



# KERN HEALTH SYSTEMS

<b>KERN HEALTH SYSTEMS</b>					
<b>POLICY AND PROCEDURES</b>					
SUBJECT: Emergency Provider Education and Protocols				POLICY #: 4.11-P	
DEPARTMENT: Provider Network Management					
Effective Date: 08/1997	Review/Revised Date: 9/26/2022	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

\_\_\_\_\_ Date \_\_\_\_\_  
 Chief Executive Officer

\_\_\_\_\_ Date \_\_\_\_\_  
 Chief Operating Officer

\_\_\_\_\_ Date \_\_\_\_\_  
 Senior Director of Provider Network

### POLICY:

Kern Health Systems (KHS) will endeavor to keep local Kern County emergency facilities, as well as those facilities outside of the county that regularly serve residents of Kern County, informed and knowledgeable about KHS membership benefits, administrative procedures, and methods of administrative contact. KHS shall develop and maintain protocols for communicating and interacting with emergency departments. Protocols shall be distributed to all emergency departments in the contracted Service Area.<sup>1</sup>

### PROCEDURES:

Each contracted emergency facility receives an initial in-service within 10 days of their active status with KHS. During the in-service, the facility receives education regarding emergency department protocol. Education includes, but is not limited to the following<sup>2</sup>:

- A. Description of telephone access to triage and advice systems used by KHS including available translation services
- B. Plan contact person responsible for coordinating services and who can be contacted 24 hours a day
- C. Written referral procedures (including after-hours instruction) that emergency department personnel can provide to Medi-Cal Members who present at the emergency department for non-emergency services

- D. Procedures for emergency departments to report system and/or protocol failures and process for ensuring corrective action
- E. General information regarding member benefits and administrative procedures for notification, checking eligibility, and claims submission

Periodic follow-up contacts are made either by correspondence, telephone, or in person visits in order to maintain communication and to provide a means by which questions can be answered and problems solved. Specific problems concerning individual providers are addressed as they arise. It is the responsibility of Provider Network Management to coordinate administrative responses to these problems.

All non-contracted emergency facilities within California will be notified on an annual basis of KHS contact information; the notice shall also include, as deemed necessary, information regarding payment and authorization process for non-contracting emergency providers and post stabilization care. It will be the responsibility of the Utilization Management Department to approve language used in the notification letter; it will be the responsibility of the Provider Network Management Department to send the annual notification.

## REFERENCE:

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**Revision 2022-08:** Policy was submitted to DHCS Contract Manager under the File and Use Criteria. Policy approved by DMHC, filing no. 20222685. **Policy Revision 2022-05:** Policy reviewed by Provider Network Management Team. **Revision 2021-09:** Reviewed against DHCS contract and DMHC audit finding to ensure policy contains necessary elements for compliance. Removed reference to Attachments A and B. Updated to capture current procedures. **Revision 2014-11:** Routine review requested by Compliance Department. Attachment A updated by Claims and UM Departments. **Revision 2009-06:** Routine review. **Revision 2005-11:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). Revised per DHS Workplan Comments 6h (9/1/05).

<sup>1</sup> DHS Contract A-7 (7)

<sup>2</sup> DHS Contract A-7(7)