

EMERGENCY SERVICES

Section IX

I. INTRODUCTION

If the situation is life or limb threatening, members are instructed to go directly or immediately to the nearest emergency room facility. A medical emergency is defined as the sudden and, at the time, unexpected onset of a health condition that manifests itself by symptoms of sufficient severity that would lead a prudent layperson, possessing an average knowledge of health and medicine, to believe that immediate medical care is required, which may include, but shall not be limited to:

- placing the person's health in significant jeopardy;
- serious impairment to a bodily function;
- serious dysfunction of any bodily organ or part;
- inadequately controlled pain; or
- with respect to a pregnant woman who is having contractions if:
 - a. there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - b. transfer to another hospital may pose a threat to the health or safety of the woman or unborn child.

If post evaluation or post stabilization is required, authorization must be obtained from the Primary Care Provider who will be responsible for providing and arranging any necessary follow-up services. Community Health Plan does not require a referral for and does not prior authorize emergency room visits.

Members are also encouraged to utilize the Community Health Line for assistance. Nurses are available twenty-four (24) hours a day, seven (7) days a week. The telephone number is (800) 455-2476 or (816) 271-4000.

II. EMERGENCY SERVICES WITHIN THE SERVICE AREA

The Primary Care Provider may be responsible for providing or facilitating, or authorizing a member's emergency care. The Primary Care Provider or his/her designee is available on call twenty-four (24) hours a day, seven (7) days a week, to assist member's needing emergency services. Members should be instructed to contact a specific on-call physician whenever their own Primary Care Provider is not available, by use of phone or message service.

The Primary Care Provider should alert the Emergency Room or urgent care facility of a member's impending arrival. If a member arrives unannounced, and his/her condition permits, then the facility should attempt to contact the Primary Care Provider for consultation. As previously noted, members are instructed to notify the Primary Care Provider of emergency treatment within the next business day. Members are responsible for a co-payment for outpatient emergency room visits. If the member is admitted, the co-payment is waived.

III. EMERGENCY SERVICES OUTSIDE THE SERVICE AREA

Community Health Plan will pay the usual and customary charges for emergency services received outside the service area from non-participating providers if a member is injured or becomes ill while temporarily outside of the service area.

Emergency services outside the service area are defined as medically necessary health services that are immediately required because of unforeseen illness or injury. Covered benefits include emergency services of unexpected premature delivery but not for normal delivery, unless Community Health Plan determines that the member was outside the service area because of circumstances beyond his/her control. Members may be responsible for a co-payment for each use of outpatient emergency services at a hospital's emergency room or urgent care facility. Members are instructed to notify their Primary Care Provider within the next business day or as soon as medically possible.

Continuing Or Follow-Up Treatment

- Continuing or follow-up treatment by a nonparticipating provider is not a covered service. Members are to return to the primary network unless prior authorized by the Center for Care Management.
- Community Health Plan may transfer a member to a participating hospital for continued care as soon as medically appropriate to do so.
- The member must notify Community Health Plan within the next business day after Emergency Services are initially provided by a nonparticipating provider, or as soon thereafter as is medically possible. At the request of Community Health Plan, members must provide full details, including any medical records, of Emergency Services provided by nonparticipating providers.
- Emergency Services and the costs for such services will be reimbursed after Community Health Plan receives and reviews the emergency medical records.
- Co-payment applies.
- The member must obtain a referral to see any provider other than their Primary Care Provider after released from the emergency room.

IV. OUT-OF-AREA EMERGENCY ADMISSIONS

If the member is admitted to an out-of-area hospital, Community Health Plan must be notified for prior authorization within one business day. A Community Health Plan Care Manager will notify the Primary Care Provider of the admission. The admission will be continuously monitored following Community Health Plan's care management process.

Community Health Plan may transfer a member to a participating hospital for continued care as soon as medically appropriate to do so. Transportation may be a covered benefit if prior authorized.