

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Emergency and Post-Stabilization Services
<b>PAGE:</b> 1 of 6	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> Sept 2011	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> Jan 2012	<b>REVIEWED/REVISED:</b> 10/13; 11/13; 7/14, 11/14, 9/15, 10/16, 8/17, 8/18, 5/19, <u>403/20</u>
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> LA.UM.12

### SCOPE:

Louisiana Healthcare Connections (Plan) Medical Management Department

### PURPOSE:

The purpose is to promote timely access to needed emergency and post-stabilization services and appropriate financial reimbursement to providers of emergency services.

### POLICY:

Members may access emergency services at any time without prior authorization or prior contact with the Plan.

1. The Plan shall provide that emergency services, including those for specialized behavioral health, be rendered without the requirement of prior authorization of any kind. The Plan must cover and pay for emergency services regardless of whether the provider that furnishes the emergency services has a contract with the Plan. If an emergency medical condition exists, the Plan is obligated to pay for the emergency service.  
(~~RFP~~ Emergency Contract 6.8.1.1)

Post Stabilization Care services are covered and reimbursed in accordance with 42 CFR 422.113(c) and 438.114(c).

2. Education to all members regarding the provisions governing in and out of service area use of emergency services can be found in the Member Handbook. (Emergency Contract 6.8.1.2)
3. The Plan will 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. (Emergency Contract 6.8.1.9)

### PROCEDURE:

#### A. Accessing Emergency Medical Services

1. The Plan utilizes the prudent layperson (PLP) definition of an emergency medical condition (see 'Definitions').

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Emergency and Post-Stabilization Services
<b>PAGE:</b> 2 of 6	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> Sept 2011	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> Jan 2012	<b>REVIEWED/REVISED:</b> 10/13; 11/13; 7/14, 11/14, 9/15, 10/16, 8/17, 8/18, 5/19, <u>403/20</u>
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2. Prior Authorization is not required for Emergency Medical Services.
3. If members are unsure as to the urgency or emergency of the situation, they are encouraged to contact their Primary Care Provider (PCP) and/or the 24 hour Nurse Triage Line (Envolv People Care) for assistance; however, this is not a requirement to access emergency services.
4. Once the member's emergency medical condition is stabilized, the Plan will require Notification for hospital admission or Prior Authorization for follow-up care.
  - a. Admitting facilities are required to notify the Plan of emergent and urgent admissions within one (1) business day following the admission date. (~~RFP~~ **Emergency Contract** 8.5.4.2)
- 5. The Plan shall provide care in the most appropriate and cost-effective setting. (Emergency Contract 6.8.1.7)**
- 6. The Plan will educate members and providers regarding appropriate utilization of ED services, including behavioral health emergencies. (Emergency Contract 6.8.1.8)**

a.

### B. Coverage of Emergency Medical Services

1. Emergency services are covered by the Plan when furnished by a qualified provider, including non-network providers and Licensed Mental Health Providers (LMHP), and will be covered until the member is stabilized. Any screening examination services conducted to determine whether an emergency medical condition exists will also be covered by the Plan.
2. The Plan shall not deny payment for treatment when a representative of the entity instructs the member to seek emergency services. (~~RFP~~ **Emergency Contract** 6.8.1.3) The Plan will cover the medical screening examination and other medically necessary emergency services without regard to whether the condition meets the prudent layperson standard. Once the member's emergency medical condition is stabilized, the Plan will require certification for hospital admission or prior authorization for follow-up care.

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Emergency and Post-Stabilization Services
<b>PAGE:</b> 3 of 6	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> Sept 2011	<b>RETIRED:</b>
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3. The Plan shall not deny payment for treatment obtained when a member had an emergency medical condition as defined in 42 CFR §438.114(a), nor limit what constitutes an emergency behavioral health condition on the basis of behavioral health diagnoses or symptoms. (~~RFP~~ **Emergency Contract** 6.8.1.4)
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 the Plan for coverage and payment. (~~RFP~~ **Emergency Contract** 6.8.1.5)
5. If there is a disagreement between a hospital or other treating facility and the Plan concerning whether the member is stable enough for discharge or transfer from the Emergency Department (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 not apply to a disagreement concerning discharge or transfer following an inpatient admission once the member is stabilized.** (~~RFP~~ **Emergency Contract** 6.8.1.6)

### C. Post-Stabilization Services

The Plan shall cover and pay for post-stabilization care and services in accordance with the provisions of 42 CFR Section 422.113(c). Post-stabilization care and services are covered services related to an emergency medical condition that are provided after a member is stabilized in order to maintain the stabilized condition or to improve or resolve the member's condition.

The Plan is financially responsible for post-stabilization care services obtained within or outside the Plan that are:

- A. Pre-approved by a Plan provider or other Plan representative;  
or
- B. Not preapproved by a Plan provider but administered to maintain, improve or resolve the member's stabilized condition if:

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Emergency and Post-Stabilization Services
<b>PAGE:</b> 4 of 6	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> Sept 2011	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> Jan 2012	<b>REVIEWED/REVISED:</b> 10/13; 11/13; 7/14, 11/14, 9/15, 10/16, 8/17, 8/18, 5/19, <u>403/20</u>
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- a. The Plan does not respond to a request for pre-approval within one (1) hour;
- b. The Plan cannot be contacted; or
- c. The Plan representative and the treating physician cannot reach an agreement concerning the member's care and a Plan physician is not available for consultation. In this situation, the Plan must give the treating physician the opportunity to consult with a Plan physician and the treating physician may continue with care of the patient until a Plan physician is reached or one of the criteria of 42 CFR Section 422.113(c)(3) is met. (~~RFP~~ **Emergency Contract** 6.8.2.1-1)

The Plan'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 representative of the Plan and the treating physician reach an agreement concerning the member's care; or
- D. The member is discharged (~~RFP~~ **Emergency Contract** 6.8.2.2)

### REFERENCES:

Balanced Budget Act (BBA) of 1997  
Current NCQA Health Plan Standards and Guidelines  
RFP Amendment 11 Section 6

### ATTACHMENTS:

### DEFINITIONS:

**Authorized Representative:** an employee or contractor of the Plan who directs the member to seek services. For example, an advice nurse, network physician, physician assistant or Customer Service representative may act as the Plan's authorized representative.

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Emergency and Post-Stabilization Services
<b>PAGE:</b> 5 of 6	<b>REPLACES DOCUMENT:</b>
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**Emergency Medical Condition:** 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: (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 impairments of bodily functions, or (3) serious dysfunction of any bodily organ or part as per 42 CFR 438.114.(a).

**Prudent Layperson:** a person who is without medical training and who draws on his or her practical experience when making a decision regarding the need to seek emergency medical treatment. **They may possess an average knowledge of health and medicine (Emergency Contract 6.8.1.9)**

<b>REVISION LOG:</b>	<b>DATE</b>
No Revisions	10/13
Updated reference to NCQA 2013 Health Plan Standards and Guidelines	11/13
No Revisions	7/14
LA Procurement 2015 Policy Update	11/2014
Updates from BH amendments to RFP Updated NCQA date to current	9/15
Changed Nursewise to Envolve People Care	10/16
Added an updated statement on member's eligibility from (RFP 6.8.1.1) Changed Contracted Facilities to Admitting Facilities for generalization purposes	8/17
Updated RFP references Grammatical changes Updated verbiage throughout to correspond with RFP references	8/18
Added statement/reference to updated verbiage from RFP Amendment 11, Section 6.8.2.2	5/19
<u><b>Changed RFP references to Emergency Contract References</b></u> <u><b>Added Emergency Contract 6.8.1.2, 6.1.8.7, 6.8.1.8, and 6.8.1.9</b></u> <u><b>Grammatical Changes</b></u>	<u><b>0432/2020</b></u>

## POLICY AND PROCEDURE

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<b>PAGE:</b> 6 of 6	<b>REPLACES DOCUMENT:</b>
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<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> LA.UM.12

### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, Centene's P&P management software, is considered equivalent to a physical signature.

VP Medical Management: \_\_\_\_\_ Signature on File \_\_\_\_\_

Sr. VP Medical Affairs: \_\_\_\_\_ Signature on File \_\_\_\_\_

**Sr. VP, Population Health-Electronic Signature on File**

**Chief Medical Officer-Electronic Signature on File**