



ATTN: ALL HEALTHCARE PROVIDERS

ACT NOW – YOUR OPINION MATTERS

Changes in the 2020 Federal Register Proposed Rule Related to Administrative Burdens on Providers

Each year, the Centers for Medicare and Medicaid Services (CMS) lists proposed changes in the Federal Register with a very short window for the public to comment on the proposed changes. Providers must be active in reviewing this data to prevent these changes from becoming new laws/rules – These changes affect you!

Per the Part B News, surveys show that 86% of practices are facing an increasing amount of administrative burden ([PBN 10/11/18](#)). Those who are fed up with it now have an outlet! In the proposed rule for 2020, CMS is requesting suggestions to policy change, procedural changes, ideas to reduce unnecessary burdens, changes that would allow providers to spend less time on paperwork, etc.



Providers need to ACT NOW!!
This rule is only open for comment until
August 12, 2019.

[Click here to comment](#)

In this latest round of provider solicitation, CMS is keying in on specific areas of focus that include, but are not limited to:

- How the agency can streamline documentation requirements for covered services and **reporting requirements for quality programs.**
- How it may improve the prior authorization process.
- How it can better align the coding and documentation requirements of the Medicare and Medicaid programs with those of commercial payers.

It is vital that all providers air any complaints, requests or suggestions as CMS reviews further twists and tweaks to its coverage and billing programs. Your comment could be the one that makes a difference.

Sample comments/topics to add and expound upon:

- Standardization of the explanation of benefits and remittance advice
Commercial carriers tend to follow suit with what Medicare does, so setting a standard would be beneficial to patients and providers

- Updates to the requirements for the submission of MIPS
MIPS has become increasingly burdensome to provider, CMS needs to reduce the burden, make reporting easier, list specific requirements more clearly
- Consider deactivating all National Correct Coding Initiative (NCCI) and Medically Unlikely Edits (MUE) that do not have the potential in the vast majority of cases to prevent improper payments

When submitting your comments, **please refer to file code CMS-6082-NC.**

- Electronically – go to <http://www.regulations.gov>, follow the “Submit a comment” instructions.
- Express/Overnight mail – send written comments to: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-6082-NC, PO Box 8016, Baltimore, MD 21244-8016

