

## **8 EMERGENCY CARE & URGENT CARE**

### **8.1 EMERGENCY AND URGENT PCP VISITS**

**"Emergency Services"** means covered inpatient and outpatient health care procedures, treatments or services that are furnished by a provider qualified to furnish these services and that are needed to evaluate or stabilize an Emergency Medical Condition including psychiatric stabilization and medical detoxification from drugs or alcohol.

PCPs are required to provide emergency care visits to members immediately upon presentation at a service delivery site.

For urgent care the PCP must see a member within twenty-four (24) hours of request.

### **8.2 EMERGENCY ROOM VISITS**

**Plan Members are not required to obtain prior approval for emergency services, including Emergency Room (ER) visits and emergency admissions.**

An "emergency" or "emergency medical condition" means a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in:

- ✧ placing the health of the person afflicted with such condition in serious jeopardy, or in the case of a pregnant woman, the health of the woman or her unborn child or, in the case of a behavioral condition, placing the health of the person or others in serious jeopardy; or
- ✧ serious impairment to such person's bodily functions; or
- ✧ serious dysfunction of any bodily organ or part of such person; or
- ✧ serious disfigurement of such person.

Plan members, who believe that they have an emergency, are advised to call 911 or go to the nearest emergency room. PCPs should remind members that if they should experience a medical emergency either the member or the member's designee should notify the PCP as soon as possible so that the PCP may be involved in the development of an appropriate treatment plan. Plan does request that the hospital notify the Plan of the ER visit.

A member who has an Emergency Medical Condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.

The attending emergency physician, or the provider actually treating the Enrollee, is responsible for determining when the Enrollee is sufficiently stabilized for transfer or discharge, and that determination is binding on the Contractor for payment.

### **8.3 EMERGENCY ADMISSIONS**

**If a member is admitted from an emergency room, the hospital is required to notify The Plan of the admission within 24 hours or the next business day**

For emergency hospital admissions, authorization prior to admission is not necessary. The participating hospital is responsible for notifying the Plan within 24 hours or next business day after the emergency admission. The PCP or attending provider may also notify the Plan of the admission. All emergency admissions are reviewed by the Plan following notification. Plan Care Coordination will review all post stabilization services as necessary.

When a patient is admitted to a non-participating hospital on an emergency basis, and his/her condition permits, an effort may be made to transfer the patient to a participating hospital. Emergency admissions without Plan notification will result in a notice of action denial of the professional and hospital claims. Members cannot be billed for covered services. Members, member designees, physicians and hospitals can appeal Plan's decision and submit the medical record within forty-five (45) days after the initial decision.

### **8.4 OUT OF AREA EMERGENCY CARE**

Out-of-Area emergency coverage is limited to care for accidental injury, unanticipated illness, or emergency conditions. Such hospital emergency room services are covered by the Plan when medically necessary. Members are instructed to call their PCP first for instructions whenever possible. In case of a life threatening emergency or hospitalization, which is out-of-area/network, members are instructed to notify the Plan within 24 hours or the next business day after receiving treatment.

If a Plan member requires transfer to another hospital, the transferring hospital/provider must first call the Plan to request authorization prior to the transfer. In emergency circumstances, which warrant immediate transfer, the transferring hospital/provider may notify the Plan within 24 hours or the next business day. The Plan assists providers to find appropriate in-network services first before transferring members out-of-network.

The plan informed local non-participating hospitals of admission notification requirements. When a patient is admitted to a non-participating hospital, and his/her condition permits, an effort may be made to transfer the patient to a participating hospital.

