Section Eight  
Emergency and Inpatient Services

EMERGENCY SERVICES

Assessment of An Emergency Medical Condition
Authorization is never required prior to providing services for emergency medical conditions.

Consistent with Federal and State law, an Emergency Medical Condition is defined by using a Prudent Layperson Standard, which is as follows:

A medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain that a prudent lay person, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the health of the person afflicted with such condition in serious jeopardy, or in the case of a pregnant woman, the health of the woman or her unborn child, or in the case of a behavioral health condition, placing the health of such person or others in serious jeopardy;
- Serious impairment to such person’s bodily functions;
- Serious dysfunction of any bodily organ or part of such person; or
- Serious disfigurement of the person.

OBSERVATION SERVICES

Medicaid Guidance
- Hospitals may provide observation services for those patients for whom a diagnosis and a determination concerning admission, discharge, or transfer cannot be accomplished within eight hours after presenting in the Emergency Department (ED), but can reasonably be expected within 48 hours.
  - In order to be reimbursed for observation services, a patient must be in observation status for a minimum of eight hours (with clinical justification). This is in addition to any time that the patient spent in the ED prior to receiving observation services.
- Assignment to observation services may be made only through the Emergency Department
- A patient may remain in observation for up to 48 hours and then the hospital must determine if the patient is to be admitted, transferred to another hospital or discharged from the facility.

Medicare Guidance
The Centers for Medicare and Medicaid Services (CMS) recognizes observation care as a well-defined set of clinically appropriate services that include ongoing short term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients, or if they are able to be discharged from the hospital. CMS further identifies that observation services are commonly ordered for patients who present to the emergency department, and who then require a significant period of treatment or monitoring in order to make a decision concerning their admission or discharge. Many providers incorrectly assume that when patients stay in the hospital for more than 48 hours, they automatically qualify for inpatient status. However, if the patient does not meet clinical criteria that require inpatient level of care, but could be treated at a lower level of care, this admission may be denied.
Section Eight  Emergency and Inpatient Services

INPATIENT SERVICES

Medical and Surgical Emergent/Urgent Admissions

Authorization is required for unscheduled medical and surgical hospital admissions following stabilization of the member. Fidelis Care requires notification of the member’s hospital admission within two business days. This applies to emergency transfers from one acute care hospital to another when the treating hospital cannot provide the needed care and the patient's clinical status makes it unsafe to wait until the next business day to obtain pre-authorization for the transfer from Fidelis Care.

Please contact Fidelis Care at 1-888-FIDELIS (1-888-343-3547). Follow the voice prompts for “authorizations” to connect to the Authorization Center from 8:30AM-5:00PM Monday through Friday. Notifications can be accepted after hours, holidays, and weekends. Use the standard toll free number and follow the voice prompt as noted above.

Behavioral Health Emergent/Urgent Admissions

Authorization is required for unscheduled behavioral health admissions following stabilization of the member. Fidelis Care requires notification as soon as possible, not to exceed two (2) business days following admission. This applies to emergency transfers from one acute care hospital to another when the treating hospital cannot provide the needed care and the patient's clinical status makes it unsafe to wait until the next business day to obtain pre-authorization for the transfer from Fidelis Care.

Please contact Fidelis Care at 1-888-FIDELIS (1-888-343-3547). Follow the voice prompts for “behavioral health” to connect to the Behavioral Health Authorization Center from 8:30AM-5:00PM Monday through Friday. Notifications can be accepted after hours, holidays, and weekends. Use the standard toll free number and follow the voice prompt as noted above.

Inpatient Emergency Admissions

Fidelis Care follows National Committee for Quality Assurance (NCQA) guidelines for timeliness of Utilization Management (UM) decisions. Emergency inpatient admissions are considered “Urgent Concurrent” requests and must be addressed within 24 hours. In situations where initial Inpatient authorization requests are not accompanied by sufficient clinical documentation, Fidelis Care will contact the facility to request the necessary information. If Fidelis Care is unable to obtain the information within 72 hours (3 calendar days) of receipt of the initial request, the inpatient admission will be subject to denial for lack of sufficient clinical information.

Clinical information for an Inpatient Emergency Admission, should be faxed to Fidelis Care ER eFax at: 347-868-6411.

Transfer of a Fidelis Care Member to another Hospital

Prior authorization from Fidelis Care is required to transfer a member from one hospital to another. Fidelis Care will not authorize transfers unless:

- The facility that the patient is in cannot provide the care and services the patient's medical condition requires and.

- The member's attending provider has authorized the transfer, and

- A physician at the receiving facility has accepted the patient and the accepting facility has the resources available to care for the member, and
Section Eight

Emergency and Inpatient Services

- All statutory and regulatory requirements for the transfer of a member from one institution to another are met.

Fidelis Care's QHCM Department can assist in arranging for pre-authorized transportation for approved transfers if necessary.

Transfer to a non-participating facility requires approval of the Chief Medical Officer or designee and will only be approved if needed care is not available at a participating facility.

The receiving institution is under the same obligation to notify Fidelis Care with clinical information so that concurrent review can take place.

**Concurrent Review**

In order for Fidelis Care to track and monitor the care of our members who have been hospitalized, Fidelis Care conducts concurrent review on selected patient hospitalizations. Fidelis Care will contact the hospital's utilization department to request clinical information in support of the patient's need for continual hospitalization. Failure to submit the requested information may result in an adverse determination.

The purpose of the concurrent review is to:

1. Ensure the level of service provided is consistent with the need for continued hospitalization,
2. Assist in the coordination of services after discharge,
3. Monitor the quality of care provided in the acute care setting as part of the Fidelis Care quality assurance program.

On occasion, a member of the Fidelis Care Case Management staff will need to visit the hospital to review the chart for either quality or utilization purposes.