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Medical Review Reduction Initiative: CLINICIAN Q&A

OVERALL INITIATIVE:

1. How is the Centers for Medicare & Medicaid Services (CMS) going to reduce documentation requirements for me and my practice?

CMS is committed to improving the experience of clinicians in CMS programs, and we are taking concrete steps through this new initiative. First, we are launching an initiative aimed broadly at increasing clinician engagement. The first part of that initiative is a new medical review reduction pilot for clinicians in certain Advanced Alternative Payment Models (Advanced APMs) to minimize documentation submission requirements. In conjunction with these efforts, we have also committed to holding listening summits with our regional chief medical officers across all ten CMS regions to interact directly with clinicians and associations around the country and receive their input on how we can work together to improve the practice of medicine for clinicians.

MEDICAL REVIEW REDUCTION PILOT PROGRAM:

2. What are Advanced Alternative Payment Models (Advanced APMs) and what do they do?

An AAPM is a CMS-designed payment approach that meets statutory criteria, is developed in partnership with the clinician community, and provides added incentives to clinicians to provide high-quality and cost-efficient care. AAPMs can apply to a specific clinical condition, a care episode, or a population. AAPMs test new models of clinician payment and care delivery to Medicare beneficiaries.

3. What does the Advanced APM Medical Review pilot do?

Providers who are affiliated with these APMs can expect to see fewer requests for medical records of APM beneficiaries from medical review contractors during this 18 month pilot starting 1/1/2017. Specifically, CMS will direct Medicare Administrative Contractors (MACs), the Supplemental Medical Review Contractor (SMRC), and Recovery Audit Contractors (RACs) to make claims submitted by a provider in certain Advanced APMs a low priority for medical record reviews conducted on or after 1/1/2017. Reviews by other entities, including, but not limited to, Zone Program Integrity Contractors (ZPICs) and the Office of Inspector General and Department of Justice will continue, as will quality reviews. Automated reviews (those reviews that do not involve medical records) will also continue.

4. Are Railroad Retirement Board claims included in the pilot? (new as of 01/04/17)

No, CMS has not included Railroad Retirement Board claims in this pilot. Railroad Retirement Board claims will continue to be available for normal medical review.

5. Which Advanced APMs are part of the Medical Review Reduction Pilot?

This pilot impacts the following Advanced APMs:

- Next Generation Accountable Care Organizations (ACOs)
- Medicare Shared Savings Program (MSSP) Track 2 and Track 3 participants
- Pioneer ACOs
- Oncology Care Model 2-sided Track participants

6. Does the Advanced APM Medical Review Pilot apply to both the facility and the clinician?

Claims from any physician or hospital National Provider Identifier (NPI) participating in one of the Advanced APMs listed above will be made low-priority for medical record review for the services provided to beneficiaries aligned with the Advanced APMs. -

7. What if one NPI covers a hospital, lab, home health agency, and a supplier?

Only the hospital and physician services for the beneficiaries attributed to the pilot will be identified as low-risk for medical review purposes. Normal medical review processes will apply to all other services.

8. If I am in one of these Advanced APMs, is my entire practice made low-priority for review?

No. Only claims for services provided to those beneficiaries who are aligned to one of these APMs will be made a low-priority for review. Claims for services provided to non-aligned beneficiaries will continue.

9. If I am participating in one of the above Advanced APMs, does that mean I will not receive any medical review requests?

A hospital or physician will not receive any medical review requests for those beneficiaries attributed to the model unless CMS finds evidence of gaming or a failure to comply with CMS's provider screening and revalidation requirements. If data analysis indicates a possible fraudulent scenario exists, medical review may also occur.

10. Does this mean you are going to review my practice less? Or more?

For the vast majority of practices, this medical review pilot will not affect the medical review process.

The majority of Medicare Administrative Contractor (MAC) and Recovery Audit Contractor (RAC) reviews are automated. Only a portion of reviews are complex enough to require the review of medical records and supporting documentation. This medical review reduction initiative allows us to not only reduce the amount of documentation providers must submit to CMS but also allows CMS to focus its efforts on the highest risk providers and clinicians.

The medical review reduction pilot will only affect claims paid to hospitals and clinicians aligned with certain Advanced APMs. Claims from hospitals and clinicians not aligned with the Advanced APM are not included in the pilot; the medical review process for providers and clinicians not aligned with the Advanced APM will remain the same.

11. Will all providers aligned to Advanced APMs be included in this pilot?

Only the hospital and physician services for the beneficiaries attributed to the pilot will be identified as low-risk for medical review purposes. Normal medical review processes will apply to all other services.

12. How will this affect my payments?

This medical review reduction pilot will have minimal direct impact on payments to clinicians and hospitals. For those practices that are found to be in violation or engaging in fraudulent activities, the review processes and corrective actions will remain the same.

13. Why did you choose these Advanced APMs? Why can't my practice be reviewed less?

These Advanced APMs were identified as a first opportunity for this pilot because participating clinicians share financial risk with the Medicare program. Two-sided risk models provide powerful motivation to deliver care in the most efficient manner possible, greatly reducing the risk of improper billing of services which exists under the Medicare fee-for-service program. Like all other Medicare-enrolled clinicians, those practicing in Advanced APMs are also subject to rigorous program controls, including prescreening against criminal and inappropriate behavior, measurement of quality outcomes, mandatory data reporting, and other requirements, which safeguard against fraud and abuse in the absence of medical review. During the 18-month pilot, CMS will monitor the progress of the program, and will determine whether to continue or expand it based on results.

14. Why isn't primary care included in the process?

In this pilot program, we have identified clinicians in certain Advanced APMs as a promising starting place to change the medical review process. Three of the four Advanced APMs chosen for this pilot are Accountable Care Organization (ACO) models, for which primary care services are the core of the model. After the results of the pilot are analyzed, CMS will consider expansion along various dimensions including additional Advanced APMs, specialties, and provider types.

15. Won't this transfer documentation burden from big hospital ACOs to smaller practices?

Through our contracts with MACs and RACs, we can direct these contractors review of certain Advanced APMs without a corresponding increase the priority review of smaller practices. Our goal is to improve clinician engagement and satisfaction across the system, and this pilot is an important first step.

16. Since there are no Oncology Care Model 2-sided Track participants, why are you including them in this pilot?

Although there are no two-sided oncology practice participants at this time, there could be in the future. We have included this Advanced APM track in the pilot so that when oncology practices do choose to participate in the two sided model in the future, their claims can be deprioritized as well.