

# Essent Healthcare, Inc.

## EMTALA Training



# EMTALA



- **Emergency Medical Treatment and Labor Act of 1996**
  - Requires all hospitals with a dedicated emergency department to provide a medical screening exam to any individual who comes to the facility and requests treatment regardless of their ability to pay.
    - Failure to comply with EMTALA will lead CMS to initiate termination procedures.

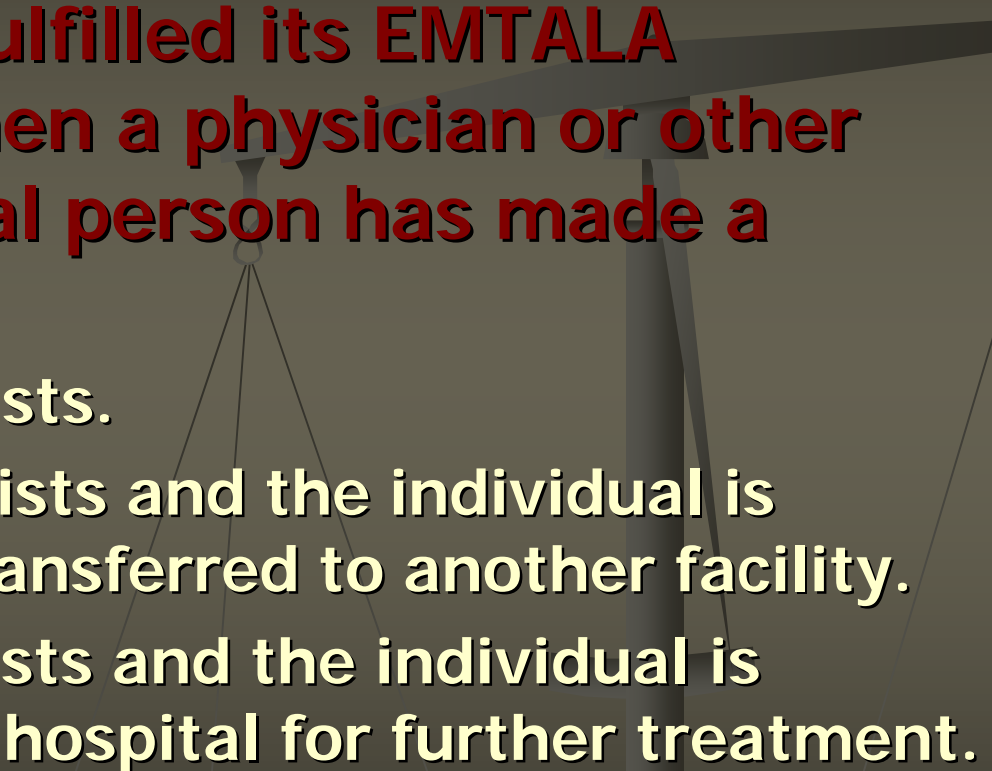
# EMTALA

- EMTALA Utilizes a *Prudent Layperson* Concept in determining whether an EMTALA obligation exists
  - EMTALA would apply if a *prudent layperson observer* would conclude that there was a need for an examination or treatment of a medical condition based on the individual's appearance or behavior .

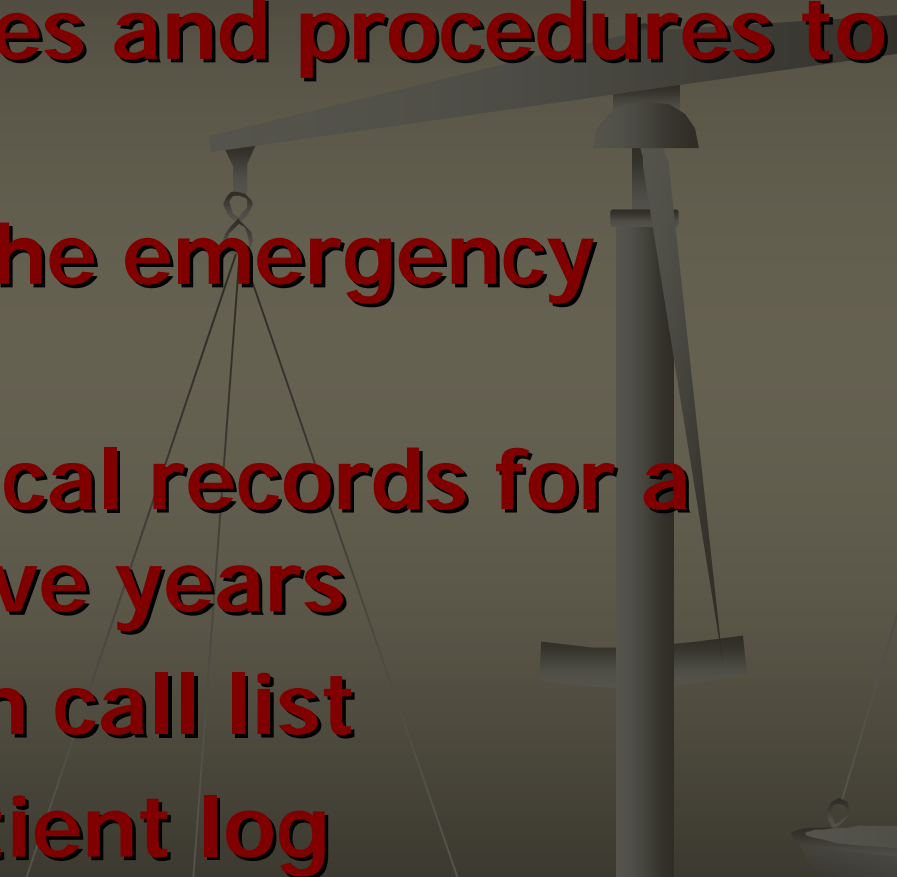
# EMTALA

- **EMTALA may also apply to individuals who arrive elsewhere on hospital property (places other than the ED)**
  - If the individual requests treatment for an EMC or if a prudent layperson observer would believe that the individual is suffering from an EMC.
    - Hospital property includes the entire main campus, parking lots, sidewalks, driveways, and any building owned by the hospital that is within 250 yards of the main building.

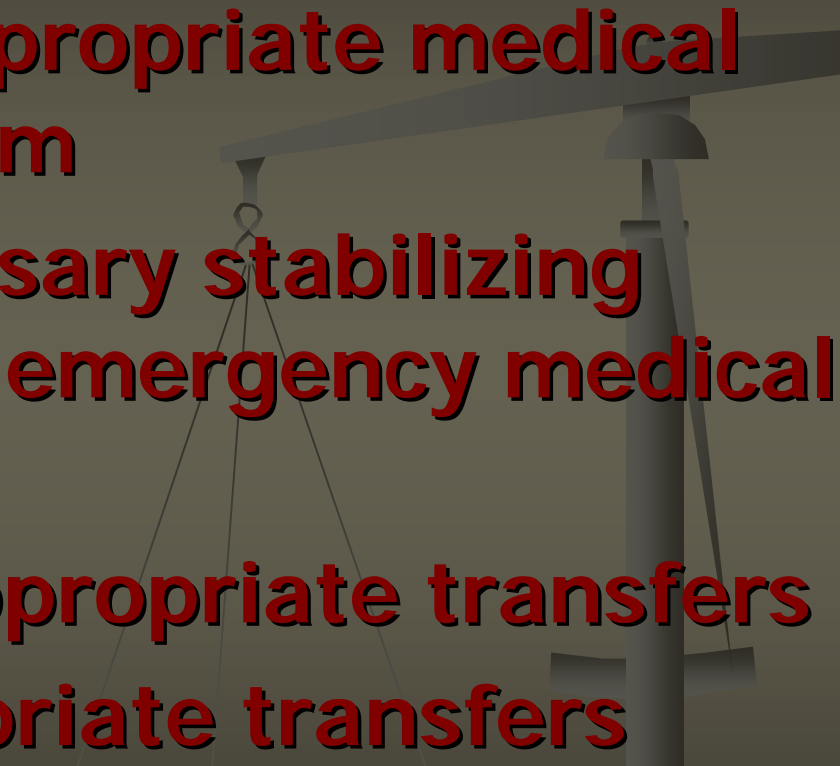
# EMTALA

- **A hospital has fulfilled its EMTALA requirement when a physician or other qualified medical person has made a decision**
    - That no EMC exists.
    - Than an EMC exists and the individual is appropriately transferred to another facility.
    - That an EMC exists and the individual is admitted to the hospital for further treatment.
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# BASIC REQUIREMENTS

- **Develop policies and procedures to comply**
  - **Post signs in the emergency department**
  - **Maintain medical records for a minimum of five years**
  - **Maintain an on call list**
  - **Maintain a patient log**
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# BASIC REQUIREMENTS

- Provide an appropriate medical screening exam
  - Provide necessary stabilizing treatment for emergency medical conditions
  - Provide for appropriate transfers
  - Accept appropriate transfers
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# DEFINITIONS

- **Emergency Department (ED)**
  - Any department of the facility that either
    - Is licensed by the state as an ED.
    - Is held out to the public as providing treatment for EMC.
    - One-third of the visits to the department in the preceding calendar year provided treatment for EMCs on an urgent basis.

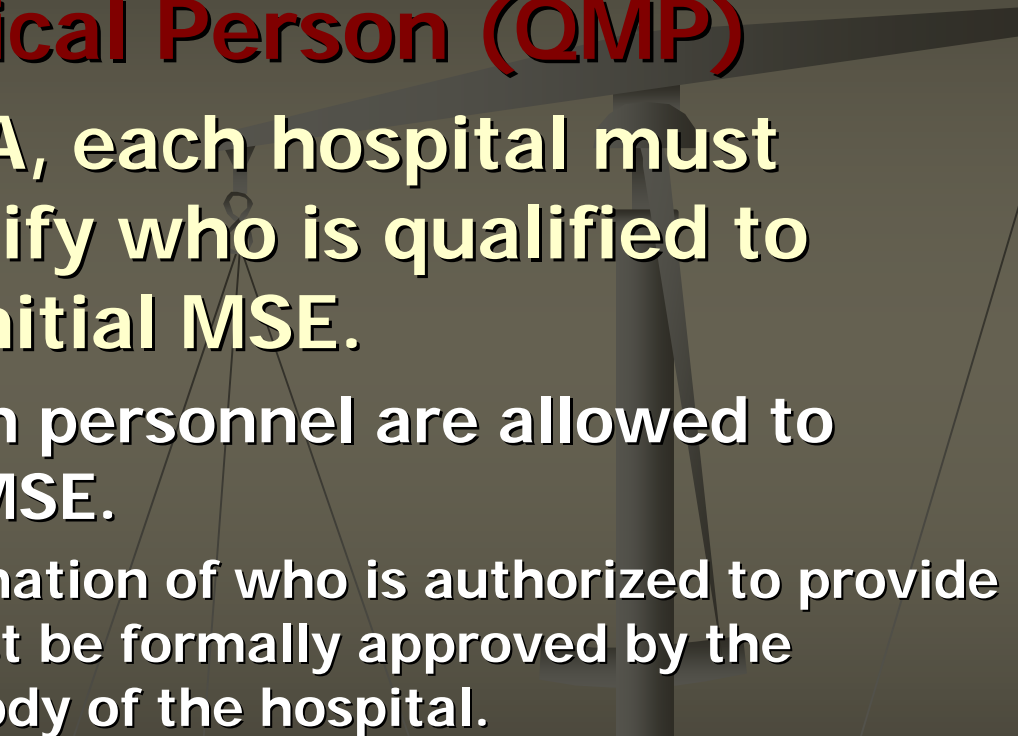
# DEFINITIONS

- **Medical Screening Exam (MSE)**
  - 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.
    - May range from simple to complex depending on presenting complaint and/or symptoms.
    - Hospitals are not required to provide screening services beyond those needed to determine that there is no EMC.
      - To comply with the statute, all individuals with similar medical conditions are to be treated consistently.
      - Triage is not the equivalent of an MSE – triage merely determines the order in which patients will be seen.

# DEFINITIONS

- **Emergency Medical Condition (EMC)**
  - A medical condition manifested by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably result in:
    - Placing the health of the individual in serious jeopardy.
    - Serious impairment to bodily functions.
    - Serious dysfunction of any bodily organ or part.

# DEFINITIONS

- **Qualified Medical Person (QMP)**
    - Under EMTALA, each hospital must formally identify who is qualified to perform the initial MSE.
      - Non-physician personnel are allowed to perform the MSE.
        - The determination of who is authorized to provide the MSE must be formally approved by the governing body of the hospital.
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# DEFINITIONS



## ■ **Stabilized**

### ■ For EMC

- When no material deterioration of the condition is likely, within reasonable medical probability, to result from, or occur during, the transfer of the individual from the facility.

### ■ For Woman in Labor

- When a woman has delivered the child and the placenta.

### ■ For Psychiatric Patients

- When that patient is protected and prevented from injuring or harming him/herself or others.

# DEFINITIONS

## ■ **Transfer**

- The movement (including discharge) of an individual outside a hospital's facilities at the direction of any person employed by the hospital.
  - Does not include movement of an individual who has been declared dead or leaves the facility against medical advice.
    - All transfers must include certification (by the treating physician) that the benefits of the transfer outweigh the risks.

# REQUIREMENTS

## ■ Transfer Requirements

- In order to be appropriate, the transferring facility must:
  - Provide treatment within its capabilities to minimize risks to patients health.
  - Obtain permission from the receiving hospital to transfer the individual.
    - Transferring hospital should document all communications including date, time, and name of person accepting the transfer.

# REQUIREMENTS

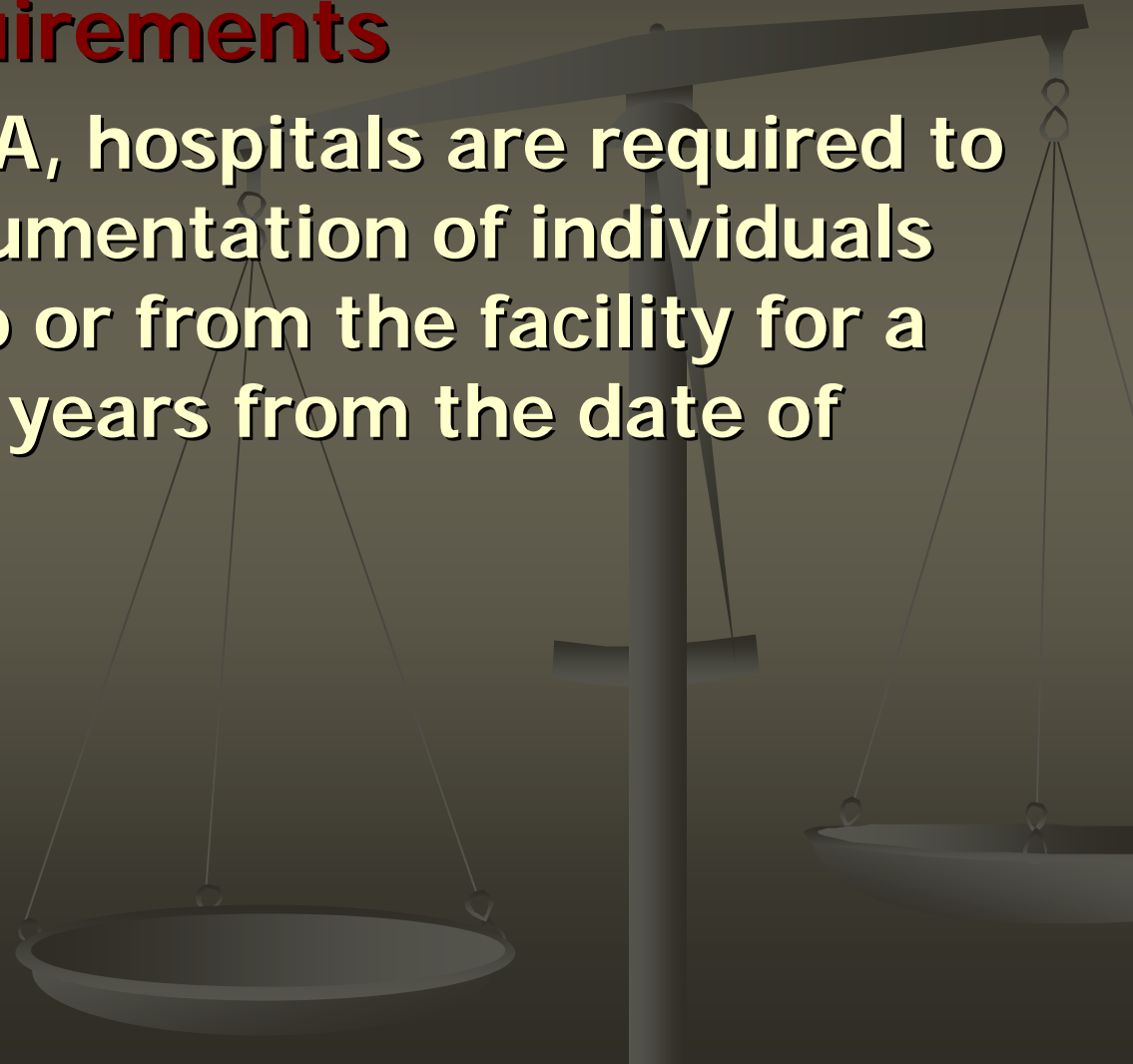


## ■ **Transfer Requirements**

- In order to be appropriate the transferring hospital must:
  - Obtain permission from the receiving hospital to transfer the individual.
    - Document communication with receiving hospital including date, time, and name of person accepting the transfer.
  - Provide necessary medical records to the receiving hospital.
    - Records must accompany patient.

# REQUIREMENTS

- **Transfer Requirements**
  - Under EMTALA, hospitals are required to maintain documentation of individuals transferred to or from the facility for a period of five years from the date of transfer.



# REQUIREMENTS



## ■ Notice to Patients

- EMTALA requires the posting of signs which specify the rights of individuals with EMC and woman in labor. To comply with EMTALA, signage must, at a minimum:
  - Specify the rights of individuals with EMCs.
  - Indicate whether the hospital participates in the Medicaid program.
  - Contain clear, concise language that is understandable by the population of the hospital.
  - Be posted in a conspicuous place that is likely to be noticed by all individuals entering the ED and/or waiting for treatment.

# REQUIREMENTS



## ■ On Call Requirements

- Hospitals must maintain an on call list of physicians who are on duty to provide treatment for patients with EMCs.
  - The expected response time should be stated in minutes in the hospital policies. Terms such as reasonable or prompt are not enforceable and therefore inappropriate in defining response time.
- CMS does not have requirements regarding how frequently physicians are required to be on call.
- Each hospital has the discretion to maintain its on call list in a manner that best meets the needs of its patients.
- Group names are not acceptable for identifying the on call physician - individual physician names are required.

# REQUIREMENTS

## ■ On Call Requirements

- A determination as to whether the on call physician must physically assess the patient in the ED is the decision of the treating ED physician.
  - If requested by the treating physician, the on call physician must come to the ED.
- Physicians may see patients in their office and/or schedule surgery during times when they are on call.
  - Physicians may also be on call simultaneously at more than one facility.
    - Hospital must have policies and procedures in place to follow when the on call physician cannot come to the ED because he has been called to another facility.

# REQUIREMENTS

## ■ Patient Registration

- Hospitals may follow reasonable registration procedures for individuals who come to the ED so long as the MSE is not delayed.
  - Typically, this includes collecting demographic information, insurance information, emergency contacts and other relevant information.
    - Hospital can ask for insurance card but not delay treatment while verifying benefits, or obtaining authorization or pre-approval.
    - Hospitals are advised against obtaining financial liability forms from patients until after the MSE is complete and stabilizing treatment has begun.
      - Reasonable registration procedures may not unduly discourage individuals from remaining for further evaluation.

# REQUIREMENTS



## ■ Patient Registration Guidelines

- Hospitals may not delay the MSE in order to inquire about an individual's method of payment.
- Hospitals may not seek authorization from an individual's insurance company until after the MSE has been completed and/or necessary stabilizing treatment has begun.
  - Physicians are not precluded from making contacts to obtain the individual's medical history as long as the consultation does not inappropriately delay treatment.

# REQUIREMENTS



## ■ Patient Logs

- Hospitals must maintain a central log on each individual who comes to the ED seeking assistance and whether he/she is refused treatment, stabilized, admitted, transferred, or discharged.
  - Includes other areas of the hospital that may be considered “emergency departments” (i.e. labor and delivery) where patients may present for treatment of an EMC.

# ENFORCEMENT



- **Enforcement is a complaint driven process**
  - The investigation of a hospital's policies and procedures are initiated by a complaint.
    - If the results of the investigation indicate that a hospital has violated EMTALA, the hospital may be subject to:
      - Termination of its Medicare provider agreement.
      - Civil monetary penalties.
      - Administrative sanctions.

*All investigations will be unannounced.*