resolution
P.O. Box 660529
Dallas, TX 75266-0529

NOTE: Failure to complete **ALL** the data elements on this form and/or failure to submit the necessary documentation will result in your request for a dispute resolution being dismissed. Disputes must be submitted no later than 45 days after the quarterly payment date for the quarter in which the disputed payment request was billed.

Provider Name			
Section 1011 Provider Identification Number (PIN)			
Patient Identifier Number (PIN)			
Document Control Number (DCN)			
Full date range of service			
Specific date(s) of items in dispute			
Original amount submitted for reimbursement			
Denied service and reason for dispute Saturdays and Sundays, 7 a.m. – 2 p.m.			
Requester's Name		Title	
Requester's e-mail address			
Requester's mailing address		City	State Zip Code
Requester's telephone number (include area code)			
Requester's signature		Date signed	

All documentation regarding dispute is attached.

Letter of representation is attached (if requester is an entity other than the provider).





Dispute Resolution continued

- Submit request forms no later than 45 days after payment or 45 days after the date of the post payment letter
- Dispute decisions:
 - uphold the decision
 - fully reverse the decision
 - partially reverse the decision
 - dismiss the decision





Provider Education

- Hosts national teleconferences
- Provides Web-based training sessions
- Offers news highlights and monthly listservs
- Provides updates to the Highmark Medicare Services, Section 1011 Website when needed





Personalized Assistance

- Toll-free provider assistance (866) 860-1011 from 8:00am to 4:30pm ET, Monday through Friday. TTY number is (888) 697-7290.
- Representatives can assist with:
 - payment processing
 - Section 1011 forms
 - enrollment applications
 - payment disputes
- E-mail inquiries by using the online form on our website:
- <https://www.highmarkmedicareservices.com/section1011/index.html>





Highmark Medicare Services Section 1011 Website

- Make use of our website to answer your questions, find resources, and get background information about the Section 1011 Program
- Join our mailing list and get automatic listserv messages
- Get all Section 1011 forms on our website
- Visit us at:

<https://www.highmarkmedicare.services.com/section1011/index.html>

