



Mentor Public Schools

Understanding Emergency Room vs. Urgent Care/Convenience Clinic

1. What is a medical emergency?

According to the MMO certificate, an "Emergency Medical Condition" is considered an accidental traumatic bodily injury or other medical condition that arises suddenly, unexpectedly and manifests itself by acute symptoms of such severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to:

- Place an individual's health in serious jeopardy, or with respect to a pregnant woman, the health of the woman or her unborn child;
- Result in serious impairment to the individual's bodily functions; or
- Results in serious dysfunction of a bodily organ or part of the individual.

Some examples of medical emergencies include but are not limited to:

Convulsions	Loss of Consciousness	Shock
Difficulty Breathing	Massive Bleeding	Stroke
Heart Attack	Poisoning	

2. It is important to note the following when considering an Emergency Room vs. Urgent Care/Convenience Clinic for an emergency.

If the situation does not meet the above criteria, the claim charge for the hospital emergency room will be denied and you will be responsible for the charge. In other words, because a symptom or condition prompted you to go to the emergency room, the incident does not automatically qualify as an acute medical emergency payable benefit. If you are unsure about your condition, contact your primary care physician on where to seek appropriate care. Even if your physician directs you to an emergency room, if the condition is not an acute medical emergency, you are not guaranteed payment of the claim.

Call Nurse Line at 1-888-912-0636 (available 24/7) - Medical Mutual's Nurse Line staff is trained and equipped to quickly assess situations and determine if a referral to the emergency room is necessary. When a referral is made, MMO's connectivity with Nurse Line will ensure claims will process under the medical emergency use of the ER benefit.

3. What is Urgent Care?

If you have an illness or accident that requires prompt medical attention, but is not life threatening, you should seek treatment by your physician or go to an appropriate urgent care facility that can treat your condition. You can find a network urgent care facility by using our Find a Doctor tool under My Health Plan and choosing "Urgent Care Center" as the facility type.

Some examples of "non-life threatening emergencies" include but are not limited

Colds, Cough, Flu	Minor Sport Injury or Sprain	Upper Respiratory Infections
Earaches	Nausea, dizziness, or Vomiting	Urinary Tract Infections
Lacerations	Simple fractures	Minor Burns

Don't forget! As an employee of Mentor Public Schools you do have access to The Cardinal Clinic for convenient, onsite access to confidential healthcare services. Services include preventive, injury, illness and continuing care, all of which are coordinated with your personal healthcare professional.

4. What is a Convenience Clinic?

If you need treatment for a minor illness, convenience clinics are another good option. These clinics may be located in some drug stores and grocery stores. They are staffed by nurse practitioners or physician's assistants who can diagnose and treat many illnesses, as well as write prescriptions.

A convenience clinic can help you with:

Sore Throat	Bronchitis	Pink Eye
Earaches	Many Vaccinations	Flu Shots

5. If your emergency room claim was not covered due to being considered a non-emergency and you feel it was a true emergency, you should follow the steps below:

- Refer to your MMO certificate, under General Provisions and follow the instructions outlined in the section "**Filing a Complaint.**"

Call or write to Customer Service at:
 Medical Mutual
 P. O. Box 6018
 Cleveland, OH 44101-1018
 1-800-521-6492

- Please keep in mind that MMO processes the claim based on the information from the provider submitted on the actual claim form (emergency vs. non-emergency). The procedure and diagnosis codes are determined by the provider and cannot be changed by MMO. It is your responsibility to contact the hospital/provider to determine or dispute what codes were used and submitted on the claim. The hospital/provider can then make a determination if the claim should be re-billed to MMO using different procedure or diagnosis codes.

If you are still not satisfied with the results, you may continue to pursue the matter through the appeal process.

- Refer to your MMO certificate, under General Provisions and follow the instructions outlined in the section "**Filing an Appeal.**" The first-level mandatory appeal must be filed within 180 days from your receipt of the notice of denial of benefits.

Call, write or fax letter to:
 Medical Mutual
 Members Appeals Unit
 MZ: 01-4B-4809
 PO Box 94580
 Cleveland, OH 44101-4580
 (216) 687-7990 (Fax)

You may also submit an appeal electronically via Medical Mutual's website, www.MedMutual.com, under Members' section.

To ensure the highest payment level, you should always confirm that your provider is a MMO network provider prior to receiving services. Refer to the customer service number on your ID card or visit www.medmutual.com.