

## Eli's Hospice Insider

### Regulations: Rule Raises Idea Of IT Conditions of Participation

#### Electronic health information exchange in the works, reg signals.

Before you find yourself slapped with a set of regulatory mandates regarding electronic health records, you should take your chance to share your thoughts on the matter with Medicare.

Under the **Trump** administration, electronic health records, interoperability of record systems, and patients' and providers' access to medical information has become a focus of the **Department of Health and Human Services** and the **Centers for Medicare & Medicaid Services**. CMS Administrator **Seema Verma** recently announced the launch of CMS's MyHealthEData initiative and Blue Button 2.0 focusing on those topics. Under the programs, CMS aims to ease electronic exchange of health information between providers and ensure patients' easy access to their own health data.

In Medicare's 2019 proposed payment rule for hospice, CMS spends some time discussing the importance of those areas and broaching some regulatory ideas to ensure the transition to smooth access of health data.

**Heads up:** CMS may include some new Conditions of Participation and Conditions for Coverage in multiple areas, including:

- requiring "electronic exchange of medically necessary information;"
- ensuring "a patient's (or his or her caregiver's or representative's) right and ability to electronically access his or her health information without undue burden;"
- requiring interoperability and electronic exchange of health information for timely communication of medically necessary information; and
- potentially eliminating nonelectronic (paper-based) information-sharing.

CMS's discussion focuses largely on hospitals and their requirements to share information, but could well apply to other provider types too, the rule indicates.

The hospice industry has "a lot of interest in interoperability," says **Judi Lund Person** with the **National Hospice & Palliative Care Organization**. Hospices experience frustration when they are on the receiving end of being unable to access information regarding their patients' hospital stays, for instance, Lund Person says.

"To fully understand all of these health IT interoperability issues, initiatives, and innovations through the lens of its regulatory authority, we invite members of the public to submit their ideas on how best to accomplish the goal of fully interoperable health IT and EHR systems ... as well as how best to further contribute to and advance the MyHealthEData initiative for patients," CMS says in the rule. "We are particularly interested in identifying fundamental barriers to interoperability and health information exchange, including those specific barriers that prevent patients from being able to access and control their medical records."

CMS is looking for comments on "revisions to the current CMS CoPs or CfCs for hospitals and other participating providers and suppliers" in particular, the rule continues. CMS recognizes "the need to address health IT adoption and interoperability among providers that were not eligible for the Medicare and Medicaid EHR Incentives program, including long-term and post-acute care providers ... and we would also welcome specific input on how to encourage adoption of certified health IT and interoperability among these types of providers and suppliers as well," the rule says.

Now is the time to let CMS "know what we want here," Lund Person urges. These requirements appear inevitable, so providers need to speak up about what they want them to look like and how they can be reasonable and the least burdensome.



The deadline for submitting comments is June 26. Commenting instructions are in the rule at [www.gpo.gov/fdsys/pkg/FR-2018-05-08/pdf/2018-08773.pdf](http://www.gpo.gov/fdsys/pkg/FR-2018-05-08/pdf/2018-08773.pdf).