

Eli's Hospice Insider

Emergency Preparedness: Medicare Considers Lightening Your Emergency Preparedness Load

Recent months' string of natural disasters emphasize why EP changes matter.

Hospices used to seeing Medicare officials increase their regulatory workload may be pleased to see a proposal to do the opposite for once.

The hospice-specific proposals included in the rule are largely expected to provide insignificant relief (see Eli's Hospice Insider, Vol. 11, No. 11). But the more general provisions attempting to lighten providers' burden regarding emergency preparedness may actually make an appreciable difference for providers.

In the rule the **Centers for Medicare & Medicaid Services** published in the Sept. 20 Federal Register, CMS proposes eliminating or lightening a number of emergency preparedness requirements.

Foremost among the changes is the requirement to ease up on the annual training for an EP plan. For "outpatient providers," which include hospices, "we propose to revise the requirement such that only one testing exercise is required annually," CMS notes in the rule. That's down from two exercises per year, notes the **National Association for Home Care & Hospice**.

Why? "We believe that conducting two testing exercises per year is overly burdensome as [outpatient] providers do not provide the same level of acuity or inpatient services for their patients," CMS says in the rule.

Requirements for the type of exercise will also ease under the proposal, as CMS expands the options. The annual exercise "may be either one community-based full-scale exercise, if available, or an individual facility-based functional exercise," CMS continues. "Every other year and in the opposite years, these providers may chose the testing exercise of their choice which may include a community-based full-scale exercise, if available, a facility-based functional exercise, a drill, or a tabletop exercise or workshop that includes a group discussion led by a facilitator."

In the fact sheet, CMS emphasizes that "we continually assess our Emergency Preparedness policies to ensure that facilities maintain access to services during emergencies, provide safety for patients, safeguard human resources, maintain business continuity and protect physical resources. This proposed rule will continue to ensure that these expectation are met. At the same time we are proposing to reduce the complexity of the requirements to ensure that providers are spending more time and resources on actual patient care."

The proposed changes "will allow facilities to modernize their testing to use innovative methods such as desktop drills and simulations," CMS adds in the fact sheet.

CMS also proposes a number of other EP changes (see more details in a future issue of Eli's Hospice Insider).

Different: Inpatient hospices would have to abide by the training requirements for providers of inpatient services. CMS would still require them to have two training exercises per year - one full scale community exercise, and one "done through various innovative methods such as simulations, desk top exercises, workshops or other methods," according to the fact sheet.

NAHC expects the proposed EP changes "to genuinely reduce regulatory burdens for both home health and hospice," cheers the trade group's **Theresa Forster**. However, NAHC is examining the proposals carefully and soliciting input to make sure they "maintain an appropriate balance between the burden reduction and sufficient safeguards," Forster tells **Eli**.

Note: The rule is at www.gpo.gov/fdsys/pkg/FR-2018-09-20/pdf/2018-19599.pdf.