



BLUE CROSS AND BLUE SHIELD OF ILLINOIS
MEDICARE ADVANTAGE HMO PROCEDURE

DEPARTMENT: IL Provider Performance Management	PROCEDURE NUMBER: GCS-IL-MA-08B	ORIGINAL EFFECTIVE DATE (IF KNOWN): 01/01/2013
PROCEDURE TITLE: Emergency Room Services Procedure		EFFECTIVE DATE: 07/11/2023
		LAST REVISION DATE: 07/11/2023
EXECUTIVE OWNER: Exec Dir, Government Programs	BUSINESS OWNER: Manager, IL Provider Performance Management	LAST REVIEW DATE: 07/11/2023

I. SCOPE

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

This Procedure 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 procedure.	

II. POLICIES IMPLEMENTED BY PROCEDURE

This Procedure implements the following Policies:

Emergency Room Services Policy, GCS-IL-MA-08A. This procedures document ensures there is a documented process for Emergency Room Services.

Proprietary & Confidential

III. PROCEDURE

1. A member experiencing an emergency medical condition:
 - May or may not contact his Primary Care Physician (PCP) for guidance.
Note: If contacted, for all Medical Group/Individual Practice Association (hereinafter the "IPAs"), the MA HMO PCP is responsible for coordinating and/or authorizing "in area" emergency services which is defined as those medical services and supplies provided within the participating counties as outlined on the DOFR located in the MSA.
 - Has the option to go to an emergency room without prior guidance from or authorization by the PCP if the member is experiencing an emergency using the prudent layperson definition.
2. Prior authorization or approval by the contracting IPA or PCP is not required for a member's emergency services.
3. The contracting IPA will pay for all physician and other professional charges for emergency services provided to a member within the in-area counties.
4. Unless referred by the IPA PCP, the contracting IPA is not responsible for physician and other professional charges for emergency services provided to a member outside of the in-area counties as outlined on the DOFR located in the MSA.
5. Unless referred by the IPA PCP, the MA HMO is responsible for all professional fees related to an emergency visit outside of the in-area counties as outlined on the DOFR located in the MSA.
6. If the member is hospitalized as a result of an emergency medical condition within the in-area counties as outlined on the DOFR in the MSA.
 - The IPA is responsible for all professional and facility fees.
7. If the member is hospitalized outside of the in-area counties as a result of an emergency medical condition:
 - The MA HMO is responsible for all physician and facility charges.

IV. CONTROLS/MONITORING

Control Document or Control Description	Control Owner
<p>Annual review of the Medicare Advantage Provider Manual to ensure the documented processes to review, modify and amend this policy meets contractual requirements.</p> <p>If a member is billed and notifies the IPA and the insurance company, The insurance company addresses this with the IPA.</p> <p>Federal Regulations 42 CFR §422.113 - Covers special rules for ambulance services, emergency and urgently needed services, and maintenance and post-stabilization care services, including prudent layperson standards.</p>	Manager, Illinois Provider Performance Management

V. AUTHORITY AND RESPONSIBILITY

- Lupita Monroy, (Manager, Illinois Provider Performance Management)

VI. SOURCES/REFERENCES

Federal/State	Regulatory Requirements & References
Federal	<p>Blue Cross Medicare Advantage HMO Delegated Provider Manual</p> <p>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.</p> <p>No Surprises Act (NSA) - The Consolidated Appropriations Act includes the No Surprises Act. The No Surprises Act (NSA) is effective on or after January 1, 2022, based on plan renewal date. The NSA includes balance billing protections for in network and out-of-network emergency services. For purposes of the NSA, emergency services includes all emergency services provided in any department of the hospital and also includes out-of-network post-stabilization services where the member/patient is admitted after receiving emergency services.</p>

VII. PROCEDURE REVIEWERS

Person Responsible for Review, and Committee Reviewing as FYI	Title	Date of Review
Lupita Monroy	Manager, IL Provider Performance Management	06/23/2023
Linda Tolbert	Sr. Provider Network Consultant	06/22/2023

VIII. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Annual Review	06/22/2023
Annual Review	08/09/2022
Annual Review: New Template	03/26/2021

IX. PROCEDURE APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
Medicare P&P Comm.			07/11/2023
IL Provider Performance Management	Joanne O'Brien	Executive Director, Provider Performance	06/23/2023