



Policy and Procedure No: UM 37.3		Revision No: 3
Division: Care Management		
Department: Utilization Management		
Title: PHC-CA Communication Protocols with Emergency Departments		
Effective Date: 1/1/2024		
Supersedes Policy No: UM 37.0, UM 37.1, UM 37.2		
Reviewed/Revised by: Tiffany Jarrett		Review/Revision Date: 10/15/2025
Approving Committee: Utilization Management Committee		Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025		

Purpose:

To describe how PHC California (the Health Plan) communicates with Emergency Departments both in and out of its network/service areas.

Policy:

1. The Health Plan distributes protocols for Emergency Department (ED) communications to all EDs in its service area. These protocols include:
 - a. All information on telephone or other secure methods of communicating with the Health Plan’s triage and advice systems.
 - b. Contact information for designated contact persons responsible for coordinating emergency services who are available twenty-four (24) hours a day for the coordination of emergency and post-stabilization care.
 - c. Written referral procedures (including after-hours instruction) that Emergency Department personnel can provide to enrollees who present at the Emergency Department for non-emergency services.
 - d. Procedures for emergency departments to report any system/or protocol failures and processes for imposing corrective action when failures occur.
 - e. Procedures for the authorization and payment of medically necessary post-stabilization care services consistent with 42 CFR section 438.114 and DHCS APL 19-008.
2. The Health Plan uses the Health Information Exchange (HIE) to send and receive information regarding enrollees’ admissions to Emergency Departments.
3. To obtain authorization for post stabilization care, the Health Plan may not require a hospital to make multiple telephone calls or to contact the plan in any way other than the Health Plan’s designated phone number.
 - a. Section 1371.4 specifically prohibits the Health Plan from requiring a hospital to make more than one telephone call to obtain prior authorization for post stabilization services. Likewise, sections 1371.4 and 1262.8 do not allow a plan to require a hospital to contact

the plan in some way other than the twenty-four (24) hour contact number the plan designated in advance.

- b. Section 1371.4 (e) allows a plan to delegate responsibility for staffing the plan's twenty-four (24) hour contact phone number. However, delegating that responsibility does not negate the requirement that the Health Plan has a uniform point of contact for hospitals, nor the requirement that the plan (or its delegate) respond within thirty (30) minutes to a hospital's request for authorization for post stabilization care.
4. The Health Plan designates personnel who are available twenty-four (24) hours a day for coordination of emergency and post-stabilization services.
 - a. If a hospital calls a Health Plan's designated twenty-four (24) hour access telephone number, the plan has thirty (30) minutes to either authorize post stabilization care or inform the hospital that the plan will arrange for a prompt transfer of the enrollee to another hospital. If the plan fails to do so, any necessary post stabilization care the hospital delivers to the enrollee is deemed authorized.
 - b. To obtain authorization for post stabilization care, the Health Plan may not require a hospital to make multiple telephone calls or to contact the plan in any way other than Health Plan's designated phone number.
 - i. Section 1371.4 specifically prohibits the Health Plan from requiring a hospital to make more than one telephone call to obtain prior authorization for post stabilization services. Likewise, sections 1371.4 and 1262.8 do not allow Health Plan to require a hospital to contact the plan in some way other than the twenty-four (24) hour contact number the Health Plan designated in advance.
 - ii. Section 1371.4 (e) allows a plan to delegate responsibility for staffing the plan's twenty-four (24) hour contact phone number. However, delegating that responsibility does not negate the requirement that the Health Pla has a uniform point of contact for hospitals, nor the requirement that the Health Plan (or its delegate) respond within thirty (30) minutes to a hospital's request for authorization for post stabilization care.
 5. The Health Plan provides non-contracting hospitals in the State of California with the contact information needed to request authorization for post-stabilization care when an enrollee receives emergency medical care.
 - a. The Health Plan must provide hospitals with one telephone number to serve as the point of contact for twenty-four (24) hour access for post stabilization authorization requests.
 - b. Per Health and Safety Code section 1371.4, full-service Health Plans must "provide twenty-four (24) hour access for enrollees and providers, including, but not limited to, noncontracting hospitals, to obtain timely authorization for medically necessary care, for circumstances where the enrollee has received emergency services and care is stabilized, but the treating provider believes that the enrollee may not be discharged safely." The Health Plan must "provide all noncontracting hospitals in the state with specific contact information" so the hospital can contact the Health Plan for post stabilization authorization.

- c. Plans must also provide contact information to the Department of Managed Health Care (DMHC); the DMHC then posts the information to its public website.
6. Upon request, the Health Plan instructs Emergency Department personnel (including after-hours instruction) on how to provide written referrals for enrollees who present at the Emergency Department for non-emergency services.
7. The Health Plan maintains procedures for Emergency Departments and any other contracted and non-contracted providers to report system and/or protocol failures on the part of the Health Plan. The Health Plan investigates and take corrective action when such failures occur.
8. The Health Plan does not require prior authorization for enrollees seeking emergency services at any time, in any Emergency Department, whether in or out of the service area. This policy is explained in the Enrollee Handbook/Evidence of Coverage.
9. The Health Plan ensures that enrollees have timely access to medically necessary follow-up care including (but not limited to) appropriate referrals to primary care, behavioral health services, and social services for enrollees who have been screened in the emergency room and do not require emergency care.

Procedure:

1. The Utilization Management (UM) Review Team, consisting of a Utilization Management Registered Nurse (UMRN) and Authorization Coordinator, review all incoming communication from Emergency Departments.
 - a. The UM Review Team receives notifications of Emergency Department admission from the Health Plan's secured Utilization Management software portal and/or secured electronic fax system (EQHealth).
 - b. The UM Review Team uses a unified telecommunications platform for voice, video and chat. The system is a secure integrated VoIP which provides seamless communication options to both caller and receiver.
2. The Nurse Advice Line vendor (CITRA) logs calls daily and reports the logs to the Care Coordination Department. The UM staff and the RN Care Team Manager (RNCTM) review the Nurse Advice Line (NAL) daily report.
3. The UMRN or the NAL Triage RN are available to Emergency Department personnel twenty-four (24) hours a day for coordination of emergency and post-stabilization services. As described in Policy and Procedure UM 31 Post-Stabilization, the UMRN or the NAL Triage RN approve or deny a facility's request for authorization to provide post-stabilization medical care within thirty (30) minutes of receiving the request. The UMRN or the NAL Triage RN document all aspects of communication with the facility to include, but not limited to the following:
 - a. Date and time of the request
 - b. Name of the health care provider making the request
 - c. Diagnosis and medical condition of the member

- d. Time the health care provider is notified of the Health Plan's decision
 - e. Approval to admit or decision to transfer
 - f. Transfer facility and receiving provider
4. As needed, the UMRN or NAL Triage Nurse communicates or faxes instructions to Emergency Department personnel for the referral of enrollees who present to an Emergency Department for non-Emergency services.
 5. The RNCTM contacts enrollees who were screened in an ED but did not require emergency care and arranges referrals to their primary care providers (PCPs) and other providers as appropriate.
 6. The Materials and Fulfillment Coordinator ensures the following contact numbers are available to Emergency Department personnel on the Health Plan's website and/or printed on enrollees' membership cards:
 - a. Utilization Management Department: tel. (800) 474-1434 or fax (888) 238-7463, Monday through Friday from 8:30 a.m. to 5:30 p.m. P.S.T.
 - b. After-hours Nurse Advice Line: (800) 797-1717.
 7. As described in PHC California Policy and Procedure, PR 6 Provider Grievance Policy, the Provider Relations Department resolves grievances submitted by Emergency Departments within thirty (30) days after the receipt of the grievance.
 8. On an annual basis:
 - a. The Compliance Officer or designee reviews the DMHC post stabilization contact information on the DMHC public website to ensure accuracy and make updates, if required.
 - b. The Compliance Officer or designee reviews the post stabilization contact information on the PHC California website will update the Provider Bulletin: Post Stabilization Authorization Requirements for Non-Contract Hospitals.
 - c. The Materials and Fulfillment Coordinator or designee mails

Definitions:

1. Post-Stabilization Care Services: Services that are related to an emergency medical condition provided after an enrollee is stabilized in an Emergency Department setting, and provided to maintain or to improve the stabilized condition.
2. After hours: Hours outside of normal business hours. Weekdays 5:30 p.m. – 8:30 a.m. PST and including all day on weekends and holidays.

Monitoring:

This policy is updated as often as necessary and reviewed and approved at least annually by the Utilization Management Committee.



References:

1. DHCS OR Contract #22-20597 Exhibit A, Attachment III, 3.2.6 Emergency Department Protocols
2. 42 CFR section 438.114
3. DHCS APL 19-008, Rate Changes for Emergency and Post-Stabilization Services Provided Out of Network Border Hospitals, Under the Diagnosis Related Group Payment Methodology: Outcome of Federal Court Litigation Rejected a Challenge to State Plan Amendment 15-020 (Supersedes APL 16-016), published June 18, 2019.
4. Policy and Procedure PR 6 PHC-CA Provider Grievance Policy
5. Policy and Procedure CM 39 PHC-CA After Hours Nurse Advice Line
6. Policy and Procedure UM 31 PHC-CA Post-Stabilization
7. DMHC APL 24-012, Single Point of Contact for Hospitals to Request Authorization for Post Stabilization Care, published June 25, 2024.
8. Health and Safety Code section 1262.8(j)
9. Health and Safety Code section 1262.8(k)
10. California Code of Regulations, title 28, section 1300.71.4(b).

Regulatory Agency Approval(s):

Date	Version	Regulatory Agency	Purpose	Response
10/18/2023	37.0	Department of Health Care Services (DHCS)	2024 Operational Readiness (O/R) R.0184	AIR1
Not avail.	37.1	DHCS	O/R R.0184	Approved

