

Medicare Disaster Policy

If the President, Governor or Secretary of Health and Human Services declares an emergency, (major) disaster or a public health emergency, Network Health ensures our Medicare Advantage members in the affected geographic areas can get the benefits and medical care they need by the following.

- Covering Medicare Parts A and B services and supplemental Part C benefits at non-contracted (out-of-network) facilities.
- Waiving gatekeeper plan referral requirements, where applicable, for out-of-network care.
- Providing the same cost-sharing benefits as if the service had been furnished in-network.
- Ensuring changes that help members will be effective right away, without the typically-required 30-day notice.
- Making sure members have access to covered Part D drugs dispensed at out-of-network pharmacies if it is not reasonable for members to get covered Part D drugs at in-network pharmacies, and when such access is not routine.
- Removing drug limitations such as “refill-too-soon” rejections that prevent members from obtaining necessary medications.

Network Health will consider exceptions when required policy, contract or other rules are not met as a result of the disaster, such as when a member is displaced from their home and is not able to get non-emergency health care from a contracted (in-network) health care provider.

A disaster ends when any of the following occur.

- The source that declared the disaster declares an end.
- In the case of a public health emergency, when the emergency no longer exists or at the end of the 90-day period starting from the initial declaration, whichever occurs first.
- The Centers for Medicare & Medicaid Services (CMS) declares an end of the disaster.
- Thirty days have passed since the declaration of the disaster, and no end date was identified.

If Network Health is also affected by the disaster and cannot resume normal operations within 30 days, we are required to notify CMS.