SAN FRANCISCO HEALTH PLAN

CO-12 Emergency Urgent Medical and Psychiatric Services

APPROVAL/REVIEW/REVISION HISTORY			
Signature	**Title**	**Date**	**Action**
DocuSigned by: Nina Maruyama 9D4617B1400D431...	CCO	5/29/2024	Policy Update
DocuSigned by: Steve O'Brien 60DFB20814944C4...	CMO	6/4/2024	

SFHP POLICY AND PROCEDURE

Emergency & Urgent Medical and Psychiatric Services

Policy and Procedure Number:	CO-12
Department	Clinical Operations
Accountable Lead:	Clinical Operations Analyst
Lines of Business Affected:	☒Medi-Cal ☒Healthy Workers HMO ☐Healthy SF ☐City Option ☐ All lines of business and coverage programs as listed above

POLICY STATEMENT

San Francisco Health Plan (SFHP) members may obtain care for emergency/urgent-emergent medical and psychiatric conditions without prior authorization. Members may obtain these services at the nearest Emergency Department (ED) or Urgent Care Clinic (UCC). Access is not restricted to a medical group or the SFHP network. SFHP is responsible for coverage and payment of emergency services and post-stabilization care services regardless of whether the provider that furnishes the services is contracted or non-contracted. SFHP authorized representatives (e.g., SFHP staff, Nurse Advice Line, Teladoc staff/physicians, and network providers) may direct members to seek appropriate emergency/urgent-emergent medical and psychiatric services, and SFHP will cover such care.

Urgent/non-emergent services provided at a practitioner's office (Primary, Specialty, or Ancillary) within the member's medical group / network do not require prior authorization. Urgent/non-emergent services provided at a practitioner's office (Primary, Specialty, or Ancillary) outside of the member's medical group / network do require prior authorization. Appointments must occur within statutory timelines (QI-05) for members seeking services for an urgent/non-emergent medical condition. Urgent/non-emergent services provided at an UCC do not require prior authorization.

SFHP benefits include emergency medical transportation, ED, and UCC services based on the "emergency" standard (DMHC APL 17-017). SFHP covers emergency/urgent-emergent medical, psychiatric screening evaluations and stabilization services. Member's benefits also include the dispensing of a sufficient supply of medications to cover the member's treatment until the member can be reasonably expected to have a prescription filled (please refer to Pharm-07: Emergency Med Supply for pharmacy

benefit coverage details). Post-stabilization treatment, if needed, requires notice to SFHP or the delegated medical group per the procedure outlined below.)

This policy applies to psychiatric emergencies regardless of the member's mental health coverage, which may be carved out from the SFHP benefit package, and regardless of the presence or absence of a physical medical condition. Non-emergent care for behavioral health needs is addressed in policy CARE-10 Behavioral Health Services.

PROCEDURE

A. Member Responsibilities:

1. For Urgent/Non-Emergent Conditions, members are instructed to contact their Primary Care Practitioner (PCP) or if after hours, the covering on-call provider, or the nurse advice line to discuss non-emergent signs and symptoms, obtain a treatment plan, and to arrange a follow-up appointment with their Primary Care Practitioner (PCP), Specialist, or Ancillary Provider, as needed.
2. Member responsibilities are communicated in the Member Handbook/ Evidence of Coverage. The member's PCP name and phone number, clinic name and address, emergency care instructions, and 24-hour nurse advice line phone number are printed on their ID card. A member's health plan coverage for medical services is based on eligibility and benefits at the time services are rendered.
3. The Mobile Crisis Team is available for psychiatric emergencies at (415) 970-4000, who can assist a member into behavioral health care.

B. PCP/On Call MD Responsibilities:

1. The PCP is required to ensure on-call medical advice is available 24 hours a day to triage emergent needs.
2. The PCP/on-call provider will triage members by telephone to assess urgency and may refer the member to the nearest UCC or ED, may discuss a treatment plan with the member, or advise the member to schedule a PCP office visit. For on-call coverage of behavioral health conditions, refer to policy CARE-10 Behavioral Health Services.
3. Referral of members to a network hospital for inpatient admission from the UCC or ED is preferred whenever possible and medically safe.
4. PCPs may seek consultation services or refer members to behavioral health for psychiatric emergencies by calling the San Francisco Behavioral Health Services (SFBHS) ACCESS Hotline at (415) 255-3737. PCPs may also call the Mobile Crisis Team at (415) 970-4000 for members in crisis. The Crisis Team assists the member into behavioral health care.

C. Telehealth Services

SFHP contracts with Teladoc to provide telehealth services to all members. Teladoc is designed to assist members with non-emergent medical problems only. Through Teladoc, SFHP members have access to telephonic and/or video consultations, available 24 hours per day, 365 days per year, provided by a California licensed physician. SFHP informs members of this service by providing the Teladoc

telephone number on the member ID card and the applicable Member Handbook or Evidence of Coverage (EOC).

D. Telepsychiatry Services

Carelon Behavioral Health is responsible for coordinating non-specialty mental health services for their SFHP members (outlined in CARE-10 Behavioral Health Services). Carelon Behavioral Health contracts with both Teladoc and Inpathy to provide telepsychiatry services to all members. Teladoc and Inpathy are designed to assist members with non-emergent, mild-to-moderate behavioral health problems only. Through Teladoc and Inpathy, SFHP members have access to telephonic and/or video consultations 365 days per year, provided by a California licensed provider. Carelon Behavioral Health customer service and care coordination teams are available to assist members requesting telepsychiatry services.

E. ED Responsibilities

1. ED providers are required to provide pre-stabilization emergency care for patients, regardless of their ability to pay.
2. Contracted and Non-Contracted facilities are required to notify SFHP if the patient is to be admitted following stabilization in the ED. Specific notification timeliness requirements are defined in CO-22 Authorization Requests in section II. A.

F. SFHP Responsibilities

1. SFHP encourages members to contact their PCP, nurse advice line or Teladoc, available twenty-four hours a day and seven days a week for non-emergency, routine and urgent/ non-emergent care needs. If the member feels their condition is an emergency/urgent-emergent, they are encouraged to go to the closest emergency room. SFHP is responsible for researching any issues or concerns reported from the Emergency Departments and/or Urgent Care Clinics.
2. SFHP ensures a designated Emergency Services facility, providing care 24/7, with one or more Physician and one nurse on duty is available. Members with Emergency Medical Conditions have access to 24/7 emergency care.
3. Observation days are not a Medi-Cal benefit. SFHP procedures related to observation days are outlined in CO-22 Authorization Requests section II. C.
4. SFHP claims processes are addressed in CL-14 Emergency Services – Emergency Room, Transportation, and Admissions Policy.
5. SFHP is responsible for ensuring that Delegates are informed of their responsibility to provide emergency care.

MONITORING

A. SFHP's CO Department monitors ED and UCC utilization through the UM Trending Report.

B. SFHP compares member utilization against NCQA (national) and DHCS (regional) benchmarks.

C. Medical groups delegated to perform utilization management are audited annually as outlined in DO-02 Oversight of Delegated Functions.

DEFINITIONS

Authorized Representative: An employee or contractor of SFHP who directs a member to seek services, including an advice nurse, network physician or physician's assistant, or SFHP Customer Service representative.

Emergency: The member him/herself reasonably believed he/she had an emergency/urgent-emergent medical condition and that this belief was reasonable given the member's age, personality, education, background, and other similar factors.

Emergency/Urgent-Emergent Medical Condition: Manifested by acute symptoms of sufficient severity, including severe pain, such that the member could reasonably expect in 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 function, and/or
- Serious dysfunction of any bodily organ or part.

Emergency/Urgent-Emergent Medical Services: Those services required to evaluate or stabilize an emergency medical condition.

Psychiatric emergency medical condition: A mental disorder that manifests itself by acute symptoms of sufficient severity that it renders the patient as being either of the following:

(A) An immediate danger to himself or herself or to others.
(B) Immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder.

Psychiatric Emergency Services: Care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition, including psychiatric screening, examination, evaluation and treatment by a physician or other personnel to the extent permitted by law, and within the capability of the facility.

Stabilization: When, in the opinion of the treating provider, the patient's medical condition is such that within reasonable medical probability, no material deterioration of the patient's condition is likely to result from, or occur during, a transfer of the patient's care.

AFFECTED DEPARTMENTS/PARTIES

Health Services – Care Management
Health Services -- Health Outcomes Improvement
Health Services – Pharmacy
Operations -- Claims
Operations -- Member Services
Operations-Provider Relations

RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

CARE-10: Behavioral Health Services
CL-14: Emergency Services
CO-01: Utilization Management Notice of Action Letters
CO-22: Authorization Requests
QI-05: Monitoring Accessibility of Provider Services
Pharm-07: Emergency Med Supply
PR-28: Telehealth Services

REVISION HISTORY

Original Date of Issue: June 22, 2004

Revision Date(s): April 19, 2007, June 17, 2008, July 22, 2008, January 30, 2012, July 2013, December 2, 2013, April 1, 2015, August 6, 2015, May 17, 2018, June 28, 2018, October 16, 2018, December 12, 2018, March 19, 2019, January 21, 2021, September 22, 2022, July 10, 2023, July 28, 2023, September 30, 2023, May 23, 2024

REFERENCES

1. Health and Safety Code §1317.1
2. 22 CCR §§51323, 51056, 53216, and 53855
3. 28 CCR §§1300.67(g), 1300.67.2.2, 1300.71.4
4. SFHP DHCS Medi-Cal contract Exhibit A Attachment 3 Subsections 2,3 and 5
5. NCQA Standard UM 12 Emergency Services
6. DMHC APL 17-017 (OPL) Knox-Keene Act Standard for Determining Whether An "Emergency" Existed For Purposes Of Provider Reimbursement
7. Knox-Keene Act Sections 1371.4 & 1371.5
8. DHCS APL 23-009 Authorizations for Post-Stabilization Care Services