THE OHIO STATE UNIVERSITY
HEALTH PLAN

Subject: Emergency Care and Facility Transfers **Revision Date:** 6/24

DESCRIPTION

The Ohio State University offers several health plans for faculty and staff and their eligible dependents (covered persons). These plans may require use of a network provider or cover out-of-network care with a higher out-of-pocket cost for non-emergent services. This policy outlines the process utilized to determine if a service meets the definition of emergency care. It also includes the criteria utilized for non-emergent transfer requests.

DEFINITIONS

Emergency care: The service or treatment provided in the outpatient emergency department (ED) of a hospital or other provider within 72 hours of the onset of the emergency medical condition. An "emergency medical condition" is defined as a medical condition that manifests itself by such acute symptoms of sufficient severity, including severe pain, that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the health of an individual, or with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy;
- Serious impairment of bodily functions; or
- Serious dysfunction of a body organ or part.

Emergency Department: A hospital facility that is staffed 24 hours a day, 7 days a week, and provides unscheduled outpatient services to patients whose condition requires immediate care. Also called an emergency room.

Inter-Facility Transfer: The transfer of an individual between two healthcare facilities.

Intra-Facility Transfer: The transfer of an individual within the same facility.

Network Provider: A physician, provider, or group that has a network service contract in effect with OSU Health Plan or Ohio PPO Connect to provide services under the statewide network. Providers are designated as a member of either the Premier Network or the Standard Network. The Premier Network offers the highest level of benefit coverage.

Non-emergent: A situation that does not meet the above definition of emergency care.

Origination Facility: The facility where the individual has been admitted for care and from which a transfer is planned.

Out-of-Network Provider: A physician or provider who does not have a network service contract in effect with OSU Health Plan or Ohio PPO Connect.

Receiving Facility: The facility to which a transfer is planned.

Stabilized: No material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of an individual from a facility.

Transfer: Movement (including the discharge) of an individual outside a hospital's facilities.

POLICY

Emergency Department Services:

Emergency department (emergency room) visits for an emergency medical condition are covered according to the Schedule of Benefits in The Ohio State University Faculty and Staff Health Plans Specific Plan Details Document (SPD).

Inpatient Admissions from the Emergency Department:

Unscheduled inpatient hospitalizations at non-network or Standard Network facilities for emergency medical conditions are covered at the Premier Network benefit level if the covered person is admitted

through the Emergency Department. This includes all covered ancillary and professional services. The facility claim must include an ED revenue code (0450 – 0459).

Unscheduled inpatient hospitalizations at non-network or Standard Network facilities are covered at the Premier Network benefit level if the covered person is admitted through Labor and Delivery when the following criteria are met:

- Covered person is in active labor; and
- Covered person presented to the closest Labor and Delivery unit; and
- One or more of the following:
    - There is inadequate time to safely transfer the covered person to a network facility before delivery; or
    - Transfer may pose a threat to the health or safety of the covered person or the unborn child.

Inter-Facility Transfers from the Emergency Department:

If a covered person is transferred from an ED to another facility, the following medical necessity guidelines apply:

- Transfer is required to stabilize an emergency medical condition and the receiving facility is a network provider (Premier or Standard). The Premier Network benefit level will apply.
- Transfer is required to stabilize an emergency medical condition and the receiving facility is an out-of-network provider. The Premier Network benefit level will apply only when all of the following criteria are met:
    - The covered person is transported via ambulance (ground or air); and
    - A network facility is unable to accept the covered person and provide the necessary emergency medical care or the additional distance to a network facility would cause serious harm or impairment.

Inter-Facility Transfers from an Inpatient or Observation Level of Care:

Once a covered person has been admitted from the ED, whether to an inpatient or observation level of care, transfers will be considered medically necessary if the following criteria are met:

- Receiving facility is a network provider:

- The covered person must be medically stable for transfer; and
- One or more of the following:
  - Level of care is not available at the originating facility; or
  - Medically necessary diagnostic or therapeutic service is not available at the originating facility; or
  - Services of a specialist to required evaluate, diagnose, or treat the condition are not available at the originating facility; or
  - Covered person has received prior care at a specific network facility for a condition not normally managed at the originating facility and return to that network facility is needed to diagnose, manage, or treat a complication or other acute issue; or
  - Covered person's condition is expected to require a prolonged (more than 5 days) admission and transfer is needed to establish care with a network provider. OSU Health Plan will notify the originating facility if transfer to a network provider is required once the patient has been stabilized; or
  - Surgery required that cannot be performed in an outpatient setting and transfer is needed to establish care with a network provider. OSU Health Plan will notify the originating facility if transfer to a network provider is required once the patient has been stabilized.

- Receiving facility is an out-of-network provider:
  - All criteria for transfer to a network facility must be met; and
  - The service or care requested is deemed medically necessary; and
  - Services are not available at any network facility.

If the nearest network facility is unable to provide the necessary care, lacks the capacity, or refuses to accept the covered person, the originating facility should transfer to the next nearest network facility that can provide the necessary care. Only if there is no network provider able to accept the covered person and the services are deemed medically necessary will an out-of-network transfer be considered. Medical Director review required for all out-of-network transfer requests.

PRIOR AUTHORIZATION

Prior authorization is not required for emergency department visits that do not result in an inpatient admission. Retrospective review may occur to determine if the condition meets the definition of emergency care.

Inpatient admissions (except 2-day vaginal or 4-day c-section deliveries at a network provider) require prior authorization. If a covered person is admitted to a hospital for an emergency care admission, notice of the admission must be provided to OSU Health Plan as soon as possible after the admission, generally within one business day. The hospital, admitting physician, covered person, or friend/partner/family member of the covered person may give notice to OSU Health Plan.

Inter-facility transfers from the ED resulting in an inpatient admission will be reviewed for medical necessity. Inpatient inter-facility transfers require prior authorization. This includes transfers between facilities within the same healthcare system.

Intra-facility transfers do not require prior authorization (e.g., OSU East to OSU Main (University Hospital)). Transportation costs are not covered for intra-facility transfers.

Fixed-wing air and any non-emergent ambulance service requires prior authorization.

PROCEDURE

The Third-Party Administrator (TPA) will process all outpatient emergency room visits (revenue codes 0450 – 0459, 0981) according to the schedule of benefits in the SPD.

OSU Health Plan will review all inpatient admissions utilizing the guidelines outlined in this policy and MCG. If authorized, the TPA will process inpatient admissions that include emergency room charges according to the Premier Network benefit level.

If the covered person is traveling and requires emergency medical care outside Ohio or internationally, use the Ohio State Travel Assistance services for assistance in receiving emergency medical care. Refer to Ohio State Travel Assistance section of the SPD for details.

The No Suprises Act and the Ohio Surprise Billing law protect covered persons from receiving and paying surprise medical bills above the in-network rate from health care providers for emergency care. This includes air ambulance services, ground ambulance services in Ohio, and services received after stabilized, unless balance billing protections for post-stabilization services are waived by written consent from the covered person. The plan will pay no less than an amount agreed to by the plan and the provider. If no agreement is reached, the plan will pay the amount determined by binding arbitration as required by the No Suprises Act. For more information about the No Suprises Act see the "Your Rights and Protections Against Surprise Medial Bills" notice at https://hr.osu.edu/notices/. For more information about the Ohio Surprise Billing law, visit https://insurance.ohio.gov/consumers/surprise- billing.

EXCLUSIONS

Non-emergency use of the emergency department is not covered.

OSU Health Plan does not cover inter-facility transfers when the above criteria are not met.

Transfers primarily for the convenience of the covered person, the covered person's family, the facility, or the physician are not covered.

Admissions to an out-of-network or Standard Network provider that do not originate through the emergency department (i.e., revenue codes 0450-0459 are not billed on the facility claim) will be covered according to the schedule of benefits for hospitalization outlined in the SPD. Examples include direct admissions or non-emergent Labor and Delivery admissions.

CODES

Revenue Code	**Description**
0450 – 0459	Emergency Room
0981	Professional Fees – Emergency Room

REFERENCES

Anthem. (2024). Inpatient Interfacility Transfers. https://www.anthem.com/dam/medpolicies/abc/active/guidelines/gl_pw_d089204.html

BlueCross BlueShield of North Carolina. (2024). Inpatient Interfacility Transfers. https://www.bluecrossnc.com/content/dam/bcbsnc/pdf/providers/policies-guidelines- codes/policies/commercial/medical/inpatient_interfacility_transfers.pdf

CareSource. (2023). Non-Emergency Facility to Facility Transfers-OH MCD-MM-1473. https://www.caresource.com/documents/medicaid-oh-policy-medical-mm-1473-20231101

Department of Labor. (2010). Affordable Care Act Implementation FAQs Part 1. https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-i.pdf

Examination and treatment for emergency medical conditions and women in labor, 42 U.S.C. § 1395dd (1995). https://uscode.house.gov/view.xhtml?req=granuleid:USC-1994-title42-section1395dd&num=0&edition=1994

"Faculty and Staff Health Plans Specific Plan Details Document." The Ohio State University Office of Human Resources, Sept. 2023. https://hr.osu.edu/wp-content/uploads/medical-spd.pdf.

Human Resources. (2024). Notices. https://hr.osu.edu/notices/

National Center for Health Statistics. (2022). Emergency department. https://www.cdc.gov/nchs/hus/sources-definitions/emergency-department.htm

Ohio Department of Insurance. (n.d.) Surprise Billing Toolkit. https://insurance.ohio.gov/consumers/surprise-billing