KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 3.31-P Emergency Services has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	10/14/20	
Dr. Tasinga	10/14/2020	M Tasinga
Alan Avery	9/18/2020	**Alan Avery**
Deb Murr	9/15/2020	Debra C Murr RN
Robin Dow-Morales	09/15/2020	*Robin Dow-Morales*
Shannon Miller	8/7/2020	*Shannon Miller, RN*

(CEO decision(s))

Board approval required: Yes ___ No ✓ QI/UM Committee approval: Yes ___ No ___
Date approved by the KHS BOD: _____ Date of approved by QI: _____
PAC approval: Yes ___ No ___ Date of approval by PAC: _____
Approval for internal implementation: Yes ___ No ___
Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
DHCS submission: _____

KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: Emergency Services				POLICY #: 3.31-P	
DEPARTMENT: Utilization Management					
Effective Date: 04/2005	Review/Revised Date: 10/19/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
Douglas A. Hayward
Chief Executive Officer

_____ Date _____
Chief Medical Officer

_____ Date _____
Chief Operating Officer

_____ Date _____
Chief Health Services Officer

_____ Date _____
Director of Claims

_____ Date _____
Director of Utilization Management

POLICY[1]:

Emergency services may be provided by any qualified emergency provider.

Emergency services will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- California Health and Safety Code § 1262.8; 1317; 1317.1; and 1371.4
- California Code of Regulations Title 28 §1300.67(g)
- California Code of Regulations Title 22 §§53216; and 53855
- 2004 DHCS Contract Exhibit A-Attachment 5(2) and (3); Exhibit A – Attachment 6 (5) and (9);

Exhibit A – Attachment 9 (6); and Exhibit E - Attachment 1, (31);

- ❖ DHCS Letter: Payment for Emergency Services to Non-Contracted Providers (October 1, 2001)

DEFINITIONS:

Emergency Medical Condition[2]	A medical condition manifesting itself 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 the absence of immediate medical attention to result in any of the following: A. Placing the member's health (or, in the case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, B. Serious impairment to bodily functions C. Serious dysfunction of any bodily organ or part; or D. With respect to a pregnant woman who is having contractions, inadequate time to affect a safe transfer to another hospital before delivery, or that transfer may impose a threat to the health and safety of the woman or the unborn child.
Emergency Services and Care[3] [4]	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, and surgery by a physician necessary to relieve or eliminate the emergency medical condition within the capability of the facility. This includes 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.
Stabilized[5]	A patient is "stabilized" or "stabilization" 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, a transfer of the patient.

PROCEDURES:

1.0 ACCESS

Emergency services and care are available and accessible to members on a 24-hour a day, seven days a week basis within the KHS service area.[6] KHS members have access to all emergency service facilities in Kern County. All emergency services facilities in Kern County provide care on a 24-hour-a-day, 7-day-a-week basis with one or more Physicians and one Nurse on duty in the facility at all times.[7]

KHS does not require prior authorization for emergency services and care.[8] Members may receive emergency services and care from any qualified provider.

Members needing advice or triage to an emergent care center may contact the KHS 24-Hour Telephone Triage Service at 1-800-391-2000.

The KHS Chief Medical Officer or a designee who is licensed as a "physician or surgeon"[9], is available 24 hours per day, seven days per week to coordinate the transfer of care of a member whose emergency condition is stabilized, to authorize medically necessary post-stabilization services, and for general communication with emergency room personnel.[10]

1.1 Out-of-Area Services[11]

For the Medi-Cal Product, emergency services are covered if they are provided within the United States. In addition, emergency care services requiring hospitalization are covered if they are provided in Canada or Mexico. Emergency services provided in any other country are not covered.

2.0 COVERED SERVICES

Members presenting to an emergency department for treatment should be provided with a medical screening examination (MSE) to determine whether or not an emergency condition exists. An MSE may include ancillary services routinely available to the emergency department that are necessary to determine whether an emergency condition actually exists.

If, after completion of the MSE, an emergency medical condition is found to exist, the emergency department shall treat and stabilize the member up to and including admission to the hospital.

If, after the MSE, an emergency medical condition has been determined not to exist or the emergency condition has been stabilized, prior authorization for further services may be obtained as outlined in *KHS Policy and Procedure #3.22-P Referral and Authorization Process,* decisions on such verbal authorization requests will be rendered within 30 minutes, or the request will be deemed approved. [12] KHS does not require transfer to a contracted acute care hospital. The facility shall submit notification of admission either through the KHS provider portal or by faxing the facesheet and clinical documentation to (661) 664-5190. When submitted as outlined in *KHS Policy and Procedure #3.22-P Referral and Authorization Process,* decisions on such verbal authorization requests will be rendered within 30 minutes, or the request will be deemed approved. If there is a disagreement between KHS and the Provider regarding the need for necessary medical care following stabilization of the member, KHS shall assume responsibility for the care of the patient either by having medical personnel contracting with KHS 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 KHS agree to accept the transfer of the patient[13].

2.1 Emergency Psychiatric Conditions

Emergency services and care for psychiatric conditions are covered by KHS, including initial history and physical within 24 hours after admission to a psychiatric facility. All other psychiatric services with the exception of initial consults occurring

while admitted for other medical condition or other outpatient mild to moderate mental health services are carved out of the Medi-Cal Product.

KHS covers all professional services, except the professional services of a mental health specialist, when required for the emergency services and care of a member whose condition meets specialty mental health medical necessity criteria.

KHS covers the facility charges resulting from the emergency services and care of a Plan member whose condition meets MHP medical necessity criteria when such services and care do not result in the admission of the member for psychiatric inpatient hospital services or when such services result in an admission of the member for psychiatric inpatient hospital services at a different facility.

Members in need of urgent and emergency psychiatric care that are identified by KHS, including person-to-person telephone transfers, will to be referred to the county crisis program during their call center hours. A toll free telephone crisis hotline will be maintained for telephonic support as well as guidance for receiving additional treatment. Members needing immediate crisis intervention may self-refer to the Crisis Stabilization Unit where on-site Mental Health staff is available 24 hours a day.

2.2 Emergency Transportation

Coverage includes appropriate ambulance services as described in *KHS Policy and Procedure 3.50-P Ambulance Transportation Services.*[14]

2.3 Emergency Pharmaceuticals

Under emergent circumstances, Provider shall administer and/or dispense a sufficient quantity of medication to the member to last until the member can reasonably be expected to have a prescription filled.

3.0 DOCUMENTATION

Although emergency services do not require prior authorization, practitioners/providers must submit a *Referral/Prior Authorization Form* or the hospital facesheet with any additional clinical documentation to KHS as soon as reasonably possible after care has been provided for tracking purposes. (Form included as an attachment to *KHS Policy and Procedure #3.22-P Referral Process*.) This requirement does not apply to Emergency Room Physicians but only to other types of Providers who perform emergency services.

All calls received for post-stabilization care authorization will be documented in the member's record in the KHS medical management system. After hours calls may be initially documented to the *UM Oncall After-Hours Call Log* and then be entered into the member's record in the medical management system the following business day.

Documentation must include at a minimum the following information: the date and time of the request, the name of the health care provider making the request, member name, member identification number, and the name of the KHS representative responding to the request.[15]

4.0 COORDINATION OF CARE, MONITORING, AND REPORTING

KHS must provide notification at least annually to all non-participating hospitals within the state of California on KHS contact information for post-stabilization notification.[16]

KHS monitors primary care practitioners for adequate follow-up care for those members who have been screened in the Emergency Room and require non-emergency care through the QI site review process and reporting.[17]

KHS uses *Referral/Prior Authorization Forms* and other documentation received from practitioners/providers to conduct coordination of care, tracking, and case management activities. Providers may contact KHS UM Nurse to discuss a member's care and any coordination of care needs during a hospitalization by calling (661) 664-5083.

5.0 REIMBURSEMENT

Claims must be submitted and are processed in accordance with *KHS Policy and Procedure #6.01-P Claims Submission/Reimbursement*. Provider disputes regarding claims payment must be submitted and are processed in accordance with *KHS Policy and Procedure # 6.04-P Practitioner/Provider Disputes Regarding Claims Payment*.

KHS reimburses all medically necessary emergency claims according to the eligibility of the member at the time of service and the level of care received by the member. At a minimum, reimbursement for a MSE is made to all emergency room practitioners/providers, (professional and facility component and hospital based urgent care facilities).

Contracted providers are reimbursed based on negotiated rate. Non-Contracted providers are reimbursed at Billed charges or Medi-Cal FFS rates, whichever is less. All services are subject to Medi-Cal Correct Coding Editing and Guidelines.

For emergency inpatient services, in the absence of a negotiated rate, claims are reimbursed in accordance with the following guidelines: Applicable Diagnostic Related Group (APR-DRG) reimbursement rates for out-of-network emergency, and post-stabilization acute inpatient services provided to MCP beneficiaries by general acute care hospitals.

6.0 PROVIDER REQUIREMENTS

All non-contract and out-of-area Emergency Departments must follow applicable laws and regulations when KHS members present for care.

7.0 DELEGATED OVERSIGHT

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including applicable APLs, Policy Letters, and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

REFERENCE:

[1] **Revision 2020-07:** Policy updated by Director of Utilization Management based on feedback from the DMHC final report of Routine Survey conducted 8/2019. **Revision 2020-02:** Revised by Director of UM per DMHC comments dated 1/14/2020. Added Section 7.0 for language regarding delegated oversight. **Revision 2014-08:** Revised by Director of Health Services to

comply with All Plan Letter 13-004. Revised per DMHC comments dated 9/7/06. Added contract language for dispensing medication in emergency cases. Revised per DMHC Comments dated 09/06/06. **2005-10:** Revised per DHS Workplan Comments 6d (9/1/05) and 6h (9/1/05). Revised to reflect the deletion of external policy 3.15 – Urgent Care/Emergent Care 24 Hour Telephone Triage. **Revision 2005-08:** Revised per DHS Comments (7/12/05). **Revision 2005-04:** Policy reviewed against DHS Contract 03-76165. No revision needed per Lacey Campbell. **Revision 2004-05:** Created as part of routine revision of emergency services policies. Contains elements of the following policies that will be deleted upon the release of 3.23*:#3.12 – Prior Authorization for Urgent Care and Non-Emergent ER Services (2000-05); #6.24 – Emergency/Urgent Care Reimbursement Guidelines (2002-02*). **Formerly #3.23.**

[2] HSC §1317.1(b) and (c) and 2004 DHS Contract Exhibit E – Attachment 1(31). Combines the least restrictive elements of both definitions. Title 22 §51056 also has a similar definition.

[3] HSC §1317.1(a). Definition from DHS Contract Exhibit E-Attachment 1(32) is not included because it is less restrictive.

[4] " For the purposes of Section 1371.4 emergency services and care as defined in this paragraph shall not apply to services provided under managed care contracts with the Medi-Cal program to the extent that those services are excluded from coverage under the contract." HSC §1317.1(a)(2)

[5] HSC §1317.1(j)

[6] CCR Title 28 §1300.67(g)(1); DHS Contract A-6 (5) and A-9 (6)

[7] DHS Contract A-6 (5)

[8] CCR Title 22 §53855(a); DHS Contract Exhibit A-Attachment 5(2)(F) and (3)(A); DHS Contract A-9 (6)(A)

[9] "physician and surgeon" added per DMHC comment 9/6/06.

[10] DHS Contract A-6 (9) and A-9 (6)(C)

[11] CCR Title 22§51006

[12] HSC 1371.4(c); CCR Title 22 §53855(a)

[13] DMHC comment letter dated 9/6/2006

[14] CCR Title 28 §1300.67(g)(1)

[15] HSC § 1262.8; CCR Title 28 § 1300.71.4(d)

[16] HSC § 1268.2(j).

[17] DHS Contract A-9 (6)(B)