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 Policy Area: Leadership/Administration (LD)
 References:
 Applicability: USA Medical Center

UNIVERSITY OF SOUTH ALABAMA
MEDICAL CENTER

Emergency Department Credit Policy

This policy is intended to establish the amounts to be collected before services are rendered and upon discharge from the hospital or emergency department.

PATIENT TYPE	Self-Pay Non-Emergency Medical Condition	Insured Non-Emergency Medical Condition
Emergency Room	\$75.00 deposit + Balance at discharge	Applicable deductibles and/or coinsurance

- **Emergency Room/Evaluation Patients (non-emergency medical condition):** will be examined by the triage nurse. The triage nurse will make the determination as to the classification of the patient's condition to determine priority for services according to level of severity. A physician will perform a medical screening examination (MSE) on all patients according to the triage order of severity. If the examining physician determines that the patient's medical condition is consistent with a **Category III** triage at USA Children's & Women's Hospital or **Category IV** triage at the USA Medical Center (non-emergency), the patient will be informed of the medical category and required to pay a \$75.00 deposit or applicable deductible and/or coinsurance of verified insurance coverage prior to services being rendered. The balance of incurred charges will be due after services are rendered.

Deposits will be requested on all admissions except Categories I and II. No financial information or deposits will be requested until after the MSE validates the patient's Category as follows:

1. **Emergency (Category I)** - All category I Emergency Department patients will be seen regardless of their ability to pay.
2. **Urgent (Category II)** - All category II Emergency Department patients will be seen regardless of their ability to pay.
3. **Non-Emergency Medical Condition (Category III)** - USA Children's & Women's Hospital. Payment of the deposit per hospital payment schedule will be required prior to receiving services.
4. **Non-Emergency Medical Condition (Category III)** - Financial information will NOT be obtained from Category III patients at USA Medical Center.
5. **Non-Emergency Medical Condition (Category IV)** - At USA Medical Center patients will be required to make payment of the deposit per hospital payment schedule prior to receiving services.
6. **Elective** - 100% of the estimated charges will be due prior to the services being rendered. Anything above the estimated amount will be due after the services are rendered and billed.

Original Policy No: USA

Attachments:

No Attachments

Approval Signatures

Approver	Date
Sam Dean: Hospital Administrator	12/2017
Betty Bullock: Director of Staff Development	12/2017
Sandra Hicks: Secretary	12/2017

b. Emergency medical care policy

To satisfy the requirements of section 501(r)(4)(B), the 2012 proposed regulations provided that a hospital facility must establish a written policy that requires the hospital facility to provide, without discrimination, care for emergency medical conditions (within the meaning of the Emergency Medical Treatment and Labor Act (EMTALA), section 1867 of the Social Security Act (42 U.S.C. 1395dd)) to individuals, regardless of whether they are FAP-eligible. The 2012 proposed regulations further provided that an emergency medical care policy will generally satisfy this standard if it requires the hospital facility to provide the care for any emergency medical condition that the hospital facility is required to provide under Subchapter G of Chapter IV of Title 42 of the Code of Federal Regulations, which is the subchapter regarding the Centers for Medicare and Medicaid Services' (CMS) standards and certification that includes the regulations under EMTALA. In addition, § 1.501(r)-4(c)(2) of the 2012 proposed regulations provided that a hospital facility's emergency medical care policy would not meet the requirements of section 501(r)(4)(B) unless it prohibited the hospital facility from engaging in actions that discouraged individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment or by permitting debt collection activities in the emergency department or in other areas of the hospital facility where such activities could interfere with the provision, without discrimination, of emergency medical care.

Some commenters stated that the regulations under EMTALA already establish rules for registration processes and discussions regarding a patient's ability to pay in the emergency department and that the final regulations should not go beyond those requirements. A number of commenters noted that the broad language regarding "debt collection in the emergency department" could be read to proscribe ordinary and unobjectionable activities in the emergency room, such as collecting co-payments on discharge, checking for qualification for financial or public assistance, and asking for insurance information or co-pays after patients are stabilized and waiting (sometimes for long periods of time) for test results or follow-up visits from their physician.

Section 1.501(r)-4(c)(2) of the 2012 proposed regulations was intended to apply only to debt collection activities in the emergency department (or other areas of the hospital facility) that could interfere with the provision of emergency care, not to all payment activities in the emergency department regardless of their potential to interfere with care. To make this intent clear, the final regulations are revised to prohibit "debt collection activities that interfere with the provision, without discrimination, of emergency medical care," regardless of where such activities occur.

In addition, the Treasury Department and the IRS note that, since the publication of the 2012 proposed regulations, CMS has made clear that the regulations under EMTALA prohibit applicable hospital facilities from engaging in actions that delay the provision of screening and treatment for an emergency medical condition to inquire about method of payment or insurance status, or from using registration processes that unduly discourage individuals from remaining for further evaluation, such as by requesting immediate payment before or while providing screening or stabilizing treatment for emergency medical conditions. *See CMS Memorandum S&C-14-06 – Hospitals/CAHs re: EMTALA Requirements & Conflicting Payor Requirements or Collection Practices*, at 6-7 (Dec. 13, 2013). As a result, a hospital facility that provides the screening care and stabilizing treatment for emergency medical conditions, as applicable, that the hospital facility is required to provide under the regulations

under EMTALA, should generally not be engaging in the activities that § 1.501(r)-4(c)(2) of the final regulations requires emergency medical care policies to prohibit.

Two commenters asked whether the emergency medical care policy may be in the same document as the FAP. The final regulations do not prevent an emergency medical care policy from being included within the same document as the FAP or from being added to an already existing document related to emergency medical care (such as a document setting forth EMTALA compliance).