Policy Title: Emergency Department Registration and Collections Policy

Audience: All Employees

References and Citations: EMTALA

I. Purpose: To provide minimum standard procedures, consistent with the Emergency Medical Treatment and Active Labor Act ("EMTALA"), for registering and obtaining payment from patients who present through the Emergency Department. To determine if an urgent care center is considered an Emergency Department under EMTALA, contact your facility's Operations Counsel**.**

II. Responsibility: The Patient Access Director and Business Office Director will be responsible for implementing this policy.

III. Policy: It is the policy of Community Health Systems Professional Services Corporation that affiliated hospitals will follow reasonable registration procedures as permitted by EMTALA. Hospitals may not delay a Medical Screening Exam ("MSE") or stabilizing treatment to inquire about a patient's method of payment or insurance status. Even if it causes no delay, the hospital may not contact the insurance plan for verification or authorization until after it has provided the MSE and initiated any medical treatment that is required. The request for payment should not occur until all ED services are complete and the patient is being discharged. Otherwise, reasonable registration processes are appropriate and may include requesting basic patient demographic information and insurance information as long as these procedures do not delay screening or treatment.

IV Forms and Documents: ED Sign In Log/Emergency Department Information System (EDIS) Presentation Board, Consent to Treat

V. Reference Procedures: Insurance Verification, Outpatient Registration, Change Outpatient to Inpatient, A/R Control Record, Quick Registration Maintenance.

VI. Procedure:

A. Compliance Reference: EMTALA regulations as published in the Federal Register, including the 9/9/03 Final Rule and subsequent amendments. Please refer to section 10.2 of your BOM Reference Manual and the CHS Emergency Treatment and Patient Transfer Policy/Procedure (Compliance Manual).

B. Emergency Department Staffing/Coverage

While not an explicit requirement under EMTALA, if hospital resources permit, the ED registration desk should be staffed 24 hours a day, 7 days a week. The Business Office/Registration Department are responsible for providing staffing coverage for the ED registration desk. Under normal circumstances, the nursing/clinical staffs are not responsible for providing this coverage so that nursing/clinical staff are available at all times for patient care. Management will also provide non-clinical staff to provide coverage for the ED registration desk for appropriate breaks.

C. Minimum Guidelines for Compliance

1. Patients will be triaged and receive a MSE (triage is not medical screening).

2. Neither the MSE nor stabilizing treatment may be delayed in order to inquire about the individual's method of payment, insurance status, (including obtaining insurance information), ability to pay for services or to address point of service collections.
3. **Even if it causes no delay, the hospital may not contact the insurance company for verification or authorization until after it has provided the MSE and initiated any medical treatment that is required.**
4. **The request for payment should not occur until ED services are complete and the patient is being discharged.**
5. The hospital may not discourage individuals from remaining for further evaluation.
6. Hospital staff involved with registering emergency department patients or the provision of emergency care services should be trained on the EMTALA requirements. Failure to comply with the requirements of this policy may be grounds for disciplinary action, up to and including termination.

NOTE: If the patient asks about the patient's financial liability (including verifying his/her insurance), the Registrar should defer such conversations until after the MSE is performed and stabilization is initiated. Here are suggested statements for responding to questions regarding the patient's financial liability prior to the completion of the MSE. The first inquiry relates to "verifying insurance"; the second relates to "patient responsibility when NO insurance."

Question: **"I'm not sure my insurance is still in effect. Could you check?"**
Response: "Yes. Once your medical screening has been performed and treatment, if needed, is initiated, I will be glad to verify your insurance information."

[**NOTE:** Do not state that you will verify the patient's insurance unless you have ability to do this].

Question: **"I do not have insurance. Can you tell me how much this is going to cost me?"**
Response: "Yes. Once your medical screening has been performed and treatment, if needed, is initiated, we can tell you how much it will cost.

If the patient persists in wanting to discuss financial liability, you should answer their questions. If possible, get a supervisor involved in the discussion (so there are two employees, one management level, involved). Both employees should document all conversations regarding financial questions and the answers provided. However, facility may not delay the MSE or treatment to inquire about the individual's method of payment, insurance status (including obtaining insurance information), or ability to pay for services. Hospital should not request payment until ED services is complete and the patient is being discharged.

If a family member or friend is present, the Registrar may obtain information (including insurance information) from the family member or friend. However, insurance cannot be verified with the insurance company nor can pre-certification be obtained until the patient has received a MSE and stabilizing treatment has been initiated.

Refer to Attachment A which provides a flow chart for quick reference regarding obtaining patient insurance information, verifying insurance, and discussing patient liability.

D. Triage

Triage is the process by which patients are assessed and the acuity of their illness or injury is determined. Triage should be performed promptly. The triage nurse will make every effort to triage patients expeditiously. Triage is not the same as a MSE; it is the process which determines **in which order** patients will receive their MSE.

When a patient presents to the Emergency Department, the ED Registration Clerk enters the registration information in Emergency Department Information System (EDIS)'s Presentation Board. The entry in the Emergency Department Information System (EDIS) Presentation Board automatically records the patient on the Emergency Department Information System (EDIS) Emergency Department Patient Log (versus maintaining a manual Log). During this process, you should ask the patient (or his/her legal representative) to sign the *Inpatient/Outpatient Conditions of Admission and Consent to Medical Treatment* form.

After the patient has been triaged, the MSE will begin as quickly as possible, without any delay in order to inquire about the individual's method of payment, insurance status, (including obtaining insurance information), or ability to pay for services.

If, after the patient has been triaged, there is no treatment room immediately available and the patient is instructed by the triage nurse to wait in the waiting area, registration may proceed with the patient or his/her family member or friend until the physician can see the patient. Registration information can be obtained while the patient is receiving a medical screening examination and/or stabilizing treatment; however, insurance verification and authorization cannot be done until after medical screening and stabilizing treatment has been initiated. The request for payment should not occur until ED services are complete and the patient is being discharged.

E. When a patient leaves the ED before receiving a MSE

If the patient informs the ED registration staff that he/she is leaving the hospital without receiving a MSE, this should be documented (see NOTE below). Registration should advise the patient that he/she will receive a MSE if they stay regardless of his/her ability to pay. If the patient leaves without receiving the MSE, document the date, time, and disposition in Emergency Department Information System (EDIS) and reason, if known, on their triage record. You should request the patient to sign the *Refusal to Consent to Emergency Department Treatment and/or Evaluation.* No request for payment should be made at that time.

If the patient simply leaves the ED without notifying hospital staff, the hospital staff shall document in Emergency Department Information System (EDIS) the fact that the patient presented and the time the staff discovered that the patient had left, and retain triage notes and additional medical records, if any.

If the patient has not provided registration information before he/she leaves, the facility should register that patient as John Doe or Jane Doe:

> When you select "New Patient" in the Emergency Department Information System (EDIS) system, a screen displays and you must enter all of the information listed below with the exception of Comments (not required):

Required Fields	If No Identification
Last Name	DOE1(1st occurrence of day)
First Name	JOHN (or JANE)
Social Security Number	Enter 9s
Date of Birth	Enter 9s
Telephone Number (including area code)	Enter 9s
Sex (select Male or Female)	Male (or Female)

NOTE: Refer to the Risk Identification Report, RIR Policy and Procedure, regarding completion of an Incident Report.

F. Medical Screening Examination/Stabilization

Triage is NOT a medical screening examination.

If the MSE identifies an emergency condition, stabilizing treatment will begin as soon as possible. No delay is permitted to obtain registration information, method of payment information, or insurance status. Insurance verification and authorization can be obtained but ONLY if the MSE has been performed and stabilizing treatment has been initiated.

Under EMTALA, as long as the MSE and stabilizing treatment are not delayed, registration information may be obtained from the patient. However, the request for payment should not occur until ED services are complete and the patient is being discharged.

However, depending on the circumstances, and to insure the patient is not unduly discouraged from remaining for further evaluation, the hospital should wait to obtain complete registration until the patient is stabilized to obtain complete registration information. Once he/she is stable, the patient should be informed of his/her potential financial liability, and he/she may make a decision regarding subsequent treatment. The patient may accept treatment (and financial responsibility as explained to him/her) or refuse additional treatment. If the patient refuses further treatment, he/she should be discharged with appropriate instructions. This disposition should be documented in the patient's ED record. Request for payment should occur at the time of discharge.

If the MSE determines that the patient does NOT have an emergency medical condition, the registrar should register the patient and insurance should be verified and authorization obtained as necessary. The patient should be informed of his/her potential financial liability. At this point, the patient may accept treatment (and financial responsibility as explained to him/her) or refuse additional treatment. If treatment is refused, the patient should be discharged with appropriate instructions. This disposition should be documented in the patient's ED record. Point of service collection activities can commence at this time.

Example 1: Patient has had their MSE and the physician is waiting on test

results. The physician confirms that the patient has been stabilized. At that point the registration clerk may complete the registration information including verifying insurance information. However, the registration clerk should not collect any money for the visit until the patient is being discharged.

Example 2: Patient has had their MSE, the patient has been stabilized and the physician has signed the discharge papers. At this point the registration clerk may complete the registration information, including verifying insurance information. The registration clerk can collect any deductibles, co-pays or deposits for this visit at this time.

When appropriate, the clinical staff will notify the registration staff in the Emergency Department that the patient has had an MSE and is stabilized, and the registration clerk can complete the registration. The registration clerk at that time will be able to complete the registration and discuss the patient's financial information with the patient. The request for payment should not occur until ED services are complete and the patient is being discharged.

G. Patient Registration in Emergency Department Information System (EDIS)

Patients presenting to the Emergency Department will be entered into Emergency Department Information System (EDIS) (Presentation board). Both Registration and Triage Nurses should have access to the "Search" function in Emergency Department Information System (EDIS) to see if the patient has a previous stay/visit so that the patient's same History Number is retained.

When you select "New Patient" in the Emergency Department Information System (EDIS) system, a screen displays and you must enter all of the information with the exception of Comments (not required):

Required Fields	Identification
Last Name	SMITH(1st occurrence of day)
First Name	ADAM
Social Security Number	123-45-6789
Date of Birth	01/23/4567
Telephone Number (including area code)	123-456-7891
Sex (select Male or Female)	Male

NOTE: If the patient has no identification, you must enter the values illustrated in Section E above and change the information once obtained. The process of confirming a patient's identify must never inappropriately delay the medical screening examination or treatment for emergency medical conditions.

Once you enter the required information, another screen displays to allow you to initiate the search. Always search by Social Security Number first; if not found, search by Date of Birth (search by name as last option). If multiple records are identified, always select the oldest (lowest number).

There should not be multiple history numbers assigned to a patient.

If the patient does have an existing history number but the name has changed (due to marital status change, etc.), the patient's name should be changed as necessary.

Emergency Department Information System (EDIS) creates a Quick Registration in HMS. As described below, you must perform a Quick Registration Maintenance for the account. HMS prints a listing of quick registration patients.

H. Performing Quick Registration Maintenance in the HMS System

Quick registrations must be revised and completed through the *Quick Registration Maintenance* option. All quick registrations should be completed as soon as possible and must be completed before a patient may be admitted as an inpatient or discharged from the Emergency Department.

When you access the patient's account number to perform the Quick Registration Maintenance, some of the data is assigned automatically (from the record selection performed in the Emergency Department Information System (EDIS) system). The default values assigned are as follows:

1. History Number
2. Patient Account Number
3. Patient Name
4. Registration Date and Time
5. Point of Origin (also known as Admission Source) should be a 01
6. Financial Class (defaults to "S")
7. Patient Type (defaults to "E")
8. Hospital Service (defaults to "EOP")
9. Sex
10. Date of Birth
11. Chart# (same as History Number)
12. Attending Physician
13. Previous Admission
14. Previous Discharge
15. VIP Indicator (defaults to "N")

You must enter the remaining required information. Refer to Outpatient Registration for a discussion of the information required; the procedures are the same with the exception of the defaulted values listed above.

I. Emergency Room Patients Transferred to an Inpatient Status

If an ED patient is later admitted as an Inpatient the point of origin should stay as **01** and condition code of **P7** should be input on the patient's account indicating that the patient was admitted directly from this facility's

Emergency Room/Department. For those facilities on HMS the condition code can be entered under Patient Maintenance, Option 14 Condition Codes. For those hospitals not on HMS Patient Accounting this may be entered in a different place. Please refer to SPAM Manual, Section 2.2 Admissions.

J. Patients Being Transferred to Another Facility

If a patient has not been stabilized for discharge and is being transferred to another hospital for further treatment or testing, neither the treatment nor transfer should be delayed to inquire about method of payment, insurance status, or registration information. The registration clerk can discuss payment with the patient's family if they are available and the family is in a situation that they can be taken to the registration area to discuss payment or financial arrangement. A transfer to another facility from the ED is only appropriate when a patient is unstable for discharge. Because the patient is unstable, no request for payment should be made to the patient or the patient's family prior to transfer.

K. Assignment of Service Codes on Non-Emergency Patients Seen in ED

Once an appropriate screening is performed, patients entered in Pro-Med or presenting to the ED for non-ED services, such as injections ordered by a physician in advance of the patient's arrival, should be registered as routine outpatient encounters (i.e., service code MOP, Medical Outpatient, and not coded as Emergency outpatient). The ED charge sheet should be used to charge for the injection and drug, which correctly posts the revenue to the ED. There would be no ED physician charge in this situation.

Patients that present to the ED without an advance order from their physician should be coded with service code EOP (emergency outpatient). The appropriate charges for an ED visit would be posted to the patient's account.

A patient who presents to the ED for suture removal should not be coded with the "Emergency Outpatient" service code. These patients should be registered with a service code of MOP (Medical Outpatient). If the patient presents for recheck or removal of suture and complains of additional concerns, the patient should be registered as emergent (EOP).
Reference policy 1.90 Emergency Department Charging under Revenue Management, Manuals, Revenue Cycle Policy Manual.

For patients who are discharged from the ED, the registrar should complete the quick registration maintenance prior to the patient leaving the emergency service area.

For patients who are admitted to observation or as an inpatient from the ED, the registrar must complete the quick registration maintenance before using the Change Outpatient to Inpatient option.

L. Point of Service Collections in the Emergency Department

If the MSE identifies an emergency condition, stabilizing treatment will begin as soon as possible. No delay is permitted to obtain registration information or insurance status.

Insurance verification and authorization can be obtained but **ONLY** if the MSE has been performed and stabilizing treatment has been initiated. . The quick registration may be maintained after the MSE is completed. Insurance information can also be obtained at this time.

NOTE: No money should be collected until the patient is being discharged. Only then should staff ask for any co-pays, deductibles or deposits for the visit.

1. Emergent Patients
   a. The patient should be escorted or sent back to the registration area after treatment if the patient is not admitted to the hospital. Or, the hospital can choose to go to the ED room before the patient is discharge.
   b. If the patient will be admitted, the registrar will go to the patient's room after treatment and stabilization to collect insurance information.
   c. No request for payment until discharge.

2. At discharge:
   Check the patient's insurance card to determine patient's co-pay and deductibles. If their insurance card does not have the co-pay and deductibles listed, the registrar should use the sheet for the top twenty-five (25) employers' insurance information to determine if the patient will owe anything for this service. If the patient's insurance is not listed on the top 25 employers' insurance information, the following should be collected:
   a. Verify patient's insurance using Passport insurance eligibility or calling the insurance company to determine patient's co-pay and deductibles.
      Self-Pay Patient
      The minimum deposit amount should be the lowest ED level charge amount less the Self Pay Discount. Example (ED level one = $250). The Self Pay discount = 30%. ($250 x .30 = $75 Self Pay Discount) ($250 - $75 = $175) The deposit amount for this visit would be $175.
      Patient with Group Health Insurance Primary
      The POS amount collected from the patient should be the emergency department co-pay amount on the patient's insurance card. If the amount is not on the card, then a minimum amount should be collected (Example $50 for the deposit). However, hospitals can choose to make their deposit amount higher than the minimum deposit required. Staff should explain to the patient they will receive a bill for any remaining portion.
      Medicare Insurance Primary with no Secondary Insurance
      A deposit of $25 should be collected.
      Medicare Insurance Primary with Secondary Insurance
      No co-pay or deposit should be collected.
   b. A charge estimate is not required for emergency room patients but if the hospital chooses to provide an estimate they may do so.
   c. Inform the patient/guarantor the amount that they will owe for this visit.
   d. Inform the patient/guarantor if this amount is an exact amount, a minimum deposit, or an estimated amount. Inform the patient/guarantor that any remaining balance will be mailed to them and is due at that time.
   e. Inform the patient/guarantor the method of payment that is accepted by the facility, i.e., cash, check, major credit card.

EMERGENCY DEPARTMENT REGISTRATION FLOW CHART