Complexity and Burden of Hospital Reporting

Between May and June 2018, 151 hospital staff and leadership shared their experiences with reporting information to external and regulatory entities. This graphic illustrates the reporting interactions that pull hospitals away from their central focus of patient care and the burden they experience.

REPORTING INTERACTIONS

A - Caring for Patients

Providing patients with coordinated healthcare

- A1 Sending patient health records, medical orders, and prescriptions to other providers, facilities, and suppliers

B - Accreditation and Certification

Establishing and maintaining compliance with patient health and safety requirements

- B1 Submitting corrective action plans for citations captured on Form CMS-2567 following an accreditation survey
- B2 Submitting corrective action plans for citations
- B3 Responding to complaint surveys conducted by the state on behalf of CMS

C - Quality Reporting

Abstracting, submitting, and improving performance on quality measures

- C1 Submitting core measures, Electronic Clinical Quality Measures (eCQMs), and hospital-acquired infection data
- C2 Submitting quality measures as required by Accrediting Organization
- C3 Submitting quality measures as required by the state
- C4 Submitting quality measures as required by other payers

D - Utilization and Case Management

Reviewing utilization of benefits and managing patient care across providers

- D1 Reviewing CMS coverage rules and guidance
- D2 Coordinating care with other providers and exchanging patient health records
- D3 Reviewing other payers' coverage and coordinating benefits

E - Cost Reporting

Gathering financial data, filing annual cost report, and settling accounts payable to or receivable from Medicare

- E1 Submitting cost report and filing cost report appeal

F - Coding, Billing, and Appeals

Coding patient records, billing payers, and appealing denied claims for reimbursement

- F1 Submitting claims, appeal letters, and documentation to MAC
- F2 Submitting claims, appeal letters, and documentation to other payers

G - Individual Provider Enrollment

Credentialing, verifying, and enrolling providers to bill to Medicare and Medicaid

- G1 Submitting credentials and application for state licensure
- G2 Submitting Medicaid provider enrollment application
- G3 Submitting provider enrollment application to commercial payers
- G4 Submitting Medicare provider enrollment application

BURDEN EXPERIENCED

Varying Standards

Hospitals must balance varying requirements from multiple regulators. Interpreting and reconciling overlapping rules takes excessive time, resources, and brainpower. Hospitals wish their regulators could all get on the same page and write consistent standards.

Areas where this burden is felt most:

A B C D F G

Duplicative Reporting

Hospitals provide the same information to a number of entities in slightly different formats. This redundancy increases the complexity of reporting and associated costs. Due to its mostly clinical nature, duplicative reporting pulls clinicians off the floor into reporting tasks and roles.

Areas where this burden is felt most:

A B C D F G

Pace of Change

Hospitals are constantly reacting to new CMS rules. They develop new Electronic Health Record (EHR) modules, revise policies, and retrain staff. They want to slow down, plan proactively, and develop sustainable systems. At the same time, they expect standards to stay current with evidence-based care.

Areas where this burden is felt most:

A B C D F

Insufficient Dialogue

When hospitals seek to clarify CMS requirements, they often receive responses that cite the requirements—or hear nothing back at all. When hospitals want CMS to change something for the better, they feel like no one listens. Hospitals feel ignored and wish for more dialogue with CMS.

Areas where this burden is felt most:

A B C D E F G

Lack of Transparency

Despite the volumes of requirements imposed by CMS, hospitals feel that CMS operates in an inscrutable "black box." They wish they had more visibility into CMS oversight methodologies and logic behind the requirements.

Areas where this burden is felt most:

A B C D E F