

<p style="text-align: center;">Seaside Health Plan Policies and Procedures</p>	<p>Effective Date: May 17, 2013</p> <p>Note: For origination date see History at end of policy.</p>
<p>SUBJECT:</p> <p>ACCESS TO EMERGENCY SERVICES AND PAYMENT</p>	<p>Approval Signature:</p> <p>Barry Smith, MD Chief Medical Officer</p>
<p>Manual: Utilization Management</p> <p>Policy/Procedure # ER-100 Section: UM Program</p>	<p>Sponsor Signature:</p> <p>Kimberly Ward, RN Director, Utilization Management</p>
<p> <input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> HEALTHY FAMILIES <input checked="" type="checkbox"/> MEDI-CAL <input checked="" type="checkbox"/> MEDICARE </p>	

AUTHORITY

CA Health and Safety Code section 1317.1

POLICY

Seaside ensures the availability of, and accessibility to, emergency health care and mental health care services within the service area twenty-four (24) hours-a-day and seven (7) days-a-week.

Seaside contracts with mental health practitioners, programs, and facilities to provide services to members that require urgent or emergent mental health care. These services include crisis intervention and stabilization as well as psychiatric inpatient hospital services within the service area 24 hours-a-day, 7 days-a-week. Seaside or its delegate pays for all involuntary psychiatric (5150) hospitalizations.

Seaside contracts with ambulance services for the area served by Seaside to transport the member to the nearest 24 hour emergency facility with Physician coverage, designated by the health care service Plan.

Seaside provides 24-hour access for members and providers to obtain timely authorization for medically necessary care, for circumstances where the member has received emergency services and care is stabilized, but the treating provider believes that the member may not be discharged safely.

Seaside ensures that a licensed physician is available for consultation and for resolving disputed requests for authorizations. Seaside has a system in place to provide physician coverage to be available 24 hours a day for timely authorization of medically necessary care and to coordinate transfer of stabilized members in an emergency, if necessary.

Seaside ensures that providers are reimbursed for emergency services and care provided to members, until the care results in stabilization of the member and Seaside shall not require a provider to obtain authorization prior to the provision of emergency services and care necessary to stabilize the member's emergency medical condition.

Seaside, except in the case of Medi-Cal, may deny reimbursement to a provider for a medical screening examination in cases where Seaside member did not require emergency services and care and the member reasonably should have known that an emergency did not exist. In the case of Medi-Cal, the medical screening examination is always reimbursed.

Members with emergency medical condition are not held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the member.

If Seaside and the provider disagree regarding the need for necessary medical care, following stabilization of the member, Seaside shall assume responsibility for the care of the patient either by having medical personnel contracting with Seaside personally take over the care of the patient within a reasonable amount of time after the disagreement, or by having another general acute care hospital under contract with Seaside agree to accept the transfer of the patient.

Seaside ensures the availability of a physician and/or surgeon for consultation and for resolving disputed requests for authorizations.

DEFINITIONS

Emergency Services and Care: means medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the capability of the facility. Also, Emergency Services and Care includes additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if a psychiatric emergency medical condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition, within the capability of the facility.

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:

1. Placing the patient's health in serious jeopardy.
2. Serious impairment to bodily functions.
3. Serious dysfunction of any bodily organ or part.

Active labor: means a labor at a time at which either of the following would occur:

1. There is inadequate time to effect safe transfer to another hospital prior to delivery.
2. A transfer may pose a threat to the health and safety of the patient or the unborn child.

Hospital: means all hospitals with an emergency department licensed by the state department.

Stabilization: A patient is stabilized or stabilization has occurred when, in the opinion of the treating provider, the patient's medical condition is such that, within reasonable medical probability, no material deterioration of the patient's condition is likely to result from, or occur during, the release or transfer of the patient.

Psychiatric emergency medical condition: means a mental disorder that manifests itself by acute symptoms of sufficient severity that it renders the patient as being either of the following:

1. An immediate danger to himself or herself or to others.
2. Immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder.

PROCEDURES

I. Emergency Services Authorizations

- A. Prior authorization for emergent medical conditions is not required regardless to whether the provider has a contract or when:
 1. There is an imminent and serious threat to health including, but not limited to, the potential loss of life, limb, or other major bodily function and active labor or emergency labor and delivery.
 2. A delay in decision making would be detrimental to the member's life or health or could jeopardize the member's ability to regain maximum function.
- B. Seaside fully documents all requests for authorizations and responses to such requests for post stabilization medically necessary care. Documentation includes:
 1. Date and time of the provider's request;
 2. Name of the health care provider making the request;
 3. Name of Seaside representative responding to the request.
- B. Seaside requires prior authorization for post-stabilization care and treatment on of non-emergency conditions
 1. Seaside provides 24-hour access for patients and providers, including non-contracting hospitals, to obtain timely authorization for medically necessary post-stabilization care through the 24 hour, toll-free Member Services line;
 2. Seaside responds to a hospital requesting post-stabilization authorization after the first call such that the requesting hospital does not have to make more than one call before it gets an initial response from Seaside;

3. If post-stabilization requests are denied, the decision is communicated within 30 minutes of the request;
 4. If Seaside does not respond to a post stabilization request or a request for authorization for treatment of a non-emergency, request within 30 minutes, it will pay any claims submitted by the provider for the post stabilization care rendered.
- C. Seaside widely distributes the 24 hour, toll-free Member Services line to all contracting and non-contracting hospitals to obtain authorization from Seaside for post-stabilization care.
- D. Out of Service Area: Providers are reimbursed for emergency services and care provided to its members in and out of service areas, until the care results in stabilization of the member.
1. Out of service area providers are not required to obtain authorization prior to the provision of emergency services and care necessary to stabilize the member's medical condition;
 2. Seaside does not require pre-authorization and reimburses out of service area providers for emergency services and care provided to its members until the care results in stabilization of the member.
- E. If Seaside and the provider disagree about the need for necessary medical care following stabilization of the member, Seaside shall assume responsibility for the care of the patient by either of the following:
1. Having medical and/or mental health care personnel contracting with Seaside personally take over the care of the patient within a reasonable amount of time after the disagreement;
 2. Having another general acute care hospital or hospital with mental health care facilities under contract with Seaside agree to accept the transfer of the patient.
- F. Transfer to a Contracted Hospital
1. Seaside properly arranges for the transfer of members after the member has been stabilized subsequent to an emergency psychiatric or medical condition but the provider believes further medically necessary health care treatment is required and the member cannot be safely discharged.
 2. Seaside ensures that a patient is not transferred to a contracting facility unless the provider determines no material deterioration of the patient is likely to occur upon transfer.
 3. Seaside ensures that prior authorization is not required for the provision of emergency services and care to a patient with a psychiatric emergency.

History: New

Origination Date: May 17, 2013