



**Regulatory Update including
Emergency Preparedness Update for RHCs
April 6, 2017**





Contact Information

**Mark Lynn, CPA (Inactive)
RHC Consultant
Healthcare Business Specialists
Suite 214, 502 Shadow Parkway
Chattanooga, Tennessee 37421
Phone: (423) 243-6185
marklynnrhc@gmail.com
www.ruralhealthclinic.com**


[Like Healthcare Business Specialists on Facebook for more RHC information](#)



Contact Information

**Dani Gilbert, CPA
RHC Consultant
Healthcare Business Specialists
Suite 214, 502 Shadow Parkway
Chattanooga, Tennessee 37421
Phone: (423) 650-7250
dani.gilbert@outlook.com
www.ruralhealthclinic.com**

[RHC Information Exchange Group on Facebook](#)
•"A place to share and find information on RHCs."



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**Rural Information Exchange Group
on Facebook**

Join this group to post or ask questions regarding RHCs. Anyone is welcome to post about meetings, seminars, or things of interest to RHCs

<https://www.facebook.com/groups/1503414633296362/>



What does Healthcare Business Specialists do?


- 1. We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics. In 2016, we will prepare 150 cost reports.**
- 2. We prepare annual evaluations of RHCs. We conduct 50 of these on an annual basis.**
- 3. We help clinics startup as RHCs. (about 25 per year)**
- 4. Billing and Cost Report Seminars**



2017 RHC Spring Seminars

Date	Location	Hotel	Registration Link
4/7/2017 8:30 to 3:30	Indianapolis, Indiana	Residence Inn Indianapolis Downtown on the Canal 350 W New York Street Indianapolis, Indiana 46202	http://conta.cc/2nAuMKc
4/11/2017 8:30 to 3:30	Augusta, Georgia	Augusta Marriott at the Convention Center 2 Tenth Street Augusta, Georgia 30901 Telephone (706) 722-8900	HTTP://CONTA.CC/2NAZA63
4/20/2017 8:30 to 4:00	Jackson, Tennessee	Residence Inn by Marriott 126 Old Medina Crossing Jackson, TN 38305 Telephone (731) 935-4100	http://conta.cc/2miHESin

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Referral Partners


Company Name	Services	Contact	Telephone	Services
The Allier Group	Laboratory Outsourcing Program	Brooks Ayers Eric Shaplow	940.728.8972 317.665.0125	Please contact Mark Lynn at 423.243.6185 directly to find out more about this program that is literally saving rural hospitals from closure. We have 300,000 lab specimens to process in the next two months so there is a great opportunity to increase revenues by \$1 million a month.
HPSA Acumen	HPSAs, and MUAs, National Health Ser. Corp.	Joseph Lampard	716.483.0888	If you lose your HPSA or it is not in date you cannot become a rural health clinic or move. Also, if you improve your HPSA score you could qualify for a 10% Medicare bonus from RHCs or improve your chances for National Health Service Corp. loan repayment funding.
Rural Behavioral Health, LLC	Mental Health Services	Dave Jolly	423.243.6185	http://www.ruralhealthclinic.com/ Meeting the challenge of integrating mental health service and primary care RHC services.
AMS Software	Billing Software	Matt Kannan	(800) 440-6949	www.ams-software.com Billing software and services for RHCs. Over 200 RHCs.

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Disclaimer

1. This is being recorded, if you do not agree – please disconnect.
2. Information is current as of 4/06/2017.
3. This webinar is informational only and is not designed to provide specific advise.




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Questions?

Press the raise your hand button and I will call on you to ask your question or comment during the question and answer session at the end of the 45 minute presentation.

Goals of this Session

The purpose of this teleconference is to provide information on recent regulatory changes for rural health clinics including some detailed information on the new condition of participation for RHCs related to emergency preparedness.




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The Birth of the Emergency Preparedness August, 2005



Hurricane Katrina cost \$108 Billion Dollars




Government became under fire after Katrina

"Gov Did Nothin"


Way on down where they've been forgotten
 City just sinking with the whole world watching
 Wading waist deep in water, living on my roof in the land of forgotten
 Hey, to the deaf giant with the big muscles why ya moving so slow
 Con, conquer and dividing, hole in the bucket got nothing to show
 - John Butler Trio

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Why Emergency Preparedness? Examples

- Disasters and Emergencies are becoming more frequent:
 - Nature
 - Hurricanes – Katrina – Rolling Fork, MS - 2005
 - Tornados – Phil Campbell, Alabama – 2011
 - Floods – White Castle, Louisiana - 2014
 - Manmade
 - Terrorism – 911, Chattanooga -2015
 - Multi-car accidents – (distracted, drunk, and drugged)
 - Texting – Uvalde – 2017
 - Bus crash – Chattanooga – 2016
 - Tractor Trailer – Drugged driver - 2015
 - Infrastructure
 - Dam - Orville Dam – 2017
 - Road Collapse – Atlanta – 2017



The Trump Effect – Will these regulations be rescinded based upon a Trump Executive Order?

Trump Administration Regulatory Freeze

White House Chief of Staff Reince Priebus sent a Presidential memo ordering all agencies to “freeze” the issuance of any new regulations, suspend those regulations approved but not yet effective and not send any new proposed changes to the White House for consideration.

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What does the freeze say:

- Agencies must withdraw any regulations currently at the Office of Information and Regulatory Affairs (OIRA).
- Agencies must withdraw all regulations that have been sent to the Office of the Federal Register (OFR) but have not yet been published.
- Send no further regulations to the OFR until an agency head appointed by President Trump, reviews and approves the regulations.
- Postpone for 60 days the effective dates of regulations that have been **published but have not yet taken effect**.
- Consider postponing the effective date beyond 60 days where appropriate. If such a postponement is appropriate, seek public comment on the extended postponement.

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Some health care issues caught in the freeze

- Rules mandating use of Clinical Decision Support/Appropriate Use Criteria for advanced imaging.
- Emergency Preparedness rules establishing new guidelines for institutional providers.
- Rules published by the Inspector General expanding authority to exclude providers from the Medicare program.
- Rules pertaining to off-campus hospital outpatient departments
- Rules establishing mandatory Medicare episode payment models for acute myocardial infarction, coronary artery bypass graft, and surgical hip/femur fracture treatment procedures furnished in designated geographic areas.

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What should you do!!!



Stick your head in the sand



Dip your toes in the water



Dive right in head first

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Date	Title	Link
10/5/2016	Emergency Preparedness Requirements MLN Connects® Call 10/5/16	https://www.youtube.com/watch?v=GcPdwdnZuU
3/10/2014	Understanding the Proposed Rule on Emergency Preparedness	https://www.youtube.com/watch?v=8splSqEEQM&t=1151s
3/7/2017	CMS Emergency Preparedness: Local Community Guidelines	https://www.youtube.com/watch?v=tAMKR8c_BvY
10/6/2016	10 Keys to Healthcare Emergency Planning	https://www.youtube.com/watch?v=jg-mTeGaagI

The Proposed Rule and Stakeholder Feedback

- Published in the Federal Register on December 27, 2013.
- Increases patient safety during emergencies.
- Establishes consistent emergency preparedness requirements across provider and supplier types.
- Establishes a more coordinated response for rural and non-rural disaster.
- Applies to 17 Medicare and Medicaid providers and suppliers.
- Final rule published in the Federal Register on September 16, 2016.

Timeframes	Existing Standards	Burden
<ul style="list-style-type: none"> Delay implementation Phase in by provider type 	<ul style="list-style-type: none"> Overlap with existing laws Defer to existing standards 	<ul style="list-style-type: none"> Impractical for provider type Compliance too costly

Emergency Preparedness Timeline

- September 8, 2016**
 - Regulations Finalized
 - 186 page PDF
 - See link or on your USB Drive
- November 16, 2016**
 - Regulations Effective
 - Develop Policies
 - Collaborate
 - Risk Assessment
 - All Hazards approach
 - Communicate
 - Train
 - Test
- November 16, 2017**
 - Compliance is required
 - Condition of Participation for RHCs
 - Deficiencies will be issued.
 - Possibly a condition level deficiencies

Goals

- Address systemic gaps.
- Provide a regulatory framework to ensure a coordinated emergency preparedness process.
- Encourage coordination with communities and states as well as across state lines.

Emergency Preparedness Regulations

On September 16, 2016 the Federal Register posted the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. The regulation goes into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date, on November 16, 2017.

<https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/emergency-prep-rule.html>

<https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-21404.pdf>


(186 page PDF)

Who must comply with Emergency Preparedness

There 17 different Provider types that are covered by Conditions of Participation by Medicare and CMS.

- RHCs, FQHCs, ASCs, CMHCs
- Physician offices are NOT Covered**
- Hospitals, CAHs, CORFs, LTCs
- Nursing Homes, HHAs


Source: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/17-Facility-Provider-Supplier-Types-impacted.pdf>



Why is Emergency Preparedness important for RHCs?

- Adds a 9th Condition of Participation
- Is a Condition Level Deficiency. (You can be terminated)
- Is time consuming and costly to implement.

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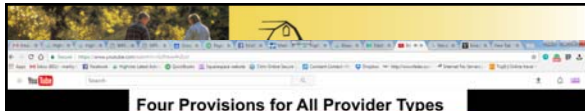
Federal Register – RHC Condition of Participation Page 182

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RHCs must develop and maintain an emergency preparedness plan that must be reviewed and updated annually.

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Four Provisions for All Provider Types

Risk Assessment and Planning	Policies and Procedures
Communication Plan	Training and Testing

Emergency Preparedness Program

MLN Connects

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Four Core Elements of Emergency Preparedness

1. Risk Assessment and Emergency Planning (Include but not limited to):

- Hazards likely in geographic area (an all hazards approach)
- Care-related emergencies
- Equipment and Power failures (one emergency leads to another)
- Interruption in Communications, including cyber attacks
 - Back up communication plans if primary plan fails.
- Loss of all/portion of facility
 - Test your generator for 4 hours at full 100% power annually. (not required for RHCs)
- Loss of all/portion of supplies
- Plan is to be reviewed and updated at least annually

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What is an All Hazards Risk Assessment

Hazards <ul style="list-style-type: none"> Fire Explosion Natural hazards Hazardous materials spill or release terrorism Workplace violence Pandemic disease Utility outage Mechanical breakdowns Supplier failure Cyber attack <p>Hazard Identification</p>	Assets at Risk <ul style="list-style-type: none"> People Property including buildings, critical infrastructure Supply chain Systems/equipment Information Technology Business operations Reputation or confidence in entity Regulatory and contractual obligations Environment <p>Vulnerability Assessment</p>	Impacts <ul style="list-style-type: none"> Casualties Property damage Business interruption Loss of customers Financial loss Environmental contamination Loss of confidence in the organization Fines and penalties Lawsuits <p>Impact Analysis</p>
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10 Keys to Healthcare Emergency Planning

The Disaster Life Cycle

- Preparedness
- Response
- Recovery
- Mitigation

MITIGATION: Public Education, Hazard & Vulnerability Assessment, Improved Infrastructure

PREPAREDNESS: Emergency Response Plans, Training & Exercises, Tests

RECOVERY: Economic Recovery, Agency Management, Housing, Health & Social Services

RESPONSE: Life Safety, Patient Transportation, Property Preservation, Evacuation & Re-entry, Post-Disaster

Figure 1: Phases of Emergency Management (University of North Texas, n.d.)

Boston University Healthcare Emergency Management

Four Core Elements of Emergency Preparedness – 2. Policies & Procedures

Policies and procedures. The RHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.

At a minimum, the policies and procedures must address the following:

- (1) Safe evacuation from the RHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.
- (2) A means to shelter in place for patients, staff, and volunteers who remain in the facility. **(Not Applicable to RHCs)**
- (3) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
- (4) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

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Four Core Elements of Emergency Preparedness – 3. Communication Plan

2. Communication Plan

(c) *Communication plan.* The RHC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

- (1) Names and contact information for the following:
 - (i) Staff.
 - (ii) Entities providing services under arrangement.
 - (iii) Patients' physicians.
 - (iv) Other RHCs.
 - (v) Volunteers.
- (2) Contact information for the following:
 - (i) Federal, State, tribal, regional, and local emergency preparedness staff.
 - (ii) Other sources of assistance.
- (3) Primary and alternate means for communicating with the following:
 - (i) RHC staff.
 - (ii) Federal, State, tribal, regional, and local emergency management agencies...

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Four Core Elements of Emergency Preparedness 4. Training & Testing

(1) *Training program.* The RHC must do all of the following:

- (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles,
- (ii) Provide emergency preparedness training at least annually.
- (iii) Maintain documentation of the training.
- (iv) Demonstrate staff knowledge of emergency procedures.

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Four Core Elements of Emergency Preparedness 4. Training & Testing (2)

(1) *Testing.* The RHC/FQHC must conduct exercises to test the emergency plan at least annually. The RHC must do the following:

- (i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the RHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the RHC is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.
- (i) Conduct an additional exercise that may include, but is not limited to following:
 - (A) A second full-scale exercise that is community-based or individual, facility based.
 - (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

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How Much is the Projected Cost

Emergency Preparedness Budget per Federal Register		
Emergency Preparedness Process	Budgeted Hours	Budgeted Dollars
Conduct a Risk Assessment	10	\$ 1,080
Develop an Emergency Plan	14	\$ 1,379
Develop Policies and Procedures	12	\$ 1,487
Develop a Communication Plan	10	\$ 1,125
Develop Training Programs	10	\$ 602
Conduct Tests	3	\$ 347
	69	\$ 6,010

Note: Budget includes no travel or staff costs besides Physicians, NPs, and Office Managers.

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The Regulations are not one size fits all

Outpatient Providers are not required to provide substitute needs for staff and patients.

Provider Type	Emergency Plan	Policies and Procedures	Communication Plan	Training and Testing	Additional Requirements
RHC/IGHC		Does not have to track staff and patients, or have arrangements with other facilities to receive patients or have alternate care sites.	Does not need to provide occupancy information.		

- No need for substitute for staff and patients.
- No need to communicate with hospitals about occupancy.
- A generator is not required.

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Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements by Provider Type

Provider Type	Emergency Plan	Policies and Procedures	Communication Plan	Training and Testing	Additional Requirements
Hospital	Develop a plan based on a risk assessment using an "all hazards" approach, which is an integrated approach focusing on capacities and capabilities critical for preparedness for a full spectrum of emergencies and disasters. The plan must be updated annually.	Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan which must be reviewed and updated at least annually. Systems to track on-duty staff & sheltered patients during the emergency.	Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CMS, method for sharing information and medical documentation for patients.	Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually. Also annually participate in: <ul style="list-style-type: none"> A full-scale exercise that is community- or facility-based. An additional exercise of the facility's choice. 	Generators - Develop policies and procedures that address the provision of alternate sources of energy to maintain: <ul style="list-style-type: none"> (1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions; (2) emergency lighting; and (3) fire detection, extinguishing, and alarm systems.
Critical Access Hospital					Generators

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/EP-Rule-Table-Provider-Type.pdf>

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What is ASPR Tracie

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) sponsors the ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE).

Note: Think Regional Extension Center for Emergency Preparedness

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ASPR TRACIE

- Software collection of additional national resources
- Subject specific, "ask someone" topic collection
- Hospital and IRL use resource and highlighting health care equipment
- Personalized support and response to requests for information and technical assistance
- Available to call the number (202) 455-4488 (and telepresence@hhs.gov) or web form (helpdesk@hhs.gov)
- Also for personal professional discussion among related users in real time
- Ability to request plans and the user to give webpage of user-developed templates, plans, and other materials

ASPRtracie.hhs.gov/CMSrule

- ASPR TRACIE's Topic Collections and production and supplier specific resources can help organizations involved in implementing the CMS requirements with resources tailored to their specific needs
- Resources for hazard vulnerability assessments, emergency plans, policies and procedures, communications plans, trainings, and testing

Emergency Preparedness Requirements MLN Connectix Call 10/16/16

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Compliance Resources


#	Description	Link
1.	Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE). Website	https://asprtracie.hhs.gov/cmsrule
2.	Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE). Fact Sheet	https://asprtracie.hhs.gov/documents/aspr-tracie-fact-sheet.pdf
3.	CMS Emergency Preparedness Final Rule Crosswalk - Yale New Haven Health System Center for Emergency Preparedness and Disaster Response's (YHHS-CEPDR)	http://files.constantcontact.com/d901e299001/5180a78-4ff1-4585-8270-f2aeae639172.pdf
4.	CMS 1135 Waivers in Emergencies	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers.html

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Crosswalk Document for RHCs

Requirement	Emergency Plan	Policies and Procedures	Communication Plan	Training and Testing	Additional Requirements
Requires that an emergency preparedness program exist and implement:	90.001	90.002	90.003	90.004	90.005
Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CMS, method for sharing information and medical documentation for patients.	90.001(1)	90.002(1)	90.003(1)	90.004(1)	90.005(1)
Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually. Also annually participate in: <ul style="list-style-type: none"> A full-scale exercise that is community- or facility-based. An additional exercise of the facility's choice. 	90.001(2)	90.002(2)	90.003(2)	90.004(2)	90.005(2)
Generators - Develop policies and procedures that address the provision of alternate sources of energy to maintain: <ul style="list-style-type: none"> (1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions; (2) emergency lighting; and (3) fire detection, extinguishing, and alarm systems. 	90.001(3)	90.002(3)	90.003(3)	90.004(3)	90.005(3)


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CMS Resources

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC-EPChecklist_Provider.pdf



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State Coalitions and FAQs

- [By Name By State Healthcare Coalitions - Updated 1-12-17 \(PDF, 361KB\)](#)
- [Facility Transfer Agreement - Example \(PDF, 56KB\)](#)
- [17 Facility- Provider Supplier Types Impacted \(PDF, 89KB\)](#)
- [EP Rule - Table Requirements by Provider Type \(PDF, 126KB\)](#)
- [Frequently Asked Questions \(FAQs\) Round One \(PDF, 312KB\)](#)
- [Frequently Asked Questions \(FAQs\) Round Two \(PDF, 32KB\)](#)
- [Frequently Asked Questions \(FAQs\) Round Three \(PDF, 30KB\)](#)
- [Frequently Asked Questions \(FAQs\) Round Four \(PDF, 24KB\)](#)
- [Frequently Asked Questions Round Four Definitions \(PDF, 48KB\)](#)


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Emergency Preparedness Documents

Description and Importance	Link
Emergency Preparedness Checklist	https://www.cms.gov/Medicare/Provider-Enrollmentand-Certification/SurveyCertEmergPrep/Downloads/SandC-EPChecklist_Provider.pdf
Emergency Preparedness Healthcare Coalitions	https://www.cms.gov/Medicare/Provider-Enrollmentand-Certification/SurveyCertEmergPrep/Downloads/By-Name-by-State-HealthcareCoalitions.pdf
Georgia Emergency Preparedness Contacts and Plans	http://dph.georgia.gov/environmental-health-emergency-preparedness
Georgia Environmental Health Emergency Response Plan	http://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/EnvHealthEmergencyResponsePlan.pdf



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Emergency Preparedness Policies and Procedures

We have developed a 15 page Emergency Preparedness Policy and Procedure that you can modify and use in your RHC to give you a jumpstart on compliance. This Policy is a Roadmap for compliance, but you must follow it and customize it for your clinic.

Description and Importance	Link
Emergency Preparedness Policy and Procedure in PDF Format	https://static1.squarespace.com/static/53c5f79de4b0f4932a3942a81/58e5bea61b631b9264906809/1491451560464/2017+Emergency+Preparedness+Federal+Register+Regulations+in+RHC+Policy+and+Procedure.pdf
Emergency Preparedness Policy and Procedure in Word Format	http://www.ruralhealthclinic.com/s/2017-Emergency-Preparedness-Federal-Register-Regulations-in-RHC-Policy-and-Procedure-mft4.docx
Risk Assessment Document from FEMA (2 page PDF)	https://www.fema.gov/media-library-data/3389015304392-877968832e918982635147890260624d/Business_RiskAssessmentTable_2014.pdf



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Other Regulatory Changes

CCM regulations relaxed




Section 1557 Non-discrimination



MACRA






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Changes to Chronic Care Management in 2017

1. General supervision in Rural Health Clinics (RHCs), however only CPT 99490 is payable in these settings (complex CCM is not payable) and there is no add-on code/separate payment for initiating visits
2. Significantly reduced administrative burden (reduced payment rules for billing the services, Table 2) – Improved alignment with CPT coding language for administrative simplicity, focus on timely sharing and availability of health information rather than use of specific electronic technology, simplified patient consent, reduced documentation rules

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagementServicesChanges2017.pdf>



Section 1557 Non-Discrimination

Section 1557 Final Rule Information

- [Final Rule summary](#)
- [FAQs](#)

OCR Portal
[Click here to visit the portal.](#)

WHAT YOU NEED TO INCLUDE IN PATIENT COMMUNICATIONS TO BE SECTION 1557 COMPLIANT:

- a non-discrimination policy
- a tagline offering language assistance services in the two most prevalent languages in the area
- use large, clear, easy to read font

- [Fillable nondiscrimination poster - 14 or fewer employees](#)
- [Fillable nondiscrimination poster - 15 or more](#)
- [Fillable taglines poster - blank](#)




Section 1557 Non-Discrimination

This is the first federal civil rights law exclusively focusing on nondiscrimination in healthcare.

Specifically, Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in covered health programs and activities.

The regulations implementing Section 1557 were published on May 18, 2016.

With few exceptions, the regulations apply to the provision of all healthcare-related activities by entities covered by the rules. Section 1557 applies to any provider receiving federal financial assistance ("FFA") from the Department of Health and Human Services ("HHS"), such as Medicaid and Medicare Parts A, C and D as well as grants and credits from HHS such as meaningful use payments. While care reimbursed by Medicare Part B is outside of HHS Office for Civil Rights' ("OCR") enforcement of the Section 1557 regulations, providers receiving other forms of HHS payments are subject to the law. As a practical matter, very few providers are not subject to the Section 1557 regulations.



When do Organizations need to be in compliance with Section 1557?


March 2010: It was mandated that all Healthcare Programs or Healthcare activities that accept Federal Funding (including Medicare and CHIP) must prepare to comply with Section 1557 by 2016.

May 2016: The Section 1557 final rule was published with the exact language and provisions that must be adhered to.

July 18, 2016: The final deadline for businesses to be in compliance with Section 1557, the non-discrimination provision in the Affordable Care Act.

October 16, 2016: All organizations must provide notification of being responsible for Section 1557 compliance.

January 1, 2017: Full compliance in all aspects that may have been exempt from the original effective rule date of July 18, 2016.




Special Provisions for Providers with 15 or More Employees

For providers with 15 or more employees, at least one employee must be designated to coordinate the entity's Section 1557 compliance efforts and responsibilities. Included in these responsibilities are investigations of any grievance alleging discrimination.

A provider with 15 or more employees must also adopt grievance procedures, affording due process to the complainant and providing a prompt and equitable resolution.

Beginning Oct. 17, 2016, all entities covered by the Section 1557 regulations must post a nondiscrimination notice containing the seven required elements including how to obtain language interpretation services offered by the provider, how to file a grievance with the provider, and how to file a discrimination complaint with OCR.

This notice must be posted in conspicuous physical locations and a link to the notice, accessible from the entity's website, must be conspicuous on the provider's homepage. The content of this notice may be combined with the content of other notices if the combined notice clearly informs individuals of their Section 1557 related rights.




Section 1557 Non-Discrimination

• [General information on Section 1557.](#)


HHS has provided resources to aid in generating these postings including sample wording so all you have to do is make the signs:

- [Sample wording for covered entities for the Notice, the Statement and the Taglines](#) must be in THE TOP 15 LANGUAGES OF YOUR STATE.
- [List of what languages are required state by state.](#)

•Source: <http://www.aonow.org/?page=1557>



1. Nondiscrimination Policy
2. Language Assistance Services
3. Tagline
4. OCR Rights
5. Grievance Procedures



MACRA for RHCs

Does not apply to services billed on the UB-04

- Does apply to services billed on the 1500 form. (non-rhc services)

There is an exception for providers that bill less than 30,000 in charges.

- Quality and performance indicators may be headed towards RHCs in the near future.



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Specializing in Mental Health and RHCs

<http://www.hpsa.us/>



<http://www.ams-software.com/>



The Adler Group
Hospital Laboratory Onboarding

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Questions, Comments, Thank You



HBS
Healthcare Business Specialists

www.ruralhealthclinic.com

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