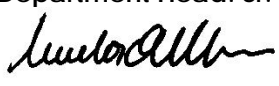
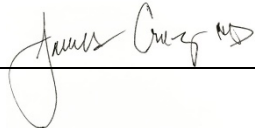


<b>Policy Title: Emergency Care Services</b>		<b>POLICY #: 70.2.1</b>	
		<b>Line of business: ALL</b>	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 11/97	<b>Effective Date</b> 5/19	<b>Revision Date</b> 12/18, 3/22
<b>Department Head: Sr. Director, UM</b> 			<b>Date: 6/28/22</b>
<b>Medical Services/P&amp;T Committee: (If Applicable): PHP CMO</b> 			<b>Date: 6/30/22</b>

**PURPOSE**

To establish and define mechanisms for the Blue Shield of California Promise Health Plan (Blue Shield Promise) 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.

**DEFINITION:**

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.

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.

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.

Blue Shield Promise 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.

Urgent care service is a covered benefit for members. Either Blue Shield Promise Health Plan or the delegated IPA/Medical Group/MBHO responsible for urgent care services will ensure that the member will be seen within 48 hours upon request.

Post – Stabilization : Post stabilization care services means covered services, related to an emergency medical condition that are provided after an enrollee is stabilized to maintain the stabilized condition

## **POLICY**

Blue Shield Promise does not require a provider to obtain authorization prior to the provision of the emergency services and care necessary to stabilize the enrollee's emergency medical condition.

When an enrollee is stabilized but requires additional medically necessary health care services, Blue Shield Promise requires providers to notify Blue Shield Promise within 24 hrs of an inpatient admission.

Blue Shield Promise is responsible for coverage and payment of emergency 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 Blue Shield Promise. Further, Blue Shield Promise may not deny payment for treatment obtained when a representative of Blue Shield Promise instructs the member to seek emergency services.

Blue Shield Promise 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 Blue Shield Promise.

A member who has an emergency medical condition may not be held liable for payment of subsequent and treatment needed to diagnose the specific condition or stabilize the patient.

Blue Shield Promise ensures reasonable reimbursement for covered emergency services as follows:

- Services obtained from both contracted and non-contracted providers up to the time the emergency condition of the member was stabilized.
- Services obtained from both contracted and non-contracted providers when the services were authorized by Blue Shield Promise
- Ambulance services dispatched through 911

## **PROCEDURE**

**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.

### **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.

#### 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. Blue Shield of California Promise 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.

#### **AFTER BUSINESS HOURS:**

After regular Blue Shield Promise 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. The 800 number connects to a 24 hour 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 Blue Shield of California Promise licensed Clinician. A BSCPHP Medical Director is available should there be a need for a Peer-to-Peer review.

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.

The Blue Shield Promise 800 number additionally serves as first response access for beneficiaries in need of behavioral health services. The Blue Shield Promise on-call nurse(s) can assist members with contact information for the county Mental Health Services, or emergency room personnel during a crisis.

The following are some of the key services that the on-call UM CR nurses provide:

- Facilitate patient transfers from emergency departments to contracted hospitals or California Children Services (CCS) paneled facilities when applicable.
- Arrange facility transfer ambulance transport services
- Provide network resource information to providers
- Link Blue Shield Promise contracted physicians to Emergency Department physicians when necessary
- For additional support the on-call nurse has access to the Medical Director or an alternate covering physician to assist in physician related issues.

#### **POST-STABILIZATION SERVICES:**

Providers are required to notify Blue Shield Promise of an inpatient admission within 24 hrs or one business day of said admission. The initial admission day is approved and routed to the clinical team to initiate concurrent review.

If a provider requests prior authorization for post-stabilization care, Blue Shield Promise shall render a determination 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 1300.7.1.4 for Medi-Cal.

Post-stabilization care services are covered and paid for in accordance with provisions set forth in 42 CFR 422.113(c). Blue Shield Promise is financially responsible for post-stabilization services obtained within or outside its network that are pre-approved by plan provider or representative. Blue Shield Promise is financially responsible for post-stabilization care services obtained within or outside the network that are not pre-approved but administered to maintain the enrollee's stabilized condition within one hour of a request to Blue Shield Promise for pre-approval of further post-stabilization care services.

Blue Shield Promise is financially responsible for post-stabilization care services obtained within or outside of its network that are not pre-approved by plan representative, but administered to maintain, improve or resolve the enrollee's stabilized condition under the following conditions:

- Blue Shield of California Promise does not respond to a request for pre-approval within 30 minutes (in accordance with Title 28, Section 1300.71.4 for Medi-Cal) or within one hour (consistent with 42 CFR §422.214 for CMC)
- Blue Shield Promise cannot be contacted; or
- Blue Shield Promise representative and the treating physician cannot reach an agreement concerning the enrollee's care and a plan physician is not available for consultation. In this situation, Blue Shield Promise shall give the treating physician may continue with care of the patient until a physician is reached or one of the criteria 422.133(c)(3) is met.

Blue Shield Promise's financial responsibility for post-stabilization care services it has not pre-approved ends when

- A plan physician with privileges at the treating hospital assumes responsibility for the member's care;
- A plan physician assumes responsibility for the member's care through transfer;
- A plan representative and the treating physician reach an agreement concerning the member's care; or
- The member is discharged.

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.

Blue Shield Promise's Chief Medical Officer or a covering physician is available 24 hrs per day 7 days per week to consult with the on-call UM clinician or emergency room personnel,

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 Retrospective Utilization Review Policy and Procedure).

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.

## **REPORTING**

Quarterly reports are generated for statistical purposes and reported to Medical Services Committee to trend ER utilization.

## **REFERENCES**

Health & Safety Code Sections 1371.35 & 1371.4  
Title 22 California Code of Regulations Section 51056  
42 CFR §422.214