

# Patient Compliance Forms in Healthcare Settings

## Understanding Risks, Requirements and Best Practices



1

## Why Compliance Forms are Necessary

Healthcare facilities must maintain proper documentation to satisfy multiple critical functions that protect both patients and providers:

### Regulatory Compliance

Satisfies requirements from CMS, HIPAA, EMTALA, and state-specific healthcare laws. Failure to comply can result in significant penalties, including exclusion from federal healthcare programs.

### Risk Management

Protects your facility from liability claims and reduces financial exposure through proper documentation of informed consent, treatment protocols, and payment responsibilities.

### Patient Communication

Clarifies patient rights, responsibilities, and expectations regarding treatment, privacy, and financial obligations, creating transparency and building trust.

### Operational Requirements

Ensures accurate billing, proper payer identification, and documentation of clinical decisions. Critical for meeting audit and accreditation standards from organizations like The Joint Commission.

2

## Universal Forms Required Across All Care Settings

### Consent to Treat

Documents patient agreement to receive healthcare services. Must be customized to specific care setting and treatment types.

### HIPAA NPP Acknowledgment

Confirms patient receipt of Notice of Privacy Practices, detailing how protected health information may be used and disclosed.

### Assignment of Benefits / Release of Information

Authorizes direct payment from insurers to providers and permits sharing of medical information with payers for reimbursement.

### Financial Responsibility Agreement

Establishes patient understanding of financial obligations including co-pays, deductibles, and self-pay amounts.

### Medicare Secondary Payer Questionnaire (MSPQ)

Determines proper billing order when patients have multiple insurance coverages including Medicare.



These forms represent the foundation of your compliance documentation strategy across all patient encounters.

## Setting-Specific Forms

Different care environments require specialized documentation to address unique clinical and administrative considerations:

### Outpatient & Inpatient Financial Forms

- Charity Care / Financial Assistance Application
- Payment Plan / Pre-Service Collection Form
- Financial counseling documentation

### Inpatient Clinical Consents

- Consent for Surgery / Invasive Procedures
- Blood Transfusion Consent
- Advance Directive Acknowledgment / DNR Orders
- Restraint authorization documentation

### Swing Bed Documentation

- Care Plan Agreement
- Advance Directive Acknowledgment
- Resident rights documentation
- Level of care certification

**Note:** Each form should be reviewed by legal counsel to ensure compliance with both federal regulations and state-specific requirements, which can vary significantly.

## High-Risk Compliance Notices

These specialized forms carry significant compliance risk and financial implications if implemented incorrectly. Proper staff training and consistent execution are essential.



### Advance Beneficiary Notice of Noncoverage (ABN)

Required when Medicare may deny payment for services. Applies to outpatient, inpatient, and observation settings. Must be obtained *before* service delivery.



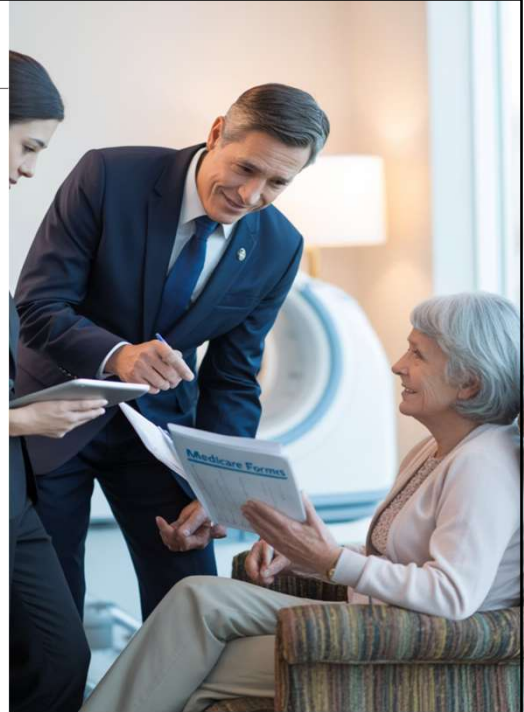
### Medicare Outpatient Observation Notice (MOON)

Required for Medicare beneficiaries receiving observation services for more than 24 hours. Explains financial implications of observation versus inpatient status. Must be given within 36 hours.



### SNF Beneficiary Notice

Required for swing bed patients when Medicare coverage may end. Provides appeal rights and financial liability information.



## High-Risk Compliance Notices (Cont.)

These specialized forms carry significant compliance risk and financial implications if implemented incorrectly. Proper staff training and consistent execution are essential.



### Important Message from Medicare (IMM)

A notice hospitals must give to hospitalized Medicare beneficiaries to inform them of their right to appeal a hospital discharge. The IM explains that you can speak to the hospital about your concerns and have a Quality Improvement Organization (QIO) review your case and decide if you are ready to leave the hospital. Hospitals are required to give you the IM within 48 hours of your full inpatient admission, and a copy must be given to you within two days of your planned discharge date.



### Important Message from Tricare

A document given to hospital patients with Tricare coverage that outlines their rights, especially regarding inpatient care and discharge, including the right to make decisions with their doctor, ask questions about their care, and receive a Notice of Noncoverage (NNC) if the hospital believes TRICARE will stop paying for their care. If you receive an NNC, you have the right to request a review of that decision by a Regional Review Authority (RRA)



## Required Patient Forms by Care Setting

This matrix provides a quick reference guide to ensure your facility is collecting all required documentation based on care setting:

Form	Outpatient	Inpatient	Observation	Swing Bed
Consent to Treat	✓	✓	✓	✓
HIPAA NPP Acknowledgment	✓	✓	✓	✓
Assignment of Benefits / Release of Info	✓	✓	✓	✓
Financial Responsibility Agreement	✓	✓	✓	✓
Medicare Secondary Payer Questionnaire	✓	✓	✓	✓
Charity Care / Financial Assistance	✓	✓	—	—
Payment Plan / Pre-Service Collection	✓	✓	—	—
Consent for Surgery / Invasive Procedures	—	✓	—	—
Advance Directive Acknowledgment	—	✓	—	✓
High-Risk Notices (ABN, MOON, SNF, IMM, IMT)	✓	✓	✓	✓

Conduct quarterly audits to ensure 100% compliance with documentation requirements across all departments.

## MSPQ In Depth

- ❖ Required for all Medicare patients
- ❖ Protects Medicare funding by ensuring the other plan pays as primary.

Reasons for other coverage to be primary

- Black Lung Benefits
- Government Research Program
- Work Accident
- Auto or No-Fault Liability
- End Stage Renal Disease
- Group Health Plan

## Consent Language – Electronic Forms of Communication

- When developing consent language for email and text contact in a healthcare setting, it is critical to address privacy risks, communication types, and the patient's rights in a clear and transparent manner. Under the Health Insurance Portability and Accountability Act (HIPAA), email and standard text messages are generally not considered secure for communicating protected health information (PHI).
- The Telephone Consumer Protection Act (TCPA) mandates that an organization must obtain explicit written permission from patients prior to sending them text messages. This permission must be well-documented and should clarify the nature of the messages patients will get and the process for opting out.
- Choose a secure platform that is HIPAA and TCPA compliant



## Consent Language – Electronic Forms of Communication

### 1. Be Transparent

Ensure patients are fully aware of why their phone numbers are being collected and how they will be used. Clearly explain the nature of the messages they will receive, including frequency and any associated costs.

### 2. Collect Consent

Secure written consent from patients before sending text messages. This can be obtained through a written form, a digital consent checkbox, or during the patient's registration process.

The consent form should include:

The specific purpose of the text messages

The expected frequency of messages

A statement that consent is not a condition for receiving treatment

Instructions on how to opt out of receiving future messages

### 3. Safely Store Consent Records

Keep thorough records of all consent forms to demonstrate compliance with regulations. This documentation should include the patient's consent date and details about what they agreed to receive.

### 4. Provide Opt-Out Method

Provide patients with an easy method to opt out of text messages. Include simple instructions in each message, like replying "STOP" to unsubscribe, and make sure it's easy for patients to opt out.

## New Compliance Initiatives – No Surprises Act

### Key Components of the No Surprises Act

#### Patient Protections:

The NSA shields patients from "surprise bills" for emergency services from out-of-network providers, non-emergency care at in-network facilities by out-of-network providers, and out-of-network air ambulance services.

#### Good Faith Estimate (GFE):

For uninsured or self-paying patients, providers must provide a GFE detailing expected costs for scheduled services.

#### Patient-Provider Dispute Resolution (PPDR):

If an uninsured or self-pay patient's final bill significantly exceeds the GFE (by \$400 or more), they can use a federal arbitration process to challenge the charges.



## New Compliance Initiatives – No Surprises Act

### Provider Responsibilities for GFE Compliance

**Issuing the GFE:** The requirement applies to all non-emergency medical items and services, regardless of the expected cost, and even applies if the expected charge is zero. Some facilities issue for ED as well.

**Includes Co-Providers and Co-Facilities:** When applicable, include the expected costs of items or services furnished by other providers or facilities that are part of the patient's treatment plan.

**Timing:** Issue the GFE within specified timeframes, with details on when it must be provided to the patient.

**Dispute Resolution:** Understand that the PPDR process is available for patients to dispute costs substantially exceeding the GFE.

Good Faith Estimate			
<b>Patient Information:</b>			
Name:	John Doe	Phone Number:	+1 312 456 0123
Date of Birth:	01/01/1980	Email Address:	john.doe@xyz.com
<b>Provider Information:</b>			
Name:	XYZ Medical Center	Phone Number:	+1 312 456 0123
Address:	123 Main Street, Anytown, USA	Email Address:	info@xyz.com
<b>Procedure Information:</b>			
Service Description	CPT Code	Quantity	Unit Price / Total Price
Initial Consultation	99203	1	\$150.00 / \$150.00
Blood Test	80053	5	\$75.00 / \$375.00
X-Ray	71210	2	\$250.00 / \$500.00
Prescription Medication	925	1	\$50.00 / \$50.00
		<b>Subtotal:</b>	<b>\$1,075.00</b>
<b>Additional Charges (if applicable):</b>			
Immunization		Amount:	
Facility Fee		\$100.00	
Anesthesia		\$100.00	
<b>Total Estimate:</b>		<b>\$1,275.00</b>	
<small>Validity Period of Estimate: This estimate is valid until 09/30/2026. Notes: Payment is due at the time of service. Prices are subject to change based on additional services required.</small>			
<b>Contact Us:</b>		<b>Patient Signature:</b>	
456 Oak Ave, Anytown, USA		<i>John Doe</i>	
+1 312 456 0123		Date Due:	
info@xyzmedicalcenter.com			



## New Compliance Initiatives – No Surprises Act

### Provider Responsibilities for GFE Compliance

#### GFE Timing:

The specific timeframe for providing the GFE depends on how the service is scheduled:

- **10 or more business days in advance:** The provider or facility must provide the GFE no later than **three business days** after the date of scheduling.
- **3 to 9 business days in advance:** The provider or facility must provide the GFE no later than **one business day** after the date of scheduling.
- **Less than 3 business days in advance:** A GFE is not required if the service is scheduled less than three business days in advance.
- **Upon request:** If an uninsured or self-pay patient requests an estimate for a non-scheduled appointment, the provider must provide it within **three business days** of the request.

**Good Faith Estimate** XYZ Medical Center

**Patient Information:**  
 Name: Jane Doe | Phone Number: +1 312-800-0000  
 Date of Birth: 01/01/1980 | Email Address: jane.doe@xyz.com  
 Address: 123 Main Street, Anytown, USA

**Provider Information:**  
 Name: XYZ Medical Center | Phone Number: +1 312-800-0123  
 Date of Birth: 01/01/2020 | Email Address: info@xyz.com  
 Address: 456 Oak Ave, Anytown, USA

Service Description	CPT Code	Quantity	Unit Price	Total Price
Initial Consultation	99203	1	\$150.00	\$150.00
Blood Test	80001	3	\$150.00	\$450.00
X-Ray	72120	2	\$200.00	\$400.00
Prescription Medication	N/A	1	\$50.00	\$50.00
<b>Subtotal</b>				<b>\$1,050.00</b>
<b>Additional Charges (if applicable)</b>				
Insurance				
Facility Fee			\$50.00	\$50.00
Anesthesia			\$500.00	\$500.00
<b>Total Estimate</b>				<b>\$2,000.00</b>

Validity Period of Estimate: This estimate is valid only 90 days.  
 Patient Payment is due at the time of service. Prices are subject to change based on additional services required.

**Contact Us:**  
 456 Oak Ave, Anytown, USA  
 +1 312-800-0123 | info@xyzmedicalcenter.com

**Patient Signature:**  
 Jane Doe  
 Date:

## New Compliance Initiatives – No Surprises Act

### Best Practices for Compliance

#### Familiarize Yourself with the Regulations:

Review official CMS resources, such as the Consumer Advocate Toolkit and Provider Guidance documents, to stay informed on requirements and enforcement.

#### Develop a System for GFEs:

Implement a process for generating accurate GFEs, which may involve getting information from co-providers and accurately estimating your expected charges.

#### Train Staff:

Ensure your billing, scheduling, and administrative staff understand their roles and responsibilities under the No Surprises Act.

#### Stay Informed:

Continuously monitor updates and new guidance from the Centers for Medicare & Medicaid Services (CMS) as the regulations continue to be refined.



## Compliance Tracking at Your Facility Open Discussion

Join at Menti.com for questions

- What steps are you taking as a facility to ensure compliance regarding all Patient Access Forms?
  - Menti code is 7923 6682
- What other compliance issues are you tracking? (ie. Staff chart access, EMTALA, etc.)
  - Menti code is 4428 3273
- What is your most concerning compliance issue at this time?
  - Menti code is 7939 8349



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