

# Uvalde Leader-News

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## UMH adds fee to ER policy

Non-emergent cases subject to down payment for referral refusal

KIM EAGLE LIFESTYLES EDITOR Changes that could affect patients' pocketbooks are being made to emergency room policies at Uvalde Memorial Hospital. In an effort to make sure the emergency room is properly utilized – and operates at the right level of care for the patient – UMH is streamlining the ER triage process, according to chief financial officer Valerie Lopez. Patients deemed “level one” on a scale of one to five (five being life threatening) will be asked to instead go to Community Health Development Inc., Urgent Care, or a primary health-care provider. Patients who refuse those options and instead want to be seen in the emergency room will be charged \$125 as a down payment towards the cost of care to be given. Those who do not have the money but still insist on being seen in the ER must sign a promissory note to pay that amount in addition to any other fees levied by the visit. Lopez said that this new policy will not affect children under the age of 12 or patients over 50. Anyone with a chronic condition where any sort of complication might arise will still be seen in the ER per usual. According to Lopez, community health workers at UMH will help any patients deemed level one find a local option for treatment. The workers will make phone calls and set appointments on behalf of anyone who asks for their help. “We talked to Rachel Gonzales-Hanson at CHDI and asked, ‘If we had level ones that looked like something that a clinic could handle, could we call Our Health and... find a primary care provider?’” Lopez said. Lopez said Gonzales-Hanson was in favor of the idea and the two organizations started to plan for how the process would work. Lopez says staff at CHDI is aware of the change and will make sure all UMH calls are taken in a timely manner and appointments promptly made. “The goal is to make an appointment that day,” Lopez said, adding that 24 hours is the target window for getting patients help. “We are trying to get people to look at what other choices they have to take care of non-emergent conditions,” Lopez said. “The other benefit... is that it should improve the turn-around time for true emergency conditions. That will lead to greater patient satisfaction because the resources are focused on emergency patients. “Overall, I think the patients who remain here will get better care and the patients who we hook up with a primary care physician will get better care in the long run.” Lopez said the change has nothing do with UMH looking to a Critical Access Hospital (CAH) designation; emergency room visits are not part of the bed limit established by CAH guidelines. Gonzales-Hanson said that since this new process started at the beginning of the month, CHDI has received one referral from UMH; it went well, according to both parties. “There is direct contact between us and the hospital for these situations,” Gonzales-Hanson said. “We have adjusted our system to make that possible.” She believes the change will help all parties involved, especially the patients. “We are trying to work with the hospital to make sure patients are getting the appropriate care at the appropriate place,” Gonzales-Hanson said. COST UMH representatives say that \$157 is the minimum charge once a patient is identified as being a level one. Charges will increase thereafter depending on the individual’s particular case. Dressings applied, minor medical supplies, or minor medical procedures (like removing sutures) will cause additional charges. The average price paid by a tier one patient in 2014 was \$212 while the average price in 2015 was \$239. CHDI reps say that the average care cost for a tier one patient, including medications and the visit cost \$160. For a person with low income who qualifies for discounts, that amount can go as low as \$40.00