Reduce unnecessary regulatory burden to allow providers to concentrate on their primary mission: improving patient health outcomes.

- CMS Administrator Seema Verma launched the “Patients over Paperwork” initiative in 2017, in accord with President Trump’s Executive Order that directs federal agencies to cut the red tape. This helps patients by allowing doctors and non-physician practitioners to focus on care instead of paperwork.
- CMS is eliminating overly-burdensome and unnecessary regulations and guidance to allow providers and suppliers to focus on their primary mission – improving their patients’ health.
- CMS is removing barriers to unleashing innovation.
- CMS is partnering with clinicians, providers and suppliers, administrators, support staff and beneficiaries to ensure we are focusing on the needs of patients.

Our actions have delivered results

- Saved the healthcare system at least $6.6 billion through 2021.
- Eliminated at least 42 million hours of burden through 2021 giving that time back to providers and suppliers to spend with their patients and not on needless paperwork.
- Heard from over 2,000 clinicians, administrative staff and leaders, and beneficiaries through listening sessions and in-person visits throughout the country.
- Removed unnecessary billing documentation requirements for clinicians furnishing in home visits and for teaching physicians furnishing evaluation and management services.
- Established an innovative new skilled nursing facility case mix classification system, the Patient Driven Payment Model (PDPM), that ties skilled nursing facility payments to patients’ conditions and care needs rather than volume of services provided, and simplifies complicated paperwork requirements for performing SNF patient assessments.

Simplifying Documentation Requirements

- Released a newly revised Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) with concise instructions that saves SNF providers roughly 220,000 hours of work per year.