United Healthcare Community Plan	DEPARTMENT: Case Management
LOCAL HEALTH PLAN: Louisiana	LINE OF BUSINESS: Medicaid
TITLE: Long Term Emergency Room Stay	NUMBER:
EFFECTIVE DATE:	PAGE: **1** of **5**
REVIEWED: 12/21/2022	AUTHORIZED BY: CMO Louisiana

I. PURPOSE

This policy applies to all employees, agents, and subcontractors working on behalf of UnitedHealthcare Community & State Louisiana (UHC C&S LA) Health Plan, specifically involved in care coordination and discusses our processes for reducing overall time spent in an emergency department (ED) setting. UHC C&S LA Health Plan recognizes that prolonged ED stays are multifactorial and often involve our most vulnerable members. This policy formalizes the process that UHC C&S LA Health Plan uses to ensure Health Insurance Portability and Accountability Act (HIPAA)-compliant continuity and coordination of healthcare and related services provided to members across all care settings. UHC C&S LA Health Plan effectively manages, coordinates, and monitors transitions of care for members, including those in the ED awaiting discharge or bed placement. The UHC C&S LA Health Plan care management system integrates data received from each functional area to coordinate activities, information, and services for each member.

II. DEFINITIONS

Prolonged Emergency Department length of stay: time spent in an emergency setting beyond the normal length of expected stay. This can vary based on diagnosis and severity of the presenting illness.

III. SCOPE/POLICY

It is our policy to manage transitions of care across healthcare settings, ensuring the transition is coordinated and seamless. UnitedHealth Care Community State LA Health Plan staff ensures that members who have transitions in care or changes in their health status have coordination of these changes to avoid potential adverse outcomes. UnitedHealth Care Community State LA Health Plan understands that reducing prolonged ED stays can occur through reducing avoidable ED utilization (thus freeing ED staff to attend to critically ill patients), assisting hospital systems with discharge services whenever possible to free needed hospital beds, and promoting effective discharge policies that reduce readmissions and/or repeat ED visits.

IV. POLICY PROVISIONS

A. Responsibility for ensuring coordination and continuity of care within the health plans is shared with Provider Relations, Network Management, Quality Improvement, Operations, Customer Service and Health Services departments.

1. Provider Relations:

a. Distributes Provider Administrative Manuals that provide instructions on how to use services and includes the required or expected communication and notification of admissions and other transitions, and exchange of information

between providers, consumers and UHC C&S LA Health Plan.

b. Informs providers about the services available from community and social service agencies. This may be done through the Provider Administrative Manual, newsletters. and directories. By meeting the social determinants of health of our members, we reduce their overall need to access low value services such as avoidable ED visits.

2. Network Management - Develops and executes provider contracts and assesses adequacy of the provider network. With an adequate provider network, we can provide members with access to PCPs and specialists, ensuring their care can take place in appropriate settings.

3. Quality Improvement:

a. Monitors and evaluates physician/practitioner performance in coordinating care and ensures continuity of care via the following:

i. Consumer complaints and appeals;
ii. Medical record audits;
iii. Consumer and provider satisfaction surveys;
iv. Utilization of services review with provider; and,
v. Other means established by UHCCS for UHC C&S LA Health Plan

b. Utilizing ED Navigators. We currently have two medical ED navigators and are expecting to add behavioral health navigators through our Optum partners. They will specifically outreach known members with excessive avoidable ED utilization. They will also outreach ED departments to ensure that the hospital social workers and case managers have a contact in the event that resources from the health plan are needed. They will also be able to follow the member after discharge and/or refer them to case management when a higher level of care is needed.

4. Member Care/Service:

a. Assists with provider selection and changes when needed to ensure that our members are satisfied with the services, they can receive in an outpatient setting.
b. Triages calls to other departments for appropriate follow up including case management or NurseLine

5. Clinical staff provides the following:

a. Establishes cooperative relationships with external participants of the care team and communicates during transition events such as admission and discharge.

b. Facilitates the coordination and delivery of care and services between the member, their Primary Care Provider (or NP/PA for institutionalized consumers), the Inpatient Care Team (ICT), multiple programs and services, and other providers via individualized plans of care for members with chronic or complex conditions, or for members who require multiple sources of treatment or multiple types or levels of care and for members at high risk of having a transition, in order to reduce that possibility;

c. Communicates with multiple operational units within organization (i.e., utilization review staff, provider relations liaison, etc.) to ensure no delay or interruption in service.

d. Obtains services and meets healthcare needs, within the scope of benefits

e. Ensures that members have support prior to, during, and after a transition.

f. Continually provides wrap around services whenever possible to allow the member to get care in the appropriate setting, as well as to meet the needs of members discharging from the ED or hospital so that they may have longer community tenure.

g. **We will utilize our ED navigator staff to outreach to state-wide emergency departments to provide them an email address so that hospital staff may contact UnitedHealthcare should a member be in a long-term stay situation in the ED. Once hospital EDs have contacted UHC ED Navigators, we will connect with the hospital staff in order to address the individual UHC enrollee's situation. Plan of care for both short and long-term will be initiated.**

B. Role of Care Coordinator (CC)/Case Manager (CM) in ED Utilization:

1. CC/CMs assist the PCPs and other providers providing healthcare to the plan's members. They conduct the following:

a. Member assessments to identify areas of risk that could lead to unplanned avoidable ED visits or adverse member outcomes and work with the ICT to develop an individualized POC for each member to minimize identified risk. Interventions include member education with focus on self-care, wellness and preventive care, and identification of physical and behavioral health risk factors with education on how to minimize/reduce health risk that can lead to unplanned avoidable ED visits.

b. Coordination and facilitation of care/service delivery between the member, PCP, and other providers via benefit determinations and routine telephonic and/or in-person visits and providing the member with a consistent person or unit within UHC C&S LA Health Plan responsible for supporting the member through transitions such as a hospital discharge.

c. Coordination of care that includes explaining processes and communicating among all providers, the member/family/responsible party, caregivers, and the ICT. This may include ensuring a discharge appointment with a PCP is made, transportation barriers are overcome, and the importance of PCP care discussed.

d. Drug adherence is pivotal in community tenure; thus CMs work to ensure members always have access to prescriptions and are educated on the means to take their medication. CMs may also work to add services such as home health when needed.

C. Role of the PCP in preventing avoidable ED utilization and meeting the needs of members discharging from the hospital, thus freeing beds and reducing ED lengths of stay:

1. The PCP is primarily responsible for coordinating the overall health care of the assigned members. The PCP provides ongoing primary care services and refers consumers for specialty, institutional care, and other health services as appropriate.

2. The PCP and CC/CM ensure members receive information on specific health care needs that require follow-up, training in self-care and information about other health promotion activities. This may include medication management and adherence, use of medical equipment, potential complications, communicating with providers, scheduling of follow-up services and education regarding discharge planning.

3. The PCP, in conjunction with UHC C&S LA Health Plan staff, makes and follows-up on referrals, as appropriate, to community-based and social service agencies for support services.

4. All the above information is documented in the UHC C&S LA Health Plan care management system and/or by the PCP in the member's medical record.

D. To ensure the continuity and coordination of care during use of specialty physicians or other ancillary providers, the assigned CC/CM will:

1. Maintain direct contact, in accordance with the HIPAA privacy and confidentiality policies and procedures, with the member's PCP whenever necessary to discuss questions of medical importance regarding the member's care.

2. Work with the PCP to ensure that members receive information on specific

health care needs that require follow-up, training in self-care and information about other health promotion activities.

3. Keep documentation in accordance with documentation standards.

II. REFERENCES:

1. Model of Care Scoring Guidelines, MOC2: Element E Care Transition Protocols
2. Louisiana Medicaid Managed Care Organization Manual (LA MCO Manual) Updated version: 02/02/2022
3. CONTRACT BETWEEN STATE OF LOUISIANA – LOUISIANA DEPARTMENT OF HEALTH Bureau of Health Financing AND UnitedHealthcare of Louisiana, Inc. dba United Healthcare Community Plan Effective 06/27/2022

III. APPROVED BY:

Julie Morial MD

12.21.22

Julie Morial, MD
Chief Medical Officer
Louisiana Community and State

Date

IV. REVIEW HISTORY:

Effective Date	Key update from Previous Version	Reason for Revision