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2 **310-F EMERGENCY MEDICAL SERVICES**

3 EFFECTIVE DATE: TBD

4 REFERENCES: A.A.C. R9-22-210.

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6 **PURPOSE**

7 This policy sets forth guidance for AdSSs contracted with the Division of
8 Developmental Disabilities (Division) in covering emergency medical and
9 behavioral health services for Members who are eligible for ALTCS.

10 **DEFINITIONS**

- 11 1. "Arizona Long Term Care System" or "ALTCS" means an AHCCCS
12 program which delivers long-term, acute, behavioral health and
13 Case Management services as authorized by A.R.S. § 36-2931
14 et seq., to eligible Members who are either Elderly and/or have
15 Physical Disabilities (E/PD), and to Members with
16 Developmental Disabilities (DD), through contractual
17 agreements and other arrangements.
- 18 2. "Calendar Day" means everyday of the week including
19 weekends and holidays.

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- 21 3. "Emergency Medical Condition" means an illness, injury,
- 22 symptom or condition, including severe pain, that a reasonable
- 23 person could expect that not getting medical attention right
- 24 away would:
- 25 a. Put the person's health in danger;
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- 27 b. Put a pregnant person's baby in danger;
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- 29 c. Cause serious damage to bodily functions; or
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- 31 d. Cause serious damage to any body organ or body part.
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- 33 4. "Fee-For-Service" means a method of payment to an AHCCCS
- 34 registered Provider on an amount-per-service basis for services
- 35 reimbursed directly by AHCCCS for Members not enrolled with a
- 36 managed care Contractor.
- 37 5. "Member" means the same as "Client" as defined in A.R.S. §
- 38 36-551.
- 39 6. "Prior Authorization" means approval from a health plan that
- 40 may be required before you get a service. This is not a promise

- 41 that the health plan will cover the cost of the service.
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- 43 7. "Provider" means any individual or entity contracted with the
- 44 AdSS that is engaged in the delivery of services, or ordering or
- 45 referring for those services, and is legally authorized to do so by
- 46 the State.
- 47 8. "Triage/Emergency Medical Screening Services for Non-FES
- 48 Members" means services provided by acute care hospitals, U.S.
- 49 Indian Health Service/638 (IHS/638) facilities and urgent care
- 50 centers to determine whether or not an emergency exists;
- 51 assessment of the severity of the Member's medical condition
- 52 and determination of what services are necessary to alleviate or
- 53 stabilize the emergent condition.

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55 **POLICY**

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57 **A. REQUIREMENTS**

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- 59 1. The AdSS shall cover emergency medical services for ALTCS
- 60 Members when a physical or behavioral health emergency is
- 61 identified by screening, triage, or other emergency medical

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- 62 assessments.
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- 64 2. The AdSS shall require triage/screening services to be
- 65 reasonable, cost effective and meet the criteria for severity of
- 66 illness and intensity of service.
- 67 3. The AdSS shall not require Providers to obtain Prior
- 68 Authorization for emergency services.
- 69 4. The AdSS shall require Providers to comply with the
- 70 notification and post-stabilization requirements as outlined in
- 71 A.A.C. R9-22-210.
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- 73 5. The AdSS shall require Providers to notify the AdSS within 10
- 74 days from the day that the Division Member presented for
- 75 provision of emergency services.
- 76 6. The AdSS shall not deny payment for the treatment
- 77 of emergency services when:
- 78 a. Division or AdSS staff instructs the Member to
- 79 seek emergency services.
- 80 b. The Member's medical condition manifests itself
- 81 by acute symptoms of sufficient severity,

- 82 including severe pain, such that a prudent
83 layperson, who possesses an average
84 knowledge of health and medicine, could
85 reasonably expect that the absence of
86 immediate medical attention to result in placing
87 the health of the individual or an unborn child in
88 serious jeopardy; serious impairment to bodily
89 functions; or serious dysfunction of any bodily
90 organ or part.
- 91 c. The emergency room Provider, hospital, or fiscal
92 agent notified the AdSS within 10 Calendar
93 Days of presentation for emergency services.
- 94 7. The AdSS shall not cover Emergency Services provided
95 to a Member outside the United States.
- 96 8. The AdSS shall cover emergency services when the
97 Member is out of the Member's Provider Network area.
- 98 9. The AdSS shall develop and implement policies and practices
99 focused on Member education about appropriate use of:
- 100 a. Emergency room services;

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102 b. Obtaining non-emergency care services available after
103 regular office hours or on weekends;
- 104 c. Obtaining services from non-emergency care facilities;
105 or
- 106 d. Nurse triage or crisis lines.
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108 10. The AdSS shall develop and implement policy and procedure to
109 analyze Emergency Department utilization and an Emergency
110 Department diversion process.

111 **B. EMERGENCY SERVICE UTILIZATION DATA**

112 The AdSS shall conduct ongoing oversight of Emergency Service
113 Utilization through the use of Emergency Department utilization data
114 and other internal monitoring methods or tools.

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117 **SUPPLEMENTAL INFORMATION**

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119 1. Provision of services out of service area
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121 a. Non-emergency services out of the Member's service area may
122 not be covered.

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- 123 b. Emergency services may be obtained when the Member is out
124 of the service area.
- 125 2. THP Members receive education regarding emergency services via the
126 AHCCCS Handbook for Members of the Tribal Health Plan or the Tribal
127 Regional Behavioral Health Authorities located on the AHCCCS website
128 – American Indians – American Indian Health Program.
- 129 3. Refer to A.A.C. R9-22-210 that describes general provisions for
130 responsible entities, payment and denial of payment, notification
131 requirements and post-stabilization requirements.
- 132 4. Refer to AMPM Chapter Policy 530 regarding Member transfers between
133 facilities after an emergency hospitalization.
- 134 5. Refer to AMPM Chapter Policy 820 for additional information regarding
135 emergency medical services for FFS Members who are not in the FES
136 Program.

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Signature of Chief Medical Officer: