HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Touching Lives Every Day"

COMPLIANCE ALERT 12-16

CMS Eliminates Several Burdensome Regulations in Final Rule

SUMMARY: On May 10, CMS issued two final rules that eliminated and reduced several administration requirements in the Conditions of Participation for Hospitals and CAHs. They are summarized below.

ACTION NEEDED: Facility administrators and staff should review this *Compliance Alert* and ensure that appropriate action is taken for items that apply to their facilities. Staff should review to the final rules (referenced below) for more detail and clarification if needed.

ITEMS ADDRESSED IN THE FINAL RULES:

- *Single governing body for multiple hospitals:* Allows one governing body to oversee multiple hospitals in a multi-hospital system and added a requirement for a member, or members, of the hospital's medical staff to be included on the governing body as a means of ensuring communication and coordination between a single governing body and the medicals staffs of individual hospitals in the system.

- *End Stage Renal Disease Facilities Life Safety Code*: Clarified that the requirement for sprinklers in facilities housed in high rise buildings is intended to be applicable to those buildings constructed after January 1, 2008.

- *Ambulatory Surgical Centers (ASC) Emergency Equipment*: Removed the detailed list of emergency equipment that must be available in an ASC's operating room. The current list includes outdated terminology as well as equipment that are not suitable for ASCs that furnish minor procedures that do not require anesthesia.

- *Re-enrollment Bar for Providers and Suppliers*: Eliminated the unnecessarily punitive enrollment bar for providers and suppliers when it is based on the failure of a provider or supplier to not respond timely to revalidation or other requests for information.

- *Intermediate Care Facilities for Individuals who are Intellectually Disabled (ICR/IID)*: Eliminated the requirement for time-limited agreements for ICFs/IID and replaced the requirement with an open ended agreement which, consistent with nursing facilities, would remain in effect until the Secretary or a State determines that the ICF/IID no longer meets the ICF/IID conditions of participation. Also added a requirement that a certified ICF/IID must be surveyed, on average, every 12 months with a maximum 15-month survey interval. This action provides States with more flexibility related to the current process.

- *OMB Control Numbers for Approved Collections of Information*: Removed the obsolete list of OMB control numbers, approval numbers, and information collections in the CFR because the list is now displayed on the OMB public website.

- *Appeals of Part A and Part B Claims Determinations*: Removed obsolete pre-BIPA regulations that apply to initial determinations, re-openings, and appeals of claims under original Medicare.

- *Ambulatory Surgical Centers (ASC) Infection Control Program*: Removed the obsolete requirement that an ASC must establish a program for identifying and preventing infections, maintaining a sanitary environment, and reporting the results to the appropriate authorities.

- *E-prescribing*: Retired older versions of e-prescribing transactions for Medicare Part D and adopted the newer versions to be in compliance with the current e-prescribing standards.

- *Physical and Occupational Therapist Qualifications*: Removed the outdated personnel qualifications in the current Medicaid regulations and refer to the updated Medicare regulations.

- *Organ Procurement Organizations (OPOs) Definitions*: Updated definitions related to organ procurement as the meaning of these definitions has changed over time.

- *Organ Procurement Organizations (OPOs) Administration and Governing Body*: Removed duplicate regulations. This change does not alter or change the existing regulations related to the requirements that the OPO governing body must meet, such as, having full legal authority for the management of all OPO services.

- *Removal of the Term "Recipient" for Medicaid*: Removed the term "recipient" from current CMS regulations and made a nomenclature change to replace "recipient" with "beneficiary" throughout the CFR.

- *Replace the Term "Mental Retardation" with "Intellectual Disability"*: Replaced all references in CMS regulations to the unflattering term "mentally retarded" with "individuals who are intellectually disabled" that has gained wide acceptance in more recent disability laws.

- *Reporting of Restraint-Related Deaths:* Replaced the requirement that hospitals must report deaths that occur while a patient is only in soft, 2-point wrist restraints with a requirement that hospitals must maintain a log (or other system) of all such deaths.

- *Role of other practitioners on the Medical Staff:* Broadened the concept of "medical staff" and have allowed hospitals the flexibility to include other practitioners as eligible candidates for the medical staff with hospital privileges to practice in the hospital in accordance with State law. All practitioners will function under the rules of the medical staff.

- *Medical staff leadership:* Allowed podiatrists to be responsible for the organization and conduct of the medical staff. This change will allow podiatrists to assume a new leadership role within hospitals, if hospitals so choose.

- *Nursing care plan:* Allowed hospitals the options of having a stand-alone nursing care plan or a single interdisciplinary care plan that addresses nursing and other disciplines.

- *Administration of medications:* Allowed hospitals to have an optional program for patient(s)/support person(s) on self-administration of appropriate medications. The program must address the safe and accurate administration of specified medications; ensure a process for medication security; address self-administration training and supervision; and document medication self-administration.

- *Administration of blood transfusions and intravenous medications:* Eliminated the requirement for non-physician personnel to have special training in administering blood transfusions and intravenous medications and revised the requirement to clarify that those who administer blood transfusions and intravenous medications do so in accordance with State law and approved medical staff policies and procedures.

- *Orders by other practitioners:* Allowed for drugs and biologicals to be prepared and administered on the orders of practitioners (other than a doctor), in accordance with hospital policy and State law, and have also allowed orders for drugs and biologicals to be documented and signed by practitioners (other than a doctor), in accordance with hospital policy and State law.

- *Standing Orders:* Allowed hospitals the flexibility to use standing orders and have added a requirement for medical staff, nursing, and pharmacy to approve written and

electronic standing orders, order sets, and protocols. Also required that orders and protocols must be based on nationally recognized and evidence-based guidelines and recommendations.

- *Verbal Orders:* Eliminated the requirement for authentication of verbal orders within 48-hours and have deferred to applicable State law to establish authentication timeframes.

- *Authentication of Orders:* Made permanent the previous temporary requirement that all orders, including verbal orders, must be dated, timed, and authenticated by either the ordering practitioner or another practitioner who is responsible for the care of the patient and who is authorized to write orders by hospital policy in accordance with State law.

- *Infection Control Log:* Eliminated the obsolete requirement for a hospital to maintain an infection control log. Hospitals are already required to monitor infections and do so through various surveillance methods including electronic systems.

- *Outpatient services director:* Removed the burdensome and outdated requirement for a single Director of Outpatient Services position that oversees all outpatient departments in a hospital.

- *Transplant Center Process Requirements:* Eliminated a duplicative requirement for an organ recovery team that is working for the transplant center to conduct a "blood type and other vital data verification" before organ recovery when the recipient is known. The verification will continue to be completed at two other times in the transplant process.

- *CAH Provision of Services*: Eliminated the burdensome requirement that CAHs must furnish diagnostic and therapeutic services, laboratory services, radiology services, and emergency procedures directly by CAH staff. This will allow CAHs to provide such services under arrangement.

- *Pharmaceutical Services*: Made a technical change to replace the term "quality assurance program" with the more current term "quality assessment and performance improvement program."

- *Infection Control:* Made a technical change to replace the term "quality assurance program" with the more current term "quality assessment and performance improvement program."

- *CAH Personnel Qualifications:* Aligned the definition of "clinical nurse specialist" that is in the rule with the definition that is in the statute.

- *CAH Surgical Services:* Clarified that "surgical services" are an optional service for CAHs.

Sources: ..\..\..\CMS\May 10 CoP Final Rule.pdf
..\..\..\CMS\May 10 reduce burden final rule.pdf