

Non-Discrimination under the Affordable Care Act: A Broad Impact on Healthcare Providers

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The Affordable Care Act (“ACA”) prohibits certain entities who administer health programs or activities from discriminating on the basis of race, color, national origin, sex, age, or disability. Six years after the adoption of the ACA, regulations have finally been implemented to provide guidance for enforcing the ACA’s anti-discrimination provisions. The regulations became effective July 18, 2016, but provisions affecting health insurance plan benefit design do not take effect until the first day of the first plan year beginning on or after January 1, 2017. There are also posting requirements, explained in more detail below, which go into effect October 16, 2016.



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not accept Medicare or Medicaid patients may be subject to the regulations if the entity receives other forms of federal financial assistance.

Under the regulations, these entities cannot deny health services or health coverage or otherwise discriminate in the provision of health services or health coverage based on an individual’s race, color, national origin, sex, age, or disability.

The purpose of the regulations is to reduce health disparities by protecting some of the populations who have been the most vulnerable to discrimination in the health care context. The regulations are consistent with existing federal civil rights laws and make clear these civil rights standards will be employed in implementing the ACA’s anti-discrimination provisions.

Who is Subject to the Regulations and What is Prohibited?

Not all entities subject to the ACA are subject to the regulations, which apply to “any entity that operates a health program or activity, any part of which receives federal financial assistance,” including funding from the Department of Health and Human Services (“HHS”) or any other Executive Agency. For purposes of the regulations, federal financial assistance includes grants, property, Medicaid, Medicare Parts A, C, and D payments, and tax credits and cost-sharing subsidies under Title I of the ACA. This means hospitals, health clinics, physicians’ practices, nursing facilities, residential or community-based treatment facilities, and other similar health care providers who accept and/or treat Medicare (Parts A, C, or D) or Medicaid patients are subject to the regulations. Even those entities who do

Prevention of National Origin Discrimination

In order to prevent national origin discrimination, entities subject to the regulations must “take reasonable steps” to provide language assistance services to individuals with limited English proficiency (“LEP”). The regulations define an individual with LEP as “an individual whose primary language for communication is not English and who has a limited ability to read, write, speak, or understand English.”

Covered entities must provide individuals with LEP with a “qualified interpreter” when oral interpretation would be “a reasonable step to provide meaningful access” for the individual with LEP. A “qualified interpreter” is someone who: (1) “adheres to generally accepted interpreter ethics principles, including client confidentiality”; (2) “has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language”; and (3) “is able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.”

The regulations also require covered entities to use a “qualified translator” when translating written content. “Qualified translator” is defined similarly to “qualified interpreter,” with the exception that a translator must demonstrate proficiency in written English and one other language. *continued on page 2*

Entities subject to the regulations may only rely on bilingual/multilingual staff to communicate with individuals with LEP if the staff member: (1) “is proficient in speaking and understanding both spoken English and at least one other spoken language, including any necessary specialized vocabulary, terminology and phraseology”; and (2) “is able to effectively, accurately, and impartially communicate directly with individuals with limited English proficiency in their primary languages.” The bilingual/multilingual staff member can only be relied upon to communicate with individuals with LEP if the staff member is specifically designated by the entity to provide oral language assistance as a part of the staff member’s current job responsibilities.

The regulations specifically prohibit entities from requiring an individual with LEP to bring his or her own interpreter, and any language assistance services provided must be free of charge to the individual. Entities subject to the regulations are also prohibited from relying on an adult accompanying the individual with LEP for translation, except: (1) in an emergency involving an imminent threat to the individual or public where there is no qualified interpreter immediately available or (2) where the individual with LEP specifically requests an accompanying adult provide assistance. If the individual with LEP specifically requests that an accompanying adult provide translation, the adult must agree to provide such assistance and the reliance on the accompanying adult must be appropriate under the circumstances.

To reduce the burden of these regulations, covered entities are permitted to use remote video interpreting services, provided those services meet certain specifications. The video interpreting services must be in real-time with “full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection.” The connection should not be choppy, blurry, or grainy and should not produce lags or irregular pauses in communication. The video must be large enough to display the face of both the interpreter and the participating individual.

Unfortunately, the regulations are silent as to the requirements for using telephonic oral interpretation, but they do not specifically prohibit its use. The bottom line is that in providing any language assistance services, an entity must ensure the language assistance provides meaningful access to the health care services for individuals with LEP.

Prevention of Disability Discrimination

Covered entities must also take appropriate steps to ensure communications with disabled individuals are as effective as communications with nondisabled individuals. This includes providing appropriate auxiliary aids and services, when necessary, to consumers with disabilities. Examples of auxiliary aids and services include: sign language interpreters (on-site or through live video); computer-aided transcription; written materials; telephone handset amplifiers; captioned

telephones; braille materials; screen reader software; or other assistive listening devices.

Covered entities are also required to make all programs and activities provided through electronic means accessible to individuals with disabilities, unless doing so would impose undue financial or administrative burdens on the entity or would result in a fundamental alteration in the nature of the entity’s programs or activities.

The regulations also incorporate the 2010 Americans with Disabilities Act Standards for Accessible Design. They require that any construction or alterations commenced on or after July 18, 2016 by a covered entity comply with the 2010 ADA standards. Fortunately, almost all covered entities are already required to comply with the 2010 ADA standards.

Sex Discrimination under the ACA

The ACA is the first federal civil rights law to broadly prohibit discrimination on the basis of sex in federally funded health programs. The regulations clarify that sex discrimination not only includes discrimination based on an individual’s sex, but also discrimination based on pregnancy, childbirth and related medical conditions, gender identity, and sex stereotyping. The regulations prohibit the denial of healthcare or coverage based on any of the foregoing factors, prohibit categorical exclusions of limitations for all health care services related to gender transition, and require that transgender individuals be treated consistent with their gender identity, including in access to facilities.

While the regulations do not resolve whether discrimination on basis of an individual’s sexual orientation alone is a form of sex discrimination, they make clear that complaints regarding sexual orientation discrimination will be evaluated to determine if they involve the sort of sex stereotyping that is prohibited under the ACA.

Posting Requirements & Grievance Procedure

Like existing civil rights laws, the regulations require covered entities to post a notice of consumer civil rights by October 16, 2016.

For the disabled or those with LEP, the regulations require covered entities to post information telling consumers about the right to receive communication assistance. Covered entities must also post taglines in the top 15 languages spoken nationally by individuals with LEP. “Taglines” are “short statements written in non-English languages that indicate the availability of language assistance services free of charge.” The Office of Civil Rights (“OCR”) has provided the taglines in the top 15 languages spoken nationally by individuals with LEP.

Appendix A to the regulations includes a model notice covered entities can use for their posting. The model notice is titled

“Sample Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Sample Nondiscrimination Statement: Discrimination is Against the Law,” and states:

[Name of covered entity] complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age disability, or sex.

[Name of covered entity] does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

[Name of covered entity]:

- **Provides free aids and services to people with disabilities to communicate effectively with us, such as:**
 - o **Qualified sign language interpreters**
 - o **Written information in other formats (large print, audio, accessible electronic formats, other formats)**
- **Provides free language services to people whose primary language is not English, such as:**
 - o **Qualified interpreters**
 - o **Information written in other languages**

If you need these services, contact [Name of Civil Rights Coordinator]

If you believe that [Name of covered entity] has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number – if covered entity has one], [Fax], [Email]. You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, [Name and Title of Civil Rights Coordinator] is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil

Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www/hhs.gov/ocr/office/file/index.html>**

Appendix B to the regulations includes the following sample tagline:

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

Covered entities with 15 or more employees are also required to have a civil rights grievance procedure and an employee designated to coordinate compliance efforts. Appendix C to the regulations contains a model grievance procedure covered entities can use.

Enforcement

The regulations allow for private individuals and entities to sue in federal court to challenge alleged violations of the ACA’s anti-discrimination provisions. Thus, failure to comply with the ACA’s anti-discrimination provisions and the accompanying regulations could result in both litigation and the reduction or elimination of a covered entity’s federal funding.

It is important to note that while the regulations may appear comprehensive, they in no way alter the protections provided by Title VII or other civil rights statutes. Entities subject to the ACA and it’s anti-discrimination regulations must also ensure they are in compliance with Title VII and any other applicable civil rights statutes and regulations.

MACRA – What You Need to Know

On April 16, 2015, President Obama signed into law the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), significantly changing the health care financing system for the first time since 1965. The details of these sweeping changes are still being worked out, but all physicians should make plans for the new payment system.

MACRA repealed the Sustainable Growth Rate (SGR) payment system, which governed how physicians were paid under Part B of the Medicare program, and replaced its fee-for-service reimbursement model with a new two-track system requiring physicians to accept a certain amount of risk: Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs).

While MACRA only impacts Medicare payments, commer-

cial payers typically follow Medicare’s payment models, and it is likely that risk will be more prominent in the commercial setting over the next several years. This is just the beginning of the official rulemaking process, but it is already clear that physicians will have a choice in whether to participate in MIPS or meet requirements for an APM.

The timeline of the implementation of MACRA is of the utmost importance in that physicians will begin reporting Jan. 1, 2017, which will affect Medicare payments in 2019.

Here are some links to find out more:

- <http://alabamamedicine.org/macra-911-getting-started/>
- <http://www.ama-assn.org/ama/pub/advocacy/topics/medicare-physician-payment-reform.page>

Project Access Update

Jefferson County Project Access opened its doors for patient enrollment October 1st, 2016. Project Access is a physician driven, community-wide effort that links uninsured and underserved patients to specialty care, ancillary services and low cost and free prescription medications. If you are a Specialist willing to provide care to charity patients, please consider this outstanding volunteer opportunity!

- You can see as few as one charity patient per month.
- Patients come to you directly from Primary Care Providers that provide patients a "Medical Home!"
- Available navigation services notify patients of appointments, ensure they have necessary tests and encourage patients to adhere to their treatment plans.

St. Vincent's Birmingham, St. Vincent's East, UAB Hospital and UAB West and a number of Jefferson County primary

care charity clinics are partnering with Project Access to provide primary care and secure ancillary and hospital services at significantly lower costs. Go to JCMS's website to sign up today: http://jcmsalabama.org/project_access.asp.

If you want additional information, please contact:

Irby Ferguson, Project Access Program Director
(205) 271-6820 / ProjectAccess@jcmsalabama.org
8 am to 4 pm Mon -Fri / 8 am to 12 pm Friday

Martha Wise, JCMS Executive Director
(205) 933-8601 / mwise@jcmsalabama.org
8:30 am to 4:30 pm Mon - Fri



Irby Ferguson

"Project Access® fills an urgent need in our community allowing us to coordinate preventive and wellness care that keeps patients' overall health at a higher level. As a result, our volunteer physicians limit the episodes of crisis care such as hospitalization or emergency care, which is always more expensive and less desirable for patients." Bill Hathaway, MD, Chief Medical Officer for Mission Health Systems in Asheville, NC.

Upcoming Events

- | | |
|----------------|--|
| Oct. 17 | Executive Committee Meeting – 5:30 p.m. |
| Oct. 18 | The Wayne Finley 811 Breakfast Meeting – Claude Ouimet, M.D. will speak on "Electronic Health Records" at 8:30 a.m. in the JCMS Board Room |
| Nov. 1 | JCMS Annual Social Event – The Club from 6:00 p.m. to 8:00 p.m. |
| Nov. 14 | Foundation Trust Meeting – 5:00 p.m. |
| Nov. 15 | The Wayne Finley 811 Breakfast Meeting – William Andrews, M.D. will speak at 8:30 a.m. in the JCMS Board Room |
| Nov. 21 | Executive Committee Meeting – 5:30 p.m. Board of Directors Meeting – 6:30 p.m. |
| Dec. 19 | Executive Committee Meeting – 5:30 p.m. |
| Dec. 20 | The Wayne Finley 811 Breakfast Meeting – Dennis Pappas Sr., M.D. will speak at 8:30 a.m. in the JCMS Board Room |

Contact Juanita Pruitt at 933-8601 or jpruitt@jcmsalabama.org for more information regarding any of the above events.



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JCMS ANNUAL SOCIAL

*The Jefferson County Medical Society
Invites You to Attend its Annual Social Meeting*



THIS YEAR'S EVENT WILL BE HELD AT

**THE CLUB
IN THE GLEN IRIS STATEROOMS**

Tuesday, November 1, 2016

6:00 – 8:00 p.m.

Cocktails & Heavy Hors D'Oeuvres

**6:30 p.m. – Brief Annual Business Meeting
Introduction of 2016 Scholarship Recipients**



THIS YEAR'S EVENT IS SPONSORED BY
PROASSURANCE

MUSIC BY SAM POINTER

Please call the Jefferson County Medical Society
at 205-933-8601 for reservations

**DEADLINE FOR RESERVATIONS:
Wednesday, October 26, 2016**

Due to guarantee requirements at The Club, we will not be able to accept reservations after that time. Cancellations must also be received by October 26 to avoid charges for your reservation. Thank you for your understanding.



Annual Barons Event

Sunday,

May 7, 2017

More details to come.

Wanted: Part-Time MD/DO

Birmingham Injury Clinic is looking for a Part-Time MD/DO, 2 days per week, 4-5 hours per day. Responsibilities include examine new patients; re-exam patients; order MRI/ CT; prescribe any meds necessary for acute injury patients; order therapy for patients - staff is in place for therapy; possible pain shots given. Great opportunity for an ER doc/ Retired doc or anyone else looking for part-time.

Any inquires, including CV, send to
InjuryclinicpositionBham@gmail.com

Dues Exemption Reminder

MASA will soon be sending out membership renewal materials for MASA and JCMS membership. Remember that there are certain JCMS dues exemptions for members.

- Those members, who are in good standing and who have been active members of the JCMS for twenty-five (25) years and are over sixty-five (65) years of age, shall be granted dues exempt status.
- Those members, who are in good standing and who are fully retired and have been a JCMS member for at least twenty-five (25) years, shall be granted dues exempt status. In addition, if a member has been a member of MASA for at least thirty (30) years and is fully retired, he/she will be granted dues exempt status (even if they were not a JCMS member for at least 25 years).
- Those members, who are in good standing and who are fully retired and have been a JCMS member for less than 25 years, shall be granted a 30% discount of the regular membership dues rate.
- Those members, who practice less than twenty (20) hours per week of clinical and/or health care related employment activities, shall be entitled to reduced membership dues.

For more information, please contact Kelly Logan, JCMS membership coordinator, at 205-933-8601.

JCMS Welcomes the Following New Members

| | |
|------------------------------|------------------------------|
| Mark Gregory Bearman, M.D. | Ophthalmology |
| Jeffrey Brian Dobyms, D.O. | Anesthesiology |
| Jennifer P. Eldredge, M.D. | Anesthesiology |
| Mr. Naveed Q. Farrukh | Medical Student |
| William T. O'Byrne III, M.D. | Critical Care Anesthesiology |
| Ms. Amanda Stisher | Medical Student |

JCMS ALLIANCE NEWS

The Jefferson County Medical Society Alliance (JCMSA) will host a MEET & GREET for members and those interested in learning more about the JCMSA. A Wine & Cheese reception will be held Wed, Oct. 19, 2016, 5:30 p.m. – 7:30 p.m. at Avani Rupa Fine Jewelers in Mountain Brook Village, 2408 Canterbury Road, Mountain Brook, AL 35223.

Mary Beth Lloyd and Lisa Christopher of the JCMSA Operating Committee will briefly share information about the organization, upcoming events and will announce grants recently obtained through the Medical Association of the State of Alabama.

Thanks to the generosity of our sponsor, Avani Rupa Fine Jewelers, specializing in one of a kind, hand-crafted diamond jewelry, the event is FREE. Participants will also be entered in a drawing for a 20% discount off a first time purchase or a custom jewelry design. Reservations are required by emailing Mary Beth Lloyd – mblloyd85@yahoo.com or calling 595-6793. The event is limited to 40 people.

The Jefferson County Medical Society Alliance is a group of physician spouses whose goals are educational and charitable. It promotes health education, encourages participation in the AMAA (National) and AMASA (State) programs, and supports health-related charitable endeavors. It also provides an annual scholarship to a UAB medical student.

IN MEMORIAM

THE JCMS WANTS TO
ACKNOWLEDGE THE RECENT
PASSING OF THE FOLLOWING
JCMS MEMBERS:

GREENE HAMPTON SMITH JR., M.D.
MAY 11, 2016

RICHARD PEARCE MCLAUGHLIN, M.D.
JUNE 11, 2016

JAMES THOMAS MORGAN, M.D.
JUNE 13, 2016

BEN V. BRANSCOMB, M.D.
JULY 4, 2016

ROBERT ALAN KREISBERG, M.D.
AUGUST 21, 2016

STUART X. STEPHENSON, M.D.
AUGUST 25, 2016

MATTHEW T. SMITH, M.D.
SEPTEMBER 19, 2016

DAVID MICHAEL OSTROWSKI, M.D.
SEPTEMBER 25, 2016

Needed: Mental Health Professionals

Psychiatrist, psychologist, psychiatric N.P., other licensed counselors. Established multilevel practice expanding; Collegial work environment; total administrative support. Tailor your practice your way; a few hours per week or full time; open spectrum or niche clientele. Backup coverage. Join practice or rent space and/or economical services. Central Alabama metropolitan area. Call Holly at 205-978-7800 from 9:00 a.m. to 5:00 p.m. CST for questions or interview scheduling.

Keeping the **game fair...**



...so you're not **fair game.**

As an Alabama physician, your profession is getting hit from all angles.

You need to stay focused and on point—confident in your coverage.

Get help protecting your practice, with resources that make important decisions easier.



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