

EMTALA Physician Review Worksheet

5 - Day Review

60 - Day Review

SECTION I

Regional Office staff or QIO may complete.

Complaint Control Number: _____ Patient ID: _____

Name of Patient: _____ DOB: _____

Name of Alleged Violating Facility and/or Physician: _____
NPI Number: _____

City: _____ State: _____ CMS Certification Number: _____
(formerly the Medicare Provider Number)

Date and Time of Admission to Emergency Services: _____

Date and Time of Discharge from Emergency Services: _____

Name of Receiving Facility (if applicable): _____
NPI Number: _____

City: _____ State: _____ CMS Certification Number: _____
(formerly the Medicare Provider Number)

Date and Time of Admission Receiving Facility (if applicable): _____

Manner of Transport: _____

Location and Distance from Sending Facility (if known): _____

SECTION II

*Note to Physician Reviewer: Please complete the following questions to address issues related to EMTALA. Please be sure to include your clinical rationale for your determinations, and make any summary comments and comments on other aspects of the case in the summary section on the last page of this document. Please keep in mind that the purpose of your comments is to provide your clinical perspective on the care rendered, for the CMS 5-day review or for the OIG 60-day review. **Therefore, please refrain from making ANY statements about whether or not a violation of EMTALA has occurred, as that decision is the responsibility of CMS and the OIG only.** (Violations of EMTALA may also constitute negligence under state malpractice law.)*

MEDICAL SCREENING EXAMINATION

Note to Physician Reviewer: Depending upon an individual's presenting symptoms, an appropriate medical screening examination can range from a simple process involving only a brief history and physical examination to a complex process that also involves performing ancillary studies and procedures such as (but not limited to) lumbar puncture, clinical laboratory tests, CT scans and other diagnostic tests and procedures.

EMTALA Physician Review Worksheet

A facility must provide appropriate screening and treatment services within the full capabilities of its staff and facilities, including access to specialists who are on call.

1 a. Did the hospital provide a medical screening examination that was *appropriate* to the individual's medical complaint(s) and symptoms?

YES

NO

Please explain your clinical rationale: _____

1 b. Did the hospital provide (within its capability - including ancillary services routinely available and consultations by on-call specialist physicians) a medical screening examination that was, within reasonable clinical confidence, *sufficient* to determine whether or not an EMERGENCY MEDICAL CONDITION (as defined below) existed?

YES

NO

Please explain your clinical rationale: _____

Note: An **Emergency Medical Condition** is defined by statute as **EITHER:** (1) a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in: placing the individual's health (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part; **OR** (2) with respect to a pregnant woman who is having contractions, that there is inadequate time to effect a safe transfer to another facility before delivery, or that the transfer may pose a threat to the health or safety of the woman or the unborn child.

EMERGENCY MEDICAL CONDITION

2. Did this individual have an EMERGENCY MEDICAL CONDITION as defined by Part (1) of the statutory definition noted above? (Individual conditions meeting the definition in Part 2 above are addressed in subsequent questions.)

YES

NO

Please explain your clinical rationale: _____

EMTALA Physician Review Worksheet

3. Was this individual a pregnant woman who was having contractions?

YES

NO

Please explain your clinical rationale: _____

a) If "Yes" and the pregnant woman was transferred/discharged, at the time of transfer/discharge, could it be determined with reasonable medical certainty that there would be adequate time to affect a safe transfer to another facility before delivery?

YES

NO

N/A

Please explain your clinical rationale: _____

b) If the pregnant woman with contractions was transferred/discharged, at the time of transfer/discharge could it be determined, with reasonable medical certainty, that the transfer/discharge would not pose a threat to the health or safety of the individual or the unborn child?

YES

NO

N/A

Please explain your clinical rationale: _____

EMTALA Physician Review Worksheet

STABILIZING TREATMENT

Note to Physician Reviewer: Terms relating to “stabilization” are specifically defined under EMTALA. These terms DO NOT REFLECT the common usage in the medical profession, but instead focus on the medical risks associated with a particular transfer/discharge. Thus, when answering questions related to “stability” for EMTALA, please be very careful to refer to the definition provided in parentheses in question 4 below. In addition, the clinical outcome of an individual’s condition is not a proper basis for determining whether a person transferred was stabilized. However, the individual’s outcome may be a “red flag” indicating that a more thorough evaluation of the individual’s condition at the time of transfer was needed.

4. If an emergency medical condition (EMC) existed, at the time of transfer/discharge, was the individual’s EMC “stabilized” (meaning that no material deterioration of the condition was likely, within reasonable medical probability, to result from or occur during the transfer/discharge of the individual from the facility, or in the case of a pregnant woman in labor, that the pregnant woman had delivered the child and placenta)?

YES NO N/A

Please explain your clinical rationale: _____

5 a. Is there any evidence that the facility was equipped with such staff, services, or equipment necessary to “stabilize” (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 a pregnant woman has delivered both the child and the placenta) the emergency medical condition?

YES NO N/A

Please explain your clinical rationale: _____

5 b. If the facility had the capability to stabilize the individual and the individual was not stabilized prior to transfer/discharge, is there any information available to indicate WHY the emergency medical condition was NOT “stabilized” prior to discharge/transfer?

YES NO N/A

Please explain your clinical rationale: _____

EMTALA Physician Review Worksheet

APPROPRIATE TRANSFERS

6 a. If the individual was transferred to another facility, is there evidence that the sending facility lacked the capabilities and facilities to provide further medical examination and treatment to stabilize the individual's medical condition?

YES

NO

N/A

If yes, what were the specialized capabilities that were required for the individual's emergency medical condition that the sending hospital lacked?

Please explain your clinical rationale: _____

6 b. If the individual was transferred to another facility, did the transferring facility provide further examination and stabilizing treatment, within its capabilities (including ancillary services routinely available to it) to minimize the risks of transfer to the individual's health and, where relevant, the health of the unborn child?

YES

NO

N/A

Please explain your clinical rationale: _____

7. If the individual was transferred to another facility, to minimize the risks of transfer, did the transfer of the individual require the use of qualified personnel and transportation equipment, including life support measures if medically appropriate?

YES

NO

N/A

Please explain your clinical rationale: _____

EMTALA Physician Review Worksheet

8. If the individual was transferred to another facility, were the transportation equipment and personnel provided appropriate to the transferred individual's needs?

YES NO N/A

Please explain your clinical rationale: _____

9 a. At the time of transfer, did a physician, or if a physician was not physically present, another qualified medical person (in consultation with a physician, who subsequently countersigned the certification) certify in writing that, based upon the reasonable risks and benefits to the individual, and based upon information available at the time of transfer, the medical benefits reasonably expected from medical treatment at another facility outweighed the increased risks to the patient from effecting the transfer?

YES NO N/A

Please explain: _____

9 b. Do you agree that at the time of transfer, based upon the reasonable risks and benefits to the individual and based upon information available at the time of transfer, the medical benefits reasonably expected from medical treatment at another facility outweighed the increased risk to the individual being transferred?

YES NO N/A

Please explain your clinical rationale: _____

9 c. If the individual (or a legally responsible person acting on the individual's behalf) requested the transfer in writing, was he/she informed of the facility's obligations and of the medical risks of transfer?

YES NO N/A

EMTALA Physician Review Worksheet

Please explain: _____

10. Did the transferring facility obtain the agreement of the receiving facility to accept the transfer and to provide appropriate medical treatment?

YES NO N/A

Please explain, including, if "yes," how this was documented: _____

11. Does the documentation suggest that the transferring facility sent to the receiving facility all available and pertinent medical documentation related to the emergency medical condition?

YES NO N/A

Please explain: _____

12. If the individual refused to consent to necessary stabilizing treatment or to an appropriate transfer, is there evidence that the facility first offered the individual the further medical examination and treatment or appropriate transfer, informing him/her of the risks and benefits, and obtained the individual's informed written refusal?

YES NO N/A

Please explain: _____

EMTALA Physician Review Worksheet

RESPONSIBILITY OF HOSPITALS WITH SPECIALIZED DIAGNOSTIC OR TREATMENT CAPABILITIES OR FACILITIES

Note to physician reviewer: While "specialized capabilities or facilities" include such facilities as burn units, shock-trauma units, neonatal intensive care units or regional referral centers, it also includes much more. Most simply, if an individual with an emergency medical condition needs services to stabilize that condition that cannot be made available in a clinically appropriate timeframe at the hospital where the individual presented, but are available at another hospital, the hospital with these capabilities/services must accept a request for transfer if it has the capacity to provide the needed capabilities/services.

13. Is there any evidence that a Medicare-participating hospital that refused a transfer request has specialized capabilities or services (not available at the transferring hospital) that an individual required?

YES

NO

N/A

Please explain: _____

DELAY IN TREATMENT

14. Is there any evidence that the facility under review delayed for an inappropriate length of time the provision of an appropriate medical screening examination or further medical examination and treatment?

YES

NO

Please explain: _____

QUALITY

15. Do you have any specific concerns about the quality of care rendered to the individual that have not already been addressed fully above?

YES

NO

Please explain your clinical rationale: _____

EMTALA Physician Review Worksheet

SUMMARY OF FINDINGS:

16. Please summarize the key facts of the case below and any concerns or clarifications to your answers above with regard to this case. Remember, do not state an opinion regarding whether EMTALA was violated.

I agree to provide medical advice to the Centers for Medicare & Medicaid Services and/or the Office of Inspector General, as necessary, to properly adjudicate any issues and to testify as an expert witness on behalf of the Office of Inspector General, if necessary.

Physician Reviewer Name (printed): _____

Physician Reviewer Signature: _____

Specialty: _____ **Date:** _____