Part B Insider (Multispecialty) Coding Alert

Regulatory Relief: Feds Focus on Lifting Providers' Burdens

Expect COVID-19 rollbacks to factor into policymaking.

If you feel like the paperwork requirements for Part B providers have gone through the roof, you're not alone. However, a new office aims to reel back administrative burdens and better align with past programs and cutbacks.

Update: On June 23, the Centers for Medicare & Medicaid Services (CMS) announced the creation of "the Office of Burden Reduction and Health Informatics to unify the agency's efforts to reduce regulatory and administrative burden and to further the goal of putting patients first," a CMS release maintains.

"The new office is an outgrowth of the agency's Patients over Paperwork (PoP) Initiative, which is the cornerstone of CMS' ongoing efforts to implement President Trump's 2017 executive order to 'Cut the Red Tape' and eliminate duplicative, unnecessary, and excessively costly requirements and regulations," says the agency.

In tandem with past regulatory reforms, the agency intends to take a "proactive approach" to cut providers' burdens and improve healthcare delivery and coordination throughout CMS' various programs. Plus, the feds hope the announcement "embeds a culture of burden reduction across" the agency's myriad of operations, the release suggests

Additionally, the new office plans to continue with rollbacks already in the works that were outlined and/or implemented through the various PoP updates and last year's Omnibus Burden Reduction (Conditions of Participation) final rule.

"The Office of Burden Reduction and Health Informatics will ensure the agency's commitment to reduce administrative costs and enact meaningful and lasting change in our nation's health care system," asserts CMS Administrator **Seema Verma**.

"Specifically, the work of this new office will be targeted to help reduce unnecessary burden, increase efficiencies, continue administrative simplification, increase the use of health informatics, and improve the beneficiary experience," Verma adds.

Program Builds on Past Efforts to Help Providers

CMS calculates that PoP cutbacks and regulatory reform have already saved an "estimated 4.4 million hours of time previously spent on paperwork with an overall total projected savings to providers of $800 million annually," the release says. Plus, the agency believes its stakeholder outreach - which includes numerous listening sessions, 158 site visits, 10 requests for information (RFIs), and more than 15,000 public comments on burden-reducing policies - has greatly enhanced decision making.

COVID-19: CMS may be signaling it is on board with the idea of extending COVID-19 waivers and even making them permanent. "CMS is committed to leveraging the significant flexibilities introduced in response to the COVID-19 pandemic as we continue to lead the rapid transformation to value-based healthcare," the agency says in its release.

Interoperability: On the informatics side, the new office plans to harness technology to reduce providers' burdens, too. The agency aims to utilize innovation and interoperability to coordinate care, decrease provider burdens, and put patients in control of their health data. This aligns with the CMS Interoperability and Patient Access final rule published in the Federal Register on May 1.

Note: Read the CMS release at
www.cms.gov/newsroom/press-releases/cms-unveils-major-organizational-change-reduce-provider-and-clinician-burden-and-improve-patient.