



Program Efficiency, Transparency, and Burden Reduction, Oh My!: CMS Issues Fact Sheet on Updates to CoPs and CfCs

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The Centers for Medicare & Medicaid Services (CMS) issued a fact sheet related to proposed regulations addressing conditions of participation (CoPs) and conditions for coverage (CfCs). The fact sheet, which was published on CMS's website on September 17, 2018, emphasizes the burden reductions the revisions will have on provider conditions.¹ As stated in the fact sheet, the goals of program efficiency, transparency, and burden reduction stem, in part, from the January 30, 2017 Executive Order "Reducing Regulation and Controlling Regulatory Costs" (Executive Order 13771). Below are a few highlights from the fact sheet:

- CMS intends to "balance patient safety and quality of care while limiting unnecessary procedural burdens on providers" In order to produce the proposed revisions, CMS reviewed new and old federal regulations, as well as stakeholder letters and public comments.
- Hospices: The requirement that hospices provide a physical paper copy of policies and procedures would be replaced by a requirement that hospices provide information regarding the use, storage and disposal of controlled drugs to the patient or patient representative and family. The information would be provided in a more user-friendly manner, as decided by each hospice.
- Emergency preparedness is a requirement for multiple provider types. CMS proposes giving facilities flexibility to review their emergency program every two years, rather than every year. This is due to CMS's understanding that a "comprehensive review of the program can involve an extensive process that may not yield significant change over the course of one year."
- Hospitals: CMS proposes allowing multi-hospital systems to have unified and integrated Quality Assessment and Performance Improvement and unified infection control programs for all of its member hospitals.
- Ambulatory surgical centers: the proposed rules would remove requirements that a physician or other qualified practitioner complete a comprehensive medical history and physical assessment on each patient not more than 30 days before the date of the scheduled surgery.

Providers should review the applicable proposed regulations for additional specifics.² The fact sheet reflects the administrative trend of removing repetitive or overly burdensome requirements while also attempting to ensure the quality of care. The trend is likely to continue in coming years, so providers should be on the lookout for additional changes.

¹ The fact sheet is available at <https://www.cms.gov/newsroom/fact-sheets/medicare-and-medicaid-programs-proposed-regulatory-provisions-promote-program-efficiency-0>.

² The proposed rules can be viewed at <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-19599.pdf>.

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