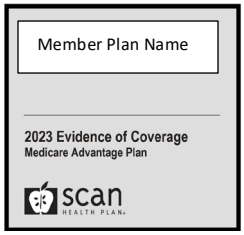
Carve Out Benefits

Talking Points

Table of Contents:

This document is to serve as a guide. Providers/venders are responsible to check member eligibility as well as reference the member specific Evidence of Coverage and Benefit Grid for coverage:

- **<u>The Member's Evidence of Coverage (EOC)</u> - *Chapter 4 Medical Benefits Chart***



- **<u>Benefit Grid by Year under Member's Specific Plan</u> (i.e., Balance, Classic, Connections, Embrace)**

1. Transportation

Guidance on Next Steps for Provider to Take
1. Providers must check the member specific Evidence of Coverage (EOC) and Benefit Grid for transportation coverage. 2. SCAN is responsible for routine transportation benefits through SafeRide Health. Gurney level transportation **may not be covered** under certain SCAN plans. If member's benefits (e.g., Classic Riverside) do not reflect gurney level transportation embedded in their routine transportation benefit, please note the following: a. Gurney level transportation is not considered routine transportation for select plans; therefore, these services are not carved out to SCAN. b. The member's EOC states under Chapter 4 Medical Benefits Chart in **Ambulance section** "non-emergency transportation by ambulance is appropriate if it is documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required". 3. Medicare covers non-emergency transportation only when the member's condition is such that other means of transportation would be contraindicated or would endanger the member's health. No reimbursement should be made if a different means of transportation, other than an ambulance, could be used without endangering the individual's health, whether or not such other transportation is actually available. Therefore, the delegated Medical Group (MG) **must make this assessment** to determine if the member's condition meets the above qualifications. a. If member's condition qualifies then MG will need to provide an authorization to their contracted ambulance vendor b. MG would be financially responsible for these charges. c. Member could potentially have an ambulance copay for each way (refer to member specific EOC). 4. MG should also assess if visit could be rendered through Telehealth instead of an in person visit; therefore, gurney level transportation is not needed.

2. Items not Reflected in EOC or Benefit Grid

Guidance on Next Steps for Provider to Take
1. Providers must check the member specific Evidence of Coverage (EOC) and Benefit Grid for specific coverage on services.

2. If not referenced in EOC or Benefit Grid, refer to SCAN Provider Operations Manual (POM)under Chapter 6: Utilization Management in *Prior Authorization* section. The standard for determining coverage would be to use the hierarchy noted below that is outlined in this section of the SCAN POM.
   - SCAN typically delegates the responsibility for prior authorizations to its delegated entities, depending on the Provider's contract with SCAN. An exception is Medi-Cal only benefits, where SCAN may require prior authorization
   - Prior authorization is never required for Emergency Services, including behavioral health services necessary to screen and stabilize Members.
   - Prior authorization is always required for planned out of area services that are not Urgent or Emergent.
   - Organization Determinations must be made by health care professionals, who have appropriate clinical expertise in treating the Member's condition or disease, in accordance with currently accepted medical or health care practices. When there is insufficient guidance in applicable NCD, LCD, Medicare statutes and regulations, flexibility may be applied in coverage decisions. (Refer to: Guidance (scanhealthplan.com). Organization Determinations are always based on Member eligibility and appropriateness of care/service. SCAN does not reward providers or other individuals for approving or issuing denials of authorizations.
3. **Delegated entities may request coverage guidance from SCAN by sending an email to medicalpolicy@scanhealthplan.com.**