

COMPLIANCE ALERT 13-8

CMS Proposes Rule Changing Conditions of Participation

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) released on February 4, 2013 a <u>proposed rule</u> addressing several concerns in the most recent changes to the Medicare Conditions of Participation. Specifically, the rule would rescind a recently adopted hospital regulation requiring that a hospital's governing board include a member of the medical staff.

NEW LANGUAGE: In the proposed rule, CMS proposes to require "a hospital's governing body to directly consult at least periodically throughout the calendar year or fiscal year with the individual responsible for the organized medical staff of the hospital, or his or her designee. For a multi-hospital system using a single governing body to oversee multiple hospitals within its system, this provision would require the single governing body to consult directly with the individual responsible for the organized medical staff (or his or her designee) of each hospital within its system in addition to the other requirements proposed here. We are also proposing to remove the requirement for a medical staff member, or members, to be on a hospital's governing body."

OTHER CHANGES: The proposed rule would also:

- Reduce requirements for ambulatory surgical centers to provide radiological services
- Include registered dieticians a practitioners who may be privileged to order patient diets
- Remove requirement that MD/DO be presen during delivery of off-hour nuclear medicine tests
- Relocate swing-bed conditions of participation which would classify swing beds as an optional service
- Allow LTC facilities to apply for a two year extension of the automatic sprinkler system requirement deadline (currently due in 2013)
- Remove requirement that CAHs develop patient care policies with advice "of at least one member who is not member of CAH staff"
- Change CAH physician on-site requirements.
- Change definition of medical staff to allow non-physicians in accordance with State Law
- Allow non-staff practitioners to order outpatient services for patients when authorized

Comments are due to CMS within 60 days.

Source: http://www.ofr.gov/OFRUpload/OFRData/2013-02421 Pl.pdf