CMS Unveils Change to Reduce Provider and Clinician Burden, Improve Patient Outcomes

On June 23, 2020, the Centers for Medicare & Medicaid Services (CMS) announced the creation of the Office of Burden Reduction and Health Informatics in an effort to reduce regulatory and administrative burden. According to CMS, the newly created office will strengthen CMS’s efforts across Medicare, Medicaid, the Children’s Health Insurance Program, and the Health Insurance Marketplace to decrease the hours and costs hospitals and physicians experience for CMS-mandated compliance. You can read more about the Office of Burden Reduction and Health Informatics on the CMS website.

These efforts have so far have:
• Removed unnecessary, obsolete, or excessively burdensome conditions of participation for hospitals and other healthcare providers saving an estimated 4.4 million hours of time previously spent on paperwork with an overall total projected savings to providers of $800 million annually.

• Removed 235 data elements from 33 items on the Outcomes and Assessment Information Set (OASIS) assessment instrument for home health.

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Medicare Prior Authorization Program. Five types of surgery - blepharoplasty, botulinum toxin injections to the face, panniculectomy, rhinoplasty, and vein ablation - performed on traditional Medicare beneficiaries at hospital outpatient departments will require prior authorization as of July 1, 2020. The applicable HCPCS codes can be found here »

The ABN, Form CMS-R-131, and form instructions have been approved by the Office of Management and Budget (OMB) for renewal. The use of the renewed form with the expiration date of 06/30/2023 will be mandatory on 8/31/2020. More Here »

• Established within the Quality Payment Program (QPP), a consolidated data submission experience for the different performance categories of the Merit-based Incentive Payment System (MIPS) so that clinicians no longer need to submit data in multiple systems.

• Eliminated 79 measures, through modernizing proposals to advance our Meaningful Measures Initiative, resulting in projected savings of $128 million and an anticipated reduction of 3.3 million burden hours through 2020.

• Implemented changes resulting in faster processing of state requests to make program or benefit changes to their respective Medicaid programs through the state plan amendment (SPA) and section 1915 waiver review process.

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