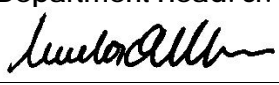
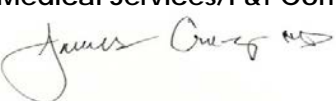


<b>Policy Title: Member's 24 Access to Medically Needed Services</b>		<b>POLICY #: 90.2.47</b>	
		<b>Line of business: CMC</b>	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 3/13	<b>Effective Date</b> 6/19	<b>Revision Date</b> 12/18
<b>Department Head: Sr. Director, UM</b> 			<b>Date: 3/21</b>
<b>Medical Services/P&amp;T Committee: (If Applicable) PHP CMO</b> 			<b>Date: 3/21</b>

**PURPOSE**

To provide member access to medically needed services.  
 To provide accessibility of medical and pharmacy services to Blue Shield of California Promise members after business hours.

**POLICY**

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

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

Communications of emergency protocols and procedures to Blue Shield of California Promise contracted providers shall take place through written materials such as the Provider Handbook and Bulletins/Newsletters distributed by Blue Shield of California Promise.

At 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 of California Promise to be used by the members, providers, and emergency room staff to obtain instruction and authorizations for treatment as needed.

**PROCEDURE**

**During Business Hours:**

The UM staff are available at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM process or issues. 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. TDD/TTY services are available for members who are deaf, or with hearing/speech impairments. Language assistance is available free of charge for members who have language difficulty to discuss UM issues.

**After – Business Hours:**

RN Staff can receive inbound communication regarding UM issues after normal business hours via 24-hour toll free number.

For both medical and pharmacy services, the answering service or 24-hour hotline system ensures that the voicemail is secure. When the call is made, the caller is asked to provide the necessary information required to work on the case, such as provider ID, enrollee identification, type of request, and urgency of request. It may require physician support for an exception request. The answering service informs the caller of the time period in which a response to the voicemail is expected.

### **Access Standards:**

#### Emergency Care:

- In an emergency, Blue Shield Promise members are advised 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 necessary care. Blue Shield Promise shall respond to the request within 30 minutes of call to provide authorization for medically necessary care after stabilizing the patient.

Written referral procedures will be made available to emergency department personnel to provide Medi-Cal member who present at the emergency department for non-emergency services in accordance with DHS 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 outlined in their established procedures.

#### Urgent Care:

- The accessibility standard for urgent care is within 24 hours.
- 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.

#### 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: within 120 calendars days from enrollment for new members over 18 months of age, within 60 calendar days for members 18 months of age or younger. For a well-child visit for children under 2 years, appointment is

given within 14 calendar days, upon parent's request. All members will be notified upon receiving welcome packages.

- First Prenatal Visit: within 7 calendar days; no prior authorization is required to see an OB/GYN doctor.
- CHDP Periodic Health Screens: within 30 calendar days
- For Prenatal/CHDP health assessment, members can be identified as follows:
  - When member calls and request services to PCP
  - Encounter data
  - SDHS information when members are enrolled
  - Information in welcome package
- Routine doctor, non-urgent exam: within 10 business days
  - For preventive or non-urgent appointments, the member should contact his/her PCP during normal business hours
- Routine Specialty Visit, Non-urgent Exam: within 30 calendar days
  - For a routine specialty appointment, the PCP is to authorize the specialist visit. After the patient is treated by specialists, the result will be reported back to the PCP in a timely manner.
- Sensitive Services: within 24 hours

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.

### **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**

UM P&P 70.2.47  
NCQA QI Standard