



Promise Health Plan

<b>Policy Title:</b> Emergency Care Services		<b>POLICY #: 10.2.43</b>	
		<b>Line of business: Medi-Cal</b>	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 11/97	<b>Effective Date</b> 11/22	<b>Revision Date</b> 12/18, 3/22, 10/22, 2/23
<b>VP Approval</b> 		<b>Date of Approval:</b> 2/10/2023	
<b>Medical Services/P&amp;T Committee: (If Applicable): PHP CMO</b> 		<b>Date of Committee Review:</b> 2/9/2023	

**A. PURPOSE**

To define the policy and procedure and provide guidance on how Blue Shield Promise Health Plan’s (BSCPHP) Utilization Management (UM) Department will utilize to monitor, control, account for, and maintain a workflow process for member utilization of emergency medical and mental health care services.

**B. DEFINITION**

1. "Consultation" means the rendering of an opinion, advice, or prescribing treatment by telephone and, when determined to be medically necessary jointly by the emergency and specialty physicians, includes review of the patient's medical record, examination, and treatment of the patient in person by a specialty physician who is qualified to give an opinion or render the necessary treatment in order to stabilize the patient.
2. "Emergency Medical Condition" means 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 (1) 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; (2) 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 (3) 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. See 42 CFR § 489.24.
3. "Emergency Psychiatric Condition" 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. This may include admission or transfer to a psychiatric unit within a general acute care hospital, as defined in subdivision (a) of §1250, or to an acute psychiatric hospital, as defined in subdivision (b) of §1250, pursuant to subdivision (k). Nothing in this subparagraph shall be construed to permit a transfer that is in conflict with the Lanterman-Petris Short Act (Part 1 commencing with §5000) of Division 5 of the Welfare and Institutions Code).

4. "Emergency Services and Care" means 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. 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.
5. "Life Threatening or Disabling Emergency" means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.
6. "Medical Screening Exam" is the hospital emergency departments under Federal and State laws are mandated to perform a medical screening exam (MSE) on all patients presenting to the Emergency Department (ED). Emergency services include additional screening examination and evaluation needed to determine if an emergency medical condition exists. BSCPHP 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 §1317.
7. "Post–Stabilization" are covered services related to an emergency medical condition that a treating physician views as medically necessary and that are provided to the patient after an emergency medical condition has been stabilized.
8. "Psychiatric emergency medical condition" means a mental disorder that manifests itself by acute symptoms of sufficient severity that it renders the patient as being either of the following:
  - a. An immediate danger to themselves or to others.
  - b. Immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder.

9. "Stabilized" or "stabilization" of a patient has occurred when, in the opinion of the treating provider, the patient's medical condition is such that, within reasonable medical probability, no material deterioration of the patient's condition is likely to result from, or occur during, the release or transfer of the patient as provided for in §1317.2, §1317.2a, or other pertinent statute.
10. "Urgent care service" is are for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care.

#### C. POLICY

- I. BSCPHP does not require a provider to obtain authorization prior to the emergency services and care necessary to stabilize the enrollee's emergency medical or mental condition. This also includes the provision of Emergency Medical Transportation (EMT). Emergency health care services shall include ambulance services for the area served by the plan to transport the enrollee to the nearest 24 hour emergency facility with physician coverage, designated by the Health Care Service Plan in accordance with 28 CCR §1300.67(g)(1).
- II. BSCPHP 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.
- III. BSCPHP is responsible for coverage of emergency and post-stabilization care services and shall cover emergency services regardless of whether or not the provider that furnishes the services has a contract with BSCPHP.
- IV. BSCPHP 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 BSCPHP.

#### D. PROCEDURE (Medical or Psychiatric Emergency)

##### I. BUSINESS HOURS:

- a. 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.
- b. Members in need of urgent and emergency care, including person-to-person telephone transfers, are routed to the Behavioral Health unit for county crisis

coordination during their call center hours in accordance with the requirements specified in Exhibit A, Attachment III, §4.3 and 5.3.

## II. AFTER BUSINESS HOURS:

- a. After regular BSCPHP business hours member eligibility, and access to emergency health care services is obtained and notification is made by calling the 800 number on the member ID card (800 number). The 800 number connects to a 24 hours per day/7 days per week multilingual information service. The service is available to members as well as to providers. For information other than eligibility requests the caller is connected to a BSCPHP licensed Clinician. A BSCPHP Medical Director is available should there be a need for a Peer-to-Peer review.
- b. THIS IS NOT A MEDICAL ADVICE SERVICE. It is for informational purposes and to coordinate member care. In the event a member calls for advice relating to a clinical condition that they are experiencing and believe based on their perception that it is urgent/emergent, they will be advised to go to the nearest emergency room or to call 911.
- c. The BSCPHP 800 number additionally serves as first response access for beneficiaries in need of behavioral health services. The BSCPHP on-call nurse(s) can assist members with contact information for the county Mental Health Services, or emergency room personnel during a crisis.
- d. The following are some of the key services that the on-call UM Concurrent Review nurses provide:
  - i. Facilitate patient transfers from emergency departments to contracted hospitals or California Children Services (CCS) paneled facilities when applicable.
  - ii. Arrange facility transfer ambulance transport services
  - iii. Provide network resource information to providers
  - iv. Link BSCPHP contracted physicians to Emergency Department physicians when necessary
  - v. For Behavioral Health: Make best efforts to ensure a Member's existing mental health Provider is notified during an Urgent Care situation, when possible. BSCPHP will allow the Member's existing mental health Provider to coordinate care with the MHP or emergency room personnel for Urgent Care
  - vi. For additional support the on-call nurse has access to the Medical Director or an alternate covering physician to assist in physician related issues.

## III. POST-STABILIZATION SERVICES:

- a. BSCPHP is responsible for post-stabilization care services, in accordance with 42 CFR §422.113(b) and 42 CFR §422.113(c), and shall cover emergency services regardless of

whether the provider that furnishes the services has a contract with BSCPHP. Post-stabilization care services are covered in accordance with provisions set forth in DHCS Contract §3.2.6 (E).

- b. When an enrollee is stabilized but requires additional medically necessary health care services, BSCPHP requires providers to notify BSCPHP within 24 hours or one business day of said admission. If a provider requests authorization for post-stabilization care, BSCPHP shall render a determination on behalf of a member within 30 minutes of the request.
- c. If post stabilization is not reviewed within the required timeframe, the authorization request will be deemed approved, in accordance with Title 28, §1300.71.4 for Medi-Cal. If the post-stabilization care, received within or outside the network, fails to be approved or disapproved within **30 minutes** of a complete request submitted to BSCPHP, the medical care will be deemed authorized, 28 CCR §1300.71.4(b) and (d).
  - i. The attending emergency Physician or the Provider treating the Member is responsible for determining when the Member is sufficiently stabilized for transfer or discharge and that determination is binding on Contractor
  - ii. If there is a disagreement between BSCPHP and the treating physician regarding the need for necessary medical care, following stabilization of the enrollee, BSCPHP will assume responsibility by collaborating with the emergency provider.
- d. 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.
- e. BSCPHP's Chief Medical Officer or a covering physician is available 24 hours per day 7 days per week to consult with the on-call UM clinician or emergency room personnel.
- f. If criteria are not clearly satisfied, the on-call nurse will advise the caller that the care will be subject to retrospective review, and that clinical records must accompany the claim (see 10.2.32 - Retrospective Utilization Review Policy and Procedure).
- g. If a Quality Management indicator has been identified by the Utilization Management (UM) Department staff during the emergent/urgent review process the on-call nurse will complete a Quality Management Referral Indicator form and forward the Case to the Quality Management department on the next business day.

Commented [CJ1]: If not done by whom? Need to specify.

**E. MONITORING:**  
N/A

**F. REPORTING:**

For assessing the needs of the BSCPHP Members, Utilization Management reviews quarterly reports from the analytics team to review Emergency Room Utilization trends, processes, and Members to support appropriate population health management functions.

**G. REFERENCES & ATTACHMENTS:**

1. 28 CCR 1300.67(g)(1)
2. 42 CFR §422.113(b) and 42 CFR §422.113(c)
3. 42 CFR §422.214
4. 42 CFR §438.10(g)(2)(v)
5. DHCS Contract 3.2.6, 3.3.16, and 5.5
6. Health & Safety Code §1371.35 & §1371.4
7. Title 22 California Code of Regulations §51056
8. Title 28 California Code of Regulations §1300.7.1.4

**H. REVISION HISTORY:**

Date	Modification (Reviewed and/or revised)	E-Filing Number
2/2023	Updated Regulatory Requirements DHCS	