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CMS to Create Burden Reduction Office, Finalized Efficiency Rule

By Nina Youngstrom

With some tweaks, CMS finalized a hodgepodge of changes to Medicare requirements that it says will save providers more than $800 million and 4.4 million in "burden hours" annually. The Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction, unveiled Sept. 25, affect several provider types, including hospitals, ambulatory surgery centers (ASCs) and hospices.

There's more to come. CMS is establishing an Office of Burden Reduction to formalize the work that has been underway since 2017, CMS Administrator Seema Verma said in a Sept. 26 call with reporters. "If you look at this rule, it is another installment" in burden reduction that already includes, for example, reporting fewer quality measures and relaxing documentation requirements ("CMS Proposals: Say Bye to Direct Supervision, Hello to Separate E/M Payments, Prior Auth," *RMC* 28, no. 28). "It's not a one and done process. There are a lot of redundant regulations that are burdensome and that aren't creating value," Verma said.