

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) 24-hour Access to Emergency Department Services - CA	
Effective Date 06/25/1999	Date of Last Review 04/25/2024	Date of Last Revision 04/25/2024	Dept. Approval Date 04/25/2024
Department Approval/Signature:			

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

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Anthem Blue Cross Medicaid is committed to quality of care and services for all members. Anthem Medicaid facilitates the provision of 24 hour access to all needed emergency services and covers the cost of emergency services necessary to screen and stabilize members without pre-authorization or the existence of a contract with the emergency care provider. This includes when an authorized representative (such as an Anthem Medicaid nurse, customer service representative, or participating provider), acting for the organization, authorizes the provision of emergency services.

Anthem Medicaid does not deny payment for treatment obtained under either of the following circumstances:

- A member had an emergency medical condition, including cases in which the absence of immediate medical attention would not have had the following outcomes:
 - 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.
 - Serious impairment to bodily functions.
 - Serious dysfunction of any bodily organ or part.
- A representative of Anthem Medicaid instructed the enrollee to seek emergency services.

Coverage and payment for out-of-area emergencies or urgently needed services involving members are provided on a reimbursement or fee-for-service basis and instructions to members regarding procedures to be followed in securing such services or benefits are contained in the member’s evidence of coverage manual.

Anthem Medicaid will reimburse all services rendered in an Emergency Room (ER) for treatment of conditions that meet the prudent layperson standard as an emergency

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condition. Anthem Medicaid covers claims when a prudent layperson decides that emergency treatment is necessary. Anthem Medicaid does not deny payment for treatment obtained when a member had an emergency condition. Anthem Medicaid does not determine what constitutes an emergency based on lists of diagnoses or symptoms. In addition, Anthem Medicaid does not refuse to cover services based on emergency room provider, hospital or fiscal agent not notifying the member's primary care provider (PCP) or Anthem Medicaid of the member's screening and treatment within 10 calendar days of presentation for emergency services.

If services are determined to be non-emergent, Anthem Medicaid reimburses for the screening examination and facility fee for the screening. Anthem Medicaid does not balance bill members for any charges (including those related to post-stabilization), nor does the member have any financial responsibility for charges. Anthem Medicaid has a claims payment and provider dispute process in place for review of emergency room denied claims.

The PCP's scope of practice includes the development and oversight of the member's treatment and care plan, which includes availability to health care 24 hours a day, 7 days a week. The PCP serves as the primary provider of a member's health care services. Anthem Medicaid furnishes each PCP with a current list of enrolled members assigned to the PCP. The PCP ensures that the member has access to appropriate specialty, ancillary, emergency and hospital care, as well as access to post-stabilization services 24 hours per day, 7 days per week. Anthem Medicaid also has medical management staff available 24 hours per day, 7 days per week, to assist PCP and hospital-based providers in coordination of care/benefits, and to respond to requests for authorization of post-stabilization services. The PCP provides information to the member or legal representative of the member about the illness, the course of treatment, and prospects for recovery in terms the member can understand.

DEFINITIONS:

Emergency Care - Covered inpatient services, outpatient services, medical transportation, medical screening, examination, and evaluation by a physician to determine if an emergency condition or active labor exists and, if it does, the care, treatment, and surgery by a physician necessary to relieve or eliminate the emergency condition.

A service provided for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a person who possesses an average knowledge of health and medicine would reasonably expect the absence of immediate medical attention to result in placing their health or the health of an unborn child in immediate jeopardy, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part; and that are needed to evaluate or stabilize an emergency medical condition.

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These include: accidental injury and poison related problems and complaints that may be indicative of serious, life threatening medical problems, such as chest or abdominal pain, difficulty breathing or swallowing, or loss of consciousness.

In the case of behavioral health services, those clinical, rehabilitative, or supportive behavioral health services provided for behavioral health conditions or disorders which, if not immediately diagnosed and treated, would result in risk of danger to a person's self or others. If the patient presents at the hospital emergency department and requests an examination, a nurse triage screening is always allowed.

Emergency Medical Condition - Any medical condition (including emergency labor and delivery) that is deemed an emergency by a prudent layperson at the time they decide to go to the Emergency Department for medical care. A general description would include any 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:

- Placing the patient's health (or, in the case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part.
- Mental Health Crisis

With respect to a pregnant woman who is having contractions, an emergency medical condition exists if there is inadequate time to affect a safe transfer to another hospital before delivery, or if the transfer may pose a threat to the health or safety of the woman or the unborn child.

Post Stabilization - Covered services, related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition, or provided to improve or resolve the enrollee's condition.

Primary Care Provider - A person responsible for supervising, coordinating, and providing initial and primary care to patients; for initiating referrals; and for maintaining the continuity of patient care. A Primary Care Provider may be a Primary Care Physician or Non-Physician Medical Practitioner.

Prudent Lay Person - A person without medical training, drawing on practical experience when making a decision regarding the need to seek emergency medical treatment. A prudent layperson is considered to have acted "reasonably" if other similarly situated laypersons

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would have believed, based on observation of the medical symptoms, that emergency medical treatment was necessary. Severe pain and other symptoms may constitute such emergency cases.

Stabilize - In this context means, when in the opinion of the treating provider, the member'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, a transfer of the patient.

PROCEDURE:

- I. Members may access emergency services at any time (24-hours per day, 7 days per week) without procuring Anthem Medicaid prior authorization. Services can be obtained in or out-of-network, though members are encouraged to seek services at an in network facility.
- II. PCP offices and answering services must instruct a member calling for emergency services to go directly to the nearest hospital emergency department or to immediately dial 911. If the member presents at the PCP office with an emergent need, the member must be triaged and immediately treated or referred to the emergency department.
- III. Emergency services include ambulance services, for the area served by Anthem Medicaid, to transport the member to the nearest twenty-four hour emergency facility with physician coverage.
- IV. Anthem Medicaid coverage of services necessary to treat the member's emergency medical or behavioral health condition without prior authorization is in effect until the member is deemed by the provider of emergency services to be "stabilized." Post-stabilization services are services subsequent to an emergency medical condition that a treating physician views as medically necessary after a member's condition has been stabilized in order to maintain the stabilized condition or to improve or resolve the member's condition.

Following stabilization of the member's medical condition, the Emergency Department provider must contact the member's Primary Care Physician (PCP) whose name and phone number are indicated on the member's insurance card for authorization of further services (post-stabilization services). If there is no response from the PCP within 30 minutes after being requested or if the PCP could not be contacted for pre-approval, the needed services are considered as having been authorized.

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For mental health stabilization, the Emergency Department provider must contact the member's county mental health plan to arrange for any inpatient post stabilization care.

V. Anthem Medicaid is financially responsible for post-stabilization care services obtained within or outside the network that were not pre-approved by an Anthem Medicaid provider or other Anthem Medicaid representative, but are administered to maintain, improve, or resolve the member's stabilized condition if:

- Anthem Medicaid does not respond to a request for pre-approval within 30 minutes
- Anthem Medicaid cannot be contacted; or
- The Anthem Medicaid 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, Anthem Medicaid gives the treating physician the opportunity to consult with an Anthem Medicaid physician.

NOTE: In the event a voicemail message, fax or electronic communication is received from a health care provider after hours with a request for authorization to **admit a member into the hospital for post-stabilization care following an ER visit**, in lieu of a call back within thirty (30) minutes, Anthem Medicaid will deem the post-ER admission approved until the next business day for the medically necessary post stabilization care of the patient, per the cost sharing as outlined in the member's benefit contract. For additional information, please refer to Anthem Medicaid Policy #CA_UMXX_131 "Emergency Room Post-Stabilization Process – After Hours Admissions".

VI. Anthem Medicaid's financial responsibility for post-stabilization care services it has not pre-approved ends when:

- An Anthem Medicaid physician with privileges at the treating hospital assumes responsibility for the member's care;
- An Anthem Medicaid physician assumes responsibility for the member's care through transfer;
- An Anthem Medicaid representative and the treating physician reach an agreement concerning the member's care; or
- The member is discharged.

VII. Anthem Medicaid provides twenty-four hour (24), seven (7) days a week telephone coverage via 24/7 NurseLine to instruct members on where to receive emergency and

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urgent health care. The 24/7 NurseLine number is printed on the back of the member’s identification card and is also available via the Customer Care Call center.

VIII. Anthem Medicaid also provides timely delivery of language assistance to members with limited English proficiency during emergency care.

REFERENCES:

- Anthem Blue Cross Medicaid Policy #CA_UMXX_131 “Emergency Room Post-Stabilization Process – After Hours Admissions”
- Anthem Blue Cross Providers Operations Manual, 2024
- DHCS Contract Exhibit A Attachment III Section 5.2.6 Access to Emergency Service Providers and Emergency Services
- Health and Safety Code § 1371.4(a)
- National Committee for Quality Assurance (NCQA) UM
- Title 28 California Code of Regulations § 1300.67(g) (1) and (2)
- Title 28 California Code of Regulations § 1300.71.4

RESPONSIBLE DEPARTMENTS:

Primary Department:

Utilization Management

Secondary Department(s):

Behavioral Health
Case Management

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
04/25/24	<ul style="list-style-type: none"> • Annul Review • Updated Policy section to reflect recent rebranding guidelines • Updated References section to update provider manual reference to 2024 version
07/26/23	<ul style="list-style-type: none"> • Off Cycle Review • Updated References section

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Review Date	Changes
05/31/23	<ul style="list-style-type: none"> • Annual Review • Updated “2022” to “2023” under References section
01/25/23	<ul style="list-style-type: none"> • Off Cycle Review • Updated Procedure section to add that emergency services can be done in or OON • Alphabetized secondary departments
05/26/22	<ul style="list-style-type: none"> • Annual Review • Updated References • Added behavioral health under emergency conditions and secondary departments
05/27/21	<ul style="list-style-type: none"> • Annual Review, no changes
05/27/20	<ul style="list-style-type: none"> • Annual Review • Minor language update in the procedure • Updated References
05/29/19	<ul style="list-style-type: none"> • Annual Review • Updated References
05/14/18	<ul style="list-style-type: none"> • Annual Review. • Updated References
05/02/17	<ul style="list-style-type: none"> • Annual Review, no changes
05/30/16	<ul style="list-style-type: none"> • Annual review • Updated formatting • Updated References
06/30/15	<ul style="list-style-type: none"> • Updated references • Removed Healthy Families • Removed Blue Cross
09/25/14	<ul style="list-style-type: none"> • Deleted Healthy Families • Changed header to Government Business Division
10/10/12	<ul style="list-style-type: none"> • Added new contract language that advises that Anthem will not refuse coverage of services if we are not notified within 10 calendar days. • Added new contract language that advises there is a resolution dispute process for denied ER claims.
05/22/12	<ul style="list-style-type: none"> • Clarified that WellPoint Medicaid covers and pays for emergency care rendered in or out of network • Added contract language that states when payment will not be denied • Inserted PCP’s role and responsibilities

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Review Date	Changes
	<ul style="list-style-type: none"> • Expanded definition of Emergency Care; updated definition of Post Stabilization; added definition of Prudent Lay Person • Added post-stabilization financial responsibility • Added the availability of language assistance • Changed references from care to case management • Changed references from Anthem Blue Cross State Sponsored Business to WellPoint Medicaid • Updated references • Corrected formatting • Added revision history to policy
06/25/99	<ul style="list-style-type: none"> • Policy created