POLICY AND PROCEDURE

DEPARTMENT: Case Management	**DOCUMENT NAME:** Emergency Department Diversion
Page: 1 of 5	**REPLACES DOCUMENT:** CC.CM.05
APPROVED DATE: 11/14	**RETIRED:**
EFFECTIVE DATE: 2/1/2015	**REVIEWED/REVISED:** 11/14, 4/15, 10/15, 2/16, 10/16, 7/17, 5/18, 10/18, 108/19
PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** LA.CM.20

SCOPE:
Louisiana Healthcare Connections (LHCC) Medical Management Departments

PURPOSE:
To provide a standardized approach to identifying and assisting in appropriate Emergency Department (ED) utilization and to promote continuity and coordination of care.

POLICY:
LHCC's Medical Management Department, in collaboration with Member and Provider Services, will identify members with frequent ED utilization and provide care management services to identified members in order to decrease the frequency of inappropriate ED services. Through these efforts, LHCC will increase the provision of preventative and non-emergent acute care services at the appropriate primary care physician (PCP) level of care, thereby increasing the quality of health care services provided to our members.

LHCC shall monitor emergency services utilization by provider and member and shall have routine means for redressing inappropriate emergency department utilization**.** 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. (RFP 6.8.1.9).

LHCC shall be responsible for educating members and providers regarding appropriate utilization of ED services, including behavioral health emergencies (RFP 6.8.1.8).

LHCC will include in the proposal a plan to provide care in the most appropriate and cost-effective setting. The plan should specifically address non-emergent use of hospital Emergency Departments. Strategies of interest to ~~LDH~~Louisiana Department of Health (LDH) include but are not limited to access to primary care services through medical homes, urgent care and retail clinics; and, interventions targeted to super-utilizers, such as patients with sickle cell disease, chronic pain, dental, and/or behavioral health conditions (RFP 6.8.1.7).

POLICY AND PROCEDURE

DEPARTMENT: Case Management	**DOCUMENT NAME:** Emergency Department Diversion
Page: 2 of 5	**REPLACES DOCUMENT:** CC.CM.05
APPROVED DATE: 11/14	**RETIRED:**
EFFECTIVE DATE: 2/1/2015	**REVIEWED/REVISED:** 11/14, 4/15, 10/15, 2/16, 10/16, 7/17, 5/18, 10/18, 108/19
PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** LA.CM.20

PROCEDURE:

A. Identifying and Reporting

a. ED Diversion outreach reports, based on claims data, and recent ED usage will be generated to identify members with high ED utilization rates; 4 ED visits over the previous 12 months.
b. These reports will indicate number of ED visits and will provide member demographics, PCP name, chief complaint, and case status.

B. Assessment and Evaluation

a. LHCC's Care Management team will attempt to contact members based on ED Diversion Work Process LA.CM.20.1
b. Upon successful contact with a member, staff will attempt to complete or update the following TruCare assessments:
    i. Age Specific Health Risk Screener (HRS) – ~~Adult (Age 18-64) or HRS – Child (Age 6months – 17 years or HRS – Infant (Age < 6 months) (depending on the Member's age)General Health Risk Screen (GHRS)~~
    ii. Emergency Preparedness Screen (EPS)
    iii. Emergency Preparedness Plan (EPP)
    iv. Tobacco and Gaming Assessments
    ~~v. Patient Health Questionnaire (PHQ-2)~~
    ~~vi.~~v. ED Diversion Assessment
    ~~. CAGE/AID Assessment_V1~~
~~d.~~c. Education on alternate resources for care will be provided. Resources may include, but are not limited to, member's PCP, local urgent care centers, availability of a health coach through Envolve PeopleCare, legacy NurseWise. Upon assessment by the CM staff, if a m~~M~~ember is deemed appropriate for Care Management Services, a referral will be made, if one has not previously been placed in TruCare.

C. Provider Relations

a. PCPs with a disproportionate number of members (two (2) standard deviations above the norm) seeking non-emergent care in the ED are identified and referred to the Provider Relations Department for follow up regarding potential access related issues such as lack of available appointment times, after-hours access and culturally-sensitive answering machine messages.

Formatted: Indent: Left: 1.5", No bullets or numbering

POLICY AND PROCEDURE

DEPARTMENT: Case Management	**DOCUMENT NAME:** Emergency Department Diversion
Page: 3 of 5	**REPLACES DOCUMENT:** CC.CM.05
APPROVED DATE: 11/14	**RETIRED:**
EFFECTIVE DATE: 2/1/2015	**REVIEWED/REVISED:** 11/14, 4/15, 10/15, 2/16, 10/16, 7/17, 5/18, 10/18, 108/19
PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** LA.CM.20

b. If PCP access or potential quality issues are identified, LHCC's Care Manager or designee will report such issues to LHCC's Quality Improvement (QI) Coordinator who documents information in the clinical documentation system and prepares a report for LHCC's Medical Director to review.

D. Reporting and Outcome Measurements

1) Performance and Productivity monitoring should be a function formalized within the Care Management Program. Program strategy effectiveness is evaluated by LHCC with reporting elements including:
   a) Number of members enrolled in Case Management with high ED utilization
   b) ED utilization rate of these members with active Cases and active Care Plans
2) Program effectiveness will be evaluated through LHCC's QI Department and reported to the Medical Management Committee and Quality Assurance and Process Improvement Committee.

REFERENCES:
LA.CM.01 - Care Management Program Description
Current NCQA Health Plan Standards and Guidelines
MCO RFP Amendment 11 Section 6.8

ATTACHMENTS:

REVISION LOG	**DATE**
Updated NCQA reference to 2010; Other changes pending reporting updates from Health Econ	06/11/10
Updated Section A with accurate ED reporting information; added TruCare Medical Management documentation system; updated NCQA reference to 2011; updated title of CC. CM. 01 reference and added CC.CM.06 reference; updated approval title.	06/10/11
Changed from UM to CM policy category given function of content.	08/22/11
Updated Department to reflect Case Management; inserted clinical documentation system (CCMS/TruCare) where indicated; removed revision history prior to 2009; updated reference to CC.CM.02 – Care Coordination/Case Management Services.	03/05/12

POLICY AND PROCEDURE

DEPARTMENT: Case Management	**DOCUMENT NAME:** Emergency Department Diversion
Page: 4 of 5	**REPLACES DOCUMENT:** CC.CM.05
APPROVED DATE: 11/14	**RETIRED:**
EFFECTIVE DATE: 2/1/2015	**REVIEWED/REVISED:** 11/14, 4/15, 10/15, 2/16, 10/16, 7/17, 5/18, 10/18, 108/19
PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** LA.CM.20

Annual revisions updated to reflect Centene ER Reduction Strategy; Updated NCQA reference to current year; Deletion of revision log history prior to 2010; Correction of "Net Transportation" to Non-Emergency Transportation Services (NET); Updated Medical Director titles.	06/20/13
Annual review; Updated approval titles; Changed NCQA reference to current year;	07/23/14
Updated Product Type from "ALL" to Medicaid, HIM and Medicare; added in the words "or Health Plan Designee" under "B.2."	09/3/14
LA Procurement 2015 Policy Update	11/14
Changed reporting to every 2 weeks from quarterly Pulled out work-process related and added that to new work process LA.CM.20.1 Updated current NCQA date	4/15
Changed "Case" to "Care" and "The Plan" to "LHCC" Changed frequency of analytics reporting from every two weeks to "at least monthly" Changed references from CC policies to LA policies	10/1/2015
Removed reference to LA.CM.02	2/16
Added details of information included in the outreach report Added Tobacco and Gaming Assessments Removed reference to LA.CM.06 Removed definitions of Emergency Medical Condition, Prudent Layperson, and Medical Director Changed Nursewise to Envolve PeopleCare	10/16
Changed "NurseWise" to "Envolve PeopleCare" Grammatical changes in regards to Referrals in TruCare	7/2017
Grammatical changes Added CAGE/AID Assessment_V1 to list of Assessments Removed "90 days" and replaced it with "over the previous 12 months" Included sections 6.8.1.7, 6.8.1.8, and 6.8.1.9 from RFP Amendment 11.	5/2018
No Revisions	10/2018
Under Assessment and Evaluation portion, removed General Health Risk Screen (GHRS), Patient Health Questionnaire (PHQ-2) and CAGE/AID Assessment_V1.	108/2019

POLICY AND PROCEDURE

DEPARTMENT: Case Management	**DOCUMENT NAME:** Emergency Department Diversion
Page: 5 of 5	**REPLACES DOCUMENT:** CC.CM.05
APPROVED DATE: 11/14	**RETIRED:**
EFFECTIVE DATE: 2/1/2015	**REVIEWED/REVISED:** 11/14, 4/15, 10/15, 2/16, 10/16, 7/17, 5/18, 10/18, 108/19
PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** LA.CM.20

Added Health Risk Screener (HRS) ~~– Adult (Age 18-64) or HRS – Child (Age 6months – 17 years or HRS – Infant (Age < 6 months) (depending on the Member's age)~~; changed Member to member.	

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, ~~GRC,~~ Centene's P&P management software, is considered equivalent to an actual signature on paper.

Formatted: Font: Not Italic

Vice President, Medical Management: ~~Approval~~ Electronic Signature on File
Sr. VP, Medical Affairs: ~~Approval~~Electronic Signature on File