

Medicare Compliance & Reimbursement

Medicare Policy: CMS Aims to Cut More Burdens with Another Rule

Flexibility is key to new policies.

Medicare has pumped out an unusually long list of rules over the past year, revising policies and dropping burdens. So if you're feeling deregulation fatigue, it's no wonder. But on the bright side - this latest laundry list of rollbacks and upsets promises to get rid of redundancy while offering transparency.

Background: The Omnibus Burden Reduction (Conditions of Participation) final rule, which appeared in the Sept. 30 Federal Register, is actually a compilation and finalization of three separate policies: Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction ("Omnibus Burden reduction"), published Sept. 20, 2018; Hospital and Critical Access Hospital (CAH) Changes to Promote Innovation, Flexibility, and Improvement in Patient Care, published June 16, 2016; and Fire Safety Requirements for Certain Dialysis Facilities, published Nov. 4, 2016.

According to the **Centers for Medicare & Medicaid Services** (CMS), the Patients Over Paperwork-inspired, combined rule will save providers "4.4 million hours" of administration and "\$800 million annually." The 30-plus minor changes impact a variety of providers across every area of Medicare, from CAHs to hospices to rural providers and more.

Why? "I've heard time and again that unnecessary regulations are increasing costs on providers and they are losing time with patients as a result," remarks CMS administrator **Seema Verma** in a release on the rule. "This final rule brings a common sense approach to reducing regulations and gives providers more time to care for their patients, while reducing administrative costs and improving health outcomes."

Pocket These Top Takeaways from the Final Rule

CMS maintains the party line that healthcare is rife with too many rules and too much paperwork. Plus, studies continue to show that physicians and their staffs are overwhelmed with the workload, and that's negatively affecting patient care.

"This rule stems from CMS's comprehensive review of regulations to determine where changes to obsolete, duplicative or unnecessary requirements could be made to improve health care delivery," explain attorneys **John F. Williams** and **Abigail L. Kaericher**, with **Hall Render** in a blog post.

Take a look at seven changes that will ease your daily grind:

1. Emergency prep: CMS significantly updated its emergency preparedness requirements. Yearly reviews for facilities are now biennial while some contact documentation requirements are eliminated. Training is cut to every two years as well (except for nursing homes), and the testing requirement is scaled back for both inpatient and outpatient providers and suppliers.

2. Hospitals: Big multi-hospital systems can now unify and integrate Quality Assessment and Performance Improvement (QAPI) programs, infection policies, and more. Changing some autopsy requirements and offering hospitals the option to set their own policies for pre-surgery/pre-procedure assessments are also in the final rule, notes the fact sheet.

3. CAHs: Review frequencies are cutback for CAHs as well as some duplicative paperwork related to parties with a financial interest in the hospital.

4. Home health aides: Under the rule, home health agencies (HHAs) no longer need to do a full competency evaluation of home health aides with deficiencies, and can instead target education for the deficient skills. HHAs also can now evaluate aide competency using pseudo-patients.

5. ASCs: Currently, in Ambulatory Surgical Centers (ASCs), a "physician or other practitioner conduct a complete comprehensive medical history and physical assessment on each patient not more than 30 days before the date of the scheduled surgery," writes attorney **Michael L. LaBattaglia**, with **King & Spalding LLP** in online analysis of the final rule. "Now, CMS will defer to the ASC's policy and the operating physician's clinical judgment to ensure that patients receive the appropriate pre-surgical assessments tailored to the patient and the type of surgery being performed."

6. Portable x-rays: CMS plans to streamline technicians' training. Plus, "portable x-ray services" can now "be ordered in writing, by telephone, or by electronic methods, streamlining the ordering process," the agency fact sheet says.

7. Hospices: In the future, hospices can "defer to State licensure requirements for qualification of their hospice aides, regardless of the State licensure content or format," indicates CMS.

This is just a sampling of the revisions and rollbacks in the final rule. But, experts warn that this might just be the tip of the iceberg regarding CMS' burden-reducing bonanza. "According to Seema Verma, CMS is setting up an office of burden reduction to deepen the agency's efforts to remove administrative burden from providers' lives," relate Williams and Kaericher.

"These regulations are effective on Nov. 29, 2019," according to the Federal Register.

Note: Review the rule at www.federalregister.gov/documents/2019/09/30/2019-20736/medicare-and-medicaid-programs-regulatory-provisions-to-promote-program-efficiency-transparency-and.