



Policy: GG.1122
Title: **Follow-Up for Emergency Department Care**
Department: Medical Management
Section: Utilization Management

CEO Approval: /s/ Michael Hunn 12/20/2024

Effective Date: 01/01/2001

Revised Date: 12/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy develops a standard written process for expectations and monitoring for all Providers including delegated Health Networks to ensure compliance with coordination of services for Members seen in the emergency department and who were found to require follow-up care.

II. POLICY

- A. The Health Network or Primary Care Practitioner (PCP) is required to arrange for appropriate follow-up care upon notification that a Member received – services in an emergency department.
- B. CalOptima Health monitors coordination of services, including follow-up with Members who accessed emergency department services, as part of the ongoing monitoring of direct network Providers through internal procedures and Health Network oversight process in accordance with CalOptima Health Policies GG.1619: Delegation Oversight and GG.1308: Monitoring Health Network Compliance via Case Management Reports.
- C. Health Networks shall establish written policies and procedures to ensure the provision of follow-up care for Members seen in an emergency department.
- D. CalOptima Health monitors hospitals to ensure that a Member has access to at least a seventy-two (72)-hour emergency supply of covered outpatient or Medically Necessary medications when prior authorization is not available, and when the medication is needed without delay to prevent the Member's condition from worsening, in accordance with CalOptima Health Policy GG.1639: Post-Hospital Discharge Medication Supply.

III. PROCEDURE

- A. Health Networks or PCPs are required to provide follow up care to Members who received services in an emergency department.
- B. Follow-up care includes, but is not limited to, a telephone call or an educational letter to a Member who is identified as using the emergency department for non-Emergency Service.
- C. The Health Network or assigned PCP is responsible for educating the Member on the appropriate use of PCP and Emergency Services and follow-up processes available after hours, such as urgent care, on-call nurse advice line or after-hours physician services.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health, Health Network Service Agreement
- B. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- C. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- D. CalOptima Health Policy GG.1308: Monitoring Health Network Compliance via Case Management Reports
- E. CalOptima Health Policy GG.1619: Delegation Oversight
- F. CalOptima Health Policy GG.1639: Post-Hospital Discharge Medication Supply
- G. Social Security Act, §1927(d)(5)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
01/12/2016	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2001	GG.1122	Follow-Up for Emergency Department Care	Medi-Cal
Revised	05/01/2007	GG.1122	Follow-Up for Emergency Department Care	Medi-Cal
Revised	11/01/2015	GG.1122	Follow-Up for Emergency Department Care	Medi-Cal OneCare OneCare Connect
Revised	10/01/2016	GG.1122	Follow-Up for Emergency Department Care	Medi-Cal OneCare OneCare Connect
Revised	11/01/2017	GG.1122	Follow-Up for Emergency Department Care	Medi-Cal OneCare OneCare Connect
Revised	08/01/2019	GG.1122	Follow-Up for Emergency Department Care	Medi-Cal OneCare OneCare Connect
Reviewed	08/01/2020	GG.1122	Follow-Up for Emergency Department Care	Medi-Cal OneCare OneCare Connect
Revised	05/01/2021	GG.1122	Follow-Up for Emergency Department Care	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1122	Follow-Up for Emergency Department Care	Medi-Cal OneCare

Action	Date	Policy	Policy Title	Program(s)
Revised	12/31/2023	GG.1122	Follow-Up for Emergency Department Care	Medi-Cal OneCare
Revised	12/01/2024	GG.1122	Follow-Up for Emergency Department Care	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Emergency Medical Condition	<p>A medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) 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 any of the following:</p> <ol style="list-style-type: none"> 1. Placing the health of the Member (or, if the Member is a pregnant woman, the health of the Member and her unborn child) in serious jeopardy; 2. Serious impairment to bodily functions; or 3. Serious dysfunction of any bodily organ or part.
Emergency Services	Covered inpatient and outpatient services that are furnished by a Provider qualified to furnish those health services needed to evaluate or stabilize an Emergency Medical Condition.
Health Network	For purposes of this policy, a Health Network is a, Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Medically Necessary or Medical Necessity	<p><u>Medi-Cal</u>: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p> <p>For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p> <p><u>OneCare</u>: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p>
Member	A beneficiary enrolled in a CalOptima Health program.

Primary Care Practitioner/Physician (PCP)	A Practitioner/Physician responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the medical home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For Members who are Seniors or Persons with Disabilities, or eligible for the Whole Child Model program. “Primary Care Practitioner” or “PCP” shall additionally mean any Specialty Care Provider who is a Participating Provider and is willing to perform the role of the PCP. A PCP may also be a Non-Physician Practitioner [NMP] (e.g., Nurse Practitioner [NP], Nurse Midwife, Physician Assistant [PA]) authorized to provide primary care services under supervision of a physician. For SPD or WCM beneficiaries, a PCP may also be a Specialty Care Provider or clinic.
Primary Care Provider	A person responsible for supervising, coordinating, and providing initial and Primary Care to Members; for initiating referrals; and for maintaining the continuity of patient care. A PCP may be a Primary Care Physician or Non-Physician Medical Practitioner.
Provider	<p><u>Medi-Cal</u>: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.</p> <p><u>OneCare</u>: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.</p>