

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL**

EMERGENCY ROOM PATIENTS

Effective Date:	07/02	Policy No:	FI21
Cross Referenced:		Origin:	Finance Department
Reviewed Date:	09/04, 11/10	Authority:	Chief Financial Officer
Revised Date:		Page:	1 of 6

PURPOSE

To ensure registration personnel collect financial information in the Emergency Department in accordance with governmental regulations.

POLICY

Collection of financial information in the Emergency Department setting must be performed in Accordance with this policy.

Hospitals should not delay in providing a medical screening examination or necessary stabilizing Treatment by inquiring about an individual's ability to pay for care. All individuals who have an Emergency medical condition must be serviced, regardless of the answers the individual may give to the insurance questions asked during the registration process. In addition, a hospital may not delay screening or treatment to any individual while it verifies the information provided. However, hospitals may continue to follow reasonable registration processes for individuals presenting with an Emergency medical condition. Reasonable registration processes may include requesting information about insurance as long as these procedures do not delay screening or treatment.

PROCEDURE

Each patient seeking treatment in the Emergency Department is entitled to an emergency medical screening examination. When collecting financial information in the Emergency Department setting, the following minimum guidelines must be adhered to:

1. A medical screening examination and necessary stabilization may not be refused by the facility for any reason, even if a managed care plan refuses to authorize treatment or to pay for services.
2. A medical screening examination (see definition at the end of this policy) for an Emergency Department patient may not be delayed in order to:
 - Inquire about an individual's ability to pay;
 - Inform the patient that he or she must pay for his/her care if they choose to be treated;
 - Perform insurance verification and authorization; or
 - Inform the patient that his/her care will be free or at a lower cost if they transfer to another facility.

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3. The medical screening examination must be the same for all individuals presenting to the Emergency Department with the same condition, regardless of their financial status or the payment source.
4. The registrar must refrain from making any remarks which the patient might interpret to mean services may not be provided based on his/her ability to pay. For example, the registrar must refrain from stating, "We don't accept ABC insurance here."
5. The registrar must refrain from requesting co-pays, deductibles, or past due balances from the patient until the medical screening examination and necessary stabilization have occurred.
6. If a patient expresses the intent to leave the Emergency Department, the patient should be encouraged to remain in the Emergency Department until receiving a medical screening examination and necessary stabilization. However, if the patient decides to leave the facility without seeking medical attention, the registrar should make every effort possible to have the patient sign an informed refusal, indicating the risks of refusal have been fully explained and are understood. In addition, if the patient refuses to sign the informed refusal, the registrar should indicate as such on the form. This document must be maintained in the patient's Emergency Department medical record.

PROCESS

Registration procedures should be developed to ensure the guidelines outlined above are included in day to day processes and basic identifying information is obtained in order to utilize the order entry systems and expedite patient care, such as:

1. If a patient presents to the Emergency Department with an obvious life-threatening emergent condition (*e.g.*, patient arrives by ambulance in cardiac arrest), the medical screening examination and necessary stabilization will begin immediately. The registrar may obtain the information identified in step 4 below from a source other than the patient (*e.g.*, next of kin). Otherwise, this financial information should be obtained after the patient has received a medical screening examination and necessary stabilization treatment. The patient may be informed of his/her potential financial liability after necessary stabilization.
2. In the case of an emergent situation or active labor, identified after the medical screening examination, stabilization treatment will begin immediately. The registrar may obtain the information identified in step 4 below as well as insurance verification and authorization, **so long as the necessary stabilization treatment is not delayed**. The patient may be informed of his/her potential financial liability after necessary stabilization. When it is determined that an emergency medical condition no longer exists, the patient may:
 - Accept treatment and financial liability (refer to facility specific collection policy for collection of patient pay balances);

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- Refuse additional treatment. If treatment is refused, the patient will be asked by the Emergency Department Nurse to sign an informed refusal, indicating the risks of refusal have been fully explained and are understood. This document must be maintained in the patient's Emergency Department medical record.
3. If the medical screening examination determines that the patient does not have an emergency medical condition, or the patient is not in active labor, the patient should be informed of the risks and benefits of his/her treatment options. The registrar may obtain the information identified in step 4 below, as well as insurance verification and authorization. After the medical screening examination is completed and once the qualified medical provider has made the determination that an emergency medical condition does not exist, the patient may be informed of his/her potential financial liability. The patient may:
- Accept treatment and financial liability (refer to facility specific collection policy for collection of patient pay balances);
 - Refuse treatment. If treatment is refused, the patient may be referred by a physician or physician extender (NP, PA) to obtain treatment elsewhere. Although it is not required, the patient will be asked by the Emergency Department Nurse to sign an informed refusal, indicating the risks of refusal have been fully explained and are understood. This document will be maintained in the patient's Emergency Department medical record.
4. A registration process may be initiated as long as the process does not cause a delay in the provision of a medical screening examination and necessary stabilization for an identified emergency medical condition. Basic identifying information may be gathered and entered into the computer to allow for processing of tests in the order entry or applicable systems. Basic information obtained may include:
- Patient's full name;
 - Patient's date of birth;
 - Social security number;
 - Family physician; and
 - Insurance plan information, if applicable.

If the patient's information is already present in the computer history files, the registrar may verify the existing information (*e.g.*, Do you still live at 333 Pleasant Street?, Do you still have ABC insurance through XYZ company?).

5. An Advance Beneficiary Notice should not be obtained when rendering emergency medical treatment but is applicable following necessary stabilization.

IMPLEMENTATION

1. Registration/Business Office personnel must educate all staff associates responsible for registering, billing and maintaining patient records.

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2. Signage indicating payment is due at time of service must be removed from Emergency Department waiting and treatment areas.
3. The Registration supervisor should observe personnel throughout the employee's evaluation period to ensure compliance with this policy. Deviations from this policy will be reported as part of the hospital's performance improvement and the appropriate corrective action taken to ensure compliance.

DEFINITIONS

The following definitions for Medical Screening Examination, Emergency Medical Condition, Stabilization, Stable for Transfer, and Stable for Discharge were taken from HCFA Site Review Guidelines, June 14, 1998:

Medical Screening Examination: The process required to reach, with reasonable clinical confidence, the point at which it can be determined whether a medical emergency does or does not exist. It involves an evaluation by a qualified medical provider, within the capability of the hospital's Emergency Department, to determine whether or not an emergency medical condition exists, or if the person is in labor. The medical screening examination is an ongoing process and represents a spectrum ranging from a simple process involving only a brief history and physical examination to a complex process that also involves performing ancillary studies and procedures, depending on the patient's presenting symptoms.

Emergency Medical Condition: A condition, including severe pain, psychiatric disturbances and/or symptoms of substance abuse, in which the absence of immediate medical attention could reasonably be expected to result in 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; serious dysfunction of any bodily organ or part; or, with respect to a pregnant woman who is having contractions, there is inadequate time to effect a safe transfer to another hospital before delivery or the transfer may pose a threat to the health or safety of the woman or the unborn child; and a condition in which there is potential for further deterioration if not treated in the foreseeable future.

Stabilization: Stabilization includes the provision of such medical treatment for the condition, necessary to assure within reasonable medical probability, that no material deterioration of the condition is likely to result from, or occur during, the transfer of the individual from a facility, or that the woman has delivered the child and the placenta. Stabilization may include either stabilization for transfer or stabilization for discharge.

Stable for Transfer: A patient is stable for transfer if the treating physician attending to the patient has determined, within reasonable clinical confidence, that the patient is expected to leave the hospital and be received at the second facility with no material deterioration in his/her medical condition; and the treating physician reasonably believes the receiving facility has the capability to manage the patient's medical condition and any reasonably foreseeable complication of that condition.

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Stable for Discharge: A patient is stable for discharge, when within reasonable clinical confidence, it is determined that the patient has reached the point where his/her continued care, including diagnostic work-up and/or treatment, could reasonably be performed as an outpatient or later as an inpatient, provided the patient is given a plan for appropriate follow-up care with the discharge instructions.

Triage: Triage determines the order in which patients will be seen, and assigns a priority classification for being screened.

REFERENCES

Social Security Act, Section 1867, 42 U.S.C. 1395dd, Examination and Treatment for Emergency Medical Conditions and Women in Labor (CCH)
Social Security Act, Section 1867, 42 U.S.C. 1395cc, Emergency Medical Treatment and Active Labor Act
42 Federal Register 489.24, Special Responsibilities of Medicare Hospitals in Emergency Cases
Federal Register 489.53, Terms of Provider Agreements, Acceptance of Program Beneficiaries
EMTALA Medical Screening Policy, RI.001
EMTALA Stabilization Policy, RI.002
EMTALA Transfer Policy, RI.003
EMTALA Signage Policy RI.004
EMTALA Central Log Policy, RI.005
EMTALA Duty to Accept Policy, RI.006
EMTALA Provision of On-Call Coverage Policy, RI.007

Attachment A

REFUSAL TO CONSENT TO TREATMENT

Patient's Name

Medical Record Number

Street Address

Account Number

City, State and Zip Code

The Emergency Physician has provided me with a medical screening examination and has determined that I do not have an emergency medical condition present. I have refused further treatment at Hackettstown Community Hospital. The Emergency Physician has advised me of further treatment and follow-up resources for my non-emergent condition. He/She has advised that Hackettstown Community Hospital will do further evaluation and treatment for my non-emergent condition at my expense or they will refer me appropriately for other care. He/She has also advised me on any potential risks and benefits of seeking further treatment and/or follow-up. I refuse further treatment at Hackettstown Community Hospital and accept fully responsibility for the refusal of care and any consequences that may result from my refusal.

Treatment Refused

Risks of Refusal to Consent to Treatment/Care

Risks and Benefits of Treatment Offered

Risks of Refusing Care by a Specialist

Patient or Legally Authorized Representative

Relationship to Patient

Witness

Date

Physician

Date

Health Care Personnel Attending Patient

Name

Date

Name

Date