Today’s Presentation

• CMS Strategic Goals

• Patients Over Paperwork

• What We’ve Heard and What We’re Doing
  • Taking a new approach to regulatory reform
  • Simplifying documentation requirements
  • Improving the audit process
  • Reducing EHR burden
## CMS Strategic Goals

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<tr>
<th>Empower patients and doctors to make decisions about their health care</th>
<th>Usher in a new era of state flexibility and local leadership</th>
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<tr>
<td>Improve the CMS customer experience</td>
<td>Support innovative approaches to improve quality, accessibility, and affordability</td>
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## Patients over Paperwork

- Agency-wide initiative to remove regulatory obstacles that get in the way of providers spending time with patients

- In 2017, CMS solicited comments on specific ideas to reduce burdens through several Requests for Information
What We Heard from Providers

- CMS requirements are excessive
- Documentation requirements are complex and hard to find
- Providers are apprehensive of audits
- EHRs are inefficient and burdensome
New Approach To Regulatory Reform

• **Meaningful Measures Initiative**: our commitment to measuring quality without increasing burden

• Reviewing current quality measures across all programs

• Replacing lower-value process measures with higher-value outcome measures

New Approach To Regulatory Reform (cont’d)

• CMS measures must now meet one of our designated criteria:
  • Eliminating disparities
  • Tracking to measurable outcomes and impact, not process
  • Achieving cost savings
  • Improving access for communities
Value-Based Care and the Innovation Center

• Also looking to remove government burdens impeding a shift towards value-based care

• Reviewing comments from last year’s CMMI “New Direction” Request for Information

• Plan to use CMMI to introduce competition and drive this value-based transformation

Re-evaluating Our Approach to Stark

• Stark was a primary theme of comments submitted in response to our Request for Information on burden reduction

• CMS will be requesting public input to further inform our efforts
What We Heard from Providers

Documentation requirements are complex and hard to find

Simplifying Documentation Requirements

• To make it easier for providers and reduce improper payments and appeals, we are working to:
  • Eliminate sub-regulatory documentation requirements that are no longer needed
  • Simplify remaining sub-regulatory documentation requirements

• Continue to solicit stakeholder suggestions for improvements
Centralizing Documentation Requirements

• Developing a Provider Documentation Manual to centralize all coverage and payment documentation requirements in one place

• It will reference and allow providers to easily find other online resources

• Providers will have the opportunity to review chapter drafts and provide comments

Looking Ahead: Documentation Requirement Lookup Service

• Long-term project to allow providers to review documentation requirements at the time of service

• For example:
  • Does my patient’s insurance company have special documentation requirements or a documentation template for the item/service I’m about to order?

• Working in partnership with Standards Development Organizations, private payers and EHR vendors
What We Heard from Providers

Providers are apprehensive of audits

Targeted Probe and Educate (TPE)

The objective is to make sure providers are educated on documentation requirements so that mistakes can be easily fixed in future claims.

- Providers have more opportunities for 1:1 education.
Before and After TPE Implementation

**MACs:**

<table>
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<th>BEFORE</th>
<th>AFTER</th>
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<tr>
<td>Could request/review an <strong>unlimited number of medical records</strong></td>
<td>Can review <strong>20-40 medical records</strong> per provider per topic</td>
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<tr>
<td>Would send <strong>vague denial codes</strong> after completing reviews</td>
<td>Must send <strong>detailed denial reasons</strong> and offer 1:1 education call to discuss</td>
</tr>
<tr>
<td>Could keep a provider on review for a given topic for <strong>years</strong></td>
<td>Must <strong>STOP reviews and refer</strong> provider for stronger corrective action after 3 rounds</td>
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**ZPICs/UPICs:**

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<td>Tasked with detecting/collecting overpayments in non-fraud cases</td>
<td>Will <strong>refer</strong> non-fraud cases to MACs for TPE</td>
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Low Volume Appeals (LVA) Settlement Initiative

- Limited settlement agreement option for Medicare Fee-For-Service providers, physicians, and suppliers with fewer than 500 appeals pending at the Office of Medicare Hearing and Appeals (OMHA) and the Medicare Appeals Council, combined

- CMS will accept Expressions of Interest from appellants until June 8th, 2018

- For more information: go.cms.gov/LVA
What We Heard from Providers

EHRs are inefficient and burdensome

MyHealthEData

- Administration-wide initiative to empower patients by giving them control of their data
- Overhauling CMS programs to encourage interoperability and save time and costs
  - Meaningful Use program for hospitals
  - Quality Payment Program for clinicians
- Streamlining documentation and billing requirements for providers to allow doctors to spend more time with their patients
Making EHRs More Interoperable

• EHRs still don’t do the necessary job of making patient records easily available to providers and patients

• Working to move beyond the fax machine by:
  • Improving Provider-to-Payer Medical Record Exchange
  • Improving Provider-to-Provider Medical Record Exchange

Addressing the Opioids Crisis

• CMS is formulating its opioid strategy to respond to the Administration’s priorities and White House Commission Recommendations.

• Engaging stakeholders in listening sessions

• Identifying key focus areas:
  • Prevention
  • Treatment
  • Data
Addressing the Opioids Crisis (cont’d)

• **Healthcare Fraud Prevention Partnership (HFPP)**
  
  *Paper* describing best practices to address and minimize the harms of opioids

• **Stronger Medicare Policies** like the proposed rule for the Medicare lock-in program

• **State Flexibility** for states pursuing 1115 waivers focused specifically on ground-level solutions
Questions?

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