

**OLIVE VIEW-UCLA MEDICAL CENTER  
POLICY & PROCEDURE**

**NUMBER: 3354**

**VERSION: 2**

**SUBJECT/TITLE: EMERGENCY SERVICES**

**POLICY:** Emergency services shall be available and accessible to DHS/Olive View-UCLA Medical Center's members/patients' 24-hours a day, seven (7) days a week, including appropriate coverage of costs.

**PURPOSE:** To establish a policy for the provision of needed emergency services for members/patients.

**DEPARTMENTS: ALL**

**DEFINITIONS:** **EMTALA:** Emergency Medical Treatment and Labor Act, a regulation enacted by Congress in 1986 to ensure public access to emergency services regardless of ability to pay.

**Medical Screening Exam:** (MSE): Any diagnostic services needed to determine if an emergency medical condition exists or to stabilize any identified medical or psychiatric emergency medical condition, including any additional screening, examination an evaluation by a licensed physician or other qualified personnel, to determine if a psychiatric or emergency medical condition exist.

**Emergency Medical Condition:** A medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including sever pain, psychiatric disturbances and/or symptoms of substance abuse) 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, in the case of 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.

**Stabilize:** Providing such medical treatment of the condition to assure with reasonable medical probability, that no significant deterioration of the condition is likely to occur if discharged, or will result from, or occur during, the transfer of the individual from a facility, or in the case of a pregnant woman, the woman has delivered the child and the placenta. A patient's emergency medical condition is resolved, even though the underlying medical condition may persist.

**SUBJECT/TITLE: EMERGENCY SERVICES**

**Policy Number: 3354**

**Page Number: 2**

**Post Stabilization Care:** Medically necessary care following stabilization of an emergency medical condition.

**Emergency Department:** An entity which is licensed by the State as an emergency department; holds itself out to the public as providing emergency care; or, during the preceding calendar year, provided at least one-third of its outpatient visits for the treatment of emergency medical conditions.

**Prudent layperson:** A person who is without medical training and who draws on his/her practical experience when making a decision regarding the need to seek emergency medical treatment.

**Authorized Representative:** May be an employee or contractor of the organization who directs the member to seek services. For example, an advice nurse, network physician, physician assistant and/or nurse practitioner.

**Acting reasonably:** 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.

**Admitted:** A patient is considered to be admitted when the decision is made to admit the individual to receive inpatient hospital services with the expectation that the patient will remain in the hospital at least overnight.

**PROCEDURE:** Olive View-UCLA Medical Center (OVMC) provides coverage of emergency services to screen and stabilize the member/patient in an emergency department without prior approval, where a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed.

OVMC provides coverage of emergency services if an authorized representative, acting for the organization, has authorized the provision of emergency services.

OVMC shall provide the following:

1. 24-hours access for members and providers to obtain timely authorization for medically necessary care, for circumstances where the member has received emergency services and care is stabilized, but the treating provider believes that the member may not be discharged safely
  - A licensed physician and surgeon are available for consultation and for resolving disputed requests for authorizations.
2. Ensure that a physician is available 24-hours a day to authorize medically necessary post-stabilization care and coordinate the transfer of stabilized members in an emergency department, if necessary.
3. Respond to, and either approve or disapprove, a health care provider's

**SUBJECT/TITLE: EMERGENCY SERVICES**

**Policy Number: 3354**

**Page Number: 3**

request for authorization to provide necessary post-stabilization medical care within one half hour of the request.

- If the provider fails to approve or disapprove the request for post-stabilization medical care within one half hour of the request, the necessary post-stabilization medical care shall be deemed authorized.
  - If there is a disagreement regarding the need for necessary medical care, following the stabilization of the member/patient, DHS shall assume responsibility for the care and authorize the transfer of the member/patient to a DHS network hospital.
4. In the event that the DHS on call provider does not respond within 30 minutes or is unavailable, the Health Plan physician reviewer or Medical Director shall be notified for consultation with the treating physician to continue with the care of the member/patient.
  5. Ensure that a physician or an appropriate licensed professional under the physician supervisor is available for after-hours calls.

All requests for authorizations and all responses to such requests for authorizations of post-stabilization medically necessary health care services shall be fully documented.

1. Documentation shall include, but not be limited to, the date and time of the request, the name of the health care provider making the request, and the name of the Managed Care Services (MCS)/DHS representative responding to the request.
2. The treating emergency department physician determines when the patient is safely discharged from the emergency department.
3. When a patient is stable for transfer he/she should be transferred to an affiliated facility within the DHS network.
4. Follow up care, after discharge from the emergency department shall be provided by the members'/patients' Primary Care Provider.

Prior authorization is necessary for out-of-network facilities when:

1. The individual is admitted for inpatient hospital services, whether or not the individual has been stabilized.
2. Care is rendered after stabilizing the patient (i.e., MSE) has been provided and any necessary stabilizing treatment has been initiated.
3. The individual is transferred to another out-of-area facility.

**SUBJECT/TITLE: EMERGENCY SERVICES**

**Policy Number: 3354**

**Page Number: 4**

**REFERENCE(S)/**

**AUTHORITY:** MCS/UM Policy UM. 0011, Emergency Services  
MMCD Policy letter No. 95.01 Emergency Services for Medi-Cal Managed Care  
NCQA Utilization Management Standard 12, Emergency Services  
Title 28: Section 1200.71, Claims Settlement Practices  
Centre for Medicaid and State Operations; Emergency Medical Treatment and  
Labor Act (EMTALA) Final Rule, November 10, 2003  
Health & Safety Code 1317.1 and 1371.8

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