

**PIMA HEALTH SYSTEM
STANDARDS AND PROCEDURES**

SUBJECT: Emergency Medical Services	MM-II-004
APPLICABLE TO: Acute Care, LTC-Institutional, HCBS	
EFFECTIVE DATE: 4/09 APPROVED BY: <i>Fred Miller, MD, by signature</i>	
SUPERSEDES: 10/98, 7/01, 4/02, 11/03, 4/04, 5/07, 5/08	

I. STATEMENT OF PURPOSE:

To state the current standard and procedure for Emergency Medical Services.

II DEFINITIONS:

- A. EMERGENCY Medical Condition is defined as a condition which is manifested by acute symptoms of sufficient severity, including severe pain, such that a prudent lay person who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
 - 1. Placing the member's health (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
 - 2. Serious impairment of bodily functions.
 - 3. Serious dysfunction of any bodily organ or part.

- B. URGENT conditions are defined as a sudden onset of a medical condition or the worsening of an existing medical condition such that the patient is in mild distress, but without severe pain, significant loss of function or threatened by loss of life and where urgent therapeutic intervention within forty eight (48) hours is needed to minimize the possibility of patient morbidity.

- C. TRIAGE evaluation is defined as a screening examination performed on a member where emergency or urgent services are not required in order to determine the appropriate location and time for the definitive evaluation of the member's problem.

II. STANDARDS:

- A. Emergency medical services are covered without prior authorization. PHS members are advised to call 911 for emergent conditions/situations.

- B. Emergency Medical Services are available to PHS members twenty-four (24)

hours per day, seven (7) days per week.

- C. PHS members are encouraged to seek care from their Primary Care Provider (PCP) when a non-emergent disease/illness begins before the disease process progresses to an urgent or emergent situation.
- D. For Acute and LTC members, information regarding emergency care and emergency transportation is provided in the PHS member handbook.
- E. PHS covers the emergency services and stabilization care the member receives by the emergency service provider to prepare the member for discharge, transfer to another facility, or admission to a hospital care unit. Emergency service and stabilization may include emergency surgery or treatment that is required for stabilization and occurs prior to admission to a hospital care unit.
- F. All Providers of emergency service/care to any PHS member, must provide such service that includes compliance with established Federal guidelines in regards to coordination of post-stabilization care.
- G. Coordination of post-emergency care may be accomplished by one of the listed providers, but not necessarily limited to the following:
 - 1. Primary Care Provider (PCP) - **Preferred**
 - 2. Plan Acute Care Case Manager
 - 3. ER Treating Specialist
 - 4. ALTCS Case Manager
- H. Member/Member Representative is expected to adhere to instructions provided to them by the emergency provider and/or staff performing the task of "Discharge Instructions".
- I. For institutional members, the facility staffs are required to contact the member's PCP or on-call provider prior to sending member to ER. In an emergency, the facility staff should contact 911 directly, then notify the member's PCP or on call provider.
- J. PHS is financially responsible for all emergency medical services including triage, physician assessment and diagnostic workups.
- K. The RBHA is financially responsible for all psychiatric and/or psychological consultations provided to RBHA enrolled Title XIX/XXI members in an emergency room setting.

- L. Retrospective review is performed on all non emergent emergency room visits and/or over utilization (defined as more than 3 emergency room visits per month without subsequent hospital admission) and using the concept definition of “prudent lay person”. Those members identified as inappropriate utilizers will be flagged for retrospective review on a monthly basis by Concurrent Review Nurses

III. PROCEDURE:

- A. Member/member representative contacts 911 directly, when member believes the situation or condition meets the PHS definitions of Emergency medical conditions.
- B. Member presents to the facility for emergency services and receives care needed.
- C. Member receives “after ER care”/“discharge instruction” and follows through by contacting PCP. The PHS LTC/HCBS/Acute Care case manager are available for coordination of care, as the situation deems necessary.
- D. PHS monitors the utilization of Emergency Room services by performing retrospective review of medical claims for Emergency Room services delivered to an individual PHS members 3 or more times in a month.
- E. PHS has instituted the following steps to decrease the inappropriate use of emergency services by members:
 - 1. The Concurrent Review Nurse or designee identifies non-emergent Emergency room visits and/or over-utilization (defined as more than three ER visits per month without subsequent hospital admission) of Emergency services.
 - 2. The Concurrent Review Nurse or designee sends an “information letter” regarding the appropriate and inappropriate use of Emergency services to all acute care and HCBS members considered to be using ER services inappropriately. A copy of the letter is forwarded to the member’s PCP and the HCBS Case Manager, if applicable.
 - 3. Provider specific profiling will be reviewed by the PHS Chief Medical Officer.
 - 4. The Concurrent Review Nurse or designee may refer members to the Behavioral Health Coordinator for psychiatric related, inappropriate Emergency services use.
 - 5. The Concurrent Review Nurse or designee may refer members to the Maternal Child Health Coordinator for follow up of possible inappropriate Emergency services.

6. The Concurrent Review Nurse or designee may refer members to the Adult Acute Care Case Manager for follow up of possible inappropriate Emergency services.
 7. The Concurrent Review Nurse or designee may refer members to the Acute Transplant Coordinator for follow up of possible inappropriate Emergency services.
- F. All information regarding under and over utilization of Emergency services is tracked in an independent data base.
- G. Statistical information is reported to the MM/UM Committee on a quarterly basis.