

<b>Title:</b> URGENT, EMERGENT AND POST-STABILIZATION SERVICES	<b>Policy #: 0009 Dept: QI</b>
	<b>Reviewed/Approved By:</b> Quality & Compliance Committee
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<b>Sources:</b> OAR 410-141-3140; 42 CFR 438.114; 2015 CCO contract with OHA	

**DEFINITIONS:**

PrimaryHealth and OHMS as delegated by PrimaryHealth collectively will be referred to as The CCO (Coordinated Care Organization).

Emergency Services means physical, mental or dental health services from a qualified Provider necessary to evaluate or stabilize an Emergency Medical Condition, Emergency Dental Condition or a Mental Health Emergency including inpatient and outpatient treatment that may be necessary to assure within reasonable medical probability that the patient’s condition is not likely to materially deteriorate from or during a Member’s discharge from a facility or transfer to another facility.

Emergency Dental Condition means a condition manifesting itself by acute symptoms of sufficient severity requiring immediate treatment. This includes services to treat the following conditions: 1) Acute infection, 2) Acute abscesses, 3) Severe tooth pain, 4) Unusual swelling of the face or gums, or 5) A tooth that has been avulsed (knocked out).

Mental Health Emergency is feeling or acting out of control, or a situation that might harm you or someone else.

Emergency Medical Condition/Prudent Layperson Standard means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such 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 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 or serious dysfunction of any bodily organ or part. An “emergency medical condition” is determined based on the presenting symptoms (not the final diagnosis) as perceived by a prudent layperson (rather than a health care professional) and includes cases in which the absence of immediate medical attention would not in fact have had the adverse results described in the previous sentence.



Post Stabilization Services means covered services, related to an emergency medical condition that is provided after a member is stabilized in order to maintain the stabilized condition or to improve or resolve the member's condition.

Triage means evaluations conducted to determine whether or not an emergency condition exists, and to direct the member to the most appropriate setting for medically or dentally appropriate care. Triaging includes but is not limited to the following:

- Telephone or face-to-face evaluation of the member
- Capacity to conduct the elements of an assessment to determine the necessary interventions to begin stabilization
- Development of a course of action
- Provision of services and referral needed to begin post-stabilization care or provide outreach services in the case of a member requiring behavioral health services, or a member who cannot be transported or is homebound
- Provision for notifying a referral emergency room, when applicable, concerning the arriving member's presenting problem, and whether or not the provider will meet the member at the emergency room
- Provision for notifying other providers, when necessary, to request approval to treat members

Mental Health Emergency Response System: Must include the necessary array of services to respond to mental health crises, which may include crisis hotline, mobile crisis team, walk-in/drop-off crisis center, crisis apartment/respite and short-term stabilization unit capabilities.

**POLICY:**

Emergency Care: Emergency services do not require prior authorization and will be paid based on prudent layperson standards and Oregon Administrative Rules. Treatment provided in the emergency room for conditions that are found to be non-emergent following a triage assessment will be denied. Emergency services are available locally at Asante Three Rivers Medical Center, Asante Rogue Regional Medical Center and Providence Medford Medical Center. Out of area emergencies will be covered until the Member is stable at the nearest emergency facility. Other than post-stabilization services, follow up care after emergency care should be provided by the PCP, PCD or mental health provider as soon as possible.

Urgent Care: Primary Health members may seek urgent care/walk-in services at Asante Urgent Care and Siskiyou Community Health Center Walk-in Clinic. No prior authorization is required. The member should seek care through their Primary Care Provider office before seeking urgent care services. For Urgent Dental Care, Primary Health members are instructed to call their Primary Care Dentist office. For Urgent Mental Health Care, Primary Health members are instructed to call the Crisis Line at Options for Southern Oregon which is available on a 24-hour, 7-day-a-week basis.

Post-Stabilization Services: Post-stabilization services are covered services to maintain a stabilized condition until the Primary Care Provider (PCP), Primary Care Dentist (PCD) or Mental Health provider is available. Post-stabilization care is different than follow-up care. Post-stabilization services are not limited to the Emergency Room and may be delivered in a clinic setting. Documentation for claims payments must show a clear and time-sensitive link between the initial emergency and the post-stabilization service that was delivered.

After-hours call-in system: The CCO shall ensure the availability of an after-hours call-in system adequate to triage urgent care and emergency calls from members. The after-hours call-in system is delegated to



the PCP, the PCD and/or the Options' Crisis Line staff.

After hours triaging by PCP, PCD or Crisis Line staff will assess the situation and refer the patient to the appropriate setting for care or connect them with the appropriate provider. The staff and/or provider shall return urgent or emergent calls within no more than 30 minutes after receipt. If information is not adequate to determine if the call is urgent or emergent, the staff and/or provider shall return the call within 60 minutes to fully assess the nature of the call.

Mental Health Emergency Response System: Must provide an immediate, initial or limited duration response for potential mental health emergency situations or emergency situations that may include mental health conditions including:

- **Screening to determine the nature of the situation and the person's immediate need for Covered services**
- **Capacity to conduct the elements of a Mental Health Assessment that are needed to determine the interventions necessary to begin stabilizing the crisis situation**
- **Development of a written initial services plan at the conclusion of the Mental Health Assessment**
- **Provision of Covered Services and Outreach needed to address the urgent of emergency situation**
- **Linkage with the public sector crisis services, such as pre-commitment**

Emergency Ambulance Transportation: The CCO shall pay for emergency ambulance transportation for Members including Ambulance services dispatched through 911, in accordance with the Emergency Services Prudent Layperson Standard. Ambulance services for routine care and non-emergencies will be denied. The CCO will make decisions for ambulance services on a case-by-case basis and based on the actual services provided.

Claims payment for emergency services: Claims will be paid in accordance with this policy as well as Oregon Health Plan Rules and Guidelines such as those stated in 410-120-1200, 410-120-1210, 410-141-0480 through 410-141-0520 and 410-141-3420.

#### **MONITORING:**

The CCO may monitor the physical, dental and mental health aspects of urgent, emergent and post-stabilization services through the following processes:

- ER Claim Review
- Grievance Process
- ENCC/Case Management Staff ER Monitoring and Follow-Up
- Periodic Access Surveys
- CAHPS Surveys
- ER Utilization Data Trends and Reporting
- Mental Health Emergency Response System

#### **RESPONSIBILITY:**

The operational process of monitoring compliance to this policy will fall upon the CCO's Quality Improvement Department. Outcomes will be reported to the Quality and Compliance and any concerns shall be reported to the Board of Directors.