

**EMERGENCY ROOM  
TRIAGE FEE**

# GOALS OF INITIATIVE

- Provide Medicaid and its partners a mechanism to authorize payments for the appropriate level of services
- Provide for reimbursement for outpatient services rendered by hospital emergency department when it is determined the services provided are for a non-emergent condition

# Key Questions

- What level of care is medically necessary?
- What level of care is the Hospital providing?
- What level of care is the Hospital billing?
- How does this impact “prudent layperson standard”?

# WHAT IS THE DEFINITION OF PRUDENT LAYPERSON?

A medical condition 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:

- a. placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- b. serious impairment of bodily functions; or
- c. serious dysfunction of any bodily organ or part.

## HOW DOES THIS IMPACT REIMBURSEMENT?

- ▣ Services provided for the treatment of non-emergent conditions treated in the emergency room would be reimbursed a flat fee.
- ▣ Triage fee will cover the facility fee and any testing and/or supplies associated with the non-emergent visit.

# WHAT TYPE OF SERVICES ARE CONSIDERED NON-EMERGENT?

ICD9_CODE W/O DECIMAL	ICD9_CODE	FULL_DESCRIPTION
4659	465.9	Acute upper respiratory infections of unspecified site
3829	382.9	Unspecified otitis media
78060	780.60	Fever, unspecified
462	462	Acute pharyngitis
78703	787.03	Vomiting alone
07999	079.99	Unspecified viral infection, in conditions classified elsewhere and of unspecified site
7840	784.0	Headache
4660	466.0	Acute bronchitis

# NETWORK ADEQUACY

# Network Adequacy – Primary Care

## (Shared and Prepaid Plans)

- ▣ Travel distance for members living in rural parishes within 30 miles; and 20 miles for members living in urban parishes.
- ▣ Maximum ratio of 2,500 members per PCP (across all BAYOU HEALTH plans in which the PCP may be a network provider)
- ▣ Verified 24/7 access to PCP clinician by phone within 30 minutes of member contact

# Network Adequacy (Shared Savings Plans)

- ▣ Must ensure an adequate Primary Care Provider Network
  - Must ensure that PCP's maintain hospital admitting privileges or that they have arrangements with a physician who has admitting privileges at a participating hospital
  
- ▣ Specialist, Hospitals and Other Providers
  - Must utilize the current Medicaid Provider Network

# Network Adequacy – Hospital (Prepaid Plans)

- ▣ Must ensure that PCP's maintain hospital admitting privileges or that they have arrangements with a physician who has admitting privileges at a participating hospital
- ▣ Travel distance for members living in rural parishes within 30 miles; and 30 minutes for members living in urban parishes.

# Network Adequacy – Specialist (Prepaid Plans)

- ▣ 40 specific specialty types are required to be available in network at ratios appropriate to meet member needs
- ▣ Travel distance shall not exceed sixty (60) miles for at least 75% of members; and shall not exceed ninety (90) miles for all members.
- ▣ Access standards to specialists that cannot be met may be satisfied utilizing telemedicine with prior DHH approval.

# Network Adequacy Ancillary Services

- ▣ Ambulance
- ▣ NEMT
- ▣ Durable Medical Equipment (DME)
- ▣ Orthotics/Prosthetics
- ▣ Home Health
- ▣ Infusion Therapy
- ▣ Laboratory/X-Ray

# Network Adequacy

- ▣ **Must provide all medically necessary state plan covered services;**
- ▣ If the network is unable to provide medically necessary services required under contract, the Health Plan shall ensure timely and adequate coverage of these services through an out of network provider until a network provider is contracted.
- ▣ If the Health Plan is unable to meet the geographic access standards for a member, the Health Plan must make transportation available to the member, regardless of whether the member has access to transportation.

# Documentation & Verification

- ▣ Annual Network Development Plan
- ▣ Weekly updates of the Provider Registry
- ▣ Quarterly Reports – Summary Counts, GeoAccess Maps, PCP Linkages, Attestation and identification of issues & remediation
- ▣ Verification against Provider Registry
- ▣ Investigation of Provider & Member Complaints