Title: Declaration of Disaster or Emergency

Primary Department: Utilization Management

LOB: Medicare Advantage and DSNP

Author: Jennifer Terrell, MD

Effective Date: 11/1/22

Interactive Related Department(s)

☐ All Departments
☐ Compliance
☒ Medical Management
☐ Provider Operations
☐ Sales and Marketing
☐ Appeals and Grievances
☐ Pharmacy
☐ Member Services
☐ Quality Management
☐ Utilization Management
☐ Care Management
☐ Enrollment
☐ Plan Administration
☐ Claims
☐ Other _____________

Disclaimer: Troy Utilization Management applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Troy Policies, and MCG for determining medical necessity. Troy Health Policies are intended to provide a standard guideline but are not used to preempt providers’ judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

POLICY PURPOSE

Troy Health, Inc. is committed to comply with all regulations and requirements for Medicare Advantage Plans.

The purpose of this policy is to state Troy Medicare’s policy in the event of an unforeseen disaster or emergency declaration by the President of the United States or the State Governor in order to support members in finding medical care during an emergency. This policy establishes Troy Health’s guidelines for emergency operations and business continuity.

SCOPE

This policy applies to all employees in Medical Management and Care Management at Troy and members impacted by a system outage.

REFERENCES

42 CFR 422.100(m)(1)
RESPONSIBLE PARTIES

- Vice President of Health Services
- Chief Medical Officer

POLICY

In the event of a system outage, support will be provided to members and authorization requirements will be lifted during the outage time period.

- Part A, Part B, and supplemental Part C plan benefits are to be provided to members at specified non-contracted facilities (note that Part A and Part B benefits must be obtained at Medicare-certified facilities)
- The 30-day notification requirement to members is waived, as long as all the changes (such as reduction or cost-sharing and waiving authorization) benefit the member.

PROCEDURE

In the event of a UM system outage, providers will be notified when the outage occurs and continuously communicate updates throughout the resolution of the issue. Providers and members will be informed when the UM system is operational and normal activity resumes.

If CMS (Centers for Medicare and Medicaid Services) hasn’t provided an end date for the disaster or emergency, plans will resume normal operation 30 days after the initial declaration.

ATTACHMENTS/RELATED POLICIES/STANDARD OPERATING PROCEDURES

APPROVALS

Chief Medical Officer

Date: 10 / 31 / 2022