

UnitedHealthcare enhancing capabilities for emergency department utilization payout for non-emergency claims

Beginning July 1, 2021, we will enhance our capabilities to assess emergency department (ED) facility claims to determine if the ED event was emergent or non-emergent, according to existing plan provisions, in most states. Choosing the right care location may help members save.

ED claims will be evaluated based on several factors, including:

- The patient's presenting problem
- The intensity of diagnostic services performed
- Other patient complicating factors and external causes

Claims determined to be non-emergent will be subject to limited coverage or no coverage in accordance with the member's Certificate of Coverage. This enhanced capability will apply to commercial fully insured ED facility claims in many states for dates of service on July 1, 2021, or later. Subject to regulatory approval, we will continue to expand this capability to additional states and segments.

The assessment applies to both in-network (INN) and out-of-network facility emergency department claims. The states included in the program are AL, AR, AZ, CO, CT, DC, DE, FL, GA, IA, IN, KS, KY, LA, MA, MD, MI, MS, NE, NH, NJ, NV, NY, OH, OK, OR, PA, SC, TN, TX, VA, WA, WI, WV.

Effective dates are on and after July 1, 2021, on renewal for most UnitedHealthcare large group fully insured plans and on and after Jan. 1, 2022, for most small group fully insured plans on renewal. Variations are as follows:

- Delaware, Florida, New Jersey, South Carolina – both large and small groups are effective beginning on and after July 1, 2021.

- New York UnitedHealthcare large fully insured group plans – effective beginning on and after Sep. 1, 2021, as plans renew.
- Maryland, Washington DC, and West Virginia large fully insured groups – effective on and after Oct. 1, 2021 on renewal.
- Virginia large fully insured groups – effective on and after March 1, 2022, on renewal.
- NJ Oxford fully insured groups – effective on and after Sep. 1, 2021.
- NY and CT Oxford fully insured groups – effective on and after Jan. 1, 2022, on renewal.
- UMR plans and individual and Exchanges plans are not included.

Beginning June 1, 2021, some fully insured members will receive a reminder that emergency room visits for non-emergency care are subject to limited coverage or may not be covered for the full cost of the emergency room visit, as outlined in the Certificate of Coverage.

Providers received the information in the June Network Bulletin and on uhcprovider.com. If a claim is determined to be non-emergent, the provider may complete an attestation form to attest if the event met the definition of an emergency consistent with the prudent layperson standard.

Member will receive an Explanation of Benefits (EOB) with language describing the reason for the limited coverage for an emergency visit that is determined to be non-emergency. There are member appeal rights based on state guidelines, which are stated on the EOB.

To learn more about appropriate care locations, please visit uhc.com/quickcare

For more information, please contact your broker or UnitedHealthcare representative.