ALAMEDA Alliance FOR HEALTH

Health care you can count on.
Service you can trust.

POLICY AND PROCEDURE

Policy Number	UM-015
Policy Name	Emergency Services and Post-Stabilization Services
Department Name	Medical Services
Department Chief	Chief Medical Officer
Department Owner	Senior Director, Health Care Services
Lines of Business	All
Effective Date	11/21/2006
Subcommittee Name	Quality Improvement Health Equity Committee
Subcommittee Approval Date	10/11/2024
Compliance Committee Approval Date	10/19/2023

POLICY STATEMENT

1. Emergency health care services are available and accessible within the service area 24 hours a day, seven (7) days a week.
2. The Alliance (Alameda Alliance for Health, (AAH) maintains contracts with medical/mental health practitioners, programs, and Emergency Services facilities to provide services to enrollees that require urgent or emergent medical/mental health care, including the services of one or more Physicians and one or more nurses on duty at all times.

   a. Services include medical/mental health crisis intervention and stabilization as well as psychiatric inpatient hospital services within the service area 24 hours-a-day, 7 days-a week

3. The Alliance ensures ambulance service is available to transport Enrollees to the nearest 24-hour emergency facility with Plan Physician coverage.

4. The Alliance provides a process for members and providers to obtain timely authorization for medically necessary care, for 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.

   a. The Alliance maintains a process to receive notification of emergency room evaluations and subsequent admissions, whether voluntary or involuntary, 24-hours a day, 7 days a week.
   b. UM Staff is available 24 hours, 7 days a week for providers seeking authorizations for post-ER stabilization care. Calls after hours are triaged by AAH clinical staff. Staff is also available on the weekends and holidays during the daytime for assistance with discharge planning and transfers to step down

facilities.

5. The Alliance ensures providers are reimbursed for emergency services and care provided to enrollees, until the care results in stabilization of the enrollee.
    a. A Physician is available 24 hours a day to authorize Medically Necessary post-stabilization care and coordinate the transfer of stabilized Members in an emergency department, if necessary.

    b. The Alliance maintains a process to approve or disapprove requests for necessary post-stabilization medical care within one half hour (30 minutes) of the request.
        i. If The Alliance fails to approve or disapprove a health care Provider's request for authorization to provide medically necessary post- stabilization care services within one half hour of the request, the Medically Necessary post-stabilization care services are deemed as authorized.
    c. The Alliance maintains documentation of all requests for authorization and responses to such requests for post-stabilization medically necessary care.

6. The Alliance maintains a 24/7 telephone line for behavioral health services. See policy BH-002 Behavioral Health Services.

7. If The Alliance and the provider disagree regarding the need for necessary medical care, following stabilization of the enrollee, The Alliance shall assume responsibility for the care of the patient either by having medical personnel contracting with the Plan personally take over the care of the patient within a reasonable amount of time after the disagreement, or by having another general acute care hospital under contract with the Plan agree to accept the transfer of the patient.
    a. The Alliance shall assume responsibility for the care of the patient by either of the following:
        i. Having medical and/or mental health care personnel contracting with the Plan personally take over the care of the patient within a reasonable amount of time after the disagreement -- Or --
        ii. Having another general acute care hospital or hospital with mental health care facilities under contract with the Plan agree to accept the transfer of the patient.

8. The Alliance ensures that providers are reimbursed for emergency services and care provided to enrollees, until the care results in stabilization of the enrollee and
    ~~a.~~ The Alliance shall not require a provider to obtain authorization prior to the provision of emergency services and care necessary to stabilize the enrollee's emergency medical/mental health condition.
    a.
    b. The Alliance maintains processes to ensure that providers are reimbursed for emergency services and care provided to its enrollees in and out of service areas, until the care results in stabilization of the enrollee
    c. The Alliance reimburses providers for emergency services and care provided to its enrollees until the care results in stabilization of the enrollee and does not require a prior authorization for that reimbursement.
    ~~d. The Alliance may deny reimbursement to a provider for a medical screening examination in cases where the Plan enrollee did not require emergency services and care and the enrollee reasonably should have known that an emergency did not exist.~~
    ~~e.~~ d. The Alliance may deny reimbursement to a provider if:
        ~~i.~~ The Member is not eligible for services at the time the service was rendered.
        i.
        ~~ii. The services provided were not medically necessary to stabilize the Member's condition.~~

Formatted: Font: 12 pt

Formatted: Indent: Left: 0.75", Hanging: 0.25", Right: 0.48"

Formatted: Font: 12 pt

Formatted: Indent: Left: 1.07"

iii. T~~If t~~he Member was admitted to the same hospital and ER facility
ii. charges are included in the Hospital claim.
iii. The Alliance, or its contracting medical providers, reasonably determines that the emergency services and care were never performed
iv. The Member did not require emergency services and care, and the Member reasonably should have known that an emergency did not exist. As noted in DMHC APL 17-017, the standard articulated by the Knox-Keene Act (section 1371.4 and 1371.5) is subjective and takes into consideration whether the enrollee's belief was reasonable given the enrollee's age, personality, education, background, and other similar factors. Whether the enrollee believed they were experiencing a medical emergency may not always be evident from the medical record of the visit because the records may not capture the mindset of the patient when he/she presented at the emergency room.

Formatted: List Paragraph, Numbered + Level: 3 + Numbering Style: i, ii, iii, … + Start at: 1 + Alignment: Left + Aligned at: 1.07" + Indent at: 1.28", Tab stops: 1", Left

Formatted: Font: 12 pt

9. The Alliance maintains processes to ensure providers are not required to obtain authorization prior to the provision of emergency services and care needed to stabilize a member's emergency medical/mental health condition.

10. Emergency services and care also includes any additional screening, evaluation, care and treatment necessary to determine the existence of and to relieve or eliminate a psychiatric emergency medical condition. There is no limit on what constitutes an emergency medical condition based on a list of diagnoses or symptoms.

11. Any member responsibility for charges from post-stabilization care services (based on plan benefits) is limited to an amount no greater than the Member's co-payment, co-insurance, or deductible.
    a. For non-contracted emergency services, any Member responsibility for charges from post-stabilization care services (based on Plan benefits) is limited to an amount no greater than what the Alliance would charge that member if he or she had obtained the services through the Alliance.

12. Emergency Departments contracted with the Alliance will be notified of the procedure to:
    a. Report system and/or protocol failures to the plan and the process for ensuring corrective action by contacting the Alliance Provider Services Department.
    b. Refer Alliance members who present at the emergency department for after-hours care or for non-emergency medical or behavioral health services by instructing the member to follow up with their Alliance PCP/BH Care Practitioner, to AAH CM or delegate Case Management (CM) for timely follow ups to Primary Care, Behavioral Health Services, and social services.
        i. Care coordination is provided for all post-ER or hospitalization needs through the AAH Case and Disease Management program, and contact information for the PCPs or other providers is on the AAH website: https://alamedaalliance.org/providers/case-and-disease-management. Behavioral Health care coordination is provided by the Behavioral Health department and contact information is on the AAH website: https://alamedaalliance.org/providers/non-specialty- behavioral-health-care-services
        ii. Referral forms for Prior Authorization requests and Case Management referrals for coordination of care are on the AAH website for use by PCPs or other providers: https://alamedaalliance.org/providers/provider-forms. https://alamedaalliance.org/providers/non-specialty-behavioral-health- care-services.

13. On an annual basis, The Alliance provides non-contracting hospitals in California to

which one of its members can be transferred, the necessary Plan contact information to contact the health Plan.

a. The Alliance provides UM contact information to the Department of Managed Health Care for updating to the DMHC Website "24 Hour Contact Line". This site serves as the notification process for non-contracting facilities to obtain UM post-stabilization assistance.
b. On an annual basis AAH sends a letter to all non-contracted hospitals in California with information on how to contact AAH for Post Stabilization care.

~~14.~~ Delegation Oversight:

14. The Alliance adheres to applicable contractual and regulatory requirements and accreditation standards**.** All delegated entities with delegated utilization management responsibilities will also need to comply with the same standards. Refer to CMP-019 – Delegation Oversight and CMP-020 Corrective Action Plan.

Formatted: Font: 12 pt

Formatted: List Paragraph, Left, Right: 0", Space Before: 0 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, … + Start at: 1 + Alignment: Left + Aligned at: 0.11" + Indent at: 0.36", Tab stops: 0.5", Left + Not at 1"

PROCEDURE

1. Alliance contracts stipulate that a PCP will be available 24 hours a day, seven (7) days a week for urgent/emergent requests from assigned members or from Emergency Department personnel about the PCP's members to/for:

    a. Coordinate the transfer of care of a member whose emergency condition is stabilized.

    b. Authorize medically necessary post-stabilization services.

    c. General communication with emergency room personnel.

    d. Provide medical advice and supervision (triage services) to assigned members either directly or through coverage arrangements with another credentialed provider.

    e. When AAH and the treating provider cannot reach an agreement concerning the Member's care and an AAH physician is not available for consultation. AAH will give the treating provider the opportunity to consult with an AAH physician and the treating Provider may continue with care of the member until an AAH Physician is reached or one of the following criteria is met:

        - An AAH physician with privileges at the treating provider's hospital resumes member's care
        - An AAH physician assumes care via transfer
        - AAH and treating physician reach an agreement regarding care
        - Member is discharged.

    f. If AAH cannot be contacted within one half hour (30 minutes) of the request the authorization will be deemed approved.

2. If the Provider Group or PCP receives notice from an emergency department or is contacted by a Member who received services in an emergency department, the Provider Group or PCP shall provide the follow up care and refer to CM, behavioral health providers or social services.

3. When an emergency department contacts AAH, and the member is assigned to a

delegated network, the one-half hour notification is enforced and AAH will contact the delegated network UM Department or PCP with the emergency room contact information.

a. AAH will log the notification to ensure timely payment for services.

4. When AAH is responsible for post-stabilization services, and a member needs emergency department services while out of the service area, he/she is directed to visit the nearest Emergency Room.

    a. No prior authorization is needed for emergency services.

    b. The member is reminded to contact his/her primary care physician at his first opportunity, and to follow up with that PCP.

    c. Emergency rooms are notified that no authorization is required to stabilize the Member's condition; any services required after the Member's condition is stabilized will require authorization including a hospital admission.

    d. Psychiatric admissions are managed by the Behavioral Health department. When notifications are made to the Alliance UM Department, UM staff will coordinate with the applicable mental health provider. Voluntary and involuntary admissions are covered based on the Member's benefit coverage.

        - For MediCal inpatient psychiatric admissions, AAH will triage, screen, and refer admissions related to SED/SMI conditions admissions to Alameda County Behavioral Health Services.

        - For Group Care, inpatient psychiatric admissions are managed by AAH BH staff or 24 hour triage line for assistance.

5. Notifications made to the Alliance UM Department for post-stabilization services from a contracted facility, an in-area, non-contracted facility, or an out-of-area non-contracted facility:

    a. When UM Clinical Staff receives a notice from the Emergency Department staff or provider of a Member in need of post-stabilization medically necessary services, UM Staff will open ER Post-stabilization Log, and document the request to include:

        i. Date and Time of Call

        ii. Member Demographics (Name, ID Number, DOB)

        iii. Requesting Facility Information

        iv. Caller Name and Contact Information

        v. Name of the health care provider making the request and Contact information

        vi. Request

        vii. Name of the AAH representative responding to the request

    b. For Members assigned to a delegated Provider Group, the UM Clinical Staff will inform the following information should be gathered:

        i. Working Diagnosis

ii. Vital Signs

iii. Chief Complaints and symptoms such as bleeding, chest pain, impaired neurological status

iv. How the member was brought into the ED such as ambulance, paramedics, police transport, or employer, parent, spouse, friend, or self-transport.

v. Duration of the condition such as sudden onset or length of days or weeks.

vi. Treatment or services already provided such as suturing, injections, medications, IV fluids, oxygen.

vii. Procedures or tests already conducted such as chest-tube insertion, x-rays, MRI, laboratory work.

viii. Actual or suggested type of discharge from the Emergency Department such as hospital admission, transfer to another facility, discharge home with instructions and follow-up by PCP/BH Provider.

6. If The Alliance UM Staff reviews the presented information and determines if post-stabilization services are medically appropriate.

   a. If medically appropriate, the UM Staff will document the reason in the UM Authorization and issue authorization service request as defined in UM Policy 057 Authorization Service Request.

   b. If the Alliance and the provider disagree regarding the need for necessary medical care and denies post-stabilization services, following stabilization of the enrollee, the Alliance UM Staff will transfer the Member as soon as possible. UM Staff will contact the PCP to assume responsibility for the care of the patient either by having medical personnel contracting with the Plan personally take over the care of the patient within a reasonable amount of time after the disagreement, or by having another general acute care hospital under contract with the Plan agree to accept the transfer of the patient.

      i. The Alliance or the PCP/Provider Group shall assume responsibility for the care of the patient by either of the following:

         a) Having medical and/or mental health care personnel contracting with the Plan personally take over the care of the patient within a reasonable amount of time after the disagreement -- Or --

         ~~b)~~ Having another general acute care hospital or hospital with mental health care facilities under contract with the Plan agree to accept the transfer of the patient.

         b)

      ii. When agreement is made to accept the admission, The Alliance UM/BH Staff or the delegated Provider Group will issue the authorization for the admission.

      iii. When post-stabilization services are denied and the agreement is made to discharge the Member from the emergency department, the UM Staff are responsible for ensuring the ER follow up care is in place, authorizations

Formatted: Font: 12 pt

Formatted: Left, Right: 0", Space Before: 0 pt, Numbered + Level: 4 + Numbering Style: a, b, c, … + Start at: 1 + Alignment: Left + Aligned at: 2.26" + Indent at: 2.51", Tab stops: Not at 0.58"

noted, transportation needs addressed and follow up communication is made to the PCP/Provider Group.

iv. When post-stabilization services are denied and the agreement is met and transfer to an in-network hospital is made, the Alliance UM Staff is responsible for the coordination of all necessary services to safely transfer the Member based on the identified needs.

v. For denied post-stabilization care, the Alliance or its delegates are not obligated to pay for the continuation of such care from and after the time it provides such notice to the provider. The Alliance should take into consideration the care necessary to effect the enrollee's transfer or discharge so as not to have an adverse impact upon the efficacy of such care or the enrollee's medical condition.

7. Ambulance services are to be covered when:
    a. 911 emergency response system is activated for a condition the member reasonably believed was emergent.
    b. Ambulance Services to transfer to appropriate facility, the attending physician should identify the type of transportation most appropriate to manage the Member's condition.

8. Delegate Networks are required to adhere to all Emergency Service requirements including 24/7 availability of medical staff to authorized medically necessary post stabilization care and coordinate transfer of stabilized Members to an appropriate network provider, if necessary.

DEFINITIONS

Authorized Representative – any employee or contractor of Alameda Alliance for Health who directs the members to seek services.

Emergency Medical Condition – as defined in 42CFR §438.210(e), 10CCR§2699.6700(9), and Health and Safety Code §1371.5(b) is a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent lay-person who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

1. Placing the health of the individual (or with respect to a pregnant woman, the health of the woman and her unborn child) in serious jeopardy.
2. Serious impairment of bodily functions.
3. Serious dysfunction of any bodily organ or part.

Emergency Services –

4. As defined by Centers for Medicare and Medicaid (CMS), are health care services provided to evaluate and stabilize medical/behavioral health conditions of a recent onset and severity, including severe pain, that would lead a prudent layperson with average knowledge of medicine and health to believe that failure to get immediate medical care could result in:
    a. serious jeopardy to the health of an individual or, in the case of a pregnant woman, the health of the woman or unborn child;
    b. serious impairment to bodily functions;
    c. serious dysfunction of any bodily organ or part, or
    d. serious disfigurement.

5. Are inpatient or outpatient services furnished by a provider that is qualified to furnish

these services, and are needed to evaluate or stabilize an emergency medical condition.

Post Stabilization Care – covered, medically necessary, non-emergency services (related to an emergency condition) at an out-of-network general acute care hospital needed to ensure that the patient remains stabilized from the time that the treating hospital requests authorization until:

1. The patient is discharged;
2. A contracted physician arrives and assumes responsibility for the patient's care; or
3. The treating physician and the contracted physician agree to another arrangement.

Prudent Layperson – a person who is without medical training and who draws on his/her practical experience when making a decision regarding whether emergency medical treatment is needed.

AFFECTED DEPARTMENTS/PARTIES

All Alliance Departments

RELATED POLICIES AND PROCEDURES

1. CLM-003 Emergency Services Claims Processing
2. UM-057 Authorization Service Request
3. UM- 016 Transportation
4. CMP-019 Delegation Oversight
5. CMP-020 Corrective Action Plan
6. CMP-024 Subcontracted Relationships and Delegation
7. BH-002 Behavioral Health Services

RELATED WORKFLOW DOCUMENTS OR OTHER ATTACHMENTS

None

REVISION HISTORY

1/1/2008, 1/26/2009, 9/23/2011, 3/16/2012, 5/9/2012, 9/18/2012, 7/14/13, 3/19/2014, 4/8/2014, 9/2/2014, 01/10/2016, 12/15/2016, 5/3/2018, 04/16/2019, 5/21/2020, 5/20/2021, 6/28/2022, 02/21/2023, 6/20/2023, 10/19/2023

REFERENCES

1. Title 10, Section. 1300.71.4 and Title 22, Section 53855
2. DHCS Contract, Exhibit A, Attachment 7, Sec. 7, Attachment 9, Sec. 7
4. 28 CCR §1300.67.2(c)
5. Medicare Manual Chapter 4, Section 10.2
6. Balanced Budget Act (BBA) §422.100, Federal Register 34986
7. Health and Safety Code §§ 1300.71.4, 1317.1(a)(2)(A); 1345(b); 1367(i); 1371.4(a) (b)
8. 42CFR §438.114(e)
9. DHCS APL 19-008 Rate Changes for Emergency and Post Stabilization Services Provided by Out-of-Network Border Hospitals Under the Diagnosis Related Group Payment Methodology: Outcome of Federal Court Litigation Rejecting a Challenge to State Plan Amendment 15-020. ~~13-0004 Rates for Emergency and Post-Stabilization Acute Inpatient Services Provided by Out-of-Network General Acute Care Hospitals Based on DRGs~~
10. DHCS APL ~~17-010~~22-008 Non-Emergency Medical and Non-Medical Transportation~~, July 17, 2017~~ and Related Travel Expenses
11. DHCS APL 15-015 Physical Health Care Covered Services Provided f~~F~~or Members Who Are Admitted To Inpatient Psychiatric Facilities~~, June 12, 2015.~~.
12. DHCS Policy Letter 00-01 Medi-Cal Managed Care Plan Responsibilities Under the Medi-Cal Specialty Mental Health Services Consolidation Program~~, March 16, 2000.~~.
13. DHCS APL 23-009 Authorizations for Post-Stabilization Care Services
~~13.~~14. DMHC APL 17-017 Standard for Determining Emergency

MONITORING

The Compliance and Utilization Department will review this policy annually for compliance with regulatory and contractual requirements. All policies will be brought to the Healthcare Quality Committee annually.