

February 2015

HHS Retrospective Review Update

The Department of Health and Human Services (HHS) continues to make progress in its retrospective review work, as directed by the President's Executive Orders (EOs) 13563 (*Improving Regulation and Regulatory Review*) and 13610 (*Identifying and Reducing Regulatory Burdens*). This February 2015 update highlights one published rule, and one rule that we anticipate publishing later this spring.

Requirements for the Medicare Incentive Reward Program and Provider Enrollment

In December 2014, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that will improve CMS' ability to deny or revoke the enrollment of entities and individuals that pose a program integrity risk to Medicare.

Provider enrollment is the gateway that allows health care providers to bill for services provided to Medicare beneficiaries. CMS routinely evaluates its provider enrollment policies, and has implemented new safeguards as a result of provisions in the Affordable Care Act. In the February 2011 final screening rule (76 FR 5862), CMS revised its enrollment policy in order to increase the integrity of the Medicare program. In this rule, CMS finalized a number of additional provider enrollment provisions. Most importantly, this rule makes the effective date of billing privileges consistent across certain provider and supplier types, providing clear expectations and consistency to providers and billing companies and reducing waste in the system. By streamlining this rule, CMS has eliminated ambulance suppliers' previous ability to bill for up to a year prior to enrollment in the Medicare program. This rule also requires that ambulance providers and other provider and supplier types submit any claims within 60 days of the revocation of their billing privileges, consistent with the requirements for practitioners and practitioner groups, thereby setting more uniform standards for program integrity efforts across provider types. This provision is estimated to save \$327 million annually.

Head Start Performance Standards

Later this spring, the Administration for Children and Families in HHS anticipates issuing a proposed rule updating Head Start performance standards. The Improving Head Start for School Readiness Act of 2007 required HHS to update the performance standards to reflect the latest research and program experience, and the standards have not been updated in over 15 years. These performance standards are the foundation upon which grantees strive to deliver comprehensive, high quality, individualized services to low income children. As part of the process of updating the standards, HHS sought to consolidate and simplify the standards to improve clarity and transparency. The current standards have more than 1,400 provisions organized in 11 different sections, the result of piecemeal amending over the past 40 years. They have become overly complicated and too focused on process, instead of goals and outcomes, which has resulted in an unnecessary burden on grantees. The proposed rule reduces the total number of requirements by 40 percent and organizes them into four logical sections to make it easier for grantees and other stakeholders to understand what is expected of Head Start programs.