Government Business Division
Policies and Procedures

Section (Primary Department)	SUBJECT (Document Title)
Health Care Management – Utilization Management	Emergency and Post-Stabilization Services ~~Core Process~~ – LA

Effective Date	Date of Last Review	Date of Last Revision	Dept. Approval Date
May 20, 2016	April 24, 2019	~~12/30/2019~~~~April 24, 2019~~December 30, 2019	~~April 24, 2019~~December 30, 2019
Department Approval/Signature :			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products				
☒ **Medicaid**	☐ Arkansas	☐ Indiana	☐ Nevada	☐ Tennessee
☐ **Medicare/SNP**	☐ California	☐ Iowa	☐ New Jersey	☐ Texas
☐ **MMP/Duals**	☐ Colorado	☐ Kentucky	☐ New York – Empire	☐ Virginia
	☐ District of Columbia	☒ Louisiana	☐ New York (WNY)	☐ Washington
	☐ Florida	☐ Maryland	☐ North Carolina	☐ Wisconsin
	☐ Georgia	☐ Minnesota	☐ South Carolina	☐ West Virginia

POLICY:

To ensure ~~Healthy Blue provides~~ appropriate coverage of emergency services ~~and care~~ and compliance with 42 CFR §438.114.~~.~~

Emergency and post-stabilization services, including those for specialized behavioral health, are rendered without the requirement of prior authorization of any kind. Healthy Blue must cover and pay for emergency and post-stabilization care regardless of whether the provider that furnishes the services is contracted or in-network. If an emergency medical condition exists, the plan is obligated to pay for the emergency service and care. An emergency medical condition can be treated in settings other than a hospital emergency room.

DEFINITIONS:

** Denotes terms for which Healthy Blue must use the State-developed definition.*

Emergency Dental Services – Emergency dental coverage is limited to the emergency treatment of injury to natural teeth. Treatment includes, but is not limited to, ~~*~~X-rays and emergency oral surgery to temporarily stabilize the enrollee. Dental services provided for the routine care, treatment, or replacement of teeth or structures are not covered.

Emergency Medical Condition* – 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: (1) 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, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part.

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Emergency Medical Transportation* – Transportation provided for an emergency medical condition or unforeseen combination of circumstances that apparently demand immediate attention at a medical facility to prevent serious impairment or loss of life. ~~This includes transportation by ground or air ambulance resulting from a "911" communication to transport a recipient with an emergency medical condition.~~

Emergency Room Care* – Emergency services provided in an emergency department (ED).

Emergency Services* – Covered inpatient and outpatient services that are furnished by a provider that is qualified to furnish these services under 42 CFR §438.114(a) and §1932(b)(2) of the Social Security Act and ~~that~~ are needed to screen, evaluate, and stabilize an emergency medical condition; ~~. Ss~~services defined as such under Section 1867 (e) of the Social Security Act ("anti-dumping provisions"). If an emergency medical condition exists, Healthy Blue is obligated to pay for the emergency service. Coverage of emergency services must not include any prior authorization requirements and the "prudent layperson" standard shall apply to both in-network and out-of-network coverage.

Medical Screening – An examination: (1) provided on hospital property, and provided for that patient for whom it is requested or required, (2) performed within the capabilities of the hospital, and provided for that patient for whom it is requested or required, (3) the purpose of which is to determine whether the patient has an emergency medical condition, and (4) performed by a physician (MD or DO) and/or by a nurse practitioner~~,~~ or physician assistant as permitted by state statutes, ~~and~~ regulations, and hospital bylaws.

Post-Stabilization Care Services – Covered services related to an emergency medical condition that are provided after an enrollee ~~member~~ is stabilized in order to maintain the stabilized condition or, to improve or resolve the enrollee~~member~~'s condition pursuant to 42 CFR §422.113(c) and §422.114(e).

Prudent Layperson – A person who possesses an average knowledge of health and medicine.

Stabilized – With respect to an emergency medical condition~~,~~; that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility, or with respect to a woman in labor, the woman has delivered (including the placenta).

PROCEDURE:

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1) Healthy Blue shall be available on a twenty-four (24) hour per day, seven (7) day per week basis to address emergency issues encountered by members and providers, and be equipped to respond to inquiries from providers seeking to verify enrollment for an enrollee in need of urgent or emergency services.
2) Emergency medical services shall be available twenty-four (24) hours per day, seven (7) days per week to treat emergency medical conditions.
   a) Healthy Blue ensures appointments with qualified providers on a timely basis, including availability of emergent or emergency visits immediately upon presentation at the service site. Emergent, crisis, or emergency behavioral services must be available at all times and an appointment arranged within one (1) hour of request.

~~3) Healthy Blue shall provide that emergency services, including those for specialized behavioral health, be rendered without the requirement of prior authorization of any kind.~~

~~) Healthy Blue must cover and pay for emergency services regardless of whether the provider that furnishes the emergency services is contracted or in-network. If an emergency medical condition exists, the plan is obligated to pay for the emergency service.~~

3) Healthy Blue is responsible for educating members and providers regarding appropriate utilization of ED services, including behavioral health emergencies.
   a) Healthy Blue advises all members of the provisions governing in and out-of-service area use of emergency services as defined by the Louisiana Department of Health (LDH).
   ~~5)~~b) In any instance a member presents to the network provider, including calling Healthy Blue's toll-free number listed on the member's ID card, and is in need of emergency behavioral health services, the member shall be instructed to seek help from the nearest emergency medical provider. Follow-up with the member is initiated within forty-eight (48) hours to establish that appropriate services were accessed.

~~6)~~4) The attending emergency physician~~,~~ licensed mental health provider, or ~~the~~ provider actually treating the member, shall determine when the member is sufficiently stabilized for transfer or discharge and that determination is binding on Healthy Blue for coverage and payment of emergency and post-stabilization services.

~~7)~~ If there is a disagreement between a hospital, or other treating facility, and Healthy Blue concerning whether the member is stable enough for discharge or transfer from the ED, the judgment of the attending emergency physician(s) at the hospital or other treating facility at the time of discharge or transfer prevails and is binding on the plan. This ~~subsection shall~~does not apply to a disagreement concerning discharge or transfer following an inpatient admission once the member is stabilized.

a)

~~8)~~5) Healthy Blue shall provide care in the most appropriate and cost-effective setting. ~~Healthy Blue is responsible for educating members and providers regarding appropriate utilization of ED services, including behavioral health emergencies.~~

~~9)~~6) Healthy Blue routinely monitors emergency service utilization by providers and members ~~and has routine means~~ for redressing inappropriate ED utilization.

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a) For utilization review, the test for appropriateness of the request for emergency services shall be whether a prudent layperson, similarly situated, would have requested such services. ~~For the purposes of this contract, a prudent layperson is a person who possesses an average knowledge of health and medicine.~~

7) Healthy Blue may not limit what constitutes an emergency medical or behavioral health condition solely on the basis of diagnoses or symptoms

~~10)~~8) Healthy Blue or its subcontracts may not impose copayments for emergency services. 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 patient.

~~11)~~1) ~~As specified in 42 CFR §438.114(e) and 42 CFR §422.113(c)(2)(i), (ii) and (iii), Healthy Blue is financially responsible for post-stabilization care services obtained within or outside the network that are:~~

- ~~)a) Pre-approved by a network provider or other plan representative; or~~
- ~~)a) Not pre-approved by a network provider or other plan representative, but:~~
  - ~~)i) Administered to maintain the member's stabilized condition within one (1) hour of a request to Healthy Blue for pre-approval of further post-stabilization care services, or~~
  - ~~)i) Administered to maintain, improve, or resolve the member's stabilized condition if Healthy Blue:~~
    - ~~Does not respond to a request for pre-approval within one (1) hour;~~
    - ~~Cannot be contacted; or~~
    - ~~A plan representative and the treating physician cannot reach an agreement concerning the member's care and a network physician is not available for consultation. In this situation, the plan must give the treating physician the opportunity to consult with a network physician and the treating physician may continue with care of the patient until a network physician is reached or one of the criteria of 42 CFR §422.133(c)(3) is met.~~

~~19)~~1) ~~Healthy Blue's financial responsibility for post-stabilization care services that it has not pre-approved ends when:~~

- ~~)a) A network physician with privileges at the treating hospital assumes responsibility for the member's care;~~
- ~~)a) A network physician assumes responsibility for the member's care through transfer;~~
- ~~)a) A plan representative and the treating physician reach an agreement concerning the member's care; or~~
- ~~)a) The member is discharged.~~

~~24)~~1) ~~Emergency ancillary services which are provided in a hospital include, but are not limited to radiology, laboratory, emergency medicine, and anesthesiology. Healthy Blue shall reimburse the professional component of these services at a rate equal to or greater than the published Medicaid fee-for-service rate in effect on the date of service to in-network providers when the plan authorizes these services (either inpatient or outpatient). Emergency ancillary services rendered by non-network providers in a hospital setting shall be reimbursed at the published Medicaid fee schedule in effect on the date of service.~~

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Section (Primary Department)	SUBJECT (Document Title)
Health Care Management – Utilization Management	Emergency and Post-Stabilization Services ~~Core Process~~ – LA

9) Healthy Blue shall make payment for covered emergency and post-stabilization services that are furnished by providers that have no arrangements with the plan for the provision of such services.

a) Healthy Blue shall reimburse in-network and out-of-network providers (including those without a subcontract or referral agreement) for emergency services rendered without a requirement for service authorization of any kind.

b) Healthy Blue shall reimburse the provider one hundred percent (100%) of the Medicaid rate for emergency services. In compliance with Section 6085 of the Deficit Reduction Act (DRA) of 2005, reimbursement to out-of-network providers for the provision of emergency services shall be no more than the Medicaid rate.

~~25)~~c) Emergency ancillary services provided in a hospital include, but are not limited to, radiology, laboratory, emergency medicine, and anesthesiology. Healthy Blue shall reimburse the professional component of these services at a rate equal to or greater than the published Medicaid fee-for-service rate in effect on the date of service to in-network providers when the plan authorizes these services (either inpatient or outpatient). Emergency ancillary services rendered by non-network providers in a hospital setting shall be reimbursed at the published Medicaid fee schedule in effect on the date of service.

~~26) Healthy Blue shall reimburse in-network and out-of-network providers for emergency services rendered without a requirement for service authorization of any kind.~~

~~) Healthy Blue may require notification by the provider of inpatient emergency admissions within one (1) business day of admission, and is allowed to deny a claim for payment based solely on lack of notification of inpatient emergency admission, if the provider does not notify of inpatient emergency admission within one (1) business day of admission.~~

~~) Authorization is required for emergency air ambulance transportation services; however, the authorization processes is completed during a post-payment review and not prior to service delivery.~~

~~29) Healthy Blue may not limit what constitutes an emergency medical condition solely on the basis of diagnoses or symptoms.~~

~~30)~~10) Healthy Blue shall not deny payment for treatment when:

~~30)~~ A plan representative instructs the member to seek emergency services; or

a)

~~31)~~ A member had an emergency medical condition, including cases in which the absence of immediate medical attention would result in placing the health of the individual in serious jeopardy as ~~not have had the outcomes~~ specified in 42 CFR §438.114(a)~~(a)~~ and the ~~of the~~ definition of emergency medical condition.

~~ff)~~ Healthy Blue shall not refuse to cover emergency services based on the ED provider, hospital, or fiscal agent not notifying the member's primary care provider or the plan of the member's screening and treatment within ten (10) calendar days of presentation for emergency services.

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Section (Primary Department)	SUBJECT (Document Title)
Health Care Management – Utilization Management	Emergency and Post-Stabilization Services ~~Core Process~~ – LA

~~a)~~12) Healthy Blue is financially responsible for emergency medical services, including transportation, and shall not retroactively deny a claim for emergency services, including transportation, ~~-~~to an emergency provider because the condition, which appeared to be an emergency medical condition under the prudent layperson standard, was subsequently determined to be non-emergency in nature.

13) As specified in 42 CFR §438.114(e) and 42 CFR §422.113(c)~~(2)(i), (ii) and (iii)~~, Healthy Blue is financially responsible for post-stabilization care services obtained within or outside the network that are:

a) Pre-approved by a network provider or other plan representative; or

b) Not pre-approved by a network provider or other plan representative, but:

i) Administered to maintain the member's stabilized condition within one (1) hour of a request to Healthy Blue for pre-approval of further post-stabilization care services; ~~or~~

ii) Administered to maintain, improve, or resolve the member's stabilized condition if Healthy Blue:

- Does not respond to a request for pre-approval within one (1) hour;
- Cannot be contacted; or
- A plan representative and the treating physician cannot reach an agreement concerning the member's care and a network physician is not available for consultation. In this situation, the plan must give the treating physician the opportunity to consult with a network physician and the treating physician may continue with care of the patient until a network physician is reached or one of the criteria of 42 CFR §422.133(c)(3) is met.

iii) For post-stabilization hospital-to-hospital ambulance transportation of enrollees with a behavioral health condition, including hospital to behavioral health specialty hospital.

14) 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 health plan as responsible for coverage and payment as per 42 CFR §438.114(d).

~~Administered to maintain, improve, or resolve the member's stabilized condition if Healthy Blue:~~

~~Does not respond to a request for pre-approval within one (1) hour;~~

~~Cannot be contacted; or~~

~~A plan representative and the treating physician cannot reach an agreement concerning the member's care and a network physician is not available for consultation. In this situation, the plan must give the treating physician the opportunity to consult with a network physician and the treating physician may continue with care of the patient until a network physician is reached or one of the criteria of 42 CFR §422.133(c)(3) is met.~~

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15) Healthy Blue's financial responsibility for post-stabilization care services that it has not pre-approved ends when:
   a) A network physician with privileges at the treating hospital assumes responsibility for the member's care;
   b) A network physician assumes responsibility for the member's care through transfer;
   c) A plan representative and the treating physician reach an agreement concerning the member's care; or
   d) The member is discharged.

~~Emergency ancillary services which are provided in a hospital include, but are not limited to radiology, laboratory, emergency medicine, and anesthesiology. Healthy Blue shall reimburse the professional component of these services at a rate equal to or greater than the published Medicaid fee-for-service rate in effect on the date of service to in-network providers when the plan authorizes these services (either inpatient or outpatient). Emergency ancillary services rendered by non-network providers in a hospital setting shall be reimbursed at the published Medicaid fee schedule in effect on the date of service.~~

EXCEPTIONS:

Healthy Blue shall not require service authorization for emergency services or post-stabilization services as described in the Contract whether provided by an in-network or out-of-network provider, but may require notification by the provider of inpatient emergency admissions within one (1) business day of admission. Healthy Blue is allowed to deny a claim for payment based solely on lack of notification of inpatient emergency admission, if the provider does not notify of inpatient emergency admission within one (1) business day of admission.

Authorization is required for emergency air ambulance transportation services; however, the authorization processes is completed during a post-payment review and not prior to service delivery (refer to *Medical Transportation – LA*). The provider has thirty (30) calendar days from the date of the emergent air transport to seek authorization for services.

Healthy Blue shall not pay claims to individuals or groups of providers who have been excluded from participation in federal health care programs under either 42 USC §1320a-7 or §1320a-7a [42 CFR §438.214(d)] or state funded health care programs.

Healthy Blue shall not remit payment for services provided under the Contract to providers located outside of the United States. The term "United States" means the fifty (50) states, the District of Columbia, and any US territories.

REFERENCES:

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Section (Primary Department)	**SUBJECT (Document Title)**
Health Care Management – Utilization Management	**Emergency and Post-Stabilization Services ~~– Core Process~~ – LA**

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~~42 CFR~~
Behavioral Health Emergency Care
CFR Title 42
Handling Suspected Emergencies During Telephonic Contact with Members
~~Coverage for Post Stabilization Care Services~~
~~Emergency Services – Core Process~~
Health Plan Advisory 17-16
Informational Bulletin 12-7
Louisiana State Contract
Medical Transportation – LA

RESPONSIBLE DEPARTMENTS:

Primary Department: ~~–~~ Health Care Management – Utilization Management

Secondary Department(s): ~~–~~ Behavioral Health, Case Management, Claims, Member Services, Provider Services

REVISION HISTORY:

Review Date	Changes
05/28/2015	• Newly created LA-specific version of corporate document
09/24/2015	• Addition of changes to reflect the Louisiana Healthy Louisiana Contract language
04/05/2016	• Early annual review • CCN changed to MCO throughout policy • Procedures section updated • References updated
06/13/2017	• Annual review • Updated to procedure section • Definitions added • Reference placed in alphabetical order
05/21/2018	• Annual review • Updated to reflect current RFP that includes Amendment 11
04/24/2019	• Annual review • Name of policy changed from Emergency Services – Core Process to Emergency and Post-Stabilization Services – Core Process – LA • Policy section updated

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	• Definition section updated • Procedure section updated with current contract language • Reference section updated • Secondary Department updated
12/30/2019	• Off cycle review; • R~~r~~evised for new LA Emergency Contract • Edits to policy, definition, procedure, and reference sections • Exception section added • Primary Department updated from HCM to HCM – UM • Case Management, Claims, Member Services, and Provider Services added as Secondary Departments • Policy name change from "Emergency and Post-Stabilization Services – Core Process – LA" to "Emergency and Post-Stabilization Services – LA"