
Regulatory Relief

ASCRS ASOA seeks to advocate for regulatory changes that will alleviate the administrative burden on practices, so that physicians can focus on providing high-quality care to patients.

Background

For several years, regulatory agencies, such as the Centers for Medicare and Medicaid Services (CMS), have implemented programs that increase the time spent, documentation necessary, and administrative costs to practices. In response to the Trump Administration's initiative to reduce regulatory burden across all sectors of the economy, ASCRS ASOA and the medical community have identified several key areas where CMS could take steps to reduce the burden on physicians and practices. In October 2017, CMS announced a new "Patients Over Paperwork" initiative to implement these recommended reforms, beginning with the 2018 final rules for the Quality Payment Program (QPP), Physician Fee Schedule, and ASC Payment. Burden relief continues to be a key element in the Administration's regulatory agenda.

Key Areas for Regulatory Relief

ASCRS ASOA and the medical community have identified several areas where CMS could provide regulatory relief. Current efforts include, but are not limited to:

- EHR interoperability
- Prior authorization and step therapy
- Medicare Advantage narrow networks and audit requests

Prior Authorization

We partnered with the Alliance of Specialty Medicine to develop a survey on access to care, specifically seeking information from members about how the increased use of prior authorization and rising drug costs may be limiting beneficiaries' access to care. Results from the survey are being used to support our advocacy efforts.

ASCRS and the Alliance are supporting the Improving Patients' Timely Access to Care Act (H.R. 3107) that would:

- Establish an electronic prior authorization process,
- Minimize the use of prior authorization for services that are routinely approved,
- Prohibit the use of additional prior authorization for medically necessary interventions furnished during surgery,
- Require plans to report on their use of prior authorization and the rate of delays and denials, and
- Ensure prior authorization requests are reviewed by medical professionals familiar with the service being provided.

Medicare Advantage Chart Audits

ASCRS ASOA has also provided CMS with examples of onerous MA plan chart audit requests to demonstrate the burden these requests place on small practices.

Next Steps

ASCRS will continue to work with the medical community to advocate for our recommended changes to provide relief.