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## **MMA – CMS Implementation of Section 1011 of the Medicare Modernization Act - Federal Funding of Emergency Health Services Furnished to Undocumented Aliens**

### **Provider Types Affected**

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Hospitals, physicians, and ambulance providers

### **Provider Action Needed**

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#### **STOP – Impact to You**

This special edition article summarizes the Centers for Medicare & Medicaid Services (CMS) policy regarding section 1011 of the Medicare Prescription Drug Improvement and Modernization Act (MMA) regarding the Federal Funding of Emergency Health Services furnished to undocumented aliens.



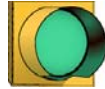
#### **CAUTION – What You Need to Know**

On May 9, 2005, CMS announced its policy regarding section 1011, Federal Funding of Emergency Health Services Furnished to Undocumented Aliens, of the MMA. This new program will provide \$1 billion over four years to help hospitals, certain physicians, and ambulance providers recoup the costs of providing needed emergency medical care to undocumented aliens and certain other aliens. Since this provision of the MMA is not part of the Medicare program, CMS will designate a single contractor for the purposes of enrolling providers, receiving claims, calculating provider payment amounts, and effectuating payments. As soon as CMS awards a contract to perform this workload, you will be notified. CMS policy notice and related documents can be found be viewed at

[http://www.cms.hhs.gov/undocaliens/01\\_overview.asp](http://www.cms.hhs.gov/undocaliens/01_overview.asp) on the CMS website.

#### **Disclaimer**

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.



### GO – What You Need to Do

See the *Background* and *Additional Information* sections of this special edition article to find out further details regarding the CMS policy for Section 1011 of the MMA.

## Background

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Section 1011 provides \$250 million per year for the fiscal years (FY) 2005 – 2008 for payments to eligible providers for emergency health services provided to undocumented and other specified aliens. Two-thirds of the funds will be divided among all 50 states and the District of Columbia based on their relative percentages of undocumented aliens. One-third will be divided among the six states with the largest number of undocumented alien apprehensions.

From the respective state allotments, payments will be made directly to hospitals, certain physicians, and ambulance providers for some or all of the costs of providing emergency health care required under section 1867 and related hospital inpatient, outpatient, and ambulance services to eligible individuals. Eligible providers may include an Indian Health Service facility, whether operated by the Indian Health Service or by an Indian tribe or tribal organization. A Medicare critical access hospital (CAH) is also a hospital under the statutory definition. Payments under section 1011 may only be made to the extent that care was not otherwise reimbursed (through insurance or otherwise) for such services during that fiscal year.

Payments may be made only for services furnished to certain individuals described in the statute as:

- Undocumented aliens;
- Aliens who have been paroled into the United States at a United States port of entry for the purpose of receiving eligible services; and
- Mexican citizens permitted to enter the United States for not more than 72 hours under the authority of a biometric machine-readable border crossing identification card (also referred to as a “laser visa”) issued in accordance with the requirements of regulations prescribed under a specific section of the Immigration and Nationality Act.

## Additional Information

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