



IL Provider Performance Management - GCS-IL-MA-08A - Emergency Room Services Policy

**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
MEDICARE ADVANTAGE HMO POLICY**

DEPARTMENT: IL Provider Performance Management	POLICY NUMBER: GCS-IL-MA-08A	ORIGINAL EFFECTIVE DATE (IF KNOWN): 01/01/2013
POLICY TITLE: Emergency Room Services Policy		EFFECTIVE DATE: 08/09/2022
		LAST REVISION DATE: 08/09/2022
EXECUTIVE OWNER: Executive Director, Provider Performance	BUSINESS OWNER: Manager, Provider Performance	LAST REVIEW DATE: 08/09/2022

I. SCOPE

This Policy applies to Provider Performance Management government product Medicare Advantage HMO.

This Policy applies to the following lines of business and products:

Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)	In Scope [x]
Medicare MAPD H3822/H8547	X
NOTE: Future fully executed contracts will fall under this policy.	

II. PURPOSE

- To outline financial responsibility for emergency claims
- To detail how members can access emergency services

Proprietary & Confidential

III. DEFINITIONS

NOTE: The terms defined below are only applicable within the scope of this document.

Prudent Layperson	A person who has an average knowledge of health and medicine.
Emergency Medical Condition	<ul style="list-style-type: none"> • A medical condition manifesting itself by acute symptoms of sufficient severity (including, but not limited to, severe pain) such that a prudent layperson could reasonably expect the absence of immediate medical attention to result in: <ul style="list-style-type: none"> a. placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; b. serious impairment to bodily functions; or c. serious dysfunction of any bodily organ or part.

IV. POLICY

Blue Cross and Blue Shield of Illinois complies with applicable federal and state requirements that emergency room services are covered in accordance with prudent layperson standards.

V. CONTROLS/MONITORING

Control Document or Control Description	Control Owner
Annual review of the Medicare Advantage Provider Manual to ensure the documented processes to review, modify and amend this policy meets contractual requirements. If a member is billed and notifies the IPA and the insurance company, The insurance company addresses this with the IPA.	Manager, Illinois Provider Performance Management

VI. RELATED DOCUMENTS

Procedure ID	Procedure Name	Document Location
GCS-IL-MA-08B	Emergency Room Services Procedure	GBS SharePoint Library

VII. SOURCES/REFERENCES

Federal/State	Regulatory Requirements & References
Federal	Blue Cross Medicare Advantage HMO Delegated Provider Manual Federal Regulations 42 CFR §422.113 - Applicable to ambulance services, emergency and urgently needed services, and maintenance and post-stabilization care services, including prudent layperson standards.

VIII. POLICY REVIEWERS

Person Responsible for Review, and Committee Reviewing as FYI	Title	Date of Review
Lupita Monroy	Manager, IL Provider Performance Management	06/06/2022

IX. POLICY REVISION HISTORY

Description of Changes	Revision Date
Annual Review	07/12/2022
Annual Review: New Policy Template	03/26/2021

X. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
Medicare P&P Comm.			08/09/2022
IL Provider Performance Management	Joanne O'brien	Executive Director, Provider Performance	06/08/2022
IL Provider Performance Management	Joanne O'brien	Executive Director, Provider Performance	05/20/2021