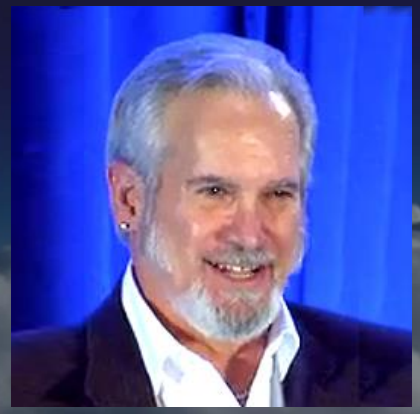


Ernie de los Santos, MBA SSA

CALL SIGN: PHOENIX

Top Ten Suggestions I Submitted

to CMS on Patients over Paperwork Initiative to Further Reduce Administrative, Regulatory Burden to Lower Healthcare Costs

TOP GUN AUDIT SCHOOL

CMS Seeks Public Input on Patients over Paperwork Initiative to Further Reduce Administrative, Regulatory Burden to Lower Healthcare Costs

CMS Seeks Public Input on Patients over Paperwork Initiative to Further Reduce Administrative, Regulatory Burden to Lower Healthcare Costs

On June 6, CMS issued a Request for Information (RFI) seeking new ideas from the public on how to continue the progress of the Patients over Paperwork initiative. Since launching in fall 2017, Patients over Paperwork has streamlined regulations to significantly cut the "red tape" that weighs down our healthcare system and takes clinicians away from their primary mission—caring for patients. As of January 2019, we estimate that through regulatory reform alone, the healthcare system will save an estimated 40 million hours and $5.7 billion through 2021. These estimated savings come from both final and proposed rules.

This RFI provides an opportunity to share new ideas not conveyed during the first Patients over Paperwork RFI in 2017 and continue the national conversation on improving healthcare delivery. **We are especially seeking innovative ideas that broaden perspectives on potential solutions to relieve burden and ways to improve:**

- Reporting and documentation requirements
- Coding and documentation requirements for Medicare or Medicaid payment
- Prior authorization procedures
- Policies and requirements for rural providers, clinicians, and beneficiaries
- Policies and requirements for dually enrolled (i.e., Medicare and Medicaid) beneficiaries
- Beneficiary enrollment and eligibility determination
- CMS processes for issuing regulations and policies

Key Burden Reduction Milestones to Date:

We gathered feedback on burdensome requirements from medical and patient communities through other RFIs, listening sessions, and on-site meetings with frontline clinicians, healthcare staff, and patients and are working every day to reduce regulatory burden while safeguarding patient safety, quality, and program integrity. Achievements so far:

- Simplified Documentation and Coding
- Improved Quality and Operational Efficiency
- Meaningful Measures
- Changing CMS Culture

For More Information:

- RFI on Reducing Administrative Burden to Put Patients over Paperwork
- Patients over Paperwork webpage

See the full text of this excerpted CMS Press Release (issued June 6). Submit comments by August 12.

https://www.cms.gov/newsroom/press-releases/cms-seeks-public-input-patients-over-paperwork-initiative-further-reduce-administrative-regulatory

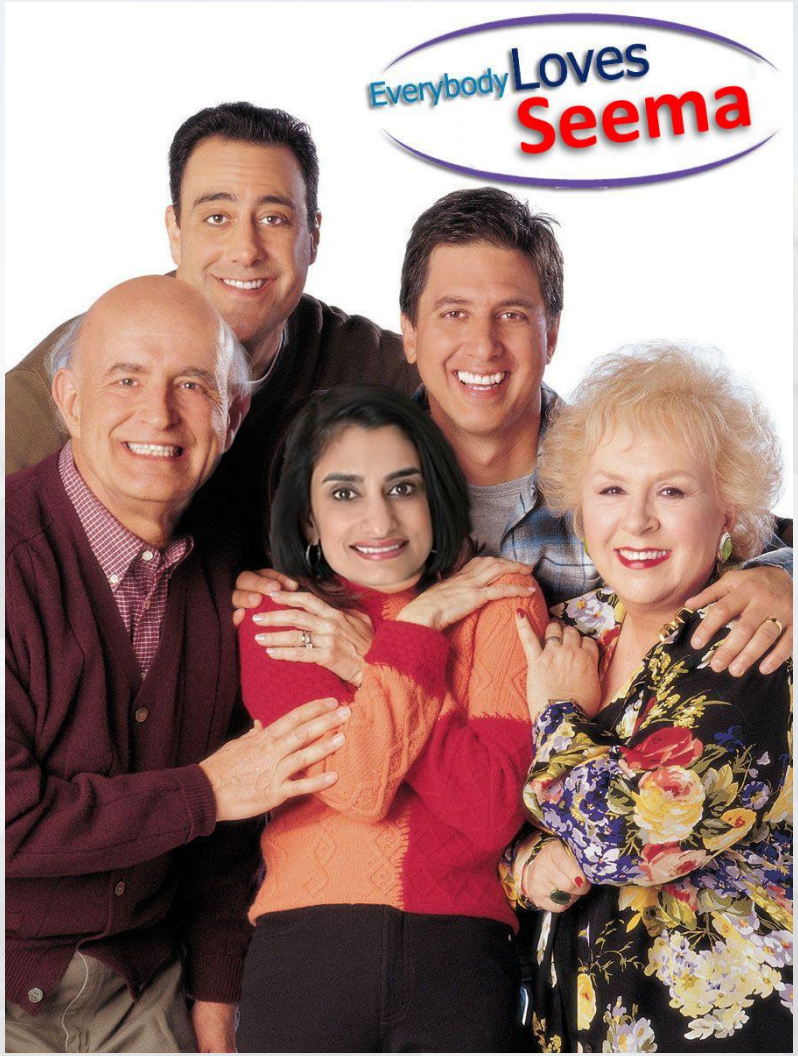
The FINALLY FRIDAY! Top Ten Suggestions I Submitted

10.

- **Reduce reimbursements by 0.5% to cover expense of printing hard copies of all 38 Chapters of the Medicare Claims Processing Manual and mailing them to every CMS contracted auditor, every week, especially Medicare Advantage Plan auditors, who should be required to abide by all the Medicare rules, instead of their individual contracts, AND stop calling them "Medicare" plans until they start acting like a Medicare plan.**

The FINALLY FRIDAY! Top Ten Suggestions I Submitted

9.



- **Stop production on that new Netflix series, “*Everyone Loves Seema*”**

The FINALLY FRIDAY! Top Ten Suggestions I Submitted

8.

Merriam-Webster SINCE 1828

JOIN MWU | GAMES | BROWSE THESAURUS | WORD OF THE DAY

feckless

DICTIONARY | THESAURUS

feckless adjective

feck·less | \ ˈfek-ləs \

Definition of *feckless*

1 : WEAK, INEFFECTIVE
// She can't rely on her *feckless* son.

2 : WORTHLESS, IRRESPONSIBLE
// a *feckless* maneuver that could only serve to strengthen the enemy
— Simon Schama

Examples of *feckless*

// the United States Congress
// the Two Midnight Rule
// CMS Open Door Forums

- **In 2020 ODFs, save money by just reading regulations for 40 minutes and then only have reps on the line who can give no answers to anything asked, and remind all callers that any answers they can provide are off-the-record, and therefore, it's plainly silly that you ask them.**

  – Oh wait, you already do that. Never mind.

The FINALLY FRIDAY! Top Ten Suggestions I Submitted

7.

- Every time an MA Plan auditor reviews a record, they have to do a shot.
- Also, they can only conduct P2P calls late in the day, so we know they're not really stupid, just drunk.

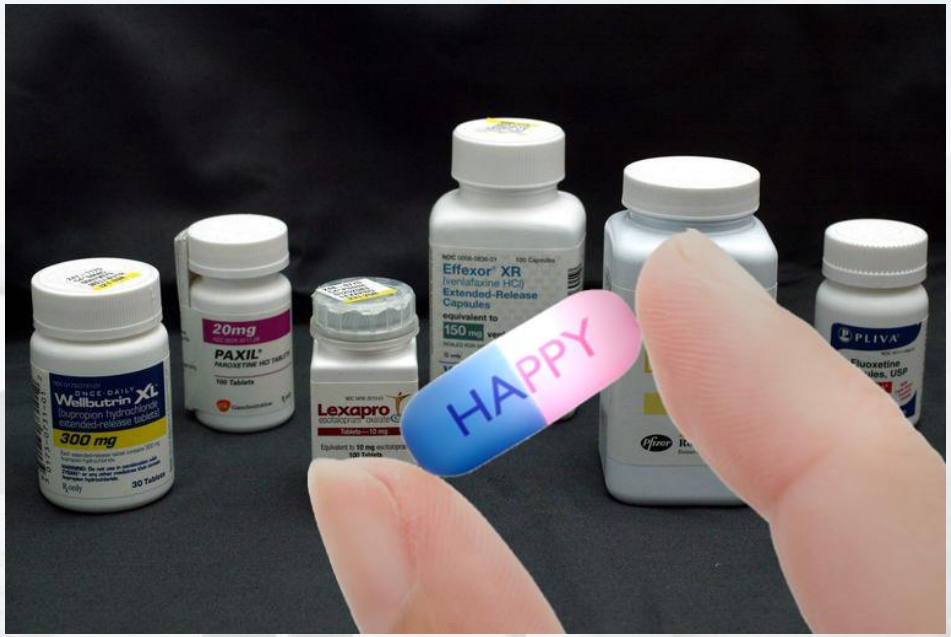
The FINALLY FRIDAY! Top Ten Suggestions I Submitted

6.

- **Cancel the Frequent Denials Rewards Program for RAC Auditors, and cancel all similar plans being considered for MA Plan Auditors.**

The FINALLY FRIDAY! Top Ten Suggestions I Submitted

5.

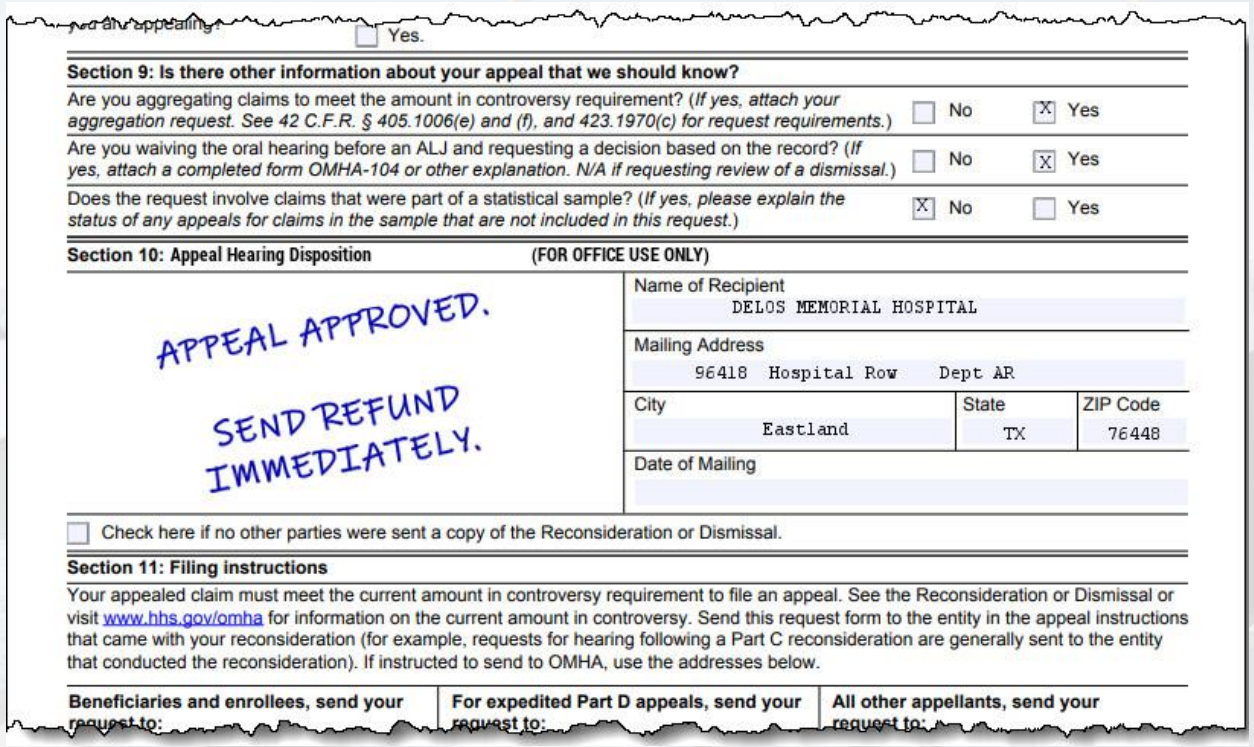


- **Declare every facility's Revenue Cycle as a disaster area warranting relief via additional 340B Program discounting to anyone working there, including associated spousal units or significant others, without the emergency documentation normally required and auditable.**
- **Covered medications to include and not be limited to:**

  sertraline (Zoloft)
  fluoxetine (Prozac, Sarafem)
  citalopram (Celexa)
  escitalopram (Lexapro)
  paroxetine (Paxil, Pexeva, Brisdelle)
  fluvoxamine (Luvox)

The FINALLY FRIDAY! Top Ten Suggestions I Submitted

4.



you are appealing? ☐ Yes.

Section 9: Is there other information about your appeal that we should know?

Are you aggregating claims to meet the amount in controversy requirement? (*If yes, attach your aggregation request. See 42 C.F.R. § 405.1006(e) and (f), and 423.1970(c) for request requirements.*)	☐ No	☒ Yes
Are you waiving the oral hearing before an ALJ and requesting a decision based on the record? (*If yes, attach a completed form OMHA-104 or other explanation. N/A if requesting review of a dismissal.*)	☐ No	☒ Yes
Does the request involve claims that were part of a statistical sample? (*If yes, please explain the status of any appeals for claims in the sample that are not included in this request.*)	☒ No	☐ Yes

Section 10: Appeal Hearing Disposition **(FOR OFFICE USE ONLY)**

APPEAL APPROVED.

SEND REFUND IMMEDIATELY.

Name of Recipient: DELOS MEMORIAL HOSPITAL

Mailing Address: 96418 Hospital Row Dept AR

City	State	ZIP Code
Eastland	TX	76448

Date of Mailing

☐ Check here if no other parties were sent a copy of the Reconsideration or Dismissal.

Section 11: Filing instructions

Your appealed claim must meet the current amount in controversy requirement to file an appeal. See the Reconsideration or Dismissal or visit www.hhs.gov/omha for information on the current amount in controversy. Send this request form to the entity in the appeal instructions that came with your reconsideration (for example, requests for hearing following a Part C reconsideration are generally sent to the entity that conducted the reconsideration). If instructed to send to OMHA, use the addresses below.

Beneficiaries and enrollees, send your request to:	For expedited Part D appeals, send your request to:	All other appellants, send your request to:

- **In "For Office Use Only" area of Appeals forms, let providers write:**

"Approved. Send refund immediately."

The FINALLY FRIDAY! Top Ten Suggestions I Submitted

3.

- **Instead of plans being considered to charge a filing fee for appeals at any level, make all Contractor seats at ALJ Hearings require a two-drink minimum.**

The FINALLY FRIDAY! Top Ten Suggestions I Submitted

2.

- **Create a $1-Billion research grant to figure out why the HELL we still have IP vs OP**

  (*Alternatively, at least finally clearly define OBS, IP & OP.)*

The FINALLY FRIDAY! Top Ten Suggestions I Submitted

1.

- Get Iron Man to fix it.

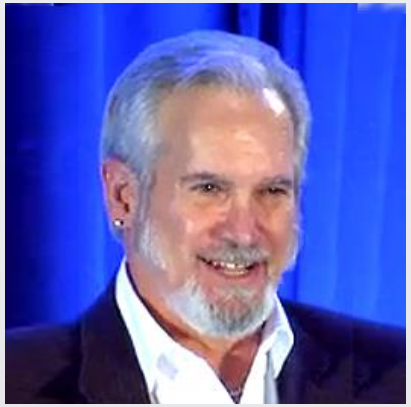
TOP GUN AUDIT SCHOOL

TOP GUN GROUND SCHOOL

GPS

Directions for Improved Communication

Coaching for Healthcare Providers



Ernie de los Santos, MBA SSA

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