



CORPORATE POLICY & PROCEDURE

	Policy Name: CE13 - Emergency Care and Post Stabilization
Department: Provider Relations	Policy Number: CE13
Version: 13	Creation Date: 06/20/2017
Revised Date: 8/13/18, 7/5/19,7/29/19, 10/14/19, 12/26/19, 7/24/20, 8/9/20, 1/22/21, 3/24/22,1/17/23, 10/03/25, 03/29/26, 4/13/26	
Line of Business: <input type="checkbox"/> All	
<input checked="" type="checkbox"/> Umpqua Health Alliance	<input type="checkbox"/> Umpqua Health Management
<input type="checkbox"/> Umpqua Health - Newton Creek	<input checked="" type="checkbox"/> Umpqua Health Network
Approved By: Nancy Rickenbach (Chief Compliance & Operations Officer)	
	Date: 06/15/2026

POLICY STATEMENT

Umpqua Health Alliance (UHA) provides emergency care and post-stabilization services within or outside the UHA network consistent with Oregon Administrative Rules (OAR) 410-141-3840 and in accordance with 42 CFR § 438.114. This information is communicated via the Member Handbook and Provider Handbook.

UHA maintains systems to monitor access, timeliness, quality, and appropriate utilization of emergency and post-stabilization services, and integrates findings into its Quality Assessment and Performance (QAPI) program.

PURPOSE

To ensure members have timely access to emergency and post-stabilization services for emergency medical conditions, including services provided by out-of-network providers and across care settings. This policy establishes requirements for coordination, authorization, and continuity of care in accordance with applicable state and federal regulations, and supports ongoing monitoring, performance measurement, and quality improvement.

RESPONSIBILITY

- Provider Relations
- Compliance
- Customer Care
- Utilization Management
- Quality Improvement (QAPI Program)

DEFINITIONS

Emergency Dental Condition: Any incident involving the teeth or gums which may require immediate treatment to stop ongoing tissue bleeding, alleviate severe and sudden pain or infection, treat unusual swelling of the face or gums, or to preserve an avulsed tooth (OAR 410-123-1060).

Emergency Medical Condition: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average

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knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following: placing the health of the individual (or, for pregnant women, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily function, or serious dysfunction of any bodily organ or part (42 CFR § 438.114 (a)).

Emergency Services: Are covered inpatient and outpatient services that are as follows: furnished by a provider that is qualified to furnish these services and needed to evaluate or stabilize an emergency medical condition (42 CFR § 438.114 (a)).

Family Support Specialist: An individual who meets qualification criteria adopted under ORS 414.665 and may be either a peer support specialist or a peer wellness specialist who, based on similar life experiences, provides support services to and has experience parenting a child who: (a) Is a current or former consumer of mental health or addiction treatment; or (b) Is facing or has faced difficulties in accessing education, health, and wellness services due to mental health or behavioral health barriers (OAR 950-060-0010).

Non-Participating Provider: A Provider of service that does not have a contract to provide services to UHA members. Also known as an out-of-network provider.

Participating Provider: A provider with a contract with UHA to provide services.

Peer-Delivered Service: Community-based services and support provided by peers and peer support specialists to individuals or family members with similar lived experience. These services are intended to support individuals and families to engage individuals in ongoing treatment and to live successfully in the community.

Peer Support Specialist: An individual providing services to another individual who shares a similar life experience with the peer support specialist (addiction to addiction, mental health condition to mental health condition, family member of an individual with a mental health condition to family member of an individual with a mental health condition. A peer support specialist shall be: (a) A self-identified individual currently or formerly receiving addictions or mental health services; (b) A self-identified individual in recovery from an addiction disorder who meets the abstinence requirements for recovering staff in alcohol or other drug treatment programs; (c) A self-identified individual in recovery from problem gambling (OAR 950-060-0010).

Peer Wellness Specialist: An individual who meets qualification criteria adopted by the authority under ORS 414.665 (Traditional health workers utilized by coordinated care organizations) and

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who is responsible for assessing mental health and substance use disorder service and support needs of a member of a coordinated care organization through community outreach, assisting members with access to available services and resources, addressing barriers to services and providing education and information about available resources for individuals with mental health or substance use disorders in order to reduce stigma and discrimination toward consumers of mental health and substance use disorder services and to assist the member in creating and maintaining recovery, health and wellness (ORS 414.025).

Post-Stabilization Services: Covered services, related to an emergency medical condition that are provided after a member is stabilized to maintain the stabilized condition, or to maintain, improve, or resolve the member’s stabilized condition in- or out-of-network if one of the following occurs (42 CFR § 438.114):

- UHA does not respond to a pre-approval request within one hour
- UHA cannot be contacted; or
- UHA’s representative and the treating physician cannot reach an agreement concerning the member’s care and a plan physician is not available for consultation. In this situation, UHA must give the treating physician the opportunity to consult with a plan physician and the treating physician may continue with care of the member, with UHA being financially responsible for services it has not pre-approved, until a plan physician is reached or one of the below criteria is met (42 CFR § 422.113(c)(3)):
 - Plan physician with privileges at the treating hospital assumes responsibility for the member’s care
 - Plan physician assumes responsibility for the member’s care through transfer
 - UHA representative and the treating physician reach an agreement regarding the member’s care; or
 - The member is discharged

Qualified Mental Health Professional (QMHP): A mental health program staff licensed medical practitioner (LMP) or any other individual meeting the minimum qualifications authorized by the Local Mental Health Authority (LMHA) or designee (OAR 309-019-0125):

- Demonstrate minimum competencies: cultural responsiveness, effective communication, care coordination, inter- and -intra-agency collaboration, working alliances with individuals, suicide and other risk assessments and interventions, creating and monitoring safety plans, completion of bio-psycho-social assessments and additional assessments, updating assessments when clinical circumstances change, generating a differential DSM diagnosis, prioritizing health, wellness, and recovery needs, writing measurable service objectives, creating, monitoring, and revising service plans, delivery of mental health and recovery treatment services in individual, group and family formats within their scope,

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gathering and recording data that measures progress toward the service objectives and documenting services, supports and other information supportive of the service plan.

- Render services and supports within their scope to individuals engaged in an approved behavioral health services program
- Document a minimum of two hours every two years or three hours every three years of suicide risk screening, risk assessment, treatment, and management training
- Meet the following minimum qualifications:
 - Bachelor’s degree in nursing and licensed by the State of Oregon. Nurses are accountable to abide by the Oregon Nurse Practice Act to determine if job descriptions are compliant with the competencies listed above
 - Bachelor’s degree in occupational therapy and licensed by the State of Oregon
 - Graduate degree in psychology, social work, recreational art or music therapy or behavioral science field
 - An equivalent degree as evidenced by providing transcripts indicating applicable coursework meeting the required competencies and approved by a Division certified behavioral health provider; or
 - Qualify as a mental health intern, receiving clinical supervision that documents progress towards certification and recertification.

Urgent Dental Care: The management of conditions that require prompt attention to relieve pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These conditions must be treated as minimally invasively as possible. Urgent dental care is distinguished from emergency dental care in that urgent dental care requires prompt but not immediate treatment. Examples include dull toothache, mildly swollen gums, or small chips or cracks in teeth (OAR 410-123-1060).

PROCEDURES

General

1. UHA communicates and distributes this policy and procedure to its participating providers.
2. UHA regularly monitors participating providers’ compliance with this policy and procedure.
3. UHA takes any corrective action necessary to ensure compliance (Compliance Program Manual - Internal Risk Response Process). UHA shall document all monitoring and corrective action activities.

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Access to Care

1. Members have access 24 hours a day, 7 days a week to urgent and emergency triage through their primary care provider's after-hours system or UHA's applicable call system. If the provider is unavailable, they will plan for someone else to take care of the medical needs or provide medical advice.
 - a. Dental care may be coordinated with the primary care dentist.
 - b. Urgent care is available if the primary care provider cannot see the member soon enough.
 - c. Members may identify their primary hospital by contacting Customer Care or from their Member Handbook. Their primary hospital will refer or transfer to a different hospital if the necessary services cannot be provided.
 - d. Emergency services such as emergency ambulance transport, 911, or the emergency room are available for emergencies and crises. Emergency services should not be utilized for routine care such as the following:
 - i. Colds;
 - ii. Back pain;
 - iii. Constipation;
 - iv. Toothache; or
 - v. Diaper rash.

Coverage and Payment

1. Coverage and payment of emergency services and post-stabilization care services are the responsibility of:
 - a. UHA; and
 - b. The State (i.e. Oregon Health Authority (OHA)).
2. UHA and OHA must cover and pay for emergency services regardless of whether the provider furnishing the services has a contract with UHA.
3. UHA will not deny payment for treatment obtained under either of the following circumstances:
 - a. A member had an emergency medical condition, including cases in which the absence of immediate medical attention would not have resulted in the following outcomes specified in the definition of an emergency medical condition:
 - i. Placing the health of the individual (or, for pregnant women, the health of the woman or her unborn child) in serious jeopardy;
 - ii. Serious impairment to bodily function; and/or
 - iii. Serious dysfunction of any bodily organ or part.

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- b. A representative of UHA (including the member's primary care provider) instructs the member to seek emergency services.
4. UHA bases its coverage decisions for emergency services on the severity of the symptoms at the time of presentation and covers emergency services when the presenting symptoms are of sufficient severity to constitute an emergency medical condition in the judgement of a prudent layperson (42 CFR §438.114)
5. UHA will allow members to obtain emergency services outside of its primary care case management system regardless of whether the case manager referred the member to the provider that furnishes the services.
6. UHA is financially responsible for post-stabilization care services obtained within or outside UHA's network that are (42 CFR § 422.113(c)(2):
 - a. Pre-authorized by a UHA provider or other UHA representative;
 - b. Not pre-authorized by a UHA provider or other UHA representative, but administered to maintain the member's stabilized condition within 1 hour of a request to UHA for pre-authorization of further post-stabilization care services; or
 - c. Not pre-authorized by a UHA provider or other UHA representative, but administered to maintain, improve, or resolve the member's stabilized condition if
 - i. UHA does not respond to a request for pre-approval within one (1) hour;
 - ii. UHA cannot be contacted; or
 - iii. UHA's representative and the treating physician cannot reach an agreement concerning the member's care and a UHA physician is not available for consultation.
 1. UHA will give the treating physician the opportunity to consult with a UHA physician and the treating physician may continue with care of the patient until a UHA physician is reached or one of the criteria for ending UHA's financial responsibility is met.
 - d. UHA's financial responsibility for post-stabilization care services has not authorized ends when (42 CFR § 422.113 (c)(3)):
 - i. A UHA provider with privileges at the treating hospital assumes responsibility for the member's care;
 - ii. A UHA provider assumes responsibility for the member's care through transfer;
 - iii. A UHA representative and the treating physician reach an agreement concerning the member's care; or
 - iv. The member is discharged.
7. UHA limits charges to members for post-stabilization care services to an amount no greater than what UHA would charge the member if he or she had obtained the services



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through UHA’s network. For purposes of cost sharing, post-stabilization care services begin upon inpatient admission.

8. UHA will coordinate and pay for emergency and post-stabilization services provided both in and out-of-network (OAR 410-141-3840).
 - a. If emergency room screening examination leads to a clinical determination by the examining provider that an actual emergency medical condition exists under the prudent layperson standard, or the member was instructed to seek emergency care from their primary care provider (PCP), designated provider, or other UHA representative.
 - i. UHA may post review claims for emergency room services to ensure that an actual emergency medical condition exists under the prudent layperson standard. UHA will not retroactively deny a claim for an emergency screening examination because the condition, which appeared to be an emergency medical condition under the prudent layperson standard, turned out to be non-emergent.
 - ii. The attending emergency physician, or the provider treating the member, is responsible for determining when the member is sufficiently stabilized for transfer or discharge and that determination is binding.
 - iii. Additionally, UHA will not deny a claim for emergency services merely because the primary care provider was not notified, or because UHA was not billed within 10 calendar days of the service.
 - iv. UHA does not require pre-authorization of emergency services and does not require the treating physician to obtain pre-authorization for emergency services or post-stabilization of services, see policy CE22 - Payment and Authorization of Hospital Admissions.

Prior Authorization

1. UHA does not require prior authorization for emergency services and does not limit what constitutes an emergency medical condition based on a list of diagnoses or symptoms.

After-Hours Call-In System

1. Primary Care Providers shall have an after-hours call-in system adequate to triage urgent care and emergency service calls from members or a member’s long-term care provider or facility (OAR 410- 141-3840).
 - a. A provider’s representative shall return urgent calls appropriate to the member's condition but in no event more than 30 minutes after receipt. If information is not adequate to determine if the call is urgent, the representative will return the call

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within 60 minutes to fully assess the nature of the call. If information is adequate to determine whether the call may be emergent in nature, the representative will return the call within 30 minutes.

Emergency and Post-Stabilization Services

1. UHA provides education to members about how to appropriately access care from emergency rooms, urgent care and walk-in clinics, non-traditional health care workers, and less intensive interventions other than their primary care home.
2. UHA will not limit what constitutes an emergency medical condition with reference to emergency medical condition or emergency services on the basis of lists of diagnoses or symptoms and will not refuse to cover emergency services based on the emergency room provider, hospital or fiscal agent not notifying the member's PCP or UHA of the member's screening and treatment within 10 calendar days of presentation for emergency services. UHA will notify the members' primary care provider or applicable parties of the members screening and treatment within 10 calendar days of presentation for emergency services.
3. A member who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.
4. The attending emergency physician, or the provider treating the member, is responsible for determining when the member is sufficiently stabilized for transfer or discharge, and the determination is binding on UHA and OHA as responsible for coverage and payment.
5. After a member has been stabilized following an emergency, they should be instructed to contact their primary care provider for follow-up care.

Dental Emergency/ Urgent Care

1. UHA contracts with local Dental Care Network (DCN) for dental emergency services, the contracted provider will provide emergency services, in accordance with OAR 410-141-3840.
2. During DCN's normal working hours, members can call their primary care dentist (PCD) for services. If the PCD cannot be reached, the member can call the DCN's Customer Service Department, the number will be answered twenty-four hours, seven (7) days a week by a customer service representative.
3. In the event of a dental concern when the PCD cannot be reached, the customer service representative will contact the on-call dentist if it meets the emergency or urgency guidelines. If the customer representative cannot reach the on-call dentist they will contact the following in this order, until a provider can be reached:
 - a. The back-up on call provider;

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- b. The Dental Director;
 - c. Each provider that participated in the on-call rotation; or
 - d. Vice President of dental services.
4. It is the on-call provider's responsibility to provide emergency dental services to members during their scheduled on-call time.
5. The on-call provider is required to respond to all emergency calls received by the DCN's Customer Service Department within one hour. The on-call provider then has twenty-four hours to address the member's dental emergency (relieve the member's emergency). This is for true emergencies (bleeding, swelling, infection, trauma and severe pain). An avulsed tooth needs to be re-implanted within 30 minutes.
6. The on-call provider will determine, based upon the needs of the member, whether services are provided in an ambulatory setting or a hospital setting.
7. DCN providers do not provide medical emergency services, members needing medical emergency services will be referred to call 911 or to go to the nearest facility that provides medical emergency services.

Monitoring

1. UHA shall have methods for tracking inappropriate use of urgent and emergency care and shall act, including individual member counseling, to improve appropriate use of urgent and emergency care services. In partnership with DCOs, UHA shall take action to improve appropriate use of urgent and emergency care settings for oral health care (OAR 410-141-3840). UHA tracks the inappropriate use of urgent and emergency care through claims review and takes action to improve appropriate use of urgent and emergency care settings through care coordination.
2. UHA monitors and tracks claim payments for emergent services to ensure compliance with payment decisions.
 - a. Claims are reviewed monthly by the Medical Management Subcommittee.
3. UHA monitors to ensure that providers provide a medically or orally appropriate response as indicated to urgent or emergency calls including but not limited to the following:
 - a. Telephone or face-to-face evaluation of the member;
 - b. Capacity to conduct the elements of an assessment to determine the necessary interventions to begin stabilization;
 - c. Development of a course of action;
 - d. Provision of services and referral needed to begin post-stabilization care or provide outreach services in the case of a member requiring behavioral health services, or a member who cannot be transported or is homebound.

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- e. Provision for notifying a referral emergency room, when applicable, concerning the arriving members' presenting problem, and whether or not the provider will meet the member at the emergency room; and
- f. Provision for notifying other providers that prior authorization is required for post-stabilization care in accordance with this rule.
4. UHA will meet with CMHP quarterly to review the emergency response system that provides immediate, initial or limited duration response for emergency behavioral health.
5. UHA applies and employs innovative strategies to decrease unnecessary hospital utilization (OAR 410-141-3840(7)(b)).

Quality Assessment and Performance Improvement (QAPI)

Findings from monitoring activities are integrated into UHA's QAPI program.

1. Performance issues are evaluated for trends and root cause.
2. Identified issues may result in
 - a. Corrective Action Plans (CAPs)
 - b. Performance Improvement Projects (PIPs)
3. Results are reported to the Quality Committees.

Corrective Action and Escalation

UHA implements corrective actions when performance does not meet established standards.

1. Corrective Action Requirements
 - a. Defined issue and root cause
 - b. Assigned responsible party
 - c. Timeline for remediation
 - d. Re-measurement of performance
2. Escalation
 - a. Repeated or significant deficiencies are escalated to:
 - i. Medical Management Committee
 - ii. Quality Committee
 - iii. Executive Leadership



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Health Plan Operations				