Insights

Medicare Attempts Streamlining

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As reported in CMS's MLNConnects (click here for release), CMS recently proposed significant regulatory changes that would reduce the burden of Medicare paperwork and thereby increase the amount of time that physicians and other clinicians can spend with their patients. The proposed rules are designed to promote virtual care, with the goal of saving Medicare beneficiaries time and money, while simultaneously improving access to services. Specifically, the changes to quality reporting requirements focus on measures that are designed to most significantly affect health outcomes. They also encourage electronic information sharing among healthcare providers and would make significant changes to the Merit-Based Incentive Payment System ("MIPS") "interoperability" performance category to support patient access to health information, as well as to align this program with the proposed program for hospitals.

CMS estimates individual clinicians would save an estimated 51 hours per year if 40% of their patients were in Medicare. The changes in the Quality Payment Program ("QPP") proposal could collectively save clinicians an estimated 29,305 hours and approximately \$2.6 million in reduced administrative costs in Calendar Year 2019. More specifically, the proposal would:

- Simplify, streamline, and offer flexibility and documentation requirements for E&M office visits
- Reduce unnecessary physician supervision of radiologist assistants for diagnostic tests
- Remove burdensome and overly complex functional status reporting requirements for outpatient therapy

In addition, in response to concerns with access to health care in some rural and urban areas, the proposal would support using telecommunications technology by:

- Paying clinicians for virtual check-ins (i.e., brief, non-face-to-face appointments via communications technology)
- Paying clinicians for evaluation of patient submitted photos
- Expanding Medicare-covered telehealth services to include prolonged preventative visits

