

# CMS Proposed Changes to the Medicare Provider-Based Rules: Will They Reshape the Future? Or Will They Re-write the Past?

## Program Overview

Last November Congress and the President passed the Bipartisan Budget Act of 2015 (BBA). Section 603 of that act imposed sweeping changes that virtually shut down the development and implementation of new off-campus provider-based hospital outpatient departments overnight. To implement those changes, CMS will release significant changes to Medicare's provider-based regulations as part of the proposed 2017 Hospital Outpatient Prospective Payment System (OPPS) – the first such changes since 2003.

This webinar will review the newly proposed regulatory changes to Medicare's provider-based rules, and also address the practical implications flowing from them and how to operationalize them, should they be finalized, as well as aspects of the proposed rules that you should consider commenting on before they are finalized by The Centers for Medicare and Medicaid (CMS). Lastly, this webinar will also provide an update of current legislative proposals targeted at revising Section 603 of the Act.

## Program Objectives

At the completion of this program, the participants will be able to:

1. Discuss the scope of changes to CMS' proposed changes to the provider based rules
2. Identify the practical and operational implications flowing from the proposed changes to the provider based rules
3. Describe the issues that remain unsolved or unaddressed in the proposed rules
4. Identify the issues CMS has requested comments on regarding the proposed rules and issues which merit comments
5. Discuss the current legislative proposals aimed at amending Section 603 of the Act

## About the Speakers

Bragg Hemme draws on a wealth of practical experience and a solid understanding of the industry gained during her time as both external and internal counsel to assist health care clients. She focuses her practice on government payor concerns such as: Medicare and Medicaid reimbursement; enrollment issues and appeals; licensure and certification; regulatory compliance; fraud and abuse; and physician self-referral issues. Bragg has no real or perceived conflicts of interest related to this presentation.

Ross Sallade provides value to clients by tackling the complex regulatory, operational, reimbursement and enrollment matters. Ross focuses his practice on a variety of state and federal health care regulatory and reimbursement matters, such as: provider and supplier reimbursement; Medicare and Medicaid enrollment, survey and certification; federal anti-kickback and physician self-referral (or "Stark") laws; state licensure; Medicare and Medicaid regulatory compliance; healthcare operational and transactional matters; and fraud and abuse. Ross has no real or perceived conflicts of interest related to this presentation.

## Who Should Attend

Hospital administration, legal counsel and governmental affairs personnel, operations (especially outpatient department managers), facility planners, as well as physicians and non-physician practitioners providing professional services in provider based hospital outpatient departments.



## WEBINAR

### DATE/TIME

Tuesday  
August 2, 2016

1:30 PM - 3:00 PM

REGISTER  
NOW

### PROGRAM FEE

Webinar connection for MHEI Members: \$175

Webinar connection & CD recording of  
the webinar for MHEI Members: \$250

Webinar connection for Non-MHEI Members: \$300

Webinar connection & CD recording of  
the webinar for Non-MHEI Members: \$375

Registration fee covers one connection per registration.

Multiple participants can view the webinar. Payment must be received before connection instructions will be sent

## REGISTER

To register, please visit [MHEI.org](http://MHEI.org).

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