



CMS UPDATE

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Patients over Paperwork

Putting Patients First



- CMS has established an internal process to evaluate and streamline regulations with a goal to reduce unnecessary burden, increase efficiencies, and improve the beneficiary experience.
- Through Patients over Paperwork, we are moving the needle to remove regulatory obstacles that get in the way of providers spending time with patients and healthcare consumers.
- We are establishing customer-centered workgroups focusing first on clinicians, beneficiaries, and institutional providers.
 - The job of these workgroups is to learn from and understand the customer experience, internalize it, and remember these perspectives as we do this work.
 - Over time, we'll establish similar workgroups for health plans, states and suppliers
- We will use tools to capture customer perspectives, like human-centered design and journey mapping the customer experience. And we will establish mechanisms to share across CMS what we learn from our customers so we all benefit from that input

Mapping the Journey

Clinician

- Decide to become an enrolled Medicare provider.



Enrollment & Eligibility

- Complete enrollment process to:
 - gain access to the MAC Portal
 - submit claims electronically
 - obtain identity management (user IDs)
 - participate in CMS models
- Outreach to R.O.s, providers, webinars, in-person, etc.
- Technical assistance (e.g. QIOs)
- Eligible to participate in Medicare
- Decide participating vs non-participating
- Choose to disenroll/opt-out
- CMS model ends
- Remove due to termination from program

Beneficiary Eligibility

- Check beneficiary eligibility.
- Work with billing office staff to document clearly what services the patient is authorized to receive.



Delivery of Healthcare

- Services (e.g. Professional services) and delivery of healthcare (e.g. infrastructure, ancillary services, etc.)
- Coordination of Care
- Compliance within our own practices or facilities
- Supervise Physician Extenders (e.g. NP, PA) & review their notes, x-rays, etc.



Education & Outreach

- Includes the following:
 - CMS.gov
 - A/B MAC Jurisdiction
 - Help Desk
 - Medicare Learning Network
 - Technical Assistance (e.g. QIOs)
 - CMS Quality Payment Program (QPP)
 - QPP for Solo, Small and Rural practices
 - Technical Assistance Resource Guide
 - Office of the National Coordinator for Health IT Resources
 - ONC website
 - ONC Certified Health Product List
 - Health IT Playbook



Reconciliation & Appeals

- Participate in appeal hearing (3rd level).



Oversight & Compliance

- Chosen for an audit/investigation.
- Attach any medical documentation that was requested.
- Work with reporting entity to submit necessary documentation.
- Submit documentation to RAC/MAC & UPICS/ZPICS for medical review.
- Receive audit (review result findings letter).
- Receive overpayment demand letter.
- Education.



Claims Payment, Denial, Rejection & Repayment

- Work with billing office staff to:
 - receive payment, denial, & remittance advice,
 - receive medical documentation request,
 - check claim status,
 - review denied claims,
 - resubmit corrected claims
- Submit 1st level appeal.
- Recoupment (auto or payment plan).
- Coordinate benefits to recoup.
- Suspend payment.



Quality Reporting

- Work with EHR vendor, registries, QCDRs, billing & survey vendors to attest/submit quality measures
- Data validation before publication
- Review performance feedback reports (issued to clinician before payment)
- Physician Compare



Billing

- Ensure documentation supports services accurately.
- Work with billing office staff to choose correct CPT/HCPCS & ICD-10 codes.
- Ensure billing only of services that were pre-authorized (where applicable).
- Determine other insurances (coordinate benefits).



CMS Rural Health Council



- Created in 2016, consisting of experts from across the Agency
- Mission:
 - *“Sustain a proactive and strategic focus on health and health care issues across rural America by shaping CMS regulations and policies and making long-term recommendations that positively impact rural health consumers, providers and markets.”*
- Focus on three Strategic areas:
 1. Ensuring access to high-quality health care to all Americans in rural settings
 2. Addressing the unique economics of providing health care in rural America
 3. Bringing the rural health care focus to CMS’ health care delivery and payment reform initiatives

Listening session themes:

Improving Reimbursement	Adapting & Improving Quality Measures and Reporting
Improving Access to Services and Providers	Improving Service Delivery And Payment Models
Engaging Consumers	Recruiting, Training, and Retaining the Workforce
Leveraging Partnerships/Resources	Improving Affordability and Accessibility of Insurance Options



CMS RURAL HEALTH STRATEGY

CMS Rural Health Strategy



Objectives	Key Supporting Activities
1. Apply a Rural Lens to CMS Programs and Policies	<ul style="list-style-type: none"> • Utilize “Optimizing CMS Policies and Programs for Health Equity Checklist” • Integrate rural health lens to quality improvement and innovation activities
2. Improve Access to Care Through Provider Engagement and Support	<ul style="list-style-type: none"> • Increase number of trained professionals in rural areas • Meaningful measures focusing on value • Provide technical assistance • Focus on transportation services
3. Advance Telehealth and Telemedicine	<ul style="list-style-type: none"> • Modernize and expand telehealth through Innovation models
4. Empower Patients in Rural Communities to Make Decisions About Their Health Care	<ul style="list-style-type: none"> • Develop and disseminate easy-to-understand materials to rural patients • Engage rural patients through targeted outreach
5. Leverage Partnerships to Achieve the Goals of the CMS Rural Health Strategy	<ul style="list-style-type: none"> • Partner with ONC to promote interoperability • Partner with Federal Office of Rural Health Policy to understand impact of CMS programs in rural communities • Increase participation of health plans in rural areas • Partner with CDC and other federal agencies to focus on maternal health, behavioral health and substance use disorders

SOON TO COME: NEW RURAL-FOCUSED MODEL

Remarks by Administrator Seema Verma at the National Rural Health Association Annual Conference- May 8, 2019



“I am very proud to announce that CMS is developing a new innovative model specific to rural communities that will come out later this year. We understand that transformation of rural health requires local collaboration. The new model will offer a pathway for stakeholder coalitions of providers, purchasers, and payers to invest collectively in increasing access and improving healthcare delivery.”

Participating communities will be able to design a customized system that aligns to the priorities and needs of their community because we know that a “one-size-fits-all” approach doesn’t work and local communities know what works best for them. We are considering adding seed funding to support communities in developing a system of care – whether it’s a hub-and-spoke approach with telehealth or a plan to realign hospitals.”

SOON TO COME: NEW RURAL-FOCUSED MODEL

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“As part of those efforts, communities will be required to consider value based payment approaches. Transformation will also require transitioning rural providers to take on meaningful risk for cost and outcomes through alternative payment models. The new model will provide numerous options to put regions and communities in the driver seat – from leveraging ACOS to the primary care models we have today – value based reimbursement will allow rural providers to focus on their local health needs such as maternal health, chronic disease and substance use disorders to drive better outcomes.

We recognize that transformation takes time and resources. The new model will give rural regions technical assistance and support as they figure out the path that will work best for them, such as modernizing infrastructure and utilizing technology to provide financial stability and sustainability. Be on the lookout for more details later this year! But, I mention this now... so you know it is coming...and start thinking about potential partners.”

CMS Roadmap to Address the Opioid Epidemic



CMS Roadmap TO ADDRESS THE **OPIOID EPIDEMIC**

Scope of the problem

Key areas of focus

Successes so far

Moving forward

To review the CMS Opioids Roadmap, go to

[CMS.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf](https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf)

CMS Roadmap to Address the Opioid Epidemic: Key Areas of CMS Focus



As one of the largest payers of healthcare services, CMS has a key role in addressing the opioid epidemic and is focused on three key areas:



PREVENTION

Manage pain using a safe and effective range of treatment options that rely less on prescription opioids



TREATMENT

Expand access to treatment for opioid use disorder



DATA

Use data to target prevention and treatment efforts and to identify fraud and abuse

CMS Roadmap to Address the Opioid Epidemic: CMS Successes So Far



COVERAGE

CMS coverage policies now ensure some form of **medication-assisted treatment across all CMS programs**—Medicare, Medicaid, and Exchanges.



AWARENESS

CMS sent 24,000 letters in 2017 and 2018 to Medicare physicians to highlight that they were prescribing higher levels of opioids than their peers to incentivize safe prescribing practices.



DATA

CMS released data to show where Medicare and Medicaid opioid prescribing is high to help identify areas for additional interventions.



TRACKING

Due to safe prescribing policies, the number of Medicare beneficiaries receiving higher than recommended doses from multiple doctors **declined by 40% in 2017**.



BEST PRACTICES

CMS activated over 4,000 hospitals, 120,000 clinicians, and 5,000 outpatient settings through national quality improvement networks to rapidly generate results in reducing opioid-related events.



ACCESS

As of January 2019, CMS approved **21 state Medicaid 1115 demonstrations** to improve access to opioid use disorder treatment, including new flexibility to cover inpatient and residential treatment.

CMS Roadmap to Address the Opioid Epidemic: Moving Forward



PREVENTION



Significant progress has been made in identifying overprescribing patterns

TREATMENT



Medicare, Medicaid, and private health plans provide some coverage for pain and opioid use disorder treatments

DATA



Data provides insight into doctor, pharmacy, and patient use of prescription opioids and effectiveness of treatment

CMS CAN BUILD ON THESE EFFORTS TO FURTHER:

1. **Identify** and stop overprescribing of opioids
2. **Enhance** diagnosis of OUD to get people the support they need earlier
3. **Promote** effective, non-opioid pain treatments

1. **Ensure** access to treatment across CMS programs and geography
2. **Give** patients choices for a broader range of treatments
3. **Support** innovation through new models and best practices

1. **Understand** opioid use patterns across populations
2. **Promote** sharing of actionable data across continuum of care
3. **Monitor** trends to assess impact of prevention and treatment solutions

Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act



The SUPPORT Act was enacted on October 24, 2018. CMS is implementing a number of new initiatives under that law that aim to increase options for treating beneficiaries with opioid use disorder, ensure prescriber accountability and improved safety for patients across CMS programs, and illuminate Medicaid prescribing data.

Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act



150 provisions; CMS 48 provisions

- Revise measures used under HCAHPS survey relating to pain management
- Technical expert panel on quality measures
- Adult behavioral health quality measures reporting
- Commit to opioid medical prescriber accountability and improved safety for older adults
- Grants for technical assistance to educate outlier prescribers
- Medicare to cover services provided in Opioid Treatment Programs (OTPs)
- Expand Medicaid Institutes for Mental Disease coverage for mothers and beneficiaries with SUDs
- Creates demonstration program to test bundled payment for MAT
- Program integrity actions Permits a Prescription Drug Plan sponsor to suspend payments if there is a credible allegation of fraud
- Expands “sunshine” efforts to additional health professionals such as physician assistants

2020 Medicare Physician Fee Schedule: Finalized Policies



- Definition of OUD treatment services, which includes:
 - Food and Drug Administration (FDA) - approved opioid agonist and antagonist treatment medications
 - The dispensing and administering of such medications (if applicable)
 - Substance use counseling
 - Individual and group therapy
 - Toxicology testing which includes both presumptive and definitive testing
 - Intake activities
 - Periodic assessments
- Allow counseling and therapy services described in the bundled payments, to be furnished via two-way interactive audio-video communication technology as clinically appropriate

CMS Opioid Resources



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[Home](#) > [Reducing Opioid Misuse](#)

Reducing Opioid Misuse

We're responding to the opioid epidemic by promoting safe and responsible pain management, making sure patients can access treatment for opioid use disorder, and using data to target prevention and treatment.

[See our roadmap.](#)



[CMS.gov/about-cms/story-page/reducing-opioid-misuse.html](https://www.cms.gov/about-cms/story-page/reducing-opioid-misuse.html)

2020 Medicare Physician Fee Schedule: Finalized Policies

Policies for E/M Office/Outpatient Visits Finalized for CY 2021



- We are largely aligning our Evaluation and Management (E/M) coding with changes laid out by the American Medical Association (AMA) Current Procedural Terminology (CPT) Editorial Panel for office/outpatient E/M visits, which:
 - Retain 5 levels of coding for established patients, reduce the number of levels to 4 for office/outpatient E/M visits for new patients, and revise the code definitions
 - Revise the times and medical decision making guidelines for all of the codes and requires performance of history and exam only as medically appropriate
 - Allow clinicians to choose the E/M visit level based on either medical decision making or time
- Visit the AMA [CPT E/M](#) webpage for more details
- We believe this approach reflects CMS' goals of reducing documentation burden

2020 Medicare Physician Fee Schedule: Finalized Policies

QPP Year 4



- CMS is committed to the transformation of the Merit-based Incentive Payment System (MIPS) through the **MIPS Value Pathways (MVPs)**, a new participation framework beginning in the 2021 performance year
- **Quality (45%):** Increase the data completeness threshold to 70%; continue to remove low-bar, standard of care process measures; address benchmarking for certain measures to avoid potentially incentivizing inappropriate treatment; focus on high-priority outcome measures; and add new specialty sets
- **Cost (15%):** Add 10 new episode-based measures to continue expanding access to this performance category; revise the existing Medicare Spending Per Beneficiary Clinician (MSPB Clinician) and Total Per Capita Cost (TPCC) measures
- **Improvement Activities (15%):** Increase the participation threshold for group reporting from a single clinician to 50% of the clinicians in the practice; update the Improvement Activity Inventory and establish criteria for removal in the future; and conclude the CMS Study on Factors Associated with Reporting Quality Measures
- **Promoting Interoperability (25%):** Keep the Query of Prescription Drug Monitoring Program measure as an optional measure; remove the Verify Opioid Treatment Agreement measure; and reduce the threshold for a group to be considered hospital-based
- Third Party Intermediary changes
- 2020 performance threshold: 45 pts (exceptional- 85 pts.); 2021 performance threshold: 60 pts (exceptional- 85 pts.)
- Payment adjustment +/- 9%, subject to budget neutrality

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