

# **Provider Manual**

## **Section 10.0**

### **Emergency Care/Urgent Care Services**

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# **10.0 Emergency Care/Urgent Care Services**

## **10.1 Emergency Care**

### **10.1.1 Definition**

Services for medical emergencies are covered when provided in a hospital, physician's office or other ambulatory setting. As defined in 42 USC 139dd(e) and 42 CFR 438.114, Emergency Medical Condition means: (A) a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate medical attention to result in (i) placing the physical or behavioral health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment of bodily functions, or (iii) serious dysfunction of any bodily organ or part; (iv) serious harm to self or others due to an alcohol or drug abuse emergency, (v) injury to self or bodily harm to others or (B) with respect to a pregnant woman who is having contractions (i) that there is an inadequate time to effect a safe transfer to another hospital before delivery, or (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.

### **10.1.2 PCP Responsibilities**

If the member calls the primary care practitioner's (PCP) office prior to going to the ER and if the situation can be handled in the PCP's office, it is the PCP's responsibility to comply with Passport's access standards. A referral or authorization is not required for a member to be seen in the emergency room (ER). It is also the responsibility of the PCP, per his or her contract with Passport, to have after-hours call service 7 days a week, 24 hours a day. Use of Passport's 24-Hour Nurse Advice Line is not an acceptable alternative to after-hours call service.

Giving members easily understood instructions during regular office visits may help avoid after-office-hours calls or ER visits. Reviewing home treatment for common conditions, such as fever, vomiting, diarrhea, and earaches may give members or their caregivers more confidence in handling these conditions when they arise. Providing written instructions to be used as a reference may also be helpful.

## **10.2 Out-of-Service-Area Care**

### **10.2.1 Definition**

Emergency care as described in Section 10.1.1 is also a covered benefit for Passport members when they are out of the service area. A referral or prior authorization is not required for out-of-service-

area emergency care in the ER. For an out-of-network provider to receive reimbursement a Kentucky Medicaid ID number and Passport Provider ID number is needed.

## 10.3 Urgent Care Services

### 10.3.1 Definition

Urgent care may be a covered service in an urgent care center, PCP office, or other ambulatory setting. Urgent care means care for a condition not likely to cause death or lasting harm but for which treatment should not wait for a normally scheduled appointment. Members are advised via Passports educational materials to contact their PCP before seeking medical treatment elsewhere.

### 10.3.2 PCP Responsibilities

If the member calls prior to going to a licensed, credentialed urgent care center and the situation can be handled in the PCP's office, it is the PCP's responsibility to see the member within Passport's access guidelines.

For the current listing of urgent care centers, please visit the Provider Directories section of our web site, [www.passporthealthplan.com/provider/resources/directories](http://www.passporthealthplan.com/provider/resources/directories).

To request a hard copy of this listing, please contact your Provider Relations Specialist or Provider Services at (800) 578-0775.

## 10.4 Lock-In program

The Passport Lock-In Program is designed to ensure medical and pharmacy benefits are received at an appropriate frequency and are medically necessary. The Lock-In Program is a requirement of the Kentucky DMS.

Inappropriate use or abuse of Medicaid benefits may include:

- Excessive emergency room or practitioner office visits;
- Multiple prescriptions from different prescribers and/or pharmacies; and/or,
- Reports of fraud, abuse, or misuse from law enforcement agencies, practitioners, Office of the Inspector General, pharmacies, and Passport staff.

Under the Lock-In Program, a member's medical and pharmacy claims history and diagnoses are reviewed for possible overutilization. Members who meet the criteria will either be locked-in to a designated hospital for non-emergency services; and/or one prescriber, who may not necessarily be the member's PCP, and one pharmacy for controlled substances.

- Members who receive services from a non-designated or non-referred provider (i.e. via PCP) and are informed of the financial responsibility before the service is provided will be responsible for payment.
- Members who receive services provided in the emergency department of a hospital for a condition that is not determined to be an emergency will also be responsible for payment.

All designated providers (i.e. PCPs, controlled substance prescribers, hospitals and pharmacies) will receive written notice of the member's Lock-In status. All members have the right to appeal within

the first 30-days of the Lock-In effective date.

Initially, a member will be locked-in for a minimum of 24 months. At least annually, members will be reviewed to determine whether to maintain their lock-in status for another 12-month period.

The Lock-In Program is not intended to penalize or punish the member. The program is intended to:

- Connect members with case managers who can identify reasons for over use of medical services and provide education on their health care needs;
- Reduce inappropriate use of health care services;
- Facilitate effective utilization of health care services; and,
- Enhance quality of care by developing a stable patient-physician and patient-pharmacist relationship.