

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Emergency Services
<b>PAGE:</b> 1 of 6	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 3/1/11	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 05/2011	<b>REVIEWED/REVISED:</b> 05/22/2012; 9/13; 9/14; 9/15; 9/2016; 6/1/2017; 03/22/2018
<b>PRODUCT TYPE:</b> All	<b>REFERENCE NUMBER:</b> IL.UM.12

### SCOPE:

IlliniCare Health Plan (Plan) Medical Management Department

### PURPOSE:

The purpose is to promote timely member access to needed emergency and post stabilization services and to facilitate appropriate financial reimbursement to providers for such services.

### POLICY:

Emergency medical services shall be available to members 24 hours a day, seven (7) days a week, either in the facilities of providers who have contracted with the Plan or through non-contracted facilities. Members may access emergency care services at any time without prior authorization or prior contact with Plan regardless of provider network participation.

Plan will cover all emergency services to screen and stabilize a member without prior approval where a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed. Additionally, Plan will cover emergent services if an authorized representative, acting for the organization, has authorized or directed the member to access emergency services. Coverage includes post-stabilization services.

Members are notified of the emergency room service benefit including emergency transportation and use of 911 in their Member Information Packet, during the “New Member Welcome Call” and on the Plan’s website. Education includes after hour coverage for emergency services and how and where to access services. Members may also call the Plan’s 24-hr Nurse Triage Line administered by Nursewise to ask about emergency care services.

### PROCEDURE:

#### I. Accessing Emergency Medical Services

Plan utilizes the prudent layperson (PLP) definition of an emergency medical condition (see ‘Definitions’) as determined by the Balanced Budget Act (BBA) of 1997 and the appropriate state Medicaid statutes.

Prior authorization is not required for Emergency Medical Services.

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Once the member's emergency medical condition is stabilized, certification for ongoing outpatient services or authorization for follow-up care is required per the Authorization List.

### **II. Coverage of Emergency Medical Services**

Plan shall cover Emergency Services for all members whether the Emergency Services are provided by an Affiliated or non-Affiliated Provider.

1. Plan shall not impose any requirements for prior approval of Emergency Services. If a member calls the Plan to request Emergency Services, such call shall receive an immediate response.
2. Plan shall cover Emergency Services for members who are temporarily away from their residence and outside the Contracting Area for all Emergency Services to which they would be entitled within the Contracting Area.
3. Plan shall have no obligation to cover medical services provided on an emergency basis that are not Covered Services under this Contract.
4. Elective care or care required as a result of circumstances that could reasonably have been foreseen prior to the member's departure from the Contracting Area are not covered. Unexpected hospitalization due to complications of pregnancy shall be covered. Routine delivery at term outside the Contracting Area, however, shall not be covered if the member is outside the Contracting Area against medical advice unless the member is outside of the Contracting Area due to circumstances beyond her control. Plan must educate the member of the medical and financial implications of leaving the Contracting Area and the importance of staying near the treating Provider throughout the last month of pregnancy.
5. Plan shall provide ongoing education to members regarding the appropriate use of Emergency Services. Plan shall use a range of management techniques, policies and initiatives to avoid unnecessary utilization of emergency services and to promote care management through the members medical home (see associated policy UM.12.01).

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6. Plan shall not condition coverage for Emergency Services on the treating Provider notifying Plan of the member's screening and treatment within ten (10) calendar days of presentation for Emergency Services.
7. The determination of whether or not a member is sufficiently stabilized for discharge or transfer to another facility shall be binding on Plan. The attending emergency physician, or the provider actually treating the member, is responsible for determining when the member is sufficiently stabilized for transfer or discharge, and that determination is binding on the Plan for coverage and payment.
8. Any screening examination services conducted to determine whether an emergency medical condition exists will also be covered by the Plan.
9. The Plan will not limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms and does not require notification by the provider, hospital or fiscal agent in order to process claims for emergency services. The Plan will not refuse to cover emergency services based on lack of notification to the Plan.
10. The Plan will cover the medical screening examination and other medically necessary emergency services without regard to whether the condition meets the prudent layperson standard when a Plan network provider, or other authorized representative, instructs a member to seek emergency services or the Plan instructed the member to see emergency services.
11. A member who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or to stabilize the patient.

### **III. Post-Stabilization Services**

The Plan shall cover and pay for post-stabilization care and services in accordance with the provisions of 42 CFR Section 422.113(c). Post-stabilization care and services are covered services related to an emergency medical condition that are provided after a member is stabilized in order to maintain the stabilized condition or to improve or resolve the member's condition.

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The Plan is financially responsible for post-stabilization care services obtained within or outside the Plan that are not pre-approved by a Plan provider or other Plan representative, but administered to maintain, improve or resolve the member's stabilized condition if:

1. The Plan does not respond to a request for pre-approval within one (1) hour;
2. The Plan cannot be contacted; or
3. The Plan representative and the treating physician cannot reach an agreement concerning the member's care and a Plan physician is not available for consultation. In this situation, the Plan must give the treating physician the opportunity to consult with a Plan physician and the treating physician may continue with care of the patient until a Plan physician is reached or one of the criteria of 42 CFR Section 422.113(c) is met.

### REFERENCES:

HFS MCO Contract 2018-24-004 Section: 5.20.1.1

IL.UM.05 Timeliness of UM Decisions

IL.UM.07 Denial Notices

IL.UM.08 Appeal of UM Decisions

IL.UM.12.01 ED Diversion

2018NCQA (or most recent version of) Health Plan Standards and Guidelines

### ATTACHMENTS:

### DEFINITIONS:

**Authorized Representative:** an employee or contractor of the Plan who directs the member to seek services. For example, an advice nurse, network physician, physician assistant or Customer Service representative may act as the Plan's authorized representative.

**Emergency Medical Condition:** A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in

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placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairments of bodily functions, or serious dysfunction of any bodily organ or part.

**Emergency Medical Condition** means a medical condition manifesting itself by acute symptoms of sufficient severity (including, but not limited to, severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part.

**Emergency Services** means those inpatient and outpatient health care services that are Covered Services, including transportation, needed to evaluate or Stabilize an Emergency Medical Condition, which are furnished by a Provider qualified to furnish Emergency Services.

**Post-Stabilization Services** means Medically Necessary non-Emergency Services furnished to an Enrollee after the Enrollee is Stabilized following an Emergency Medical Condition, in order to maintain such Stabilization.

**Prudent Layperson:** a person who is without medical training and who draws on his or her practical experience when making a decision regarding the need to seek emergency medical treatment.

**Stabilization or Stabilized** means a determination with respect to an Emergency Medical Condition made by an attending emergency room Physician or other treating Provider that, within reasonable medical probability, no material deterioration of the condition is likely to result upon discharge or transfer to another facility.

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<b>REVISION LOG: Changed NCQA Health Plan Standards and Guidelines from 2010 to 2016.</b>	<b>DATE</b> 9/2016
Added what is in bold - <b>2016 NCQA (or most recent version of) Health Plan Standards and Guidelines</b>	6/1/2017
Revised to new contract name/section and changed to NCQA 2018	03/22/2018

### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

VP Medical Management \_\_\_\_\_ Electronic Signature on File \_\_\_\_\_