

Report on Medicare Compliance Volume 28, Number 34. September 30, 2019

Final Discharge Planning Rule Drops 'Onerous' Provisions; Some Outpatients Won't Need It

By Nina Youngstrom

In its final regulation on discharge planning, CMS backed off from some of the demands of its 2015 proposed regulation. Hospitals don't have to do discharge plans for all outpatients who receive sedation and observation patients, or always start the process within 24 hours of registration or admission, and they have more flexibility with the medical information sent to post-acute care (PAC) providers, according to the final regulation, which was announced Sept. 25. A freer hand with discharge planning, however, may make hospitals more vulnerable during surveys for compliance with the Medicare Conditions of Participation (CoPs), an attorney says.

CMS said it revised and simplified the proposed regulation in response to concerns expressed by commenters, and to focus more on outcomes than on "prescriptive" processes.

"It's pretty crazy the drastic difference between the two," says Ronald Hirsch, M.D., vice president of R1 RCM. "For the past four years, case management departments have been on edge, wondering whether they would need to drastically increase the number of outpatients who would formally need a discharge plan. They were concerned that the requirement to start a discharge plan in 24 hours would lead them to have staffing problems, so it was a potential disaster for hospitals that had to comply with some of those proposals. So that's a big message: the onerous requirements were not adopted."

CMS also emphasized patient and caregiver participation in discharge planning, says attorney Judy Waltz, with Foley & Lardner in San Francisco. The final regulation stuck with a requirement for "an effective discharge planning process that focuses on the patient's goals and preferences and includes the patient and his or her caregivers/support person(s) as active partners in the discharge planning for post-discharge care."

In the final regulation, CMS made changes to some of the 10 elements that it said should be addressed in the discharge planning process. It ditched some and finalized others, sometimes with revisions. Most of the provisions come from a 2015 proposed regulation to update discharge planning requirements, but CMS also included measures from a 2016 regulation to implement the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 and the Hospital Innovation proposed rule.

This document is only available to subscribers. Please [log in](#) or [purchase access](#).

[Purchase Login](#)