


FILING NOTICE: Revisions to this policy require filing with the CA Department of Managed Healthcare. Notify the Compliance Department of any edits made to this policy.

HEALTH PLAN OPERATIONS	 ASPIRE HEALTH PLAN	<u>Effective Date</u> 01/01/2021	
	EMERGENCY SERVICES	<u>Policy #</u> AHP ASO-OP004	
		<u>Review Date</u> 06/21/2022	<u>Applicable to:</u> <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Anthem HMO <input checked="" type="checkbox"/> Blue Shield Trio
	<u>Approver's Name & Title</u> Eva Balint, MD, Chief Medical Officer		

1.0 PURPOSE

1.1 The Aspire Health Plan (AHP) UM staff will assist providers and members to follow the proper emergency department utilization.

2.0 POLICY

- 2.1.1 Utilization Management staff will provide guidance to providers and members regarding emergency department utilization.
- 2.1.2 AHP covers emergency services (including ambulance services) necessary to screen and stabilize members **without authorization** in cases where a member reasonably should have believed that an emergency medical condition existed.
- 2.1.3 Requests cannot be denied for failure to obtain a prior approval when approval would be impossible or where a prior approval process could seriously jeopardize the life or health of the claimant or prior to the provision of care necessary to stabilize the member's emergency medical condition.
- 2.1.4 The definition of emergency services and care has been expanded to include the screening, examination and evaluation by a physician or other personnel to determine whether a psychiatric emergency medical condition exists and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition.
- 2.1.5 Any written, printed and/or recorded member communication regarding emergency health care services provide full and fair disclosure in accordance with state and federal regulations. An emergency care situation is defined as one in which a member reasonably should have known that an emergency exists. Emergency services shall be available 24 hours a day, 7 days a week, and include ambulance services to transport the member to the nearest 24-hour emergency facility with physician coverage. All after hour's messages should refer members to 911 for emergency services.
- 2.1.6 In the case where the member is stabilized but the treating provider feels that the member requires additional medically necessary services and can't be discharged safely the following applies:

- 2.1.7 AHP will authorize procedures to ensure continuing care for the member until treating provider deems member safe for discharge.
- 2.1.8 AHP will review post-stabilization medical care requests within 30 minutes of receipt of request for Commercial members.
- 2.1.9 If AHP does not respond to post-stabilization medical care requests within the 30-minute timeframe for Commercial members, care will be deemed authorized.
- 2.1.10 If AHP fails to authorize or deny a provider's request to provide necessary post-stabilization medical care within one-half hour of the request, the necessary post-stabilization care shall be deemed authorized.
- 2.1.11 AHP will reimburse providers for emergency services and care provided to its members, until the care results in stabilization of the member.
- 2.1.12 As long as federal or state law requires that emergency services and care be provided without first questioning the member's ability to pay, AHP will not require a provider to obtain authorization prior to the provision of emergency services and care necessary to stabilize the enrollee's emergency medical condition.
- 2.1.13 AHP maintains an eFAX to automatically receive and save notifications of emergency room evaluations and subsequent admissions, whether voluntary or involuntary, 24 hours-a-day, 7 days-a-week. This eFAX is manned by an on-call Aspire RN on weekends and holidays to address urgent or emergent requests.
- 2.1.14 If AHP and the provider disagree about the need for necessary medical care following stabilization of the member, AHP shall assume responsibility for the care of the member by either of the following:
 - Having medical personnel contracting with the AHP personally take over the care of the patient within a reasonable amount of time after the disagreement; **OR,**
 - Having another general acute care hospital under contract with AHP agree to accept the transfer of the member.

3.0 DEFINITIONS

- 3.1 Emergency Medical Condition: Means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
 - 3.1.1 Placing the patient's health in serious jeopardy or, in the case of a pregnant woman, the health of the woman or her unborn child;
 - 3.1.2 Serious impairment to bodily functions; or
 - 3.1.3 Serious dysfunction of any bodily organ or part.

4.0 PROCEDURE

- 4.1 N/A

5.0 TRAINING

- 5.1 Training for employees will occur within 90 days of hire, and upon updates to the policy.

6.0 REPORTING

- 6.1 N/A

7.0 REGULATORY REQUIREMENTS AND REFERENCE

7.1 29 CFR 2560.503-1(b)(3)

7.2 CA Health and Safety Code section 1368.1

7.3 CA Health and Safety Code section 1371.4(a)(b)

8.0 POLICY VIOLATION

8.1 Any AHP associate or contractor who fails to abide by this policy may be subject to disciplinary action, up to, and including termination. Please refer to AHP's Disciplinary Guidelines and Enforcement Policy for further details