

| HEALTH PLAN OF SAN JOAQUIN | | | | | |
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| Subject: Emergency Department Services | | | | | |
| Department: Medical Management | | Unit: Utilization Management | | Policy #: UM04 | |
| Effective Date: 02/01/1996 | | Committee/Approval Date: QIUM 09/12; 11/14; 1/15; 05/16 | | Review/Revision Dates: 05/07; 06/08; 6/12; 9/14; 1/15; 05/16 | |
| Applies To: | Medi-Cal | Yes | X | No | |
| | MCAP | Yes | X | No | |
| | TPA | Yes | X | No | |

PURPOSE:

The purpose of this policy is to describe HPSJ’s process allowing members to access Emergency Department Services. It also describes the treating Emergency Department responsibility for the provision of follow-up care post stabilization of the member.

DEFINITIONS

Emergency Medical Condition is defined as a condition which is manifested by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect that the absence of immediate medical attention could result in:

- Placing the health of the individual (or, in the case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part,
- Serious impairment to mental/physical function.

Emergency Medical Service and Care – A medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an emergency medical condition, or active labor exists and, if it does, the care, treatment, or surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the capability of the facility.

Emergency Mental Health Service and Care – An additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if a psychiatric emergency medical condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition, within the capability of the facility.

Triage - Medical screening of patients to determine their relative priority for treatment order.

PROCESS

- A. Emergency medical service and care performed by a hospital emergency department (ED) for evaluation, treatment and stabilization of an emergent medical condition, meeting the definition stated above, will be covered and do not require an prior authorization. This applies to both in-network and out of network providers.
- B. HPSJ maintains 24-hour, 7 days a week, with physician back up, emergency telephone availability through the delegated Nurse Advice Line. Members contacting the Nurse Advice Line will be directed to the appropriate level of care according to nationally approved triage guidelines. Copies of the phone triage conversation and advice will be sent to the PCP within 24 hours of the call.
- C. State and Federal regulations state that every person who presents to the ED must receive a medical screening evaluation by a physician or person under the supervision of a physician without prior authorization.
 - 1. Medical screening must be performed prior to asking about the individual's ability to pay or before verifying health plan eligibility.
 - 2. Each person who presents to the ED must be stabilized by medical treatment.
 - 3. The ED physician has the obligation to treat a patient in the ED, if, in the physicians' judgment, adequate care will not be obtained at another facility.
 - 4. Transfers between emergency departments are appropriate only if the emergency physician at the second hospital accepts the transfer. Otherwise, the initiating ED physician must contact the member's physician, who is responsible for arranging the transfer to the second hospital.
- D. Members being treated under emergency circumstances will be provided a sufficient quantity of drugs to last until the member can reasonably have a prescription filled.
- E. Admission to the hospital by the ED will require notification by the hospital within 24 hours or the next business day to HPSJ for authorization of hospital days.
- F. Out of Area or Out of County ER Services
 - 1. Coverage for Emergency Services Rendered Outside the County or the State of California is covered based on the Prudent Lay Person Laws.
- G. Monitoring ED Utilization
 - 1. Monitoring of ED usage will be conducted for ongoing utilization patterns by members.
 - 2. An annual report will be presented to the QMUM of ED activities.
- H. HPSJ Health Education Department includes articles regarding the Advice Nurse and access to the ED in its' Provider and Member newsletter no less than annually.
- I. Providers are asked to contact Provider Service Department when problems occur that involve the Plan members or processes. This is captured through contact logs and distributed to the appropriate department for follow up.
- J. Reports are presented to the QMUM Committee for review, action and resolution.

REFERENCE

- A. Health & Safety Code, Sections 1317.1, 1345(h)
- B. Title 22, CCR, Sections 53855 & 51056
- C. Title 28 Division 1, Chapter 2, Article 7, Sections 1300.67 (2) &1300.71.4
- D. NCQA Standard UM 4, Appropriate Professionals
- E. NCQA Standard UM 5, Timeliness of UM Decisions
- F. NCQA Standard UM 12, Emergency Services

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| Health Plan of San Joaquin |
| Approval: Signatures on File |

DHCS Contract Deliverables

| <i>Contract Reference</i> | <i>Date of Approval</i> | <i>DHCS Unit</i> | | <i>Contract Reference</i> | <i>Date of Approval</i> | <i>DHCS Unit</i> |
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| A.18.6 | 12/29/16 | MMCD | | | | |