

Policy Number: CP-MCR23-008A

Effective Date: January 1, 2025

## Worldwide Emergency Care

Reimbursement to the member for emergency, urgently needed services received outside of the United States or its territories.

### DISCLAIMER

*Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.*

*These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan document, the UCare plan document is used to determine coverage.*

*Medicaid products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.*

*Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.*

*Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.*

### Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	✓
UCare’s Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

**Benefit category:**  
**Emergency Services, Urgent Care Services**

## Definitions or summary

Emergency- An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid severe **harm**.

Worldwide Emergency/Urgent care is a supplemental benefit for members to have emergency/ urgent care coverage while out of the United States.

- Services furnished by a provider qualified to furnish emergency services and needed to evaluate or stabilize an emergency medical condition, as well as services provided after stabilization and provided to maintain the condition. Post-stabilization services end at discharge.
- Urgently needed services that are medically necessary and immediately required because of an unforeseen illness, injury, or condition.
- Only emergency coverage is worldwide. Members may want to consider purchasing a separate travel policy while traveling outside the U.S. for more comprehensive services such as medical evacuation and air ambulance.

## Coverage Policy

*The coverage required by this section is subject to the co-payment, coinsurance, deductible, and other enrollee cost-sharing requirements that apply to similar types of items under the policy, plan, certificate, or contract.*

- Members may have to pay for emergency or urgently needed services outside of the US and its territories up-front.
- UCare will pay the member back at rates no greater than the rates at which Original Medicare would pay, and had the services been performed in the locality where the member lives in the U.S.
- UCare will subtract any cost-sharing amount the member owes from the amount UCare reimburses the member. The amount UCare pays the member back may be less than the amount the member has paid the foreign provider.
- Members must submit foreign claims to UCare within 12 months of the date the member received the service or item.

### **What UCare needs:**

- Copies of receipts for which member is requesting reimbursement.
- Member's receipts and medical records showing the care is for an emergency or urgently needed service(s).
- Records and receipts translated into English. Depending on the language, UCare may not be able to translate the bill into English to process the claim.
- If medical records are not in English, add a detailed description of services provided.
- A UCare Medical Director will review the medical records to determine if the care was related to emergent or urgently needed care.

### **COVERED**

- Emergency Services
- Urgently needed services
- Ground ambulance for emergency transportation

**NON-COVERED (This is not an all-inclusive list)**

- Air Ambulance (fixed wing or rotary wing)
- Transportation (other than ambulance) to the nearest facility for emergency services
- Transportation back to the United States or its territories
- Medical Record Fees
- Non-emergency services
- Prescription and over-the-counter drugs
- Hotel for extra stay because of emergency
- Post-stabilization services after discharge.
- Any medical service anticipated or intended prior to departure outside of the United States.
- Testing for the purpose of travel requirements (such as COVID-19 testing).
- Urgent/emergent care on a cruise ship at a U.S. port (covered under Medicare contract, not worldwide care).
- Any travel change fees or penalties resulting from altered plans and related to the medical condition.

<b>Prior Authorization</b>
<b>Not Required</b>

<b>Related policies and documentation</b>	
<i>References to other policies or documentation that may be relevant to this policy</i>	
<b>Policy Number</b>	<b>Policy Description</b>
CP-MCR23-007A	Member Reimbursement

<b>References and source documents</b>
<i>Links to the UCare contracts, Center for Medicare, and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy</i>
<a href="#">Plan Documents and Forms   UCare</a>

<b>Coverage policy development and revision history</b>		
<b>Version</b>	<b>Date</b>	<b>Note(s)</b>
V1	5/1/2023	New Policy
	10/20/2023	Annual Review; no changes
	10/03/2024	Annual Review; no changes