

Regulatory Update



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Patient Rights

- A patient must understand their rights which includes the following:
 1. Right to Treatment
 2. Right to Communication
 3. Right to Informed Decisions/Informed Consent
 4. Right to Advance Directives
 5. Right to Privacy
 6. Right to Safety
 7. Right to file a Complaint
- Information on patient rights, Notice of Rights is given to the patient at the earliest opportunity in their treatment



Advance Directive for Health Care

- The **Georgia Advance Directive for Health Care (ADHC)** is a document in which a competent adult names an agent(s) to make health care decisions on his/her behalf should he/she become unable to make such decisions and/or provides instruction to the agent and his/her physician regarding the withholding or withdrawal of life-sustaining medical procedures when the patient has a terminal condition or is in a state of permanent unconsciousness with no reasonable likelihood of recovering.
- The term, Advance Directive, refers to any written document defined as a living will, and/or Durable Power of Attorney for Healthcare as cited by Georgia law.



Advance Directive for Health Care

- The Advance Directive policy applies to the following settings: Inpatient hospitalization, Emergency Department, Hospital-Emergency Department Observational Unit, Urgent Care, and Same Day Surgery.
- The policy applies to all patients treated in these areas at the point of registration and throughout the patient episode of care.
- All competent adult persons have the right to execute an advance directive for Healthcare.
- All patients will be asked for an Advance Directive upon presentation to the above mentioned settings as required by law.



Advance Directive for Health Care

- Patients are not required to have an ADHC in order to receive medical treatment
- The physician will initiate the Advance Directive per hospital policy and Georgia Law.
- Before the treatment preference section of an advance directive can guide medical decision-making, two physicians (attending physician of record and a consult physician) shall certify in writing after personal examination that the patient has a terminal condition or is in a state of permanent unconsciousness. Such a decision cannot be made until both physicians have personally examined the patient.



Advance Directive for Health Care

- The decision to effectuate the terms of an Advance Directive for Healthcare is that of the attending physician.
- If the attending physician effectuates the terms of an Advanced Directive for Healthcare, the date and time of this action **and** the name of the consulting physician who concurs with the diagnosis should be documented by the physician in the progress note.



Informed Consent

- Obtaining informed consent is the responsibility of the physician or credentialed provider performing the procedure.
- The written and signed consent is to be obtained prior to the planned procedure
- Informed consent is valid for a period of 30 days for a surgical or diagnostic procedure if obtained in connection with the admission.
- Prior consents are acceptable if obtained within 10 days of procedure if consent was obtained as part of course of treatment for the patient's condition.
- The following categories of procedures require informed consent:
 - 1) surgical –requiring general , spinal, or regional anesthesia
 - 2) diagnostic - such as amniocentesis or radiographic imaging studies utilizing contrast material
 - 3) non-emergent transfusion of blood products



Informed Consent

- Informed consents should be dated, timed, and signed prior to performance of the procedure.
- A properly executed informed consent form contains at least the following: name of patient, and when appropriate, patient's legal guardian; name of hospital; name of specific procedure(s) or medical treatment; name of the responsible practitioner who is performing the procedure(s) or administering the medical treatment; signature of patient or legal representative; date and time consent is signed by the patient or the patient's legal representative; statement that procedure/treatment including the anticipated benefits, material risks, and alternative therapies, was explained to the patient or the patient's legal representative; name of the person who explained the procedure to the patient or guardian.



What is HIPPA?

- The Health Insurance Portability and Accountability Act of 1996
- HIPAA requires everyone who works within Navicent Health to take steps to protect the privacy and confidentiality of patient information.
- All patients must receive a special privacy notice that describes how Navicent Health uses and discloses patient information and how to make complaints if someone violates their confidentiality.
- Please refer any patient complaints relating to privacy or confidentiality to the confidential hotline at 1-888-380-9008.



HIPAA - PRIVACY

- The privacy rule is designed to safeguard the records that hold Personal Health Information. These include:
 - Paper records
 - Electronic records
 - Oral communication
- We can share patient information for treatment, payment and operations
- Use the CINTAS bin to discard PHI and other sensitive data
- **Do not look at medical records if you are not treating the patient or working with the information as part of your job**
- **Do not share passwords**
- Be sure the person you are talking to has the authority to receive the information. Ask for the Family and Friends Patient Information Passcode



EMTALA

Emergency Medical Treatment and Active Labor Act

- The act **requires hospitals** to:
 - Screen and stabilize individuals who come to a dedicated emergency department requesting, or appearing to require, treatment for ***any medical condition (using a MSE by a QMP)***
 - Screen and stabilize individuals who come to other parts of the hospital requesting or appearing to require treatment for ***an emergency medical condition***



EMTALA

- The act **requires physicians (on call)** to:
 - Respond to Emergency Department (including Urgent Care, Labor and Delivery) to see the patient
 - **Accept by referral from another hospital** *an emergency department patient or patient in labor when:*
 - *the referring physician certifies* that the individual should be transferred because the benefits of medical treatment elsewhere outweigh the risks associated with transfer.
 - *the receiving hospital has the resources to provide the level of care needed for the “emergency condition” of the patient*



EMTALA

- The act **prohibits** hospital emergency departments (ED) and qualified Urgent Care Centers from doing any of the following, based on patients' insurance status or inability to pay:
 - Delaying care
 - Refusing treatment
 - Transferring patients to another hospital based upon inability to pay
- Federal “Anti-Dumping” law.

You cannot delay care in order to inquire about financial/insurance status.



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POTENTIAL CONSEQUENCES for EMTALA Violation

- Impact to **BOTH** physician and hospital
 - Fines up to \$ 50,000 per occurrence for both
 - Loss of Medicare provider status



Patient Access

Support to Medical Staff

- Transfer Center - direct line **633-2217**
 - Trained personnel handling patient referrals
 - Continual update of diversion status
 - Recorded telephone line for MD-to-MD conversations **(REQUIRED)**
 - Hotline **(478) 633-0123**
 - Determination of appropriate inpatient vs. outpatient status; Initial Orders
- Availability of Medical Director on Call



What is Fraud and Abuse?

- **Fraud is an intentional deception or misrepresentation**
 - Kickbacks
 - Falsifying records
 - Filing inappropriate cost reports
 - Misrepresentation of services – upcoding, miscoding, or unbundling
 - Billing for services not medically necessary or not rendered
- **Abuse – Lacks intent (“Error”)**
 - Recording diagnosis codes improperly
 - Recording dates of services provided incorrectly



False Claims Act

The False Claims Act imposes civil liability on organizations and individuals that make false claims to the government for payment.

Claims for services never provided or not documented

- Altering diagnoses for payment purposes
- Claims for higher/lower levels of service than documented
- Claims for services provided by unlicensed individuals
- 72-hour DRG payment window violations
- Billing for discharge in lieu of transfer



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Physicians at Teaching Hospitals (PATH)

- PATH program is designed to ensure that Medicare pays only once for the same medically necessary service and that payment fairly reflects the level of service actually provided
- Teaching physician must personally document that they:
 - Performed the service or were physically present during the critical or key portions of the service performed by the resident; and
 - Participated in the management of the patient.



Anti-Kickback Statute

The anti-kickback statute prohibits giving (or offering to give) remuneration to another if the payment is intended to induce the recipient to:

- “Refer” an individual to a person for the furnishing of an item or service for which payment may be made in whole or in part, under a federal healthcare program
- Purchase, Recommend or Arrange for the purchase, order, or lease any such item or service



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ADHERE TO ALL REGULATORY AND ACCREDITATION REQUIREMENTS

- Navicent Health supports a Corporate Compliance Officer and Policies
- Medical Center – Navicent Health and its physicians and ADP's must provide only medically indicated services as documented in the medical record
- Documentation must reflect medical necessity through a combination of severity of illness and intensity of service



Governmental Concerns – Who Do We Contact?

- Compliance Helpline: 633-7736 or 1-888-380-9008

Anonymous and Confidential



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Self Assessment VIII: Regulatory

Click here to complete self assessment:

[Regulatory](#)



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