

56216 Care Under Emergency Circumstances

(a)

Each PCCM plan shall provide information to members on obtaining medical services on a 24-hour-a-day, seven-days-a-week basis in the event of an emergency as defined in section 51056(a).

(b)

Written procedures shall be developed and followed by the PCCM plan regarding care under emergency circumstances provided by nonplan providers in and outside the service area. These procedures shall include but shall not be limited to the following: (1) Verification of membership. (2) Transfer of medical management of the member to the PCCM plan. (3) Payment for PCCM plan authorized services that are included in the PCCM contract as a covered service. (4) Notice to nonplan providers of the right to: (A) Dispute the PCCM plan's rejection or reduction of the claim. (B) Submit the dispute to the Department for resolution in accordance with section 56262.

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Verification of membership.

(2)

Transfer of medical management of the member to the PCCM plan.

(3)

Payment for PCCM plan authorized services that are included in the PCCM contract as a

covered service.

(4)

Notice to nonplan providers of the right to: (A) Dispute the PCCM plan's rejection or reduction of the claim. (B) Submit the dispute to the Department for resolution in accordance with section 56262.

(A)

Dispute the PCCM plan's rejection or reduction of the claim.

(B)

Submit the dispute to the Department for resolution in accordance with section 56262.

(c)

When the course of treatment of a PCCM plan member under emergency services requires the use of drugs, the PCCM plan shall authorize the provider to furnish a sufficient quantity of drugs to last until the member can reasonably be expected to have a prescription filled.