



HEALTH CARE BLOG

CMS Proposes Rule to Ease Compliance Requirements

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Last month, the Centers for Medicare and Medicaid Services (CMS) announced a proposed rule designed to, in CMS's words, "relieve burden on healthcare providers by removing unnecessary, obsolete or excessively burdensome Medicare compliance requirements for healthcare facilities". CMS estimates that the annual savings to healthcare providers would be \$1.2 billion.

The proposed rule is some 285 pages long. However, according to CMS, the proposed rule focuses on three categories, further outlined below: (1) proposals that simplify and streamline processes; (2) proposals that reduce the frequency of activities and revise timelines; and (3) proposals that address obsolete, duplicative, or that contain unnecessary requirements.

Simplifying and streamlining processes:

1. Remove requirements that ambulatory surgical centers have a written transfer agreement with a hospital that meets certain Medicare requirements or that require that all physicians performing surgery in such a center have admitting privileges in a hospital that meets certain Medicare requirements.
2. Remove requirements that a physician or other qualified practitioner conduct a comprehensive medical history and physical assessment on surgical patients within 30 days before scheduled surgery and defer more to the judgment of the physician.
3. Remove requirement that the staff of a hospice include someone with specialty knowledge of hospice medications, and streamline other regulations relating to hospice staff hiring, training, and collaboration.
4. Allow multi-hospital systems to have unified and integrated Quality Assessment and Performance Improvement programs and unified infection control programs for all member hospitals.

Reducing the frequency of activities and revising timelines:

1. Allow facilities to review their emergency preparedness programs every two years, rather than annually.
2. Allow rural critical access hospitals to review and update their policies and procedures every two years, rather than annually.
3. Instead of requiring that all community mental health center clients have updated assessments every 30 days, such assessments would be done "in accordance with client needs and standards of practice".

Obsolete, duplicative, or unnecessary requirements:

1. Remove requirement that a hospital's medical staff attempt to secure autopsies in all cases of unusual deaths and of medical-legal educational interest, and instead defer to state law.
2. Remove duplicative cross-references in regulations pertaining to hospitals allowed to use their

- beds, as needed, for either acute or skilled nursing care (swing-beds).
3. Revise requirement that a home health aide found to be deficient in skills must undergo a full competency evaluation. Instead, the aide would only be required to complete retraining and a competency evaluation directly related to the deficient skills.

This is only a partial list of the changes CMS proposes to make. The full proposed rule may be found at <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-19599.pdf>. The deadline for submitting comments on the proposed rule is November 19, 2018.

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