

Worldwide Coverage – Emergency and Urgent Care

Applies to:

- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Blue Cross Blue Shield Nebraska MA Choice (HMO-POS)



Worldwide coverage – emergency and urgent care

Coverage for emergency and urgent healthcare services rendered outside of the United States or its territories.

Original Medicare

Items and services furnished outside of the United States are excluded from coverage except for the following services, and certain services rendered on board a ship:

- Emergency inpatient hospital services where the emergency occurred:
 - While the beneficiary was physically present in the United States; or
 - In Canada while the beneficiary was traveling without reasonable delay and by the most direct route between Alaska and another State.
- Emergency or non-emergency inpatient hospital services furnished by a hospital located outside the United States, if the hospital was closer to, or substantially more accessible from the beneficiary's United States residence than the nearest participating United States hospital that was adequately equipped to deal with, and available to provide treatment for the illness or injury.
- Physician and ambulance services furnished in connection with, and during a period of, covered foreign hospitalization. Program payment may not be made for any other Part B medical and other health services, including outpatient services furnished outside of the United States (see Medicare Claims Processing Manual, Chapter 1, General Billing Requirements, § 10.1.4.1 for a description of claims processing procedures).
- Services rendered on board a ship in a United States port, or within 6 hours of when the ship arrived at, or departed from, a United States port, are considered to have been furnished in United States territorial waters. Services not furnished in a United States port, are considered to have been furnished outside United States territorial waters, even if the ship is of United States registry (see Medicare Claims Processing Manual, Chapter 1, General Billing Requirements, §10.1.4.7, for a description of claims processing procedures).

Note: Services must be provided by a physician or supplier as defined by the Centers of Medicare & Medicaid Services.

MA Core (HMO) and MA Choice (HMO-POS) Enhanced Benefit

MA Core (HMO) and MA Choice (HMO-POS) are Medicare Advantage plans which provide at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross and Blue Shield of Nebraska to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Because Original Medicare does not include coverage of emergent or urgently needed medical items and services furnished outside of the United States and its territories the scope of the benefit, reimbursement methodology, maximum payment amounts, and the member's cost-sharing are determined by Blue Cross and Blue Shield of Nebraska for individual coverage.

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Serious jeopardy to the health of the individual or in the case of a pregnant woman, the health of the woman or her unborn child;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part

Urgent care is services that are not emergency services, but are medically necessary and require immediate attention as a result of an unforeseen illness, injury or condition.

Conditions for payment

Worldwide emergency and urgent care for MA Core (HMO) and MA Choice (HMO-POS) are subject to copayments and a lifetime maximum.

Reimbursement

MA Core (HMO) and MA Choice (HMO-POS) will determine reimbursement for covered services based on the reasonable charges, currency exchange when required, and the applicable benefit category.

Member cost sharing

- The member is paid based on the service rendered minus the cost-share amount. This represents payment in full. The member may be held liable for amounts in excess of our payment amount.
- If the member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.

To verify benefits and cost-share, providers may call 888-505-2022.

Member reimbursement

Services rendered in a foreign land, and services rendered on a cruise ship that require interpretation or currency conversion must be submitted through Blue Cross Blue Shield Global Core (BCBSGC). Invoices and a BCBSGC International Claim Form must be submitted to the BCBSGC Service Center at the address on the claim form. Claim forms may be obtained by contacting Member Servicing at 1-888-488-9850 or directly from the Global Core website at <https://www.bcbsglobalcore.com>. You will need to complete the user agreement and click on "Login" to access the claim submission form. Follow the directions included on the form for completing and submitting your claim.

Services rendered on a cruise ship that do not require interpretation or currency conversion may be submitted directly to Blue Cross and Blue Shield of Nebraska Medicare Advantage.

1. The member submits the following information along with their request.
 - Member name
 - Member's MA Core (HMO) or MA Core (HMO-POS) contract and group numbers
 - Member address
 - Bills or itemized statements that include
 - Name and address of treating hospital and/or physician
 - Specific dates of service
 - Diagnosis
 - Description of services
 - Itemized list of services received
 - Charges per service
 - Paid receipts

2. The member will send the request and all supporting information to the following address:

Blue Cross Blue Shield of Nebraska

PO Box 261279

Plano TX 75026

Revision history

Policy number: NEHMO 1009

Policy created: 07/08/2016

Policy effective: 01/01/2017

Revised: 9/1/2018

06/19/2017: Updated BCBS program name from 'BlueCard Worldwide' to 'Blue Cross Blue Shield Global Core', updated website url from **<https://www.bluecardworldwide.com/Account/Login?ReturnUrl=%2F>** to **<https://www.bcbsglobalcore.com>** and added directions for accessing the claim form.

9/1/2018 Updated address to Plano, Texas