



OFM Initiatives to Reduce Provider Burden

OMHA Appellant Forum

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My Role and Responsibilities

- To improve communications between Medicare FFS Providers and all CMS stakeholders
- Work collaboratively with interested parties to address challenges, complaints, and concerns
- Encourage Medicare FFS providers to work directly with their Recovery Auditor or MAC who conducted the review and use my role to look at process issues
- Educational Suggestions are welcome
- Monitor 2 email boxes
 - RAC@cms.hhs.gov
 - MedicareMedicalReview@cms.hhs.gov



Reduce Provider Burden and Minimize Appeals

1. Prior Authorization

- PMD... now in 19 states
- Ambulance.... NJ, PA, SC
- HBO.... Currently operating in MI, IL and NJ planning underway
- Chiropractic...2017
- DMEPOS Regulation coming soon

2. Ensuring Consistency

- The way contractors conduct reviews
- Standardized denial reasons
- Standardized letters
- Accuracy review of MACs

3. Reducing Provider Burden Efforts

- Probe and Educate
- Consistent ADR letters
- Detailed review results letter
- Minimize duplicative reviews
(Not being reviewed by different contractors for the same reason)