

**Government Business Division  
Policies and Procedures**

<b>Section (Primary Department)</b> Utilization Management		<b>SUBJECT (Document Title)</b> Emergency Room Post-Stabilization Process – After Hours Admissions - CA	
<b>Effective Date</b> 07/03/2013	<b>Date of Last Review</b> 04/22/2024	<b>Date of Last Revision</b> 04/10/2023	<b>Dept. Approval Date</b> 04/22/2024
<b>Department Approval/Signature:</b>			

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

<b><u>Products</u></b>	<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 ensures appropriate access to all needed emergency room (ER) services necessary to screen and stabilize members along with post-stabilization admission services outside of normal business hours, including evenings, weekends, and company holidays.

For post-stabilization services other than after hour’s admissions, refer to California Medicaid Policy # **CA\_UMXX\_101 “24-hour Access to Emergency Department Services”**.

**DEFINITIONS:**

**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.

**PROCEDURE:**

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, the following procedure applies:

1. 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.
2. On the next business day, Anthem Medicaid will begin the established process of continued stay medical necessity review in communication with the hospital regarding a continued treatment plan, transfer or discharge as appropriate to the case.

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**REFERENCES:**

- CA Medicaid Policy #CA\_UMXX\_101 “24-hour Access to Emergency Department Services”
- Title 28, California Code of Regulations § 1300.71.4

**RESPONSIBLE DEPARTMENTS:**

**Primary Department:** Utilization Management

**Secondary Department(s):** None

**EXCEPTIONS:**

None

**REVISION HISTORY:**

Review Date	Changes
04/22/24	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
04/10/23	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Updated primary department from “Medical Management (Utilization Management &amp; Case Management)” to “Utilization Management” to match primary department in header</li> <li>• Added “Secondary Department(s)” sub-header under Responsible Departments section to match template</li> </ul>
03/24/22	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
03/10/21	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
03/11/20	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
03/06/19	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
03/20/18	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
03/31/17	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
04/29/16	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
05/30/15	<ul style="list-style-type: none"> <li>• Removed Healthy Families and SPD</li> <li>• Removed Blue Cross</li> </ul>
07/03/13	<ul style="list-style-type: none"> <li>• New policy requested by Erin Mills team in response to a request by the Department of Managed Health Care for a unique policy on this topic.</li> </ul>