obstetrical emergencies were levied against individual physicians and the remaining 35 (92%) were levied against hospitals. Of 8 total CMPs levied against individual physicians during the study period, 3 (37.5%) were related to obstetrical cases, including 2 against obstetricians, 1 of whom failed to respond to a request to evaluate and treat a pregnant patient with preeclampsia, and another who failed to provide appropriate medical screening examination, stabilizing treatment, and appropriate transfer for a pregnant woman in labor. The third case involved an emergency physician who repeatedly failed to provide medical screening exam and stabilizing treatment to a pregnant minor with vaginal bleeding. Of 58 penalties related to obstetrical emergencies, 15 (40%) occurred in CMS region IV, and 8 (21%) in CMS region VI. Eight of 15 (53%) settlements in CMS region IV occurred in Florida, and 5 of 8 (63%) in CMS region VI occurred in Texas. The average CMP settlement amount for obstetrical-related cases ($53,908) was not significantly different than the average amount for non-obstetrical cases ($43,585) (p = 0.63). While ages of patients involved in cases resulting in CMP settlements are not systematically reported, 7 (18%) of CMP settlements related to obstetrical emergencies were specifically noted to involve a pregnant minor.

Conclusions: We found that approximately 1 in 6 CMPs related to EMTALA violations were related to obstetrical emergencies. CMP settlements related to obstetrical conditions concentrate in 2 of the 10 CMS regions - with 3 of 5 settlements occurring in CMS region IV and VI. Further research is needed to determine the high rates of CMPs in these regions reflect inadequate obstetrical emergency care or enhanced enforcement in these regions. Of note, nearly 1 in 5 cases was specifically noted to involve a pregnant minor indicating that emergency physicians and obstetricians may benefit from education regarding obligations to evaluate, stabilize, and when necessary arrange for appropriate transfer of pregnant minors with active labor or other obstetrical emergencies even absent parental consent.

Study Objectives: Emergency care-sensitive conditions (ECSCs) are conditions for which timely, high-quality emergency care makes a significant contribution to patient outcomes. Recently, using modified Delphi methods, an expert panel identified 51 condition groups as emergency care-sensitive conditions. The objectives of this study were to provide the first national estimates of acute care utilization and demographic characteristics of adults experiencing ECSCs and assess factors associated with ECSC-related emergency department (ED) visits.

Methods: We conducted a retrospective cohort study using data from the National Emergency Department Sample (NEDS) database. The NEDS contains patient demographics, disposition from the ED, diagnoses codes, length of stay (LOS) for admissions, ED and hospital charges, and hospital characteristics. We utilized data from 2009 to 2014 to describe and compare: 1) proportion of ED visits related to ECSCs; 2) disposition from the ED; 3) LOS during hospital stay; and 4) total charges. Further research is needed to determine the most commonly prescribed insurance product in each state. Questions asked included: “Am I in network for the doctor’s bill?” and “Do your emergency room doctors work for the hospital?” If the answer to the question was “no” or unclear, a follow-up question “Who do your doctors work for?” was asked. In each scenario only one attempt was made per hospital. We report descriptive statistics.

Results: After excluding hospitals who volunteered that the patient will not get a separate bill from the emergency physicians, 3,594 hospitals remained. When asked “Am I in network for the doctor’s bill?” 893/3594 (24.9%) responded yes and 77/3594 (2.1%) responded no. The remaining 262/3594 (73.0%) of calls accounted for when no contact was made with a person or no clear answer was obtained. When asked “Do the emergency room doctors work for the hospital?” 631/3922 (16.1%) responded yes and 1483/3922 (37.8%) responded no. The remaining 1808/3922 (46.1%) of calls accounted for when no contact was made with a person or no clear answer was obtained.

After excluding hospitals who volunteered that they employed emergency physicians, 3,291 hospitals remained. When asked “Who do the emergency room doctors work for?” 1353/3291 (41.1%) responded that the doctors were contracted (worked for a physician group separate from the hospital). The remaining 1938/3291 (58.9%) of calls accounted for when no contact was made with a person or no clear answer was obtained.

Study Objectives: Our study revealed, from the lenses of a potential patient, an alarming lack of transparency as to the source of emergency physician employment along with insurance network participation. It was unclear in (73.0%) of cases as to whether the emergency provider was in network for the patient’s carrier. When asked if the emergency physicians worked for the hospital nearly half of calls (46.1%) resulted in no concrete answer. It was found that (41.1%) of hospital emergency physicians were contracted and was unclear (58.9%) of the time who employed the emergency physicians.

Study Objectives: Suitability of secret shoppers to assess surprise billing.

Methods: Using a “secret shopper” approach all hospital-based emergency departments (n=3922) in 44 states were called by trained research assistants posing as a patient. Hospitalcare.gov was utilized for a listing of all 911 receiving hospitals. The caller stated he needed ED care and had the most common health insurance product available in the state. The Kaiser Family Foundation Web site was used to determine the most commonly subscribed insurance product in each state. Questions asked included: “Am I in network for the doctor’s bill?” and “Do your emergency room doctors work for the hospital?” If the answer to the question was “no” or unclear, a follow-up question “Who do your doctors work for?” was asked. In each scenario only one attempt was made per hospital. We report descriptive statistics.

Results: After excluding hospitals who volunteered that the patient will not get a separate bill from the emergency physicians, 3594 hospitals remained. When asked “Am I in network for the doctor’s bill?” 893/3594 (24.9%) responded yes and 77/3594 (2.1%) responded no. The remaining 262/3594 (73.0%) of calls accounted for when no contact was made with a person or no clear answer was obtained. When asked “Do the emergency room doctors work for the hospital?” 631/3922 (16.1%) responded yes and 1483/3922 (37.8%) responded no. The remaining 1808/3922 (46.1%) of calls accounted for when no contact was made with a person or no clear answer was obtained.

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