PerformCARE®	Policy and Procedure

Name of Policy:	Emergency Services-Coverage/Reimbursement
Policy Number:	CM-034
Contracts:	☒ All counties ☐ Capital Area ☐ Franklin / Fulton
Primary Stakeholder:	Clinical Care Management Department
Related Stakeholder(s):	All Departments
Applies to:	Associates
Original Effective Date:	07/24/03
Last Revision Date:	07/17/24
Last Review Date:	07/17/24
OMHSAS Approval Date:	N/A
Next Review Date:	07/01/25

Policy: PerformCare will ensure reimbursement for Member emergency services. PerformCare will follow the guidelines outlined in the Balanced Budget Act Requirements, which specifically list when reimbursement for an emergency service may not be denied. PerformCare finance department will ensure that claims for emergency services are paid in a timely manner following all PerformCare policies and procedures.

Purpose: To ensure that PerformCare is providing appropriate reimbursement for Member emergency services and is in full compliance with the Balanced Budget Act Requirement regarding the reimbursement of emergency services.

Definitions: **Appendix AA:** Department of Human Services Prior Authorization Requirements for Participating Behavioral Health Managed Care Organizations in the Behavioral Health HealthChoices Program.
Emergency Care: A medical condition manifesting itself by acute symptoms of sufficient severity such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention could result in:

- Placing the health of the individual in serious jeopardy
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part

In behavioral health, actions meeting the involuntary commitment standards under the Pennsylvania Mental Health Procedures Act (MHPA) would generally be considered as requiring emergency care. (There are times when voluntary commitment for Mental Health Inpatient would fall under emergency care). 55 Pa Code § 5100.85(1) requires that the

application of the standards for emergency commitment in the MHPA be based "at least upon" several factors:

1) There is a definite need for mental health intervention without delay to assist a person on an emergency basis; and
2) The clear and present danger is so imminent that mental health intervention without delay is required to prevent injury or harm from occurring; and
3) There is reasonable probability that if intervention is unduly delayed either:
    a. the severity of the clear and present danger will increase; or
    b. the person, with their presently available supports, cannot continue to adequately meet his own needs.

Acronyms:
CCM: Clinical Care Manager
MHPA: Mental Health Procedures Act
MCO: Managed Care Organization
PIHP: Prepaid Inpatient Health Plan
PAHP: Prepaid Ambulatory Health Plan
PCCM: Primary Care Case Management

Procedure:

1. PerformCare may not deny payment for treatment obtained when a representative of the entity instructs the Member to seek emergency services.
2. The entities specified in §42 CFR 438.114(b) (The MCO, PIHP, PAHP, PCCM) may not limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms.
3. PerformCare may not deny payment for treatment obtained when a Member had an emergency medical condition, including cases in which the absence of immediate medical attention would not have had the outcomes specified in §42 CFR 438.114(a) of the definition of emergency medical condition.
4. §438.114(a) states that post stabilization services means covered services, related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition, or, under the circumstances described in §42 CFR 438.114(e) to improve or resolve the enrollee's condition.
5. PerformCare may not refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying PerformCare of the Member's screening and treatment within 10 calendar days of presentation for emergency services.
6. The attending emergency physician, or the provider actually treating the Member, is responsible for determining when the Member is sufficiently stabilized for transfer or discharge, and that determination is binding on the entities identified in §42 CFR 438.114(b) (The MCO, PIHP, PAHP, PCCM) as responsible for coverage and payment.

7. The CCM, will approve the provision of emergency services where a medical condition manifesting itself by acute symptoms of sufficient severity 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 direct harm to the member or others.
8. PerformCare will not deny payment for direct admission to a Mental Health Inpatient Unit when a physician has determined that the member is at significant risk to self or others as defined under Emergency Care and direct admission is required to maintain the safety of member or others.
9. 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.
10. PerformCare follows all requirements for Emergency Inpatient Admission: Prior Authorization, Admission and Documentation per Appendix AA.
    - 10.1. Prior authorization of psychiatric emergency inpatient admissions is not permitted. While prior authorization is not allowed for emergency inpatient admissions, PerformCare may conduct a retrospective review, including review of the documentation by the physician at the emergency department verifying the medical necessity for emergency admission. Continued stay after stabilization of the emergency may be subject to concurrent review and prior authorization. The review procedures used by PerformCare shall not be inconsistent with the involuntary commitment processes set forth in the Mental Health Procedures Act, 50 P.S. §§ 7101 et seq.
    - 10.2. If a request for continued stay after stabilization cannot be reviewed because it is uncertain if the individual is eligible for Medical Assistance, PerformCare must review the request within seven (7) days of the eligibility issue being resolved and no later than 180 days of the date of service.
    - 10.3. The Primary Contractor and PerformCare may not refuse to cover emergency services based on the emergency department provider, hospital or fiscal agent not notifying PerformCare of the Member's screening and treatment within 10 days of presentation for emergency services.
    - 10.4. PerformCare must use the same time frame to review authorizations for continued stay for in-network Providers and Out-of-Network Providers.
    - 10.5. The Primary Contractor and PerformCare shall ensure that after stabilization of the emergency, the Provider completes an assessment and continues to document the Member's need for inpatient services to facilitate authorization for continued stay of the Member.

Related Policies:	*CM-004 Psychiatrist Advisor / Psychologist Advisor Consultation* *CM-007 Service Denial – Behavioral Health Inpatient Services* *CM-013 Approval/Denial Process and Notification* *CM-043 Requests for Prior-Authorized Mental Health Inpatient and Partial Hospitalization Program* *CM-MS-026 Risk Assessment Process*
Related Reports:	*None*
Source Documents and References:	*Department of Human Services Prior Authorization Requirements for Participating Behavioral Health Managed Care Organizations in the Behavioral Health HealthChoices Program, Appendix AA* *§42 CFR 438.114 and 55 Pa Code § 5100.85(1)*
Superseded Policies and/or Procedures:	*None*
Attachments:	*None*

Approved by:

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Primary Stakeholder