IN THIS EDITION

Director’s Message

Dear Partners and Colleagues,

Thank you for partnering with the Centers for Medicare & Medicaid Services' (CMS) Office of Burden Reduction & Health Informatics (OBRHI) and welcome to the CMS Burden Reduction News & Insights newsletter. Through these communications, we will regularly share updates on CMS' efforts to reduce burden in the programs we administer and to promote efficient and equitable health care for patients and providers.

This issue outlines the many exciting activities happening at CMS, including a new journey map to help navigate Medicare Savings Programs eligibility, the release of two guidance letters on Business Associates and Electronic Fund Transfer, and presenting at the 2022 Healthcare Information and Management Systems Society (HIMSS) Global Health Conference about our efforts to improve the customer experience across CMS programs and the broader health care enterprise. As always, we invite your feedback and insights. Information on how to contact our office is included at the end of this email.

I also wanted to share that this month, in collaboration with our partners in the Office of Minority Health, OBRHI is proud to support National Minority Health Month (NMHM). NMHM raises awareness about the importance of improving the health of racial and ethnic minorities and reducing health disparities. This year's theme, *Give Your Community a Boost,* focuses on the continued importance of COVID-19 vaccinations as one of the strongest tools available to end the COVID-19 pandemic that has disproportionately affected communities of color.

Thank you, as always, for your time, and we invite you to share this communication with members of your network who would be interested in hearing from us. I look forward to our continued partnership.

Sincerely,
Mary

Mary Greene, MD
Director
CMS Office of Burden Reduction & Health Informatics (OBRHI)

Spotlight

"Navigating the Medicare Savings Programs Eligibility Experience" Journey Map

In October of 2020, OBRHI, in partnership with CMS' Federal Coordinated Health Care Office (FCHCO), launched stakeholder engagement activities focused on displaying the human experience with navigating the eligibility determination and redetermination processes for the Medicare Savings Programs (MSPs).

People with Medicare facing challenges paying for health care may qualify for MSPs run by their state. These programs can help save money on premiums, prescription drugs, and other health care costs.

We used qualitative research and human-centered design (HCD) to understand and visualize the customer experience, uncover burden, and identify opportunities for improvement. The team engaged with 55 stakeholders across 4 states to understand user experiences while applying for the MSPs. Shown in the illustration are barriers around lack of awareness of the MSP benefit, confusion of written communication, burdensome documentation requirements, cumbersome renewal and appeals process, and year-to-year uncertainty of eligibility. The perspective of people with Medicare and Medicaid, caregivers, advocates, state eligibility workers, and state partners are all represented in the illustration, which CMS co-created with our stakeholders.

View the "Navigating the Medicare Savings Programs Eligibility Experience" Journey Map (PDF)

CMS News

CMS Announces a Series of Cross-Cutting Initiatives

CMS announced a series of Cross-Cutting Initiatives (CCIs) on April 14 to support its strategic vision to advance health equity, expand coverage, and improve health outcomes. In addition to advancing the 6 strategic pillars that CMS announced last year, the CCIs aim to improve behavioral and maternal health coverage, drug price affordability, and rural health care delivery along with strengthening quality improvement strategies and ensuring coverage for eligible individuals post-pandemic. The CCIs will also identify opportunities to streamline the consumer experience of CMS' coverage programs and expand coverage, while leveraging data to drive innovation and person-centered care. CMS is committed to tracking, monitoring, and refining success measures for these initiatives in partnership with stakeholders and to report on progress to the public.

For more information visit the CCI webpage: https://www.cms.gov/cms-strategic-plan

Learn more about the CCI Fact Sheet: Overview Fact Sheet (PDF)

Learn more about the CMS Quality Strategy: National Quality Strategy Fact Sheet (PDF)

Learn more about Behavioral Health:

- Fact Sheet: Behavioral Health Strategy Fact Sheet (PDF)
- Webpage: https://www.cms.gov/About-CMS/Story-Page/behaviorial-health

Are You On the Updated Report of Providers Missing Digital Contact Information?

The CMS National Plan and Provider Enumeration System (NPPES) Public Reporting of Missing Digital Contact Information has been updated. The report includes the names and National Provider Identifiers (NPIs) of providers who did not update their digital contact information (endpoints) in NPPES as of March 31, 2022. Are you on the list? If so, take action to add your digital contact information to NPPES now!

Endpoints allow health care providers to send authenticated, encrypted health information directly to trusted recipients securely over the internet. Health care organizations that want to exchange electronic health information need accurate information about the electronic addresses of potential exchange partners.

You can still enter endpoints in NPPES (instructions begin on slide 29) and organizations can also upload new or updated data elements in bulk format for their providers through the NPPES Electronic File Interchange (EFI) process. Providers who add endpoint information after March 2022 will be removed from the list in the next quarterly update planned for early July 2022.

CMS finalized the policy to publicly report the names and NPIs of those providers or clinicians who do not have endpoints included in the NPPES system in the May 2020 CMS Interoperability and Patient Access final rule.

More Information can be found through the links below:

- May 2020 CMS Interoperability and Patient Access final rule FAQs
- How to enter Endpoint information in NPPES
- How to update Endpoints in NPPES (begins on slide 29)

- EFI process

CMS Presentations at the Healthcare Information and Management Systems Society (HIMSS) 2022 Global Health Conference

In March, CMS participated virtually in the HIMSS 2022 Global Health Conference. CMS Administrator Chiquita Brooks-LaSure gave a keynote in which she highlighted CMS' role in the future of interoperability, and emphasized our commitment to a connected health care system. OBRHI partnered with the CMS Office of Enterprise Data and Analytics (OEDA) to present on "The Human-Centered Future of Interoperability." This presentation discussed how CMS is applying human-centered design principles to deliver technology and policy that advances interoperability. The focus of this session was how CMS is iterating with our products, based on lessons learned from Blue Button 2.0, to transform the way we design policy and support our vision of a connected and more efficient healthcare system. CMS and the Office of the National Coordinator for Health Information Technology (ONC) also worked in partnership on a joint presentation on "CMS and ONC Collaborations, APIs and Future Vision." This presentation provided an update on the implementation of the CMS Interoperability and Patient Access Final Rule and 21st Century Cures Act rule, including a review of how far the rules have come and what is forthcoming for these regulations. They also provided an overview of some of the collaborative projects CMS and ONC are working on. Other areas of CMS also presented virtually on topics such as quality data aggregation, data standards, Merit-based Incentive Payment Systems (MIPS) Value Pathways, and the Electronic Clinical Quality Improvement (eCQI) Resource Center.

In the Loop

Save the Date: 2022 CMS and HL7 FHIR® Connectathon (Virtual)
July 19-21, 2022

Join developers, programmers, technology experts, analysts, and CMS colleagues July 19-21, 2022, to learn about and test emerging Fast Healthcare Interoperability Resources (FHIR) Application Programming Interfaces (APIs) and supporting FHIR Implementation Guides (IGs) at the 2022 CMS and HL7 FHIR® Connectathon. Registration will open May 1, 2022.

To learn more about the event and ways to participate, contact CMSHealthInformaticsandInteroperabilityGroup@cms.hhs.gov or visit the CMS 2022 FHIR Connectathon 3 webpage.

Guidance on Business Associates' HIPAA Requirements Compliance and on Virtual Credit Cards for EFT and ERA Transactions

On March 23, OBRHI issued two guidance letters: one on Business Associates of Health Insurance Portability and Accountability Act (HIPAA) Covered Entities and the other on payment of health care claims using Electronic Funds Transfers (EFT).

The Business Associates of Health Insurance Portability and Accountability Act (HIPAA) Covered Entities Guidance Letter (PDF), clarifies covered entities' obligation to ensure their business associates comply with HIPAA regulations, as specified by 45 C.F.R. § 162.923(c).

OBRHI frequently receives complaints alleging noncompliance with HIPAA Administrative Simplification requirements that are filed against entities that do not meet the regulatory definition of a "covered entity." Such entities often function as business associates to HIPAA covered entities, and conduct transactions on behalf of the covered entities. In such cases, the HIPAA covered entity is responsible for the compliance of its business associates.

The Health Plans' Payment of Healthcare Claims Using Virtual Credit Cards (VCCs) and Adopted HIPAA Standards for Health care Electronic Funds Transfers (EFT) and Remittance Advice (ERA) Transactions guidance letter (PDF), clarifies requirements for covered entities in conducting electronic transactions using the EFT and ERA standards adopted at 45 C.F.R. § 162.1601 and 162.1602(d).

In lieu of sending paper checks or paying health care claims using adopted EFT and ERA standards, some health plans pay health care claims by sending health care providers a single use credit card number. The adopted HIPAA EFT and ERA standards permit health plans to pay claims by VCCs. However, if a provider requests that a health plan pay the provider's claims using the adopted HIPAA health care EFT and ERA transaction standards, the health plan must comply.

Read the full guidance letters for Business Associates and EFT.

Should you have questions about these guidance letters, send inquiries to *AdministrativeSimplification@cms.hhs.gov* with the subject line: "Business Associates" and/or "EFT Question."

Contact Us

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