

Contra Costa Health Plan

Utilization Management

Title: Hospital Post-Stabilization Care

Policy #: UM15.016

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Applies to:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> All | <input type="checkbox"/> BHC | <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Healthy Families |
| <input checked="" type="checkbox"/> Medi-Cal | <input type="checkbox"/> Medicare (Select Care only) | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Other State Sponsored |

Regulatory/Accreditation:

- | | | | |
|------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> CMS | <input type="checkbox"/> DHS | <input checked="" type="checkbox"/> DMHC | <input type="checkbox"/> MRMIB |
| <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Other (Health & Safety Code 1262.8, 1317.1, 1371.4 1386), AB1203
AB 235 H&S code, amends Section 1317.1 and adds Section 1317.4 | | <input type="checkbox"/> URAC |

Units:

- | | | |
|--|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Advice Nurses | <input type="checkbox"/> All Staff |
| <input type="checkbox"/> Business Services | <input checked="" type="checkbox"/> Authorization/CM/UM | <input type="checkbox"/> Health Ed/Cultural Ling. |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Member Services | <input type="checkbox"/> Planning, Survey, Reg Affairs |
| <input type="checkbox"/> Provider Affairs | <input type="checkbox"/> QM/QI | |

POLICY

Contra Costa Health Plan (CCHP) shall respond to requests for post-stabilization care from all hospital emergency department or emergency service providers in a timely manner.

PURPOSE

To comply with AB 1203 by implementing procedures to address post-stabilization care for members in a noncontracting hospital and to comply with AB 235 by implementing procedures to address psychiatric emergency medical conditions for non Medi-Cal members.

PLEASE NOTE: Sections below that pertain to psychiatric medical emergency conditions (AB 235) do not apply to Medi-Cal members.

PROCEDURE: Post-Stabilization Care Services Authorization Request

As noted in policy UM15.003- Policy for Prior Authorization, emergency services do not require prior authorization, including emergency admissions.

MEDICALLY NECESSARY POST-STABILIZATION CARE SERVICES FROM CONTRACTED AND NON-CONTRACTED PROVIDERS:

A hospital must submit a Prior Authorization request for Post-Stabilization Care Services when a Member who has received Emergency Services for an emergent medical condition is determined to be medically stable but requires additional inpatient services related to the emergent medical condition or provided to improve the Member's stabilized medical condition.

The request for Post-Stabilization Care services must be fully documented including, but not limited to:

1. The date and time of the request
2. The name of the hospital and healthcare provider making the request
3. The name of the Contra Costa Health Plan staff responding to the request

The request for Post-Stabilization Care Services authorization shall include a completed and signed authorization request form from the facility to Contra Costa Health Plan Utilization Management Department clinician and include sufficient information to make a decision regarding authorization of care within thirty (30) minutes. This information should include at a minimum:

1. Member identification information (name, birthdate, CIN)
2. Name, role, and contact information (direct phone number) of the facility clinician requesting authorization
3. Description of the emergency condition that has been stabilized
4. Pertinent medical documentation including: History and physical, vital signs, laboratory and radiology results, co-morbid conditions, response to treatment, and medical indication for admission to the hospital including planned treatment.

Contra Costa Health Plan shall approve or deny a provider's prior authorization request for Post-Stabilization Care Services within thirty (30) minutes after receipt of request that fully complies with the requirements above. CCHP will either authorize ongoing care or may notify the facility provider of the denial of the request prior to the delivery of Post-Stabilization Care Services.

CCHP is also financially responsible for Post-Stabilization Care Services in the event that CCHP:

1. Does not respond to the request for Post-Stabilization Care Services authorization within thirty (30) minutes.
2. Cannot be contacted
3. Cannot reach an agreement with the facility provider and the CCHP utilization management physician is not available for consultation.

If the facility does not notify the Health Plan before admitting a member requiring emergency post-stabilization care, the facility is expected to notify the Health Plan within 24 hours of the admission for concurrent review.

If CCHP does not respond within 30 minutes or fails to facilitate a transfer within a reasonable time, appropriate to the medical condition of the member, the Post-Stabilization Care Services are deemed authorized and concurrent review shall commence. CCHP will contact the requesting provider no less than twice, during the first 2 working days of admission to obtain additional information. If CCHP does not receive the requested information, CCHP may deny the remainder of the stay for insufficient information.

In the event that CCHP denies the request and informs the facility provider of this decision, CCHP shall facilitate the transfer of the member as soon as possible. CCHP shall:

1. Arrange and pay the reasonable charges associated with the transfer
2. Be responsible for making arrangements for the member's transfer, including, but not limited to, finding a contracted facility that will accept the transfer.

If the member, the member's spouse or legal guardian refuses to consent to the transfer to a contracted hospital, the hospital emergency department or emergency provider shall promptly provide a written notice to the member or member's spouse or legal guardian indicating that the member will be

financially responsible for any further post-stabilization care provided by the hospital. CCHP shall document the member's refusal to transfer and the actions taken by the hospital in its record.

Please Note for Medi-Cal Members: Medi-Cal Members cannot be held financially responsible. For members whose primary language is one of the Medi-Cal threshold languages, the notice shall be delivered to them in their primary language once the Department of Managed Health Care has made these notices available to the hospitals.

Contact Information and Procedures for Facilities

Upon identification that a patient is a CCHP member, the hospital shall cooperate with the health plan by providing demographic and admission information.

During Business Hours: A hospital can call the Authorization Unit when the hospital determines a member is stable for transfer or to obtain authorization for post stabilization care. The Authorization Unit can be reached toll-free at 1-877-800-7423 or direct at 925-957-7260. The Authorization Unit Representative confirms member eligibility and forwards the information to a Utilization Management (UM) Nurse. The UM nurse will perform a telephonic review of the member's current medical condition and coordinate any necessary post stabilization care.

After Business Hours, Sundays and Holidays: A hospital can call the Advice Nurse (AN) Unit toll-free at 1-877-661-6230, option 1 when the hospital determines a member is stable for transfer or to obtain authorization for post stabilization care. The Advice Nurse will confirm member eligibility and review the current medical condition of the member. If the condition of the member is deemed stable for transfer by the attending physician and a transfer of the member to a contracted hospital is determined, the AN will coordinate the transfer to the contracted hospital. *Refer to Advice Nurse policy #AN17.007.6- Emergency Department Admissions and Transfers for further details.*

CCHP shall not require a hospital representative, physician or surgeon to make more than one telephone call to the Health Plan at the contact number listed above and in Attachment A.

Definitions

According to Health & Safety code, Section 1317.1(b), "**Emergency medical condition**" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. Placing the member's health in serious jeopardy.
2. Serious impairment to bodily function.
3. Serious dysfunction of any bodily organ or part.

Please refer to UM15.012- Access to Mental Health Services for the definition of "**psychiatric emergency medical condition**".

According to Health & Safety Code, Section 1317.1(j), a member is "**stabilized**" or "**stabilization**" has occurred when, in the opinion of the treating provider, the member's medical condition is such that, within reasonable medical probability, no material deterioration of the member's condition is likely to result from or occur during, the release as well as transfer of the member.

Please Note

Attachment A- Contra Costa Health Plan Contact Information for Hospital, Post Stabilization Care or Transfer Request for hospitals in California is also posted at:

<https://wps0.dmhc.ca.gov/hpsearch/postcontact.aspx> no less than annually. Provider relations shall ensure this is distributed to all hospitals in the local service area.

Payment for services at noncontracting hospitals shall be address by Business Services and in accordance to Knox-Keene and/or any applicable Federal and State regulations.



Attachment A

Contact Information for Hospitals Post Stabilization Care or Transfer Request

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