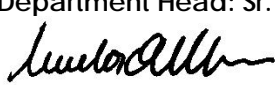
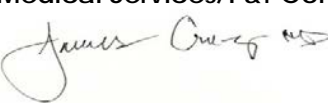


<b>Policy Title: Members' 24 Hour Access to Medically Needed Services</b>		<b>POLICY #: 70.2.47</b>	
		<b>Line of business: ALL</b>	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 1/02	<b>Effective Date</b> 12/18	<b>Revision Date</b> 12/18, 12/19
<b>Department Head: Sr. Director, UM</b> 			<b>Date: 3/21</b>
<b>Medical Services/P&amp;T Committee: (If Applicable) PHP CMO</b> 			<b>Date: 3/21</b>

**PURPOSE**

To establish medical service 24-hour accessibility for the Blue Shield of California Promise Health Plan's (Blue Shield Promise) members

**POLICY**

Blue Shield Promise Health Plan is committed to ensuring timely and appropriate access to needed health care medical and pharmaceutical service to its members.

**PROCEDURE**

Blue Shield Promise members are to receive immediate access to medically necessary services in an emergency 24-hours a day, seven days per week. Blue Shield Promise contracted physicians are to be available 24-hours a day, seven days per week either directly or through arrangements for after-hours coverage.

Communication of emergency protocols and procedures to Blue Shield Promise contracted providers is to take place through written materials such as the Provider Handbook and Bulletins/Newsletters distributed by Blue Shield Promise. A 24-hour toll free number to call in the event of an emergency is to be printed on member identification cards issued by Blue Shield Promise to be used by the members, providers, and emergency room staff to obtain instruction and authorizations for treatment as needed.

Minimum qualification to provide telephone triage is at the registered nurse level.

The UM staff are available at least eight hours a day during normal business hours for inbound calls regarding UM process or issues. RN Staff can receive inbound communication regarding UM issues after normal business hours via 24-hour toll-free number. All UM staff can send outbound communication regarding UM inquiries during normal business hours. UM staff will identify themselves by name, title, and organization name when initiating or returning calls regarding UM issues.

Written referral procedures will be made available to emergency department personnel to provide Medi-Cal members who present at the emergency department for non-emergency services in accordance with DHCS recommendations.

Contracted and non-contracted emergency departments are able to report system and/or protocol failures to Provider Network Operations and/or UM Department staff who will ensure follow-up and address any corrective actions as outlines in their established procedures.

#### Emergency Care:

- In an emergency, Blue Shield Promise members are to:
  - Call 911 or go directly to the nearest emergency room if symptoms require immediate medical attention;
  - Contact primary care physician. If members are unable to contact their PCP, they should contact Blue Shield Promise to obtain necessary emergency care.
- In the event the members call Blue Shield Promise 24-hour information line, staff will be trained to appropriately refer and ensure member access to needed emergency services.
- Following appropriate emergency triage procedures which will be done by the registered nurse or other qualified staff, the emergency room staff is to render immediate and necessary care to alleviate severe pain and life-threatening conditions without prior authorization.
- In the event the member has received emergency services and care is stabilized, but the treating provider believes that the member may not be discharged safely. The emergency room staff may contact Blue Shield Promise or the member's PCP to obtain authorization for medically care. Blue Shield Promise and the member's PCP must respond to the request within 30 minutes of call to provide authorization for medically necessary care.
- Physicians are required by contract to provide 24-hours, 7 days a week coverage to members, including "on-call" providers.
- Behavioral Health Non-Life Threatening: accessibility standard is to obtain care within 6 hours upon request

#### Urgent Care:

- During normal business hours, the member should contact his/her PCP regarding the urgent condition.
- The member should follow the appropriate Blue Shield Promise procedures concerning accessing medical services after-hours such as calling the 24-hour toll free telephone number listed on the member's identification card.
- Primary Care Provider: accessibility standard is to obtain an appointment within 48 hours upon request
- Specialty Care Provider: accessibility standard is to obtain an appointment within 48 hours upon request for appointments that DO NOT require an authorization and within 96 hours upon request for appointments that DO require an authorization.
- Behavioral Health Provider: accessibility standard is to obtain an appointment within 48 hours upon request.

#### Routine Care:

- Preventive Exams: The accessibility standard for preventive exams is to obtain an appointment within 30 calendar days with the following exceptions:
  - Initial Health Assessment (Medi-Cal members): Will complete an appointment within 120 Calendar days from the date of enrollment. All Medi-Cal members will be notified of the opportunity to schedule an Initial Health Assessment (IHA) upon receiving welcome packages and/or via a plan representative phone call.
  - Initial prenatal visit with OB/GYN: accessibility standard is to obtain an

- appointment within 14 calendar days upon request. No authorization is required.
    - o Well Child Visits (Under 2 years of age): accessibility standard is to obtain an appointment within 14 calendar days upon request
    - o CHDP Periodic Health Screens: within 30 calendar days upon request.
  - For Perinatal/CHDP health assessment, members can be identified as follows:
    - o When member calls and request services to PCP
    - o Encounter data
    - o SDHS information when members are enrolled
    - o Information in welcome package
  - Primary Care Provider: accessibility standard is to obtain an appointment within 10 business days upon request
  - Specialty Care Provider: accessibility standard is to obtain an appointment within 15 business days upon request.
  - Specialty Care Provider – Behavioral Health: accessibility standard is to obtain an appointment within 10 business days upon request.
  - Behavioral Health Non-Physician Provider: accessibility standard is to obtain an appointment within 10 business days upon request.
  - Ancillary Provider: accessibility standard is to obtain an appointment within 15 business days upon request.
  - For preventive or non-urgent appointments, the member should contact his/her PCP during normal business hours.
  - For a routine specialty appointment, the PCP is to obtain authorization for the specialist visit. After the patient is treated by specialists, the result will be reported back to the PCP in a timely manner.
  - Blue Shield Promise shall arrange for the timely referral and coordination of Covered Services to which Blue Shield Promise, or sub delegates has religious or ethical objections to perform or otherwise support.

Blue Shield Promise maintains policies for the access and availability of services from our provider network. Refer to Policy 70.1.1.8 for a comprehensive list of access standards.

### **Pharmacy Care**

Blue Shield Promise provides immediate access to emergency pharmacy services 24 hours a day, seven days per week through the Nurse Advice Service Line. On-call nurses and/or physicians are accessible after business hours, including weekends and holidays and can be reached at 1-800-605-2556 for Medi-Cal members. For Medicare members, the telephonic advice line is 1-800-544-0088 or TTY line at 1-800-735-2929.

### **REFERENCES**