DEPARTMENT:	Utilization Management
SUBJECT:	Post Stabilization Services
PRODUCT LINE:	All
POLICY NUMBER:	050
ORIGINAL POLICY EFFECTIVE DATE:	06/20/06
LAST REVISED DATE:	5/1/2025
LAST REVIEWED DATE:	5/1/2026

SCOPE: To ensure Group Health Cooperative of Eau Claire appropriately authorizes post stabilization payment/coverage.

POLICY:

This policy outlines coverage of medically necessary care that is urgent and emergent and help facilitate coordination of services for members who are receiving urgent and emergent services from an OON provider to ensure that member's needs are met during any transitions of care. GHC in coordination with the attending emergency physician, or the practitioner treating the member, is responsible for determining when the member is sufficiently stabilized for transfer or discharge. The health plan responsibilities for coverage and payment of emergency services and post stabilization care services are outlined below.

The following rules set forth emergency medical condition and post-stabilization responsibilities for medically necessary health care services after stabilization of an emergency medical condition and until an enrollee can be discharged or transferred. These rules do not apply to a specialized health care service plan contract that does not provide for medically necessary health care services following stabilization of an emergency condition.

(a) Prior to stabilization of an enrollee's emergency medical condition, or during periods of destabilization (after stabilization of an enrollee's emergency medical condition) when an enrollee requires immediate medically necessary health care services, a health care service plan shall pay for all medically necessary health care services rendered to an enrollee.

(b) In the case when an enrollee is stabilized but the health care provider believes that the enrollee requires additional medically necessary health care services and may not be discharged safely, the following applies:

(1) A health care service plan shall approve or deny a health care provider's request for authorization to provide necessary post-stabilization medical care within a predetermined length of time.

(2) If a health care service plan fails to approve or deny a health care provider's request for authorization to provide necessary post-stabilization medical care within predetermined length of time, the necessary post-stabilization medical care shall be deemed authorized. Notwithstanding the foregoing sentence, the health care service plan shall have the authority to deny payment for (A) the delivery of such necessary post-stabilization medical care or (B) the continuation of the delivery of such care; provided, that the health care service plan notifies the provider prior to the commencement of the delivery of such care or during the continuation of the delivery of such care (in which case, the plan shall not be obligated to pay for the continuation of such care from and after the time it provides such notice to the provider, subject to the remaining provisions of this paragraph) and in both cases the disruption of such care (taking into account the time necessary to effect the member's transfer or discharge) does not have an adverse impact upon the efficacy of such care or the member's medical condition.

(3) Notwithstanding the provisions of Subsection (b) of this rule, a health care service plan shall pay for all medically necessary health care services provided to a member which are necessary to maintain the member's stabilized condition up to the time that the health care service plan effectuates the member transfer or the member is discharged.

(c) In the case where a plan denies the request for authorization of post-stabilization medical care and elects to transfer a member to another health care provider, the following applies:

(1) When a health care service plan responds to a health care provider's request for post-stabilization medical care authorization by informing the provider of the plan's decision to transfer the member to another health care provider, the plan shall effectuate the transfer of the member as soon as possible.

(2) A health care service plan shall pay for all medically necessary health care services provided to a member to maintain the enrollee's stabilized condition up to the time that the health care service plan effectuates the member's transfer.

(d) All requests for authorizations, and all responses to such requests for authorizations, of post-stabilization medically necessary health care services shall be fully documented. All provision of medically necessary health care services shall be fully documented. Documentation shall include, but not be limited to, the date and time of the request, the name of the health care provider making the request, and the name of the plan representative responding to the request.

GHC will cover payment for emergency services in the following circumstances:

1. When a GHC representative instructs the member to seek emergency services
2. Even when the emergency room provider, hospital, or fiscal agent does not notify the member's primary care provider or the health plan of the member's screening and treatment within 10 calendar days
3. Whether or not the provider that furnishes the services has a contract with GHC
4. When a member has an emergency medical condition and requires subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient

APPROVED:  DATE: 5/1/2026

Formal policies and procedures require department manager review, approval and signature. Executive and/or administrative policies and procedures require Market Leader review, approval and signature.

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
03/21/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P & P.
02/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes
01/23/2015	Betsy Kelly, RN	Reviewed with no changes.
04/22/2016	Betsy Kelly RN	Reviewed with no changes.

5/15/2017	Michele Bauer, MD	No changes.
5/11/2018	Michele Bauer, MD	No changes.
5/23/2019	Michele Bauer, MD	No changes.
10/20/2020	Michele Bauer, MD	No changes.
10/21/2021	Michele Bauer, MD	Reviewed with no changes.
7/18/2022	Michele Bauer, MD	Clarified purpose on post stabilization services and added circumstances of when payment/coverage cannot be denied.
7/13/2023	Michele Bauer, MD	No changes.
7/15/2024	Michele Bauer, MD	Reviewed. No changes.
5/1/2025	Michele Bauer, MD	Updated the circumstances where payment occurs
5/1/2026	Michele Bauer, MD CMO	Reviewed. No changes.