



# **Corporate Training of Regulations Applicable to the Healthcare Industry**

**October 2020 Revision**

# Agenda

## The following topics are included in the Corporate Training of Regulations Applicable to the Healthcare Industry:

1. Cultural Competence Plan
2. Previous Will for Medical Treatment in Case of Suffering a Terminal Health Condition or Persistent Vegetative State (Law 160 of November 17, 2001), better known as “Advance Directives”
3. Patients Rights and Responsibilities(Law 194 of August 25, 2000, as amended)
4. Protocol for the prevention and identification of potential cases of financial exploitation of elderly or disabled adults



# Cultural Competence Plan

# What is Cultural Competency?

A set of interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance, and respect for cultural differences and similarities within, among, and between groups and the sensitivity to know how these differences influence relationships with Enrollees. It is the ability to understand, interact and collaborate well with different people.

# Cultural Competence Plan

- Employees and Associates of the Plan must provide service to all beneficiaries of any culture, race, ethnicity, gender identity, gender expression, real or perceived sexual orientation (lesbian, gay, bisexual, transgender better known as LGBTTTQ+ + population),and religion; in order to recognize the values, respect, protect and preserve the dignity of each individual.
- The purpose is to ensure that the diverse needs of the beneficiaries are considered.

# Cultural Competence Plan Objectives

- Identify Beneficiaries who have cultural limitations or language barriers.
- Ensure that all available resources meet communication requirements regarding language barriers.
- Ensure that health Providers understand and recognize needs according to cultural differences.
- Ensure that all Employees and Associates are trained to assess cultural, religious and language differences.

# Cultural Competence Plan Objectives

- Increase communication with Beneficiaries who have cultural competences or language barriers.
- Utilize culturally sensitive and appropriate educational materials for each type of cultural limitations including race, religion, LGBTTTQ+ (Lesbian, Gay, Bisexual and Transgender) communities, ethnicity or language.
- Decrease discrepancies in medical care received.
- Increase the understanding of our Employees, Contractors, health Providers, about cultural and religious differences.



# Cultural Competence Plan Components

- **Analysis of Data:**
  - Periodically conduct an assessment of our population in underserved areas.
  - Carry out regular analysis of claims and meetings to identify health needs.
  - As part of the process of registration to identify specific needs in terms of race, religion, ethnic origin and language.

# Cultural Competence Plan Components

- **Language or Interpreter Services:**
  - Providers help identify beneficiaries with possible linguistic barriers.
  - In coordination with the Beneficiary Services Department, they receive free interpreter services to access the covered services.
  - Interpreter services include interpretation for beneficiaries with limitations in the Spanish language or auditory impairments.
  - Contractors who provide service to our beneficiaries must comply with the approved Cultural Competency Plan.
  - Written materials are available in both Spanish and English.



# Cultural Competence Plan Components

- **Religious beliefs:**
  - Ensure that all Employees respect the Beneficiaries according to their religious beliefs.
  - Providers must comply with the religious beliefs of the Beneficiaries when providing medical treatment services.

# Cultural Competence Plan Components

- **LGBTTQ+ Population Anti-discrimination:**
  - A Providers Guide is available for sensitive and adequate management when providing health services to LGBTTQ+ + Enrollees that is distributed to all providers.
  - The Provider is responsible for training its staff on sensitivity to the LGBTTQ + population.
  - The approval and dispatch of medications, as well as medical services, should not be restricted by the Enrollee sex.

# Cultural Competence Plan Components

- **Provider Education:**
  - Provider must be educated according to the Cultural Competency Plan.
- **Electronic Media:**
  - Beneficiaries have access to the TTY / TDD line for audio-impaired services
  - Services to the Beneficiary will provide the necessary follow-up services in addition to the call.

# Cultural Competence Plan Components

- **Survey on the Cultural Competence Plan:**
  - To create awareness and increase the beliefs, values and attitudes that promote understanding of cultural, religious, sexual preferences, and language differences and identify areas of need for training.
  - This self-assessment is in line with or similar to the self-assessment of the National Center for Cultural Competence.

# Vieques and Culebra Beneficiaries

- A policy is established to require the providers to give priority to the Beneficiaries resident of Vieques and Culebra, so that they are taken care of within a reasonable time after arriving at the office.
- This preferential treatment is necessary due to the location of these municipal islands, considering the longer travel time necessary for their residents to obtain medical attention.



**Advance Directives  
(Law 160 of November 17, 2001)**

## Definition

- **Advance Directive:** A written instruction, such as a living will or durable power of attorney, granting responsibility over an individual's health care, as defined in 42 CFR 489.100, and as recognized under Puerto Rico law under Act 160 of November 17, 2001, as amended, relating to the provision of health care when the individual is incapacitated.

# Advance Directives Law

- Recognizes the right of every elderly person, in complete use of his/her mental faculties, declare previously his/her will related to medical treatment in case of suffering a terminal health condition and/or vegetative persistent state.
- The declarant can name a representative or leader in case any event prevents him/her from making a decision and in case he/she has not decided about a medical situation in the declaration of will; he/she can decide according to his/her values and ideas.

# Advance Directives Law

- The responsibility of notifying his/her doctor and /or the health institution about the existence of an advance directive and providing them a copy of such document relapses on the declarant.
- The advanced directive must be signed in front of a Public Notary and two witnesses that are 21 years or older.
- The Enrollee can also sign the advanced directive in presence of a physician and two witnesses who are 21 years or older.
- The Enrollee can modify the advance directives document, in part or totally; in any moment.
- The revocation of the document can only be requested by written.

## Limitations

- In case of pregnant women, any advance directive remains without effect; until her pregnancy finishes.
- The declarant cannot prohibit him/herself of receiving treatment for pain, hydration or feeding.
  - Except, when death is imminent or his/her body cannot absorb food and/or liquids. In this case, only the physician will have the authority to make a decision.
  - This law does not authorize the practice of euthanasia, or mercy-killing.



**Patients Rights and Responsibilities  
(Law 194 of August 25, 2000, as amended)**

# What does the law establish?

## Law 194 from August 25, 2000

- Created to establish the Patient Rights and Responsibility Act.
- Provide the patients rights and responsibilities and medical-hospitalary utilizers in Puerto Rico, including Providers of these services and their health insurances.
- Define terms; establish dispute settlement procedures, impose penalties; and for other related purposes.
- Custodian, guardian, spouse, relatives, legal representative, attorney-in-fact, or any other person appointed by the courts or by the patient, may exercise these rights if the patient lacks the capacity to make decisions, is declared incapable by law or is a minor.

# Patient Rights

- Obtain information of the Government Health Plan (GHP) about coordinated care, facilities, health professionals, services and service access.
- Receive healthcare services of the most highest quality.
- Be treated with respect, equality and consideration before dignity and privacy.
- Obtain information about option treatment alternatives.
- Participate in decisions about healthcare, including the right to refuse treatment.
- Receive emergency services 24 hours a day, seven days a week.

# Patient Rights

- Continuity of services.
- Request and receive copy of your health care records.
- Confidentiality of your information and healthcare records.
- Settle a complaint, grievance or appeal freely and not affecting adversely the way you are treated.
- Be able to exercise your rights without retaliation.
- Receive information about Advanced Directives and Medical Treatment.

# Patient Responsibilities

- Must be informed about your coverage, its' limits and exclusions.
- Inform your doctor about:
  - Changes in your health
  - Information that has not been understood
  - Reasons of why you cannot comply with the recommended treatment.
- Provide your Doctor all your health information.
- Follow the treatments recommended by your doctors.
- Maintain a healthy lifestyle.

# Patient Responsibilities

- Communicate your health treatment Advanced Directives.
- Maintain appropriate behavior that does not impair, hinder or prevent other patients receiving the necessary medical care.
- Provide the information required by your plan.
- Notify about any possibly fraudulent activity or inappropriate action related to health services, Providers or Facilities.

# Penalties and Patients' Advocate Office Role

- Any insurer, health care plan, health professional or health-care Provider or person or entity that fails to fulfill any of the responsibilities or obligations imposed by this Act, will incur in an administrative fault and will be punished with penalty of a fine not less than five hundred (500) dollars nor more than five thousand (5,000) dollars for each incident or violation of law.
- The Office of the Patient Advocate (OPP) was created in 2001 to guarantee compliance with the rights and responsibilities of the patient. It is empowered by Act No. 77-2013 and Act No. 170-1988, as amended, to investigate and address any complaint related to the violation of the legal provisions set forth in Act No. 194-2000, as amended, known as "Patient Rights and Responsibilities Charter".

## OPP Contact Information:

*Oficina del Procurador del Paciente*

Mailing Address: PO Box 11247 San Juan , Puerto Rico 00910-2347

Physical Address: Mercantil Plaza Building, floor 9 Hato Rey, Puerto Rico.

Telephones: 787-977-1100 (Urban) 1-800-981-0031 (Island) ;

To request a grievance: 787-977-1100

Fax: 787-977-0915

[info@opp.pr.gov](mailto:info@opp.pr.gov)

[www.opp.pr.gov](http://www.opp.pr.gov)





**Protocol for the Prevention and Identification of  
Potential Cases of Financial Exploitation of Elderly or  
Disabled Adults**

# What is Financial Exploitation?

Financial Exploitation is a type of abuse against the elderly or disabled adults carried out by family members, friends, neighbors, and caretakers, among others.

Act Number 121-1986 defines financial exploitation as the improper use of the funds of a competent elderly or disabled adult, of his / her property or resources by another individual, including, but not limited to, fraud, misrepresentation, embezzlement, conspiracy, forgery of documents, falsification of records, coercion, transfer of property through fraud, or denial of access to assets.



# Financial Exploitation - Reasons

## Key factors that make exploitation more likely to happen:

- The adult children's financial situation
- Use and abuse of controlled substances by close family members
- Trusting in and providing information related to finances to strangers/others
- Cognitive decline (caused by age or illness)
- Changes in the usual management of bank accounts
- Disputes among adult children for the parents' financial resources

# Signs of Potential Exploitation

## Among the signs of Financial Exploitation of the Elderly are:

- Sudden and significant reduction of the balances in checking and savings accounts
- Canceling certificates of deposit before their date of maturity
- Payments made to third party bills via direct debit
- The person looks neglected or unkempt despite adequate income
- Signature forgery
- Unpaid bills
- Termination of vital utilities such as electricity, water, and telephone
- Appearance of property liens or foreclosure notices
- Withdrawal of large sums of cash from bank accounts or changes in spending habits
- Loan applications or signatures on loan applications
- Purchase of vehicles or real estate property without the victim's consent
- Sale of vehicles or of real estate property
- Purchase or cancellation of insurance policies

# Factors that increase the risk of Exploitation

- Isolation
- Loneliness
- Family members with drug, alcohol, or gambling problems
- Cognitive and physical changes that make the elderly person or disabled adult dependent on others
- Lack of skills when it comes to managing financial or technological issues
- Death of spouse or adult children who managed or helped manage finances

# How to avoid Financial Exploitation?

Information that our Enrollees should know:

- Carefully pick and choose the person with whom you will share your financial information
- Protect your checkbook, credit cards, savings, financial statements, and any other sensitive document: keep them in a safe place
- Do not give out your Social Security number or your debit card's secret or personal identification number (PIN) to anyone, especially over the phone



# Penalties

Law Number 146-2012, sets the following penalties:

- When the sum of the funds, assets, personal or real estate property involved in a case of financial exploitation of an elderly or disabled person adds up to \$2,500.00, the offender will incur in a misdemeanor. In those cases where the sums are larger than the abovementioned, he/she will incur in a felony.
- In all cases, the Court will impose a restitution penalty in addition to the set penalty.

# Applicable Laws

## The following laws protect the elderly against Financial Exploitation:

- Act Number 121-1986, as amended, known as the *Bill of Rights of the Elderly*.
- Act Number 206-2008, which orders the Commissioner of Financial Institutions, the Corporation for the Supervision and Insurance of Cooperatives of Puerto Rico and the Office of the Commissioner of Insurance to Implement Those Regulations Necessary, in order to require any financial institution, cooperatives or insurance in Puerto Rico to establish a protocol for the prevention and detection of possible cases of financial exploitation to persons of elderly or adults with disabilities. These institutions are required to notify any situations in which financial exploitation is suspected.
- Act Number 146-2012, as amended, know as the *Puerto Rico Criminal Code*, in its Articles 127-C y D Financial Exploitation of Elderly Persons, sets forth, among other things, the modes and penalties for people who commit this crime.

# Contacts

**Every MMM Employee has the responsibility to refer any potential financial exploitation situation to:**

## **Medicaid Compliance Department**

Liza Rivera-Ortiz, Compliance Officer

Medicaid

MMM Holdings, LLC

P.O. Box 71114

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Online, via the Ethics Point webpage:

[www.psg.ethicspoint.com](http://www.psg.ethicspoint.com)

Ethics Point hotline: 1-844-256-3953

Refer by e-mail: [VitalSIU@mmmhc.com](mailto:VitalSIU@mmmhc.com)

## **Medicare Advantage Compliance Department**

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