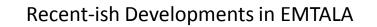
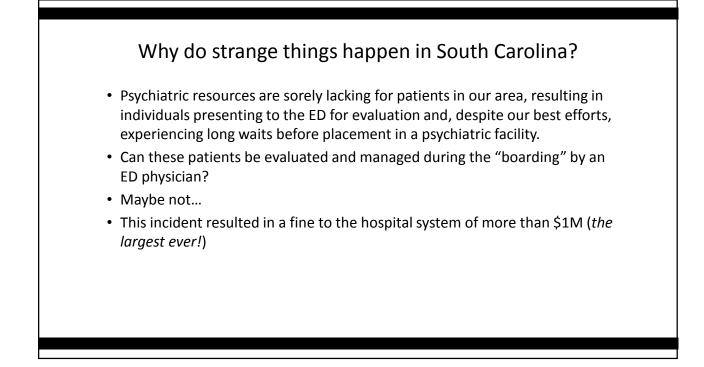
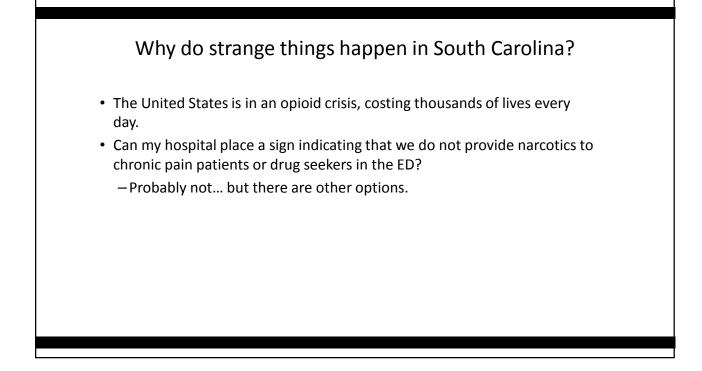


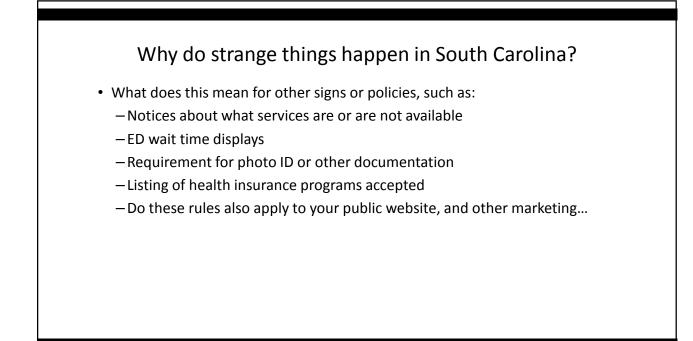
EMTALA

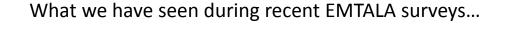


- Federal EMTALA law has not changed, nor have the regulations in a long time.
- The State Operations Manual has not been modified since 2010.
- So, why are we talking about EMTALA in a "Recent Developments" presentation?
- Because there have been developments in CMS interpretations of EMTALA, especially in Region IV
 - Region IV covers Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
 - And, lucky us, it is the most active region for penalties!

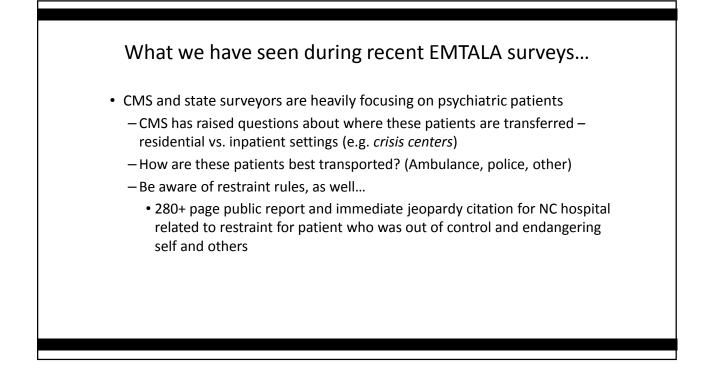


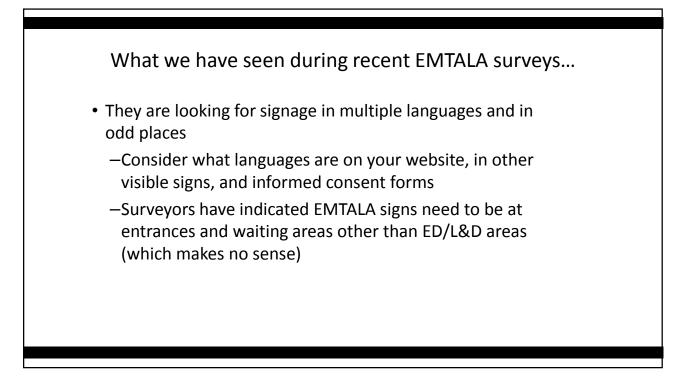


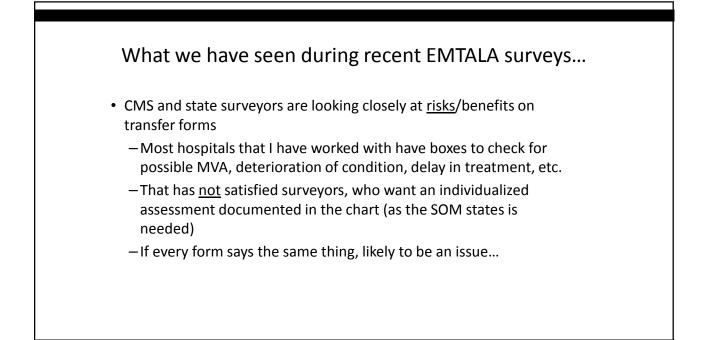


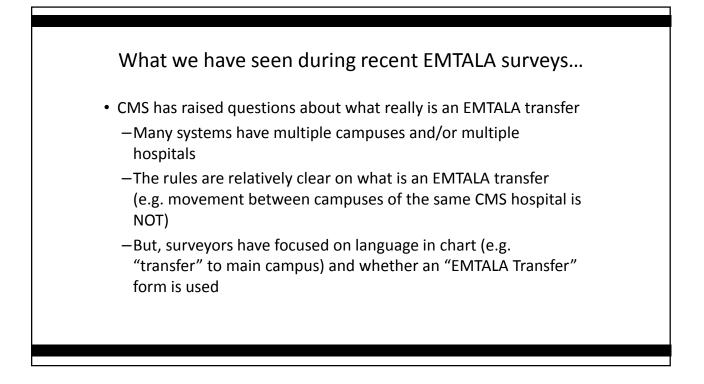


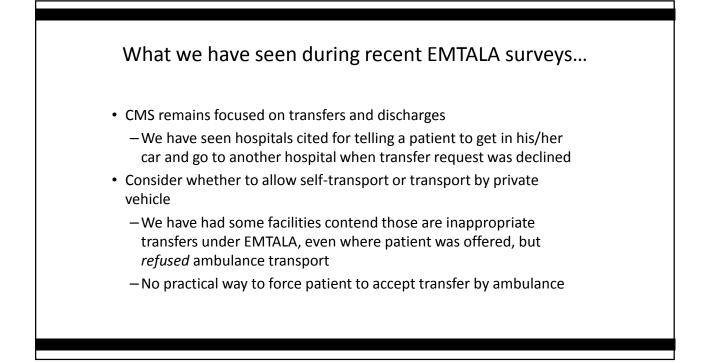
- CMS and state surveyors are heavily focusing on psychiatric patients
 - Evaluate your approach to keeping these individuals safe and in your hospital until admission or transfer
 - Staff should consider a suicidal patient in the same way as a patient with a STEMI (*both are emergency medical conditions under EMTALA*)
 - CMS does not care what state involuntary commitment statutes say, which can create problems... (e.g. patient consent for transfer)











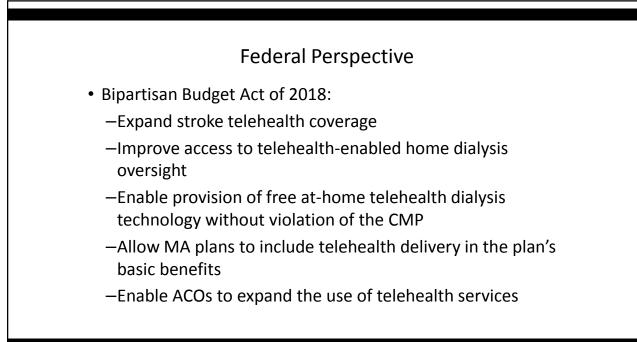


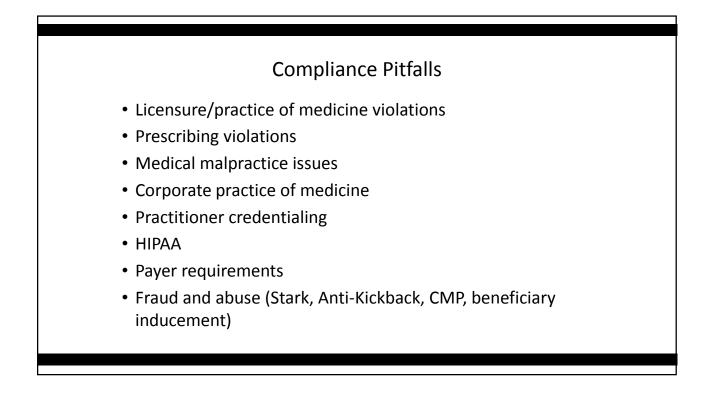
State Law Perspective

- "Practice of Medicine": The performance of any act, within or without this State, described in this subdivision by use of any *electronic* or other means, including the *Internet* or *telephone*. N.C.G.S. § 90-1.1(5)
 - Doctor can physically be located outside of North Carolina, but must be licensed to practice in NC
- Medical Board Position Statement



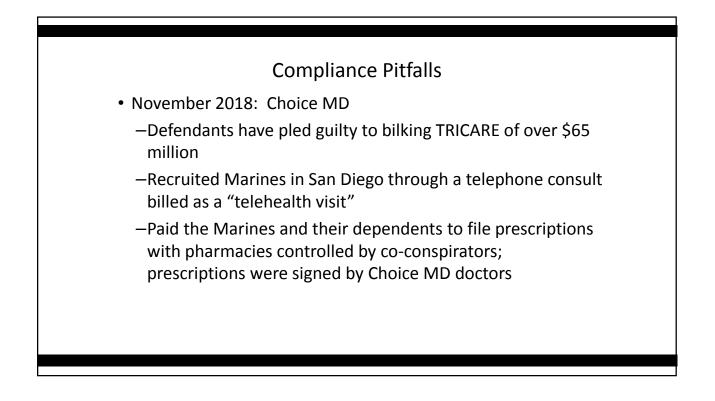
- Five conditions for Medicare coverage:
 - 1. Beneficiary is located in qualifying rural area;
 - 2. Beneficiary is located at a qualifying originating site;
 - 3. Services are provided by a qualifying distant site practitioner;
 - 4. Beneficiary and distant site practitioner communicate via an interactive AV telecommunications system that permits real-time communications; and
 - 5. CPT/HCPC code for the service is on Medicare's list of covered telehealth services.



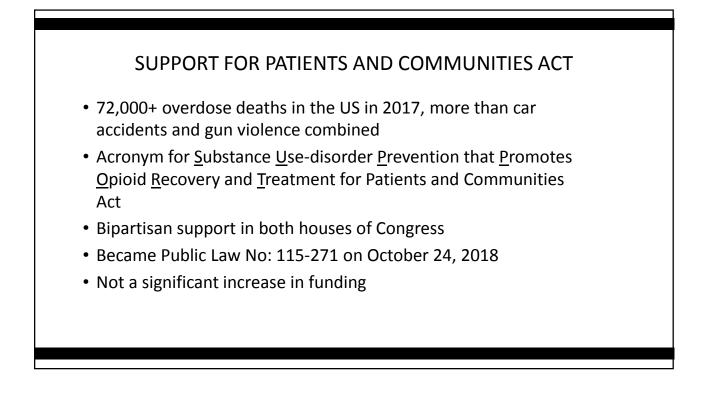


Compliance Pitfalls

- October 2018: HealthRight Telemedicine
 - DoJ unsealed 32 count indictment against 4 individuals and
 7 companies in \$1 billion fraud scheme
 - Alleged HealthRight fraudulently solicited consumer's insurance and prescription information and used compounding pharmacies in Florida and Texas to fill fraudulent prescriptions at a massive markup

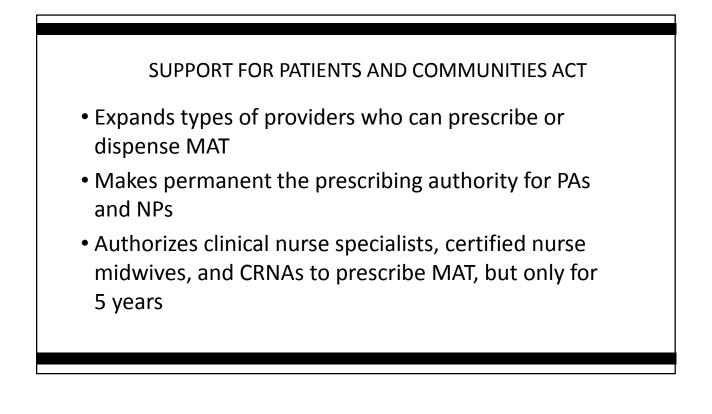


FEDERAL OPIOID LEGISLATION





- Makes changes to Medicare and Medicaid designed to limit the over-prescription of opioids
- Expands Medicare coverage for treatment programs that deliver medication assisted treatment (MAT)



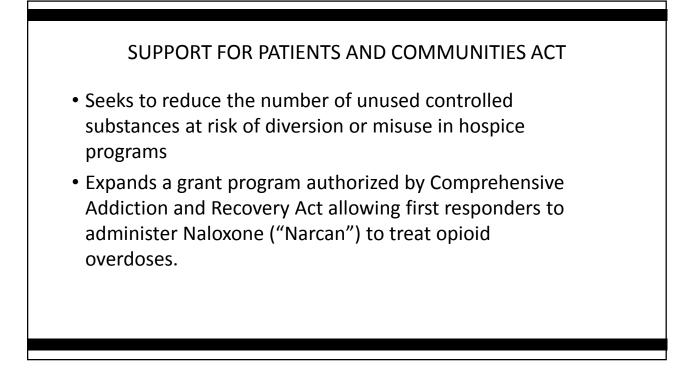
SUPPORT FOR PATIENTS AND COMMUNITIES ACT Expands/supports telemedicine programs designed to combat opioid and heroin addiction and will: Allow providers to prescribe controlled substances via telemedicine in legitimate emergency situations. Provide guidance on telehealth services to address substance use disorders under Medicaid. Expand Medicare coverage of telehealth services for treatment of substance use disorders and co-occurring mental health disorders.

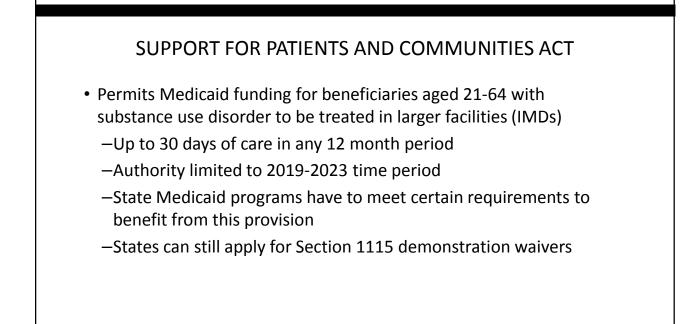
SUPPORT FOR PATIENTS AND COMMUNITIES ACT

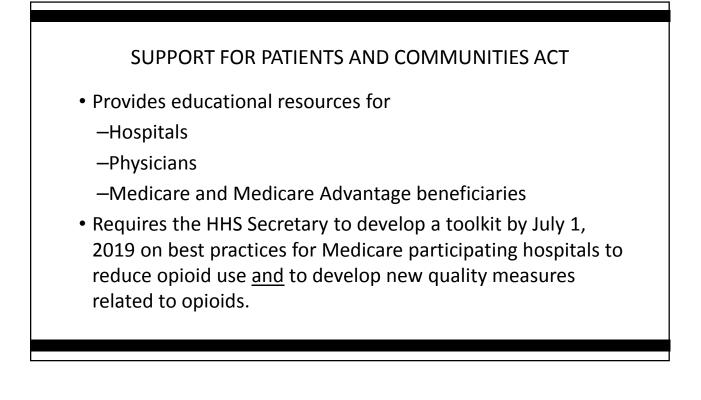
- Authorizes SAMHSA to initiate grant program for entities to establish comprehensive opioid recovery centers that serve as community resources.
- Allows comprehensive opioid recovery centers to utilize the ECHO (Project Extension for Community Health Outcomes) model to enable care coordination and services delivery through technology.
- Requires various reports, evaluations, and assessments on the effectiveness of telemedicine services and technologies in substance use disorder treatment.

SUPPORT FOR PATIENTS AND COMMUNITIES ACT

- Requires HHS to develop best practices for prominently displaying substance use disorder treatment information in EHRs when requested by the patient.
- Promotes the testing of incentive payments for behavioral health providers to adopt and use EHR technology.

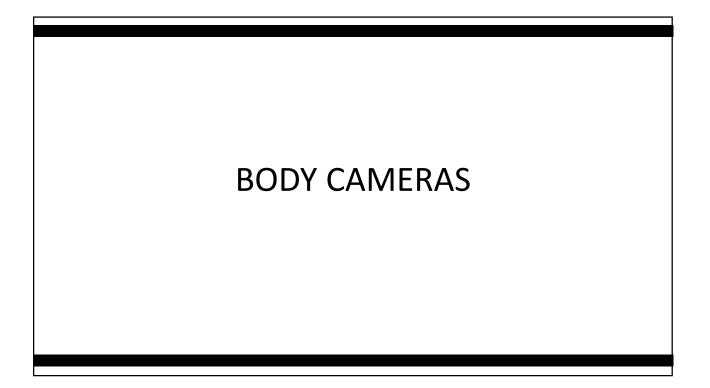


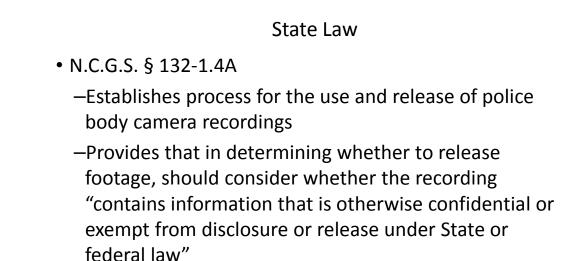


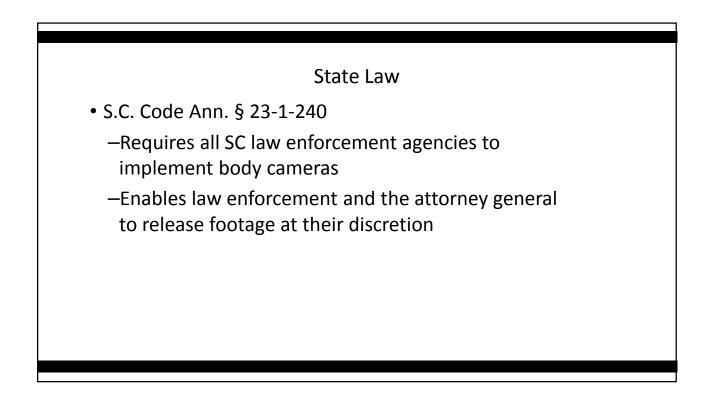


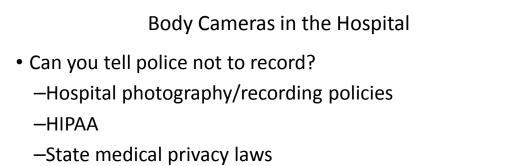


- Allows the National Institutes of Health to perform high impact cutting edge research on projects to respond to the opioid crisis
- Promotes research to find new, non-addictive drugs for pain management.









• War stories

2019 H	pics in Hea CCA Charlotte Re	gional
Meet	ing January 18, 2	.019
William R. Forstner Associate General Counsel WakeMed	Allyson Jones Labban Associate General Counsel WakeMed	Terrill Johnson Harris Partner Fox Rothschild