Subject: Emergency, Urgent and After Hours Access

Objective:

I. To ensure that urgent and emergent medical services are available to Tuality Health Alliance (THA) members twenty-four (24) hours a day, seven (7) days a week, 365 days per year.

II. To ensure that medical necessity decisions regarding emergency care are made by physicians and are based on pre-determined criteria.

III. To ensure that THA provides, arranges for, or otherwise facilitates all needed emergency services, including appropriate coverage of costs.

IV. To ensure a process that identifies members who utilize the Emergency Department (ED) for non-emergent issues and who may benefit from Case Management intervention.

Definitions:

Emergency Medical Condition – a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain), such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the individual or the unborn child;
- Serious impairment of bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency Services – inpatient or outpatient services that are:

- Furnished by a provider qualified to furnish emergency services; and
- Needed to evaluate or stabilize an emergency medical condition.

Prudent Layperson – a person who is without medical training and who draws on his or her practical experience when making a decision regarding the need to seek emergency medical treatment. A prudent layperson is considered to have acted reasonably if other similarly situated laypersons would have believed, on the basis of observation of the medical symptoms at hand, that emergency medical treatment was necessary.

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

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Urgently Needed Services – covered services that are not emergency services, as defined above, medically necessary and immediately required:

- As a result of an unforeseen illness, injury, or condition;
- Was not reasonable given the circumstances to obtain the services through the member's primary care provider (PCP) or patient centered primary care home (PCPCH).

Policy:

I. THA Providers must ensure that members are provided with a twenty-four (24) hour, seven (7) days a week, 365 days a year telephone line (either on0site, via call sharing, or via an answering service) for on-call medical coverage.

II. Emergency Care
Members with emergency needs shall be seen immediately or referred to the Emergency Department. Do not refer to Emergency Department for non-life or limb threatening medical needs. The member's PCP/PCPCH shall provide post-stabilization follow-up or referral to Specialist as appropriate. The member's PCP/PCPCH shall document the member's medical record when notified about an emergency department visit.

III. Behavioral Health Emergency/Urgent Care
THA members shall be seen within seventy two (72) hours as indicated in the initial screening or referred to the Washington County Crisis Line (503-291-9111).

IV. Emergency Transportation
a. THA will pay for emergency ambulance transportation for members.

b. THA is not responsible for non-emergency transportation unless that transportation is authorized for flexible services by the THA Medical Management Department.

V. Urgent Care
Members who call Providers with urgent care needs shall be responded to within thirty (30) minutes or if more information is needed to determine if the call is urgent, the call shall be returned within one (1) hour. Members with urgent care needs shall be seen within the timeframe indicated by the member's health condition.

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VI. Claims for Emergency or Urgent Care

a. THA will pay for non-emergent or non-urgent medical services necessary to screen and stabilize members without precertification, in cases where a prudent layperson acting reasonably would have believed that an emergency medical condition existed.

b. THA does not require prior authorization or notification for ED services that meet emergent need criteria for both in and out-of-network providers.

c. THA will pay for emergent or urgent medical services necessary to stabilize the member, including relevant diagnostics billed with an above-the-line diagnosis code.
   1. If an emergency condition does not exist, the member may be referred to their PCP/PCPCH for treatment.
   2. THA will pay for post-stabilization services when they are administered to maintain, improve, or resolve the member's stabilized condition.

d. THA will not retroactively deny a claim for an emergency screening examination because the condition, which appeared to be an emergency medical condition under the prudent layperson standard, turned out to be non-emergent in nature.

e. THA may deny a claim if prudent layperson criteria are met and the resulting diagnoses are below-the-line.

V. Emergency Department Utilization Review

THA Community Outreach Specialists (COS) regularly review member emergency department visits for tracking and monitoring of appropriate utilization. Members identified as having utilized the emergency department for non-emergent needs will be communicated with as follows:

1. Telephone call and follow up letter to educate members on the appropriate use of the emergency department and provide urgent care resources or THA Nurse Case Management resources as needed.
2. If a second non-emergent emergency department visit occurs; a second more directive letter addressing routine care versus emergent care will be sent to the member.
3. If a third non-emergent visit within a six month period occurs, a third letter reiterating the inappropriateness of the using the emergency department in this fashion and advising the member that they will be entered into THA Nurse Case Management for further monitoring.

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References:

42 CFR 422.113
42 CFR 438.114
42 CFR 438.206 (c) (1) (iii)
ORS 441.094(5)
OAR 410-141-3140
Oregon Health Authority Coordinated Care Organization Contract
Health Share of Oregon-Tuality Health Alliance Contract

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