Policy Title: Emergency Services

Department: Utilization Management (UM)

Policy Number: UM 103

Rev. Date(s): 01/01/2019, 05/04/2022

Effective Date: 05/01/2015

Product Lines:	☐ All/Other	☑ Gold Coast Medi-Cal	☐ FFS Medi-Cal
	☑ Medicare	☑ Commercial	
Age Limitations:	☑ None	☐ Under 21	☐ Other

Purpose

1. To establish and define mechanisms for America' s Health Plan (AHP) Utilization Management (UM) Department to monitor, control, account for and maintain a workflow process for member utilization of emergency medical and mental health care services.

Policy

AmericasHealth Plan (AHP) and contracted IPA CDCR do not require a provider to obtain authorization prior to the provision of emergency services and care that is necessary to stabilize the enrollee's emergency medical condition.

1. When an enrollee is stabilized but continues to require additional medically- necessary health care services: AHP requires providers to notify AHP prior to, or at least during the time of rendering these services. AHP wishes to assess the appropriateness of care and assure that this care is rendered in the proper venue.
2. AHP/CDCR is responsible for coverage and payment of emergency services and post-stabilization care services and shall cover and pay for emergency services regardless of whether the provider that furnishes the services has a contract with AHP/CDCR or not.
3. AHP/CDCR shall not limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms or refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the member's primary care provider or AHP/CDCR.
4. A member who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.
5. It is the practice of AHP to auto-pay emergency department claims with CPT Code of 99281 through 99285.
6. Provider billed ER claims
    a. Commercial ER Claims with POS 23 – CPT 99281 to 99285 should be pay as billed
    b. Medi-Cal ER Claims with POS 23 – CPT 99281 to 99285 should be pay as billed
    c. Medicare ER Claims with POS 23 – CPT 99281 to 99285 should be pay as billed
7. AHP ensures reasonable reimbursement for covered emergency services as follows:
    a. Services obtained from both contracted and non-contracted providers up to the time the emergency condition of the member was stabilized. [L SEP]
    b. Services obtained from both contracted and non-contracted providers when the services were authorized by AHP.
    c. Ambulance services dispatched through 911.
    d. Retrospective review of ER service will include review of ER summary including presenting symptoms and discharge diagnosis.
8. Reimbursement of Emergency Room Claims

Contracted Provider	Will be reimbursed based upon provider's contract provisions with Group/IPA

Non-Contracted Provider	Will be reimbursed based upon MedPartners on usual and customary reimbursement rates as follows • Medicare - 100% Medicare prevailing fee schedule • Medi-Cal -100% Medi-Cal prevailing fee schedule • Commercial - 100% Medicare prevailing fee schedule.

DEFINITIONS

1. "Emergency Services and Care"
    a. Medical screening, examination, evaluation and treatment to relieve and eliminate the emergency medical condition by a physician, or other appropriate personnel to the extent permitted by applicable law and within the scope of their licensure and privileges.
    b. It also means additional screening, examination and evaluation and treatment to relieve or eliminate the psychiatric emergency medical condition by a physician, or other appropriate personnel to the extent permitted by applicable law and within the scope of their licensure and privileges.
2. "Emergency Medical Condition"
    a. A medical condition manifesting itself by the sudden onset of symptoms of acute severity, which may include severe pain, such that a reasonable person would expect that the absence of immediate medical attention could result in imminent and serious threat to health including placing the member's health in serious jeopardy due to potential loss of life, limb, or other bodily function, or serious dysfunction of any bodily organ or part;
    b. With respect to a pregnant woman who is having contractions, an emergency medical condition is also a situation in which (a) there is inadequate time to effect a safe transfer to another hospital before delivery; or (b) transfer may pose a threat to the health or safety of the woman or the unborn child; or
    c. A delay in decision-making would be detrimental to the member's life or health or could jeopardize the member's ability to regain maximum function, and does NOT require prior authorization.
3. "Emergency Psychiatric Condition"
    a. California HSC 1317.1 defines "psychiatric emergency medical condition" as a mental disorder that manifests itself by acute symptoms of sufficient severity to render the patient either an immediate danger to himself or others, or immediately unable to provide for, or utilize food, shelter, or clothing, due to the mental disorder.
    b. AHP/CDCR will cover emergency services to screen and stabilize the member without prior approval where a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed.
4. Urgent care service is a covered benefit for members. AHP/CDCR is responsible for urgent care services and will ensure that the member will be seen within 48 hours upon request.
    a. AHP/CDCR shall cover urgent care when a member has traveled outside the AHP/CDCR service area.
    b. If the member is within the plan's service area, they are required to utilize doctors in the network for urgent care.

URGENT CARE STANDARDS

1. The range of services offered by the urgent care facility and its hours of operation must be clearly defined and communicated to the public and relevant organizations.
2. Such facilities, unless they also provide emergency services, must not solicit patients with life-threatening conditions.
3. The urgent care facility must be prepared to evaluate and transfer patients with medical emergencies that may present as such, or which may arise in conjunction with services provided by the facility.
4. Patients seeking immediate/urgent services may be seen without prior appointments or the provider may require patients to be seen by appointment.

5. Immediate/urgent care services must be performed only by health care practitioners who are licensed to perform such procedures and who have been granted privileges to perform those procedures by the credentialing body of the urgent care facility, after medical review of the practitioner's documented education, training, experience, and current competence.
6. During hours of operation, a qualified physician must be available for consultation.
7. Health care practitioners who maintain skills in basic life support (BLS) must be present in the facility at all times.
8. Arrangements must be made to assure that adequate specialty consultation services are available.
9. Equipment, drugs, and other agents necessary to provide immediate/urgent care services must be available.
10. Laboratory and radiology services should be available on site. If this is not feasible, the urgent care facility must arrange for safe transport of the patient to another site for laboratory or radiology services. A written policy must be in place regarding transport procedures, which includes a statement that financial responsibility for transport services rests with the urgent care facility.
11. Ability to communicate with local police departments, fire departments, community social service agencies, ambulance services, and hospitals is needed to ensure high-quality patient care.

Procedures

1. **LIFE THREATENING OR DISABLING EMERGENCY**: Delivery of care for potentially life threatening or disabling emergencies should never be delayed for the purposes of determining eligibility or obtaining prior authorization.
2. BUSINESS HOURS: In a 911 situation, if a member is transported to an emergency department (ED), the (ED) physician will contact the member's PCP (printed on the member's enrollment card) as soon as possible in order to give him/her the opportunity to direct or participate in the management of care.
3. **MEDICAL SCREENING EXAM** Hospital emergency departments under Federal and State laws are mandated to perform a medical screening exam (MSE) on all patients presenting to the ED. Emergency services include additional screening examination and evaluation needed to determine if an emergency medical condition exists. AHP will cover emergency services necessary to screen and stabilize members without prior authorization in cases where a prudent layperson acting reasonably, would have believed that an emergency medical condition existed in compliance with all applicable requirements of Consolidated Omnibus Budget Reconciliation Act (COBRA) EMTALA- The Emergency Medical Treatment and Active Labor Act and California Health and Safety Code Section 1317.
4. **AFTER BUSINESS HOURS**: AHP offers provider and member access to designated staff 24/7 for the coordination of care and services related to urgent and emergent circumstances. This access is obtained by calling the 800 number on the member ID card. The 800 number connects to a 24 hour per day/7 days per week multilingual information service that will verify member eligibility and cross connect to a licensed AHP case manager for assistance with authorizations and other necessary services.
5. **POST- STABILIZATION SERVICES:**
    a. ***Medi-Cal /Commercial LOB*:** AHP shall approve or disapprove a request for post-stabilization inpatient services made by contracted or non-contracted provider on behalf of a member within 30 minutes of the request. If not done within the required timeframe, the authorization request will be deemed approved, in accordance with Title 28, Section 1300.71.4.
        i. If AHP/CDCR does not respond within the required timeframe, the authorization request will be deemed approved.
        ii. If the AHP/CDCR on-call representative and the treating physician cannot reach an agreement concerning the enrollee's care and a plan physician is not available for consultation the post stabilization services will be deemed approved up to the time that AHP/CDCR is able to give the treating physician the opportunity to consult with a plan physician. The treating physician may continue with care of the patient until a physician is reached or one of the criteria of 422.133(c) (3) is met.

iii. HP/CDCR financial responsibility for post-stabilization care services that has not pre-approved ends when:
   1. A AHP/CDCR physician with privileges at the treating hospital assumes responsibility for the member's care;
   2. A AHP/CDCR physician assumes responsibility for the member's care through transfer;
   3. A AHP/CDCR representative and the treating physician reach an agreement concerning the member's care; or
   4. The member is discharged.
   5. If assistance is needed in directing or obtaining authorization for care after the immediate emergency is stabilized, the on-call nurse will assist as the liaison to PCPs, specialists, and all other providers to ensure timely access and the effective coordination of all medically necessary, or under circumstances where the member has received emergency services and care is stabilized, but the treating provider believes that the member may not be discharged safely.
   6. AHP/CDCR maintains physician coverage availability 24 hours per day 7 days per week to consult with the on-call case manager or emergency room personnel, or for resolving disputed requests for authorizations.

b. Medicare LOB

i. Post-stabilization care services are covered and paid for in accordance with provisions set forth in 42 CFR 422.113(c). AHP is financially responsible for post-stabilization services obtained within or outside its network as follows:

ii. In the event that an emergency department provider contacts AHP for post stabilization authorization, AHP shall approve or deny the request for non-urgent post-stabilization inpatient services on behalf of a member within 30 minutes of the request.

iii. If AHP does not respond within the required timeframe, the authorization request will be deemed approved.

iv. If the AHP on-call representative and the treating physician cannot reach an agreement concerning the enrollee's care and a plan physician is not available for consultation the post stabilization services will be deemed approved up to the time that AHP is able to give the treating physician the opportunity to consult with a plan physician. The treating physician may continue with care of the patient until a physician is reached or one of the criteria of 422.133(c) (3) is met.

v. AHP's financial responsibility for post-stabilization care services that has not pre- approved ends when:
   1. A plan physician with privileges at the treating hospital assumes responsibility for the member's care;
   2. A plan physician assumes responsibility for the member's care through transfer;
   3. A plan representative and the treating physician reach an agreement concerning the member's care; or
   4. The member is discharged.
   5. If assistance is needed in directing or obtaining authorization for care after the immediate emergency is stabilized, the on-call nurse will assist as the liaison to PCPs, specialists, and all other providers to ensure timely access and the effective coordination of all medically necessary, or under circumstances where the member has received emergency services and care is stabilized, but the treating provider believes that the member may not be discharged safely.
   6. AHP maintains physician coverage availability 24 hours per day 7 days per week to consult with the on-call case manager or emergency room personnel, or for resolving disputed requests for authorizations.

6. NON-CONTRACTED PROVIDERS:

a. AHP/CDCR shall pay for emergency services received by a member from non- contracting providers. Payments to non-contracting providers shall be for the treatment of the emergency

medical condition, including medically necessary inpatient services rendered to a member until the member's condition has stabilized sufficiently to permit referral and transfer in accordance with instructions from AHP, or the member is stabilized sufficiently to permit discharge. The attending ER physician, or the provider treating the member is responsible for determining when the member is sufficiently stabilized or transfer or discharge and that determination is binding with AHP/CDCR. Emergency services shall not be subject to prior authorization by AHP/CDCR.

REPORTING

Quarterly reports are generated for statistical purposes and reported to AHP Utilization Management Committee to trend ER utilization and meet Health Plan requirements when requested.

Regulatory References

1. 42 Code of Federal Regulations (CFR) § 422.214
2. Health & Safety Code (H&SC) Sections 1317.1, 1371.35 & 1371.4
3. Title 22 California Code of Regulations (CCR) Section 51056
4. National Committee for Quality Assurance (NCQA) Standards and Guidelines