

PUBLICATION

CMS Seeks Additional Ideas for Reducing Administrative Burdens in Health Care

June 20, 2019

The Centers for Medicare & Medicaid Services (CMS) has issued a Request for Information (RFI) focused once again on reducing the administrative burden for physicians by reviewing and revising regulations. The RFI, published June 11, 2019, seeks to build upon the Patients over Paperwork initiative that began in 2017. CMS hopes to reduce the administrative burden for physicians by revising reporting and documentation requirements, prior authorization procedures, and CMS's process for issuing regulations and policies.

CMS hopes to hear from the medical community, including providers, patients and their families, and other health care stakeholders for recommendations on reducing unnecessary administrative requirements so that providers can focus more on caring for patients. According to CMS, the Patients over Paperwork effort has been successful in streamlining regulations to significantly cut the "red tape" that weighs down the health care system. As of January 2019, CMS estimates that through regulatory reform alone, the health care system will save an estimated 40 million hours and \$5.7 billion through 2021. These estimated savings come from both final and proposed rules.

The RFI on Reducing Administrative Burden to Put Patients over Paperwork demonstrates a continued commitment in CMS's efforts to lower health care costs. CMS Administrator, Seema Verma, has stated, "Patients over Paperwork has made great inroads in clearing away needlessly complex, outdated, or duplicative requirements that drain clinicians' time but contribute little to quality of care or patient health. We are doubling down on efforts to decrease health care costs by reducing administrative burden. In removing what doesn't add value, we're making room for what does. Our goal is to ensure that doctors are spending more time with their patients and less time in administrative tasks."

CMS specifically requested innovative ideas to relieve burden and improve certain regulatory areas, including:

- Reporting and documentation requirements
- Coding and documentation requirements for Medicare or Medicaid payment
- Prior authorization procedures
- Policies and requirements for rural providers, clinicians, and beneficiaries
- Policies and requirements for dually enrolled (i.e., Medicare and Medicaid) beneficiaries
- Beneficiary enrollment and eligibility determination
- CMS processes for issuing regulations and policies

All comments in response to this RFI must be submitted to CMS by August 12, 2019.