



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Emergency and Post Stabilization Requirements	Policy #	30.70-P
Policy Owner	Utilization Management	Original Effective Date	01/01/2026
Revision Effective Date		Approval Date	1/16/2026
Line of Business	<input type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

- A. To define the process by which Kern Health Systems (KHS) comply with regulatory requirements for Emergency and Post Stabilization Care.
- B. In accordance with Centers for Medicare and Medicaid Services (CMS) 42 § 438.114 Managed Care Organizations may not:
 1. Limit what constitutes an Emergency Medical Condition, as defined in the Definitions section, based solely on the list of specific diagnoses and symptoms and
 2. Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the enrollee's primary care provider or KHS.
 3. An enrollee 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 stabilize the member
- C. The attending emergency physician, or the provider actually treating the enrollee, is responsible for determining when the enrollee is stabilized for transfer or discharge, and that determination is binding on KHS as responsible for coverage and payment.

II. POLICY

- A. Coverage and payment: Poststabilization care services are covered and paid for in accordance with provisions set forth at § 422.113(c) .
- B. KHS does not require a provider to obtain authorization prior to the provision of emergency services and care that is necessary to stabilize the enrollee's emergency medical condition.

- C. KHS covers emergency services and post-stabilization care whenever a prudent layperson would consider the symptoms to constitute an emergency medical condition. Under no circumstances may prior authorization be required or mentioned in any enrollee-facing materials.
- D. When an enrollee is stabilized but continues to require additional medically necessary health care services:
 - 1. KHS requires providers to notify KHS at or prior to the time of rendering these services.
 - 2. KHS wishes to assess the appropriateness of care and assure that this care is rendered in the proper venue.
- E. KHS is responsible for coverage and payment of emergency services and post-stabilization care services and shall cover and pay for emergency services regardless of whether the provider that furnishes the services has a contract with KHS or not.
- F. KHS shall not limit what constitutes an Emergency Medical Condition, based solely on the list of specific diagnoses and symptoms or refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent notifying the Member's primary care provider or KHS.

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 stabilize the member

- G. KHS ensures reasonable reimbursement for covered emergency services as follows:
 - 1. Services obtained from both contracted and non-contracted providers up to the time the emergency condition of the member is stabilized.
 - 2. Services obtained from both contracted and non-contracted providers when the services were authorized by KHS.
 - 3. Ambulance services
- H. Retrospective review of Emergency room (ER) services will include review of the Emergency room (ER) summary including presenting symptoms and discharge diagnosis.

III. DEFINITIONS

Emergency Medical Condition	<p>Emergency medical conditions means 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 the following:</p> <ul style="list-style-type: none"> A. Placing the health of the individual (or, for 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.
Emergency Services	Emergency Services means covered inpatient and outpatient services that are as follows:

	<ul style="list-style-type: none"> A. Furnished by a provider that is qualified to furnish these services under this Title. B. Needed to evaluate or stabilize an emergency medical condition.
Poststabilization Care Services	Poststabilization care services means covered services, related to an emergency medical condition that are provided after an enrollee is stabilized to maintain the stabilized condition, or, to improve or resolve the enrollee's condition.
Coverage And Payment Emergency Services	<ul style="list-style-type: none"> A. Health Plan and Contracted Medical Groups, Utilization Management (UM) and other applicable Affiliates must cover and pay for emergency services regardless of whether the provider that furnishes the services has a contract with the emergency department facility and attending providers. B. Payment for treatment may not be denied when the following is obtained under either of the following circumstances: <ul style="list-style-type: none"> C. An enrollee had an emergency medical condition, including cases in which the absence of immediate medical attention would not have had the outcomes as described under the above definition for emergency medical condition. D. A representative of the Plan contracted entity instructs the enrollee to seek emergency services. E. The Plan and contracted Affiliates entity must allow enrollees to obtain emergency services outside the primary care case management system regardless of whether the case manager referred the enrollee to the provider that furnishes the services.

IV. PROCEDURES

A. Life Threatening or Disabling Emergency

1. Delivery of care for potentially life threatening or disabling emergencies should never be delayed for the purpose of determining eligibility or obtaining prior authorization.

B. Medical Screening Exam

1. Hospital emergency departments under Federal and State laws are mandated to perform a medical screening exam (MSE) on all members presenting to the Emergency department (ED). Emergency services include additional screening examination and evaluation needed to determine if an emergency medical condition exists. KHS will cover emergency services necessary to screen and stabilize members without prior authorization in cases where a prudent layperson acting, 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 Section 1317.

C. After Business Hours

1. For non-emergent urgent care needs, members may use the 24/7 Eight Hundred (800) number on their ID card; but for true emergencies, members must always use 911. KHS offers provider and Member access to designated staff 24/7 for the coordination of care and services related to urgent and emergent circumstances. This access is obtained by calling the eight hundred (800) number on the member ID card. The eight hundred (800) number connects to a twenty four (24) hour per day/ seven (7) days per week multilingual information service that will verify member eligibility and cross connect to a licensed KHS case manager for assistance with authorizations and other necessary services.
 - a. Instructions to call KHS prior to obtaining emergency services are prohibited in all member and provider materials.

D. Post- Stabilization Services:

1. Post-stabilization care services are covered and paid for in accordance with provisions set forth in 42 CFR 422.113(c). KHS is financially responsible for post-stabilization services obtained within or outside its network as follows:
 - a. In the event that an emergency department provider contacts KHS for post stabilization authorization KHS shall approve or disapprove the request for post-stabilization inpatient services on behalf of a Member within thirty (30) minutes of the request.
 - b. If KHS does not respond within the required timeframe, the authorization request will be deemed approved.
 - c. If the KHS on-call representative and the treating physician cannot reach an agreement concerning the enrollee's care and a plan physician is not available for consultation, the post stabilization services will be deemed approved up to the time that KHS is able to give the treating physician the opportunity to consult with a plan physician. The treating physician may continue with the care of the member until a physician is reached or one of the criteria of 422.133(c)(3) is met.
 - d. KHS financial responsibility for post-stabilization care services that has not been pre-approved ends when:
 - i. A plan physician with privileges at the treating hospital assumes responsibility for the Member's care.
 - ii. A plan physician assumes responsibility for the member's care through transfer.
 - iii. A plan representative and the treating physician reach an agreement concerning the member's care.
 - iv. or the member is discharged.

E. Non-Contracted Providers:

1. KHS shall pay for emergency services received by a Member from non-contracting providers. Payments to non-contracting providers shall be for the treatment of the emergency medical condition, including medically necessary inpatient services rendered to a member until the member's condition has stabilized sufficiently to permit referral and transfer in accordance with instructions from KHS, or the member is stabilized to permit discharge. The attending ER physician, or the provider treating the member is responsible for determining when the member is stabilized, or medically stable for transfer or discharge; and that determination is binding with KHS. Emergency services shall not be subject to prior authorization by KHS.

F. Emergency & Post-Stabilization Sites

1. Emergency services are available at all contracted and non-contracted hospitals as defined under

EMTALA.

2. A list of in-network emergency departments and after-hours urgent care clinics is available on the KHS website under the Provider Directory.

G. Material And Communications

1. Enrollee-facing documents (ID cards, wallet cards, member handbooks) shall not contain any language instructing members to seek prior authorization for emergency or post-stabilization services, nor shall they omit the right to call 911.

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other CMS, Department of Health Care Services (DHCS), and or Department of Managed Health Care (DMHC) guidance, including applicable All Plan Letters (APLs), Health Plan Management System (HPMS) memos, Policy Letters, and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

V. ATTACHMENTS

Attachment A:	N/A
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VI. REFERENCES

Reference Type	Specific Reference
Regulatory	Title 42 Chapter IV Subchapter C Part 438 Subpart C § 438.114
Other	Consolidated Omnibus Budget Reconciliation Act (COBRA) EMTALA- The Emergency Medical Treatment and Active Labor Act and California Health and Safety Code Section 1317.
Regulatory	42 Code of Federal Regulations (CFR) S 422.214
Regulatory	42 Code of Federal Regulations (CFR) S 422.111
Regulatory	42 Code of Federal Regulations (CFR) S 422.113
Regulatory	Health & safety Code (H&SC) Sections 1317.1, 1371.35 & 1371.4
Regulatory	Medicare Managed Care Manual Chapter 4 Benefits and Beneficiary Protections Section 20: Ambulance, Emergency, Urgently Needed and Post-Stabilization
APL	APL 023-009
Regulatory	Welfare and Institutions Code section 14454
Regulatory	Title 28 CCR section 1300.71.4

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Effective	01/01/2026	New Policy created to comply with D-SNP	UM

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.		