

SMSO Policy Manual

COVERAGE OF EMERGENCY SERVICES

Executive Sponsor: Chief Medical Officer

Issuing Department: Clinical Management

Gate Keeper: Director, HSM Clinical Management

COMPLIANCE STATEMENT:

Enforcement: All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.

Review Schedule: This policy will be reviewed and updated as necessary and no less than every two years.

Monitoring and Auditing: The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.

Documentation: Documentation related to this policy must be maintained for a minimum of 10 years.

Applies to:

- | | |
|---|---|
| <input checked="" type="checkbox"/> SummaCare | <input checked="" type="checkbox"/> Apex |
| <input type="checkbox"/> Summa Management Service Organization (SMSO) | <input checked="" type="checkbox"/> Summa Insurance Company |

Line of Business:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Commercial Groups | <input checked="" type="checkbox"/> Medicare |
| <input type="checkbox"/> Medicare Supplemental | <input checked="" type="checkbox"/> On-Exchange |
| <input checked="" type="checkbox"/> Off-Exchange | <input checked="" type="checkbox"/> Self-Funded |

1.0 Purpose:

- 1.1 To provide, arrange, or otherwise facilitate all needed emergency services, including appropriate coverage of costs.
- 1.2 To ensure members and providers that the Plan follows and adheres to all federal and state guidelines pertaining to utilization and prior authorizations.

2.0 Policy:

- 2.1 The Plan facilitates all needed emergency services including appropriate coverage of costs. Coverage of emergency services rendered to treat/stabilize an emergency medical condition will be covered without prior approval where a prudent layperson, acting reasonable, would have believed that an emergency medical condition existed. The Plan covers emergency services, if an authorized representative acting for the organization, has authorized the provision of emergency services. The Plan's claim system is configured to pay all emergency department claims consistent with the member's eligibility and benefits (e.g., co pays, deductibles, etc.).

3.0 Procedure:

- 3.1 The Plan facilitates all needed emergency services including appropriate coverage of costs. Coverage of emergency services rendered to treat/stabilize an emergency medical condition will be covered without prior approval where a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed. The Plan covers emergency services, if an authorized representative acting for the organization, has authorized the provision of emergency services. The Plan's claim system is configured to pay all emergency department claims consistent with the member's eligibility and benefits (e.g., co pays, deductibles, etc.).
- 3.2 For Medicare Advantage (MA) members, coverage decisions follow Medicare rules and regulations pertaining to MA plans, as well as federal and state regulations, and the member's evidence of coverage (EOC) document. When appropriate, relevant current clinical guidelines, SummaCare's internal policies/procedures and drug formularies may be utilized in the absence of Medicare guidance.
- 3.3 For non-Medicare members, coverage decisions follow appropriate federal and state requirements and the member's evidence of coverage (EOC) document. Additionally, SummaCare's internal policies/procedures, and drug formularies are followed when appropriate.
- 3.4 Director, HSM Clinical Management, has the authority and responsibility for the activities in this policy or procedure.
- 3.5 The Issuing Dept. is responsible for monitoring/enforcing the compliance with this policy.
 - 3.5.1 Compliance will conduct periodic reviews to monitor and audit compliance with this policy.

4.0 References:

- 4.1 Source of the policy (regulatory citation, accreditation standard, internal standard)
 - 4.1.1 NCQA UM 2; Medicare Managed Care Manual, Chapter 4 §20; 45 C.F.R. §152.19(a)(11)
 - 4.1.2 CMS standard: Medicare Managed Manual, Chapter 110.4.4 Disclosure Requirements
- 4.2 Are there any references to other documents, regulations, or intranet locations?
 - 4.2.1 None
- 4.3 Are there other policies that work in conjunction with this policy?
 - 4.3.1 None
- 4.4 Replaces (if applicable):
 - 4.4.1 None

5.0 Definitions:

- 5.1 Emergency: A medical emergency is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life (and, if you are a pregnant woman, loss of an unborn child), loss of a limb, or loss of function of a limb, or loss of or serious impairment to a bodily function. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.

6.0 Key Words or Aliases (Optional):

- 6.1 Coverage of emergency services

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