blue california
Promise Health Plan

Policy Title: Emergency Care Services			POLICY #: 10.2.43 Line of business: Medi-Cal
Department Name: Utilization Management	**Original Date** 11/97	**Effective Date** 11/22	**Revision Date** 12/18, 3/22, 10/22, 2/23, 7/23, 8/23, 3/24
VP Approval, Tracy Alvarez Tracy Alvarez, VP, Medical Care Solutions			**Date of Approval:** 3/12/2024
Medical Services/P&T Committee: (If Applicable): PHP CMO Jennifer Nuovo, MD			**Date of Approval:** 3/12/2024

A. PURPOSE:

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

B. DEFINITIONS:

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 sufficient severity, including 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:
   i. 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;

ii. 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

iii. 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.

An emergency medical condition does NOT require prior authorization.

3. "Emergency Services and Care" means medical screening, examination, evaluation, and treatment to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery, if within the scope of that person's license, necessary to relieve of eliminate the emergency medical condition, within the capability of the facility. It also means additional screening, examination and evaluation and treatment to determine if a psychiatric emergency medical condition exists, and the care and treatment necessary 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. This may include admission or transfer to a psychiatric unit within a general acute care hospital, as defined in subdivision (a) of California Health and Safety Code (HSC) §1250, or to an acute psychiatric hospital, as defined in subdivision (b) of §1250.

4. "Life Threating 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.

5. "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 Emergency Department (ED). Emergency services include additional screening examination and evaluation needed to determine if an emergency medical condition exists. Blue Shield 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 §1317.

6. "Post–Stabilization services" 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.

7. "Psychiatric emergency medical condition" HSC §1317.1(k) defines a 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.

8. "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 HSC §1317.2, HSC §1317.2(a), or other pertinent statute.

9. "Urgent care service" is 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. Blue Shield Promise does not require a provider to obtain authorization prior to the emergency services and care necessary to stabilize a member'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 California Code of Regulations (CCR) §1300.67(g)(1).

II. 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.

III. Blue Shield Promise is responsible for coverage of emergency and post-stabilization care services and will cover emergency services regardless of whether or not the provider that furnishes the services has a contract with Blue Shield Promise.

IV. Blue Shield Promise will 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.

V. Members who have been screened in the emergency room and do not require emergency care have timely access to Medically Necessary follow-ups, including appropriate referrals to Primary Care, Behavioral Health Services, and social services per the Network Management P&P 415344 Accessibility and Availability of Services.

D. PROCEDURE (Medical or Psychiatric Emergency)

I. DURING 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 primary care physician (PCP) (printed on the member's enrollment card) as soon as possible in order to give the PCP the opportunity to direct or participate in the management of care.

b. Members in need of urgent and emergent psychiatric 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 DHCS contract Exhibit A, Attachment III, §4.3 and 5.3.

II. AFTER BUSINESS HOURS:

a. 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 toll-free 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 Blue Shield Promise licensed clinician. A Blue Shield Promise 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 Blue Shield Promise 800 number additionally serves as first response access for beneficiaries in need of behavioral health services. Blue Shield Promise on-call clinicians 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 clinicians 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 Blue Shield Promise 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. Blue Shield Promise 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. Blue Shield Promise is financially responsible for post-stabilization care services , obtained from Out-of-Network Providers and Network Providers that are not pre-authorized by Blue Shield Promise, but administered to maintain, improve, or resolve the Member's stabilized condition if:
    i. Blue Shield Promise does not respond to a request for pre-approval within the time allotted, which is one half hour per Title 28 CCR section 1300.71.4;
    ii. Blue Shield Promise cannot be contacted;
    iii. Blue Shield Promise and the treating Provider cannot reach an agreement concerning the Member's care and Blue Shield Promise is not available for consultation.

b. Post-stabilization care services are covered in accordance with provisions set forth in DHCS Contract §3.2.6 (E).

c. When a member is stabilized but requires additional medically necessary health care services, Blue Shield Promise requires providers to notify Blue Shield Promise within 24 hours or one business day of said admission. If a provider requests authorization for post-stabilization care, Blue Shield Promise, and all Network Providers (as well as applicable Subcontractors and Downstream Subcontractors) will render a determination on behalf of a member within 30 minutes of the request.

d. If a request for authorization for post-stabilization care is not reviewed within the required timeframe, the authorization request will be deemed approved, in accordance with Title 28, §1300.7.1.4. If the post-stabilization care authorization request, received within or outside the network, fails to be approved or disapproved within 30 minutes of a complete request submitted to Blue Shield Promise, the medical care will be deemed authorized per 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.
    ii. If there is a disagreement between Blue Shield Promise and the treating physician regarding the need for necessary medical care, following stabilization of the member, Blue Shield Promise shall assume responsibility by collaborating with the emergency provider.

e. If assistance is needed in directing or obtaining authorization for care after the immediate emergency is stabilized, the on-call clinician will assist as the liaison to PCPs, specialists, and all other providers to ensure timely access and the effective coordination of all medically necessary services, or services 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.

f. Blue Shield Promise'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. Blue Shield Promise allows the treating Provider the opportunity to consult with a Blue Shield Promise physician, and the treating Provider may continue with care of the Member until a Blue Shield Promise physician is reached or one of the following criteria is met:

i. A Blue Shield Promise physician with privileges at the treating Provider's hospital assumes responsibility for the Member's care
ii. A Blue Shield Promise physician assumes responsibility for the Member's care through transfer
iii. Blue Shield Promise and the treating Provider reach an agreement concerning the Member's care
iv. The member is discharged

g. If criteria are not clearly satisfied, the on-call nurse shall advise the caller that the care will be subject to retrospective review, and that clinical records must accompany the claim (see UM P&P 10.02.32 - Retrospective Utilization Review).

h. If a Quality Management indicator has been identified by the Utilization Management (UM) Department staff during the emergent/urgent review process, the on-call clinician shall complete a Quality Management Referral Indicator form and forward the Case to the Quality Management department on the next business day.

i. All requests for authorization and all responses to such requests for authorizations of medical necessity post-stabilization care services are fully documented by Blue Shield Promise.
    i. Documentation must include, but is not limited to:
        1. The date and time of the request
        2. The name of the health care provider making the request
        3. The name of the representative responding to the request

E. MONITORING: N/A

F. REPORTING:

For assessing the needs of Blue Shield Promise 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. 10.02.32 - Retrospective Utilization Review
2. 28 CCR §1300.67(g)(1)
3. 28 CCR § 1300.71.4
4. 415344 Accessibility and Availability of Services
5. APL 23-009

6. COBRA—EMTALA
7. DHCS Contract Exhibit A, Attachment III, §3.2.6, 3.3.16, 4.3, and 5.3
8. HSC §1250(a) & (b)
9. HSC §1317, §1317.1, & §1317.2
10. HSC §1371.35 & §1371.4
11. Title 22 California Code of Regulations §51056
12. Title 28 California Code of Regulations §1300.7.1.4

H. REVISION HISTORY:

Date	Modification (Reviewed and/or revised)	E-Filing Number
3/2024	2024 Annual Review • Reviewed regulatory requirements per DHCS • Clarified definitions • Updated references • Minor formatting and grammatical updates	
8/2023	AIR APL 23-009	
7/2023	APL 23-009	
2/2023	Updated Regulatory Requirements DHCS	