

## MAIMONIDES MEDICAL CENTER

CODE: FIN- 034 (Revised)

DATE: March 23, 2023

ORIGINALLY ISSUED: December 16, 2010

### **SUBJECT: EMTALA – MEDICAL SCREENING EXAMINATION AND STABILIZATION POLICY**

#### **I. POLICY**

It is the policy of Maimonides Medical Center to provide an appropriate medical screening examination (MSE) and any necessary stabilizing treatment or an appropriate transfer as required by the Emergency Medical Treatment and Labor Act (EMTALA), 42 USC, § 1395dd and all federal regulations and interpretive guidelines.

An MSE and necessary stabilizing treatment cannot be delayed by inquiring about an individual's ability to pay for care. An MSE and necessary stabilizing treatment must be provided regardless of diagnosis (e.g., labor, AIDS) financial status, (e.g., uninsured, Medicaid), race, color, national origin and/or disability.

In particular, there can be no discrimination in the provision of an MSE and necessary stabilizing against those eligible for financial assistance under FIN 028 and FIN 029 or against those eligible for government assistance.

Maimonides will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care.

An MSE may not be conditioned on completion of a financial responsibility form, an Advance Beneficiary Patient form or payment of a co-payment for any services rendered.

#### **II RESPONSIBILITY**

Each patient seeking treatment in the Emergency Room is entitled to an MSE. When collecting financial information in the Emergency Room setting, the following minimum guidelines must be adhered to:

1. An MSE and necessary stabilizing and treatment may not be refused or delayed for any reason, even if a managed care plan refuses to authorize treatment or to pay for services.
2. An MSE for an Emergency Room patient may not be delayed in order to:

- inquire about an individual's ability to pay
  - inform the patient that he/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.
3. The MSE must be the same for all individuals presenting to the Emergency Room with the same condition, regardless of financial status or payment source. Triage only does not qualify as an appropriate MSE.
  4. Registration personnel 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, personnel must refrain from stating "We don't accept ABC insurance here."
  5. Registration personnel must refrain from requesting co-pays, deductibles, or past due balances from the patient until the MSE and necessary stabilization have occurred.
  6. For individuals who are enrolled in a managed care plan, prior authorization from the plan shall **NOT** be required or requested before providing an appropriate MSE and initiating any further medical examination and necessary stabilizing treatment.
  7. Individuals who inquire about financial responsibility for emergency care should receive a response by a staff member who has been trained to provide information regarding potential financial liability. The individual should be clearly informed that an MSE and any necessary stabilizing treatment will be provided regardless of the patient's ability to pay.
  8. If a patient expresses the intent to leave, the patient should be encouraged to remain until receiving an MSE and necessary stabilization.

### **III. PROCEDURE**

Although an MSE or necessary stabilizing treatment cannot be delayed by inquiring about ability to pay basic identifying information may be obtained in order to utilize the order entry systems and expedite patient care, such as:

1. If a patient presents to the Emergency Room with an obvious life threatening emergent condition (e.g. patient arrives by ambulance in cardiac arrest), the MSE and necessary stabilizing treatment will begin immediately. Registration personnel 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 an MSE and necessary stabilization treatment.

2. In the case of an emergent situation or active labor, identified after the MSE, stabilizing treatment will begin immediately. Registration personnel may obtain the information identified in step 4 below as well as insurance verification and authorization, so long as the necessary stabilizing treatment is not delayed. When it is determined that an emergency medical condition no longer exists, the patient may:
  - Accept treatment and financial liability
  - Refuse additional treatment. If treatment is refused, the patient will be asked to sign an informed refusal, indicating the risks of refusal have been fully explained and are understood. (See Attachment A for a sample informed refusal form). This document must be maintained in the patient's Emergency Department medical record.
3. If the MSE determined 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, benefits and alternatives of his/her treatment options. Registration personnel may obtain the information identified in step 4 below, as well as insurance verification and authorization and may inform the patient of his/her potential financial liability. The patient may accept treatment and financial liability or may refuse treatment. In accordance with policy AD-041, the patient should be asked to complete a Release Against Medical Advice form (#9187).
4. A registration process may be initiated as long as the process does not cause a delay in the provision of an MSE and necessary stabilization for an identified emergency medical condition. Basic identifying information may be gathered and entered into the medical record 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
  - Primary care physician, and
  - Insurance plan information, if applicable.

If the patients' information is already present in the medical record, 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?).

**IV     CONTROLS**

1.     All staff responsible for registering, billing and maintaining patient records must be educated on this policy.
  
2.     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 to the Medical Center’s Compliance Officer and the appropriate corrective action taken to ensure compliance.
  
3.     It is the responsibility of the Senior Vice President, Finance to ensure adherence to this procedure.



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Kenneth D. Gibbs  
President & CEO

**REFERENCE:**                   IRC 501 (r) added by Section 9007 (a) of Patient Protection and Affordable Care Act March 23, 2010.  
Social Security Act Section 1867 42 U S C § 1395dd,  
Examination and Treatment for Emergency Medical Condition and Women in Labor, Social 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. 77F.R. 38148 (NPR June 26, 2012); Final Rule, 79 Fed.Reg. 78954 (Dec. 31, 2014); 26 C.F.R.1.501(r)-6  
PROF-CMCHS-ER-013, “Screening and Transfer of Individuals in the Emergency Department”

**INDEX:**

**DEPARTMENT  
RESPONSIBLE:**                   Financial/Legal

## **DEFINITIONS**

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 Medical Center'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 or 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.