

Frequently Asked Questions

Emergency Room Use

October, 2019

1. Why is a higher copay being added for non-emergency use of the emergency room?

Non-emergency use of the emergency room has increased over 200% at Allen County Schools Health Plan. A visit to the emergency room averages \$1,000 as compared to an urgent care visit which averages less than \$200. These unnecessary visits to the emergency room are increasing our plan costs.

2. How do you know that folks are using the emergency room for non-emergencies?

The diagnosis code filed with the emergency room claim outlines the reason for the visit. There are diagnosis codes for emergencies and non-emergencies.

3. How do you define an emergency?

MMO defines an emergency as a medical condition manifesting itself by acute symptoms of such severity, including severe pain, so that a prudent layperson, who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

- Placing 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.

In the broadest terms an emergency is defined as life or limb threatening. Examples of emergencies:

- Allergic Reactions (*severe – tongue/throat swelling, difficulty speaking, swallowing or breathing*)
- Bleeding (*heavy*)
- Broken Bone (*major*)
- Change in Vision (*sudden*)
- Chest Pain
- Cut/Burn (*major*)
- Head Injury (*severe*)
- Shortness of Breath
- Spinal Injury
- Trouble Speaking (*sudden*)

4. Wouldn't the emergency room personnel redirect me to an urgent care if it was not an emergency?

Generally, the answer is no. Once you've arrived at an emergency room, they will go through the process of intake. Remember the emergency room is a business that makes money treating people. In addition, they are ethically and federally obligated to treat you.

5. What alternatives do we have to an emergency room?

Urgent Care Centers are at the top of the list for many people; however, a relationship with a primary care physician is the best answer. When you have a relationship with a good primary care physician, they are available to you 24/7 to answer questions and help manage chronic conditions. With the right relationship, you will never feel uncomfortable calling your physician regardless of the time of day or the weekend. They are there for you – ready to direct your care to the right center of care.

You also have access to **Nurseline** – a 24-hour number on the back of your MMO identification card, which will be answered by a registered nurse that can assist in directing you to the right type of provider.

You have access to **Teladoc** – which is 24-hour on-line access to a board certified physician that can treat you, write you a prescription or direct you to the right type of provider.

*Refer to the attached **Symptom Reference Chart** on page 3 for suggested care providers*

6. How do I find an urgent care center?

Log onto Medical Mutual’s website at www.medmutual.com and click on **Find a Doctor**

- Select **SuperMed PPO Network** (if it isn’t already selected for you)
- Select **Facility** as your Provider Type / Enter desired location and mile radius
- Select **Urgent Care Center** as your Facility Type and click on **Search Providers**

Below is a list of Urgent Care Providers in your area as of October 9, 2019

Mercy Health Eastside Urgent Care
967 Bellefontaine Ave
Lima, OH 45804

Mercy Health Delphos Urgent Care
1800 E 5th St
Delphos, OH 45833

Mercy Health Westside Urgent Care
2195 Allentown RD
Lima, OH 45805

Walk In Urgent Care
1321 Bellefontaine St STE 100
Wapakoneta, OH 45895

7. Who determines whether a visit to the ER is emergent or non-emergent?

The diagnosis code on the emergency room claim determines whether it was a true emergency.

8. What if I really thought I was having an emergency but when treated, the physician found that it was not really an emergency?

We understand that this can happen so there is an appeal process. If you receive a higher copay charge due to using the emergency room for a non-emergency, you can explain what happened and this will go through the standard appeal process, internal and external if necessary. If the decision is reversed, the claim will be paid at the lower copay level.

9. What if you need care in the evening?

As reviewed in Question 5, the best solution is to build a relationship with a primary care physician. This will be your family doctor who knows your health care history and can be available to direct your care when needed.

Symptom Reference Chart

	 ER/911	 Urgent Care	 Convenience Clinic	 Primary Care Physician	 Telemedicine
Allergic reactions*	■	■		■	
Allergies		■	■	■	■
Annual preventive care visit				■	
Asthma		■		■	
Back pain (minor)		■	■	■	
Bleeding (heavy)	■				
Broken bone (major)	■				
Broken bone (minor)		■		■	
Bronchitis		■	■	■	■
Change in vision (sudden)	■				
Chest pain	■				
Cold and flu symptoms		■	■	■	■
Cut/burn (major)	■				
Cut/burn (minor)		■		■	
Ear infection		■	■	■	
Head injury (severe)	■				
Infection		■		■	
Insect bite		■		■	
Pink eye		■	■	■	
Rash		■		■	
Respiratory infection		■	■	■	■
Shortness of breath	■				
Sinus problems		■	■	■	■
Spinal injury	■				
Sprain or strain		■		■	■
Trouble speaking (sudden)	■				
Urinary tract infection		■	■	■	■
Vaccinations (also flu shots)			■	■	
Wheezing		■		■	
X-ray		■		■	

* Severe allergic reactions, such as tongue/throat swelling, difficulty speaking, swallowing or breathing should be seen in an ER.

Please Note: This is a sample list of services and may not be all-inclusive. This does not take the place of professional medical advice, diagnosis or treatment. Although this information is intended to help make the best decision for care, if you feel that your situation is life threatening, go to the nearest emergency room.