



# CMS Technology: Accomplishments and Challenges

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# Technology is Critical to CMS' Strategic Goals



**Mission:** To ensure effective, up-to-date health care coverage and to promote quality care for beneficiaries.

**Vision:** To achieve a transformed and modernized health care system.



# Technology is also Critical to Meeting Broader Trends in Healthcare and Medicare



Trend	Impact on CMS Business Operations
<ul style="list-style-type: none"> <li>• Larger and more sophisticated group of beneficiaries demanding greater choice in Medicare, more control over their healthcare information, and more visibility into treatment options</li> <li>• Continuing advancement in medical technology and pharmaceuticals</li> </ul>	<ul style="list-style-type: none"> <li>• Greater diversity of Medicare benefit packages.</li> <li>• More flexibility in enrollment process that allows beneficiaries to select from among several benefit packages.</li> <li>• More direct and transparent interactions with external stakeholders.</li> </ul>
<ul style="list-style-type: none"> <li>• Continuing rise in health care costs</li> </ul>	<ul style="list-style-type: none"> <li>• Continuing pressure to prevent fraud, waste, &amp; abuse.</li> <li>• Greater frequency of medical policy changes intended to improve health outcomes while controlling costs.</li> </ul>
<ul style="list-style-type: none"> <li>• Quality and cost transparency initiatives, such as pay-for-performance, will continue to mature</li> </ul>	<ul style="list-style-type: none"> <li>• Increased demand for more sophisticated payment methods that incentivize quality healthcare delivery and healthier behaviors.</li> <li>• Increased demand on CMS to collect and analyze clinical information as well as financial information.</li> </ul>
<ul style="list-style-type: none"> <li>• More pervasive use of health IT across provider and payer communities.</li> <li>• A more technology savvy beneficiary population</li> </ul>	<ul style="list-style-type: none"> <li>• Increased pressure on CMS business operations to offer more self service tools for beneficiaries.</li> <li>• Increased requirements to adopt clinical standards (e.g., HL7, SNOMED) in addition to administrative standards (e.g., x12).</li> </ul>

**We must supply the systems to support these business needs in an environment of scarce resources**

# CMS Technology Journey



- **CMS has been on a long journey to mature its architecture and IT governance to support the CMS business components and the broader healthcare community . . .**
  
- **Key accomplishments:**
  - Application and data projects
    - Reduced number of claims processing applications
    - Prescription Drug Implementation
    - Financial Accounting System Implementation
    - Customer Service – 1-800-MEDICARE and Medicare.gov
    - First phases of enterprise warehouse
  
  - Infrastructure projects
    - Data center modernization and consolidations
  
  - Governance and standards
    - CMS Technical Reference Architecture
    - Improved governance and contracting

# Current Activities and Priorities



- **We still have hard work to do to accomplish our mission.**
  
- **Key CMS technical priorities**
  - Executing projects and implementing systems that help improve:
    - Quality of Care
    - Program Integrity
    - Payment Accuracy
  - Maturing business, data, and technical architecture
  - Maturing the governance and quality assurance processes for systems development and integration efforts
  - Modernizing the systems that support the Part A, B, C, and D benefits

# Continuity Assessment Record & Evaluation (CARE) System



## ■ Problem:

- Transitioning patients from acute care to post-acute care facilities (e.g., nursing facilities) creates opportunities for quality of care, continuity of care, and cost problems.

## ■ Business Goals:

- Develop a uniform Post Acute Care assessment instrument that measures patient health and functional status across provider settings, over time.
- Beginning in 2008, use the instrument in a Post-Acute Care (PAC) Payment Reform Demonstration whose outcomes will guide quality and payment policy development

## ■ Mandate:

- Deficit Reduction Act of 2005 (Section 5008)

## ■ Results:

- Web-based tool for collecting patient assessment information in various provider settings (March 2008):
  - Can serve as a continuity of care record by allowing secure visibility to patient records across providers
  - Has potential for being the foundation of an Electronic Health Record
  - Employs national E-Health standards
- Data import capability that will allow providers to automatically insert information from their medical management systems into CARE (August 2008).

# CARE System

## Provider Settings



# CARE

**CMS/ CARE System**Welcome, A3

[Assessment Summary](#) | [Help](#) | [Print](#) | [Exit Assessment](#)

Administrative | Admission | Medical | Cognitive | Impairments | Functional | Engagement | Frailty | Discharge | Other

Assessments > Administrative > Provider Information

**Today's Date**  
September 28, 2007

**Subsections**

- ▶ **Provider Information**
- ▶ Patient Information
- ▶ Payer Information

**Quick Links**

- ▶ Training Manuals
- ▶ Completion Time Survey
- ▶ Feedback

**Where Am I?**

Marianjoy Rehabilitation Hospital - Wheaton, IL

**Medicare ID:** 1234567890  
**NPI:** 1234567890

**Type:** Long-Term Care Hospital (LTCH)

<i>Assessment Type:</i> Admission	<i>Assessment:</i> 0012345
<i>Patient Name:</i> Jonathan Doe-Smith	<i>Provider:</i> Marianjoy Rehabilitation Hospital
<i>Birth Date:</i> 12/31/1947	<i>Admission Date:</i> 09/29/2007

**I. Administrative Items** IP

*B. Provider Information*

<b>B1. Provider Name:</b>	Marianjoy Rehabilitation Hospital
<b>B2. Medicare Provider's Identification Number:</b>	1234567
<b>B3. National Provider Identification Code (NPI):</b>	123456
<b>Bx. City:</b>	Baltimore
<b>Bx. State:</b>	MD

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Verify  
Beneficiary



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