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East Adams Rural
Healthcare

Effective 11/2025
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Owner Elizabeth
Passmore: IT
Manager
Department Compliance

Patient Access: Admissions

PURPOSE:

To establish standardized, lawful, equitable, and transparent patient admission requirements and processes for East Adams Rural Healthcare (EARH) that comply with federal and Washington State regulations, promote nondiscriminatory access to care, ensure accurate billing & documentation, and protect patient rights during the admission process.

POLICY:

EARH admits individuals seeking medical services in a manner that is consistent with federal law, Washington State law, and internal ethical standards. All patients presenting for services shall be screened, stabilized, registered, and admitted (where applicable) in accordance with EMTALA, without delay based on insurance status, ability to pay, protected class status, or perceived financial risk.

Nondiscrimination & Patient Rights

Access to services, admission, participation, and benefits is provided without discrimination on any basis protected by federal or Washington law.

Patient rights are honored per WAC 246-320 (privacy, dignity, participation in care, complaint resolution).

1. EMTALA

- Staff may not delay the MSE or stabilizing treatment to ask about method of payment, insurance, or to seek prior authorization.
- Triage/registration scripts and workflows must reflect this requirement.

2. Admission Criteria & Patient Identification

- The hospital maintains written criteria for admission to general and specialized service areas; decisions are based on clinical need and capability/capacity; not ability to pay.
- A reliable method of positive patient identification is required for all admits/

outpatient encounters.

3. Language Access & Auxiliary Aids

- Qualified interpreter services VIA phone and auxiliary aids are provided at no cost and in a timely manner.
- The Section 1557 Notice of Availability is posted and distributed in English and can be provided in the 15 most common languages in Washington upon request.
- Staff are trained to access interpreter services and to avoid ad-hoc or minor interpreters except in emergencies.

4. Financial Counseling, Price Transparency & Charity Care

- Financial screening never precedes or delays an EMTALA MSE/stabilization.
- Prior to or at admission (when clinically appropriate), Patient Financial Services (PFS) offers estimates and explains standard charges/shoppable services postings
- Charity care screening occurs promptly, with active assistance for Medicaid/ Exchange enrollment.

5. Transfers & Discharge Planning

- Admissions, internal transfers, external transfers, and discharge planning follow written criteria and patient safety measures
- Documentation supports clinical rationale and capacity/capability.

6. Governance & Ownership

- The Compliance Department owns this policy.
- Each relevant department will maintain supporting procedures and work instructions that operationalize the master policy.

The Registrar Department Manager is responsible for oversight of this policy within the Registrar Department through:

- Monitoring adherence
- Ensuring that admission workflows remain in compliance with regulatory requirements, documentation standards, and reporting requirements.

SCOPE

This policy applies to all admission types including but not limited to:

- Emergency Department admissions
- Observation admissions
- Inpatient admission
- Swing bed admission
- Outpatient direct admissions (surgery, infusion, transfusion, therapy, etc.)

DEFINITION:

Admissions: Placement to inpatient status \geq 24 hours per WAC definitions.

Stabilization/Medical Screening Exam (MSE): As defined by EMTALA.

ROLES & RESPONSIBILITIES

- Compliance
 - Ownership of policy, auditing compliance, regulatory updates, training oversight
- Patient Access/Registration
 - Collection of demographic information, insurance verification, identity verification (when feasible), financial screening (non-delayed), legal documents completion
- Nursing/Clinical Departments
 - Timely documentation of admit time, bed assignment, status accuracy
- Providers
 - Determination of medical necessity, status order accuracy

PROCEDURE:

1. Admission Screening

- Patients presenting to the ED shall receive a Medical Screening Exam consistent with EMTALA.
- Admission cannot be delayed for insurance verification or financial screening.

2. Identity Verification

- Patient identity shall be verified at time of admission using a minimum of two unique identifiers.
- If patient cannot provide identity due to medical condition, temporary alias may be assigned until identity confirmed.

3. Non-Discrimination

- No patient shall be refused admission based on race, color, national origin, religion, disability, sex, sexual orientation, gender identity, age, marital status, veteran status, language, or ability to pay.

4. Language Access

- LEP patients shall be offered qualified interpreter services at no cost.
- Notice of language assistance services must be posted and available EARH's top three languages.

5. Financial Screening

- Financial counseling, insurance benefit checks, and charity care screening shall

- occur AFTER admission is initiated.
- Charity Care program per RCW 70.170 shall be applied consistent with law.

6. Documentation Requirements

- Admission orders must be documented in the patient encounter.
- Patient Access must record admission status and date/time.
- All ED to inpatient transfers must maintain continuity of documentation.

REFERENCE:

- EMTALA 42 U.S.C. §1395dd
- CMS Conditions of Participation (CAH) 42 CFR §485.635
- WAC 246-320-141 Patient Rights
- RCW 70.170 Charity Care
- 45 CFR §92 Section 1557 Nondiscrimination Rule

All Revision Dates
11/2025

Approval Signatures

Step Description	Approver	Date
CEO	Todd Nida: Interim CEO	11/2025
Director of Nursing	Deborah Deboard: Chief Clinical Officer	11/2025
Compliance Officer	Marra Schmierer: Compliance, Risk, Survey Readiness Coordinator	11/2025