

## **8 EMERGENCY CARE & INPATIENT ADMISSIONS**

### **8.1 EMERGENCY VISITS**

**SHP 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.

SHP 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. SHP does request that the hospital notify SHP of the ER visit.

### **8.2 EMERGENCY ADMISSIONS**

**If a member is admitted from an emergency room, the hospital is required to notify SHP 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 SHP within 24 hours or next business day after the emergency admission. The PCP or attending provider may also notify SHP of the admission. All emergency admissions are reviewed by SHP following notification. SHP Care Management 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 SHP's decision and submit the medical record within forty-five (45) days after the initial decision.

### **8.3 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 SHP 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 SHP within 24 hours or the next business day after receiving treatment.

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

SHP 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.

### **8.4 INPATIENT ADMISSIONS**

Members who require inpatient care can be admitted by their PCP or an appropriate specialist.

**SHP must be notified at least seven (7) days in advance of an elective hospital admission. If a member is admitted through the Emergency Room, the hospital must notify SHP within one (1) business day. In either case please call the Care Management Department at 1-800-250-5007.**

#### **8.4.1 HOSPITAL CONTINUED STAY – MEDICAID, CHP, FHP.**

SHP performs concurrent review of all inpatient admissions. Cooperation is expected from SHP participating hospitals, the attending provider and the PCP. The patient status is monitored by SHP during the admission. A SHP Nurse will either go to the hospital to review the medical record or contact the attending provider and/or hospital

by telephone to discuss the patient's condition and determine the need for continued stay.

Denial of the hospital continued stay is the responsibility of the SHP Chief Medical Officer. The provider(s), hospital and member or member's designees are notified of this determination by SHP. Hospital services are not denied when there is a demonstrated and documented need for acute care services and the hospital cooperates in the continued stay review process. If for any reason the provider and/or hospital feel that continued stay is justified, the provider/hospital may invoke the Plan's appeal process. **If clinical information is not received upon request by SHP Care Management, the admission could be potentially denied if no clinical information is received for post stabilization or continued stays.**

## **8.5 DISCHARGE PLANNING**

The attending provider, in conjunction with the PCP is responsible for coordinating discharge planning with the appropriate hospital staff. When discharge needs are anticipated or when institutional placement is required, discharge planning should be initiated as soon as possible after admission to the hospital. The discharge planning process may be assisted as appropriate by SHP. The PCP, attending provider and/or the hospital discharge planner may contact SHP at **1-800-250-5007**.