

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) Health Plan Physician Availability for Communicating with Emergency Room Personnel in the Post-stabilization Period - CA	
Effective Date 01/02/2004	Date of Last Review 02/08/2024	Date of Last Revision 01/25/2023	Dept. Approval Date 02/08/2024
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 Medicaid (Anthem) is structured such that the Primary Care Physician (PCP) is contractually responsible for provision, or arranging for provision, of all medically necessary services for its members 24 hours per day 7 days per week. This includes response to the Emergency Room (ER) to coordinate the transfer of care of a member whose emergency condition is stabilized, to authorize medically necessary post-stabilization services, and for general communication with ER personnel. In the event of failure by the PCP to provide such response within 30 minutes of request by ER personnel, per Emergency Medical Treatment and Labor Act (EMTALA) regulations, the ER may arrange for, and Anthem will cover, medically necessary post-stabilization services. Anthem covers emergency care and medically necessary post-stabilization services provided by plan and non-plan providers both in and outside the service area in the contractually-specified Department of Health Care Services (DHCS) geographic area of coverage.

Emergency health care services shall include ambulance services for the area served by the plan to transport the enrollee to the nearest twenty-four (24) hour emergency facility with physician coverage, designated by Anthem. Coverage for out-of-area emergencies involving enrollees shall be provided on a DRG reimbursement schedule and instructions to enrollees must be clear regarding procedures to be followed in securing such benefits.

DEFINITIONS:

Patient-centered medical home - a health care setting that facilitates partnerships between individual patients and their personal physicians and, when appropriate, the patients' families and communities. A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a physician or physician practice that leads a multidisciplinary health team, which may include, but is not limited to, nurse practitioners, nurses, physician's assistants, behavioral health providers, pharmacists, social

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workers, physical therapists, dental and eye care providers and dieticians to meet the needs of the patient in all aspects of preventive, acute, chronic care and end-of-life care using evidence-based medicine and technology.

Post-Stabilization Services - services subsequent to an emergency medical condition that a treating physician views as medically necessary after an enrollee's condition has been stabilized in order to maintain the stabilized condition or to improve or resolve the enrollee's condition.

Post-stabilization care services are covered services that:

- Were documented as pre-approved by the PCP
- Were not pre-approved by the PCP because the PCP did not respond to the provider of post-stabilization care services' request for pre-approval within 30 minutes after being requested to approve such care, or could not be contacted for pre-approval as documented in the medical record.

PROCEDURE:

- I. Anthem itself does not engage in the practice of medicine for the patient whose emergency condition is stabilized and who requires post-stabilization services. Rather, as in the fee-for-service Medi-Cal Program, Anthem empowers its PCPs to provide, authorize, and direct the medical care of beneficiaries, including but not limited to the post-stabilization period.
- II. The ER may arrange for and Anthem will cover medically necessary post-stabilization services in the event of failure by the PCP to provide a response in the post-stabilization period within 30 minutes of request by ER personnel as per EMTALA regulations. Payment will be rendered for such services upon receipt of appropriately submitted claims in keeping with Anthem's claims payment policy. Verification of membership during the time services were rendered will be made by the plan prior to issuing payment. Ambulance services provided for emergency health care are covered as described above.
- III. The physician treating the enrollee must decide when the enrollee may be considered stabilized for transfer or discharge. The plan will provide all necessary assistance to the PCP or transferring Physician to facilitate transfers to in-area, contracted providers, if requested, once the patient is medically stable. Utilization Management nurses, Medical Directors, and Customer Service personnel serve as plan contacts.

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- IV. Emergency Services protocols are distributed by the plan to all network hospitals through the Provider Manual.
- V. Anthem PCP's are available 24/7 to coordinate the transfer of care of members and for all hospitals, authorize medically necessary post-stabilization services and for general communication with emergency room personnel. Emergency departments are required by law to contact the PCP. If there is no response within 30 minutes, the services are deemed approved. Preauthorization is not required for medically necessary inpatient admissions from the Emergency Department regardless of whether a hospital is contracted or not. All hospitals are required to notify Anthem of emergency inpatient admissions on the next business day in order to obtain Anthem certification of inpatient payment.
- VI. Anthem may be contacted 24 hours per day, seven (7) days per week via the following methods:
- Members and Providers may call 1(888)285-7801(inside LA County), 24 hours every day including holidays.
 - During business hours (8am to 5pm), Continued Stay Review nurses are available;

REFERENCES:

- Anthem Blue Cross Medicaid Provider Manual, Last updated January 2023
- Central Valley/Bay Area, Rural Expansion, Sacramento, San Benito, Tulare, Tri County (Fresno, Kings, & Madera) Contracts Exhibit A
- "Emergency Medical Treatment & Labor Act (EMTALA)." Home. CMS.gov, Retrieved from <http://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/index.html>
- Medicaid Policy #CA_UMXX_131 "Emergency Room Post-Stabilization Process – After Hours Admissions"
- Policy #CA_UMXX_101 "24-hour Access to Emergency Department Services and After Hours On-Call Nurse"

RESPONSIBLE DEPARTMENTS:

Primary Department:

Utilization Management (UM)

EXCEPTIONS:

None

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REVISION HISTORY:

Review Date	Changes
02/08/24	<ul style="list-style-type: none"> • Annual Review—no changes
01/25/23	<ul style="list-style-type: none"> • Annual Review • Updated References section • Updated Primary Department section from "Medical Management: Utilization Management (UM) & Case Management (CM)" to "Utilization Management (UM)" to match primary department in header
02/03/22	<ul style="list-style-type: none"> • Annual Review, updated references and placed in alphabetical order
01/27/21	<ul style="list-style-type: none"> • Annual Review, no changes
01/29/20	<ul style="list-style-type: none"> • Annual Review, updated references
01/30/19	<ul style="list-style-type: none"> • Annual Review, updated references
01/30/18	<ul style="list-style-type: none"> • Annual Review, updated wording and references
01/30/17	<ul style="list-style-type: none"> • Annual Review, no changes
02/17/16	<ul style="list-style-type: none"> • Updated References
03/13/15	<ul style="list-style-type: none"> • Removed Healthy Families • Changed wording for OOS area pricing under policy • Removed sentence about on call nurses
03/17/14	<ul style="list-style-type: none"> • Updated company name as per a Compliance directive • Updated that phone number was for inside of LA County and updated hours as the start time is 8am, not 7am. • Updated references
02/12/13	<ul style="list-style-type: none"> • Expanded abbreviations • Minor formatting and grammar revisions • Updated references
04/09/12	<ul style="list-style-type: none"> • Added definitions for Post Stabilization, and Medical Home, update concurrent to continued stay.