

SMSO Policy Manual

URGENT CARE 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 define responsibilities of participating urgent care providers.
- 1.2 To ensure members and providers that the Plan follows and adheres to all federal and state guidelines pertaining utilization and prior authorizations.

2.0 Policy:

- 2.1 Enrollees may access urgent care services by in-network providers or non-contracted providers when outside the county of residence when the enrollee becomes ill or is injured. Enrollees are encouraged to contact their Primary Care Physician (PCP) or call the 24- Hour Nurse Line for advice in urgent situations. However, enrollees may seek urgent care services within the network or outside of the network without referral or prior authorization.
- 2.2 Urgent care services are covered when enrollees seek services due to illness or injury or when instructed to go to an urgent care facility by an authorized representative including, but not limited to, the 24- Hour Nurse Line or PCP. Participating urgent care providers will comply with the Plan's policies and procedures.
- 2.3 For Medicare Advantage (MA) members urgent care outside of the United States are covered up to a maximum amount each year. Please refer to the Evidence of Coverage for the exact amounts

3.0 Procedure:**3.1 Responsibilities of Urgent Care Providers**

- 3.1.1 Render service without requiring pre-authorization.
- 3.1.2 Refer to PCP if patient requires the following:
 - 3.1.2.1 Home Health Care pre-authorization;
 - 3.1.2.2 DME pre-authorization;
 - 3.1.2.3 Ambulance pre-authorization;
 - 3.1.2.4 Pharmacy pre-authorization.
- 3.1.3 Immediately call "911" for patients who present with an emergency condition. An emergency condition is defined as a medical condition that manifests itself by such acute symptoms of sufficient severity, including severe pain, that a prudent lay person with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:
 - 3.1.3.1 Placing the health of the individual or the health of a pregnant woman or her baby in serious jeopardy;

- 3.1.3.2 Serious impairment to bodily functions;
- 3.1.3.3 Serious dysfunction of any bodily organ or part. Some examples of emergencies are:
 - 3.1.3.3.1 Unusual and severe chest pain
 - 3.1.3.3.2 Loss of consciousness
 - 3.1.3.3.3 Convulsions
 - 3.1.3.3.4 Unusual or excessive bleeding
 - 3.1.3.3.5 Poisoning
 - 3.1.3.3.6 Inability to breathe
 - 3.1.3.3.7 Obvious limb fractures
- 3.1.3.4 Treat non-emergent conditions and direct the patient back to their PCP for follow-up care.
- 3.1.3.5 Direct patients only to providers listed in the Provider Directory.
- 3.1.3.6 Refer to PCP for specialty care.
- 3.1.3.7 Except in the case of an emergency, contact the PCP prior to referring the patient for inpatient admission.

3.2 Responsibilities of PCP

- 3.2.1 An enrollee presenting at a PCP site with urgent care needs will be triaged and treated within one hour.

3.3 Responsibilities of the Plan

- 3.3.1 Configure claims processing to process urgent care claims without authorization requirements.
- 3.3.2 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.
- 3.3.3 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 Internal
 - 4.1.2 CMS Standard: Medicare Managed Manual: Chapter 4 Benefits and Beneficiary Protections, 10.16 Medical Necessity
 - 4.1.3 Code of Federal Regulations (CFR): 422.101; 422.138; 422.202(b)(1); 422.101(c)(1)
- 4.2 Are there any references to other documents, regulations, or intranet locations?
 - 4.2.1 Medicare-specific Evidence of Coverage
- 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 Covered services that are not emergency services, provided when the network providers are temporarily unavailable or inaccessible or when the enrollee is out of the service area. For example, you need immediate care during the weekend. Services must be immediately needed and medically necessary.

6.0 Key Words or Aliases (Optional):

- 6.1 Urgent care services

ORIGINAL EFFECTIVE DATE:

12/12/1999

REVIEWED: 12/23/2002; 12/23/2013; 04/12/2016; 12/02/2016; 10/05/2017; 11/13/2017; 09/17/2018,
10/10/2023, 12/12/2023

REVISED: 04/12/2016; 12/02/2016; 08/05/2019 (format), 10/10/2023, 12/1/2023