

Cms

Valerie C. Melvin

Strategies and Priorities for Information Technology at the Centers for Medicare and Medicaid Services

National Research Council, Division on Engineering and Physical Sciences, Computer Science and Telecommunications Board, Committee on Future Information Architectures, Processes, and Strategies for the Centers for Medicare and Medicaid Services, 2012-01-23

The Centers for Medicare and Medicaid Services (CMS) is the agency in the Department of Health and Human Services responsible for providing health coverage for seniors and people with disabilities, for limited-income individuals and families, and for children—totaling almost 100 million beneficiaries. The agency's core mission was established more than four decades ago with a mandate to focus on the prompt payment of claims, which now total more than 1.2 billion annually. With CMS's mission expanding from its original focus on prompt claims payment come new requirements for the agency's information technology (IT) systems. Strategies and Priorities for Information Technology at the Centers for Medicare and Medicaid Services reviews CMS plans for its IT capabilities in light of these challenges and to make recommendations to CMS on how its business processes, practices, and information systems can best be developed to meet today's and tomorrow's demands. The report's recommendations and conclusions offered cluster around the following themes: (1) the need for a comprehensive strategic technology plan; (2) the application of an appropriate methodology to guide an iterative, incremental, and phased transition of business and information systems; (3) the criticality of IT to high-level strategic planning and its implications for CMS's internal organization and culture; and (4) the increasing importance of data and analytical efforts to stakeholders inside and outside CMS. Given the complexity of CMS's IT systems, there will be no simple solution. Although external contractors and advisory organizations will play important roles, CMS needs to assert well-informed technical and strategic leadership. The report argues that the only way for CMS to succeed in these efforts is for the agency, with its stakeholders and Congress, to recognize resolutely that action must be taken, to begin the needed cultural and organizational transformations, and to develop the appropriate internal expertise to lead the initiative with a comprehensive, incremental, iterative, and integrated approach that effectively and strategically integrates business requirements and IT capabilities.

Fraud Detection Systems: Centers for Medicare and Medicaid Services Needs to Ensure More Widespread Use

Valerie C. Melvin, 2012-10-07

Medicare Part D: CMS's Process and Policy for Enrolling New Dual-Eligible beneficiaries ,

Healthcare. Gov Valerie C. Melvin,2015-04-11 The Patient Protection and Affordable Care Act required the establishment of health insurance marketplaces to assist individuals in obtaining health insurance coverage. The Centers for Medicare & Medicaid Services (CMS), a component of the Dept. of Health and Human Services (HHS), was responsible for establishing a federally facilitated marketplace for states that elected not to establish their own. This marketplace is supported by an array of IT systems, including Healthcare.gov, the website that serves as the consumer portal to the marketplace. This report (1) describes problems encountered in developing and deploying systems supporting Healthcare.gov and determines the status of efforts to address deficiencies; and (2) determines the extent to which CMS applied disciplined practices for managing and overseeing the development effort, and the extent to which HHS provided oversight. Figures and tables. This is a print on demand report.

The CMS Hospital Conditions of Participation and Interpretive Guidelines ,2013-12-11 Navigating the CMS website to find accurate Medicare and Medicaid hospital regulations is a difficult and confusing task, and printing out hundreds of pages is costly and time-consuming. HCPro has taken the most recent version of CMS' Conditions of Participation and the corresponding Interpretive Guidelines and reprinted them in an easy-to-use format--Back cover.

Medicare physician fee schedule CMS needs a plan for updating practice expense component : report to congressional committees. ,

Subcommittee Hearing on the Impact of CMS Regulations and Programs on Small Health Care Providers

United States. Congress. House. Committee on Small Business. Subcommittee on Regulations, Health Care, and Trade,2008

Modernizing Enterprise CMS Using Pimcore Daniele Fontani,Marco Guiducci,Francesco Mina,Dietmar Dietz Rietsch,2021-08-13 A practical guide to developing, administering, and scaling content management solutions in your organization for supporting digital transformation using Pimcore Key FeaturesKick-start your CMS career by preparing for Pimcore developer certificationsCreate custom websites with a rich digital experience for your business users with the help of step-by-step examplesGet to grips with Pimcore's enterprise features for product management and data managementBook Description Used by over eighty thousand companies worldwide, Pimcore is the leading open source enterprise-level content management system (CMS) solution. It is an impressive alternative to conventional CMSes and is ideal for creating e-commerce and complex enterprise websites. This book helps developers working with standard CMSes such as WordPress and Drupal to use their knowledge of CMSes to learn Pimcore CMS in a practical way. You'll start by learning what Pimcore is and explore its various services such as PIM, MDM, and DAM. The book then shows you various techniques for developing custom websites in Pimcore based on the scale of your organization. You'll learn how to use Pimcore to improve the digital transformation of a company by implementing enterprise Pimcore features. As you advance, you'll discover Pimcore's

capabilities and features that make it a faster and more secure alternative to traditional CMSes. As well as demonstrating practical use cases, *Modernizing Enterprise CMS Using Pimcore* can help you understand the benefits of using Pimcore as a CMS solution, sharing best practices and proven techniques for designing professional Pimcore sites. By the end of this book, you'll be a trained Pimcore developer, able to create complex websites, and be well-versed in Pimcore's enterprise features such as MDM, PIM, and DAM. What you will learn

- Create, edit, and manage Pimcore documents for your web pages
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- Discover how to create layouts, templates, and custom widgets for your web pages
- Administer third-party add-ons for your Pimcore site using the admin UI
- Discover practices to use Pimcore as a product information management (PIM) system
- Explore Pimcore's master data management (MDM) for enterprise CMS development
- Build reusable website components and save time using effective tips and tricks

Who this book is for This book is for web developers and CMS professionals looking for an alternative to WordPress and traditional CMS. Enterprise application developers looking for enterprise solutions for digital transformation will find this book useful. Beginner-level knowledge of PHP, HTML, and CSS is needed to understand the code examples used in the book.

Health Insurance Statistics, 1967

Choosing an Open Source CMS Nirav Mehta, 2009-04-17 There are many powerful open source CMSs available to take the pain away from managing a web site. These systems are feature rich, often easy to use, and free. Unfortunately, there are so many choices it's tough to be sure you're choosing the right one. How can you be sure that you are selecting and working with the right tool? This book will guide you through choosing the right CMS for your needs. You can be confident in your choice of CMS for the needs of your project. It will also help you make a start using the CMS, and give you a feel for what it's like to use it - even before you install it yourself. Are you bewildered by the many open source CMSs available online? Open source CMSs are the best way to create and manage sophisticated web sites. You can create a site that precisely meets your business goals, and keep the site up to date easily because these systems give you full control over every aspect of your site. Because open source CMSs are free to download, you have a huge amount of choice between the various systems. Yet there are many open source CMSs to choose from, each with unique strengths - and occasionally limitations too. Choosing between the bewildering number of options can be tough. Making the wrong choice early on may lead to a lot of wasted work, because you'll have a half-finished site that doesn't meet your initial requirements - and needs to be restarted from scratch. This book will show you how to avoid choosing the wrong CMS. It will guide you through assessing your site requirements, and then using that assessment to identify the CMS that will best fit your needs. It contains discussions of the major CMSs, and the issues that you should consider when choosing: their complexity to use, their features and the power they offer. It discusses technical considerations such as programming languages and compliance with best practice standards in a clear, friendly way that non-technical readers can understand. The book also contains quick-start guides and examples for the most popular

CMSs such as WordPress, Joomla!, and Drupal, so that you can experiment with these CMSs, get a feel for how they work, and start using them to build your site. After reading this book, you can be confident that your CMS choice will support your web site's needs because you have carefully assessed your requirements and explored the available options.

Medicare Advantage, CMS Should Fully Develop Plans for Encounter Data and Assess Data Quality Before Use

U.s. Government Accountability Office, 2017-07-27 Medicare Advantage-the private plan alternative to the traditional Medicare program-provides health care for nearly 15.5 million enrollees, about 30 percent of all Medicare beneficiaries. After a multiyear rollout, CMS began collecting encounter data in January 2012. GAO was asked to review CMS's plans for using MA encounter data and its efforts to validate the data's quality. This report examines (1) how the scope of MA encounter data compare with CMS's current risk adjustment data, (2) the extent to which CMS has specified plans and time frames to use encounter data for risk adjustment and other purposes, and (3) the extent to which CMS has taken appropriate steps to ensure MA encounter data's completeness and accuracy. In addition to reviewing laws, regulations, and guidance on MA encounter data collection and reporting, GAO interviewed CMS officials and representatives of MAOs. GAO also compared CMS's activities to the protocol CMS developed to validate Medicaid encounter data-comparable data collected and submitted by entities similar to MAOs.

HealthCare. Gov Daniel R. Levinson, 2016-05-24 This case study examines implementation of HealthCare.gov and the Federal Marketplace by the Centers for Medicare & Medicaid Services (CMS), from passage of the Affordable Care Act (ACA) in 2010 through the second open enrollment period in 2015. At its launch on October 1, 2013, and for some time after, HealthCare.gov users were met with website outages and technical malfunctions. After corrective action, CMS ended the first open enrollment period with 5.4 million individuals having selected a plan through the Federal Marketplace. This review spans 5 years, providing a chronology of events and identifying factors that contributed to the website's breakdown at launch, its recovery following corrective action, and implementation of the Federal Marketplace through the second open enrollment period. Figures. This is a print on demand report.

CMS Made Simple Development Cookbook Samuel Goldstein, 2011-04-26 Over 70 simple but incredibly effective recipes for extending CMS Made Simple with detailed explanations? useful for beginners and experts alike!

Medicare Part D U.s. Government Accountability Office, 2017-07-28 The Medicare prescription drug program, known as Medicare Part D, provides a voluntary outpatient prescription drug benefit for Medicare beneficiaries. Beneficiaries may choose Part D plans from among multiple plans offered by private companies-plan sponsors-that contract with CMS. Plans may differ in their premiums and cost-sharing arrangements, the drugs they cover, and the pharmacies they contract with to fill prescriptions. CMS developed the Medicare Plan Finder interactive website in 2005 as a tool to help beneficiaries compare Part D plans and identify plans that meet their needs. For Plan Finder to serve its intended purpose, beneficiaries

and their advisers need to be able to obtain accurate drug cost information, understand plan options, and navigate the website effectively. GAO was asked to review CMS's efforts to ensure that beneficiaries can use Plan Finder effectively. This report examines (1) how CMS oversees the accuracy of drug pricing information in Plan Finder; and (2) how CMS assesses the usability of Plan Finder and any steps CMS has taken to improve it. To conduct this work, GAO reviewed documentation detailing CMS's processes for overseeing Plan Finder pricing accuracy and obtained data on agency compliance actions. GAO also interviewed CMS officials and organizations that help Medicare beneficiaries navigate Plan Finder

Patient Protection and Affordable Care Act U.s. Government Accountability Office,2017-08-04 The Patient Protection and Affordable Care Act required the establishment in all states of exchanges-marketplaces where eligible individuals can compare and select health insurance plans. CMS must oversee the establishment of exchanges, including approving states to operate one or establishing and operating one itself in states that will not do so. CMS will approve states to assist it in carrying out certain FFE functions. CMS will also operate an electronic data hub to provide eligibility information to the exchanges and state agencies. Enrollment begins on October 1, 2013, with coverage effective January 1, 2014. GAO was asked to examine CMS's role and preparedness to establish FFEs and the data hub. In this report, GAO describes (1) the federal government's role in establishing FFEs for operation in 2014 and state participation in that effort; and (2) the status of federal and state actions taken and planned for FFEs and the data hub. GAO reviewed regulations and guidance issued by CMS and documents indicating the activities that the federal government and states are expected to carry out for these exchanges. GAO also reviewed planning documents CMS used to track the implementation of federal and state activities, including documents describing the development and implementation of the data hub. GAO also interviewed CMS officials responsible for establishment of the exchanges. GAO relied largely on documentation provided by CMS

CMS Hospital Conditions of Participation and Interpretive Guidelines HCPro (Firm),2014-05-14 Navigating the CMS Web site to find accurate Medicare and Medicaid hospital regulations is a difficult and confusing task, and printing out hundreds of pages is costly and time-consuming. HCPro has taken the most recent version of CMS' Conditions of Participation and the corresponding Interpretive Guidelines- including the new prescriptive guidelines for anesthesia services- and reprinted them in an easy-to-use format.

Orchard CMS John Zablocki,2012 Use your C# skills to build your next website with Orchard, the popular content management system based on ASP.NET MVC. With step-by-step guidance, you'll learn your way around the Orchard environment by constructing a complete, real-world site throughout the course of this book. You'll create, manage, and display dynamic content with out-of-the-box functionality, and then build themes, modules, and widgets to customize the site. Author John Zablocki gets you started by showing you how to obtain and compile the Orchard source code, so you can more efficiently customize and manage the sites you create. Create or extend Orchard content types to manage dynamic content

Use alternate templates to change the way Orchard displays content Design a theme to define your website's look and feel Build custom modules when the Orchard Gallery doesn't have extensions you need Create reusable content pieces by creating widgets Explore options for adding multi-language support to a site Learn hosting options for your Orchard sites, including the cloud Package your custom themes and modules to share in Orchard Gallery

Medicaid Data United States. Medicaid Bureau. Division of Analysis and Evaluation,1977

State Children's Health Insurance Program James C. Cosgrove,2009-09 Congress created the State Children's Health Insurance Program (SCHIP) to reduce the number of uninsured children in low-income families that do not qualify for Medicaid. States have flexibility in structuring their SCHIP programs, and their income eligibility limits vary. Concerns have been raised that individuals might substitute SCHIP for private health insurance -- known as crowd-out. This report examines the Centers for Medicare and Medicaid Services' (CMS) and states' efforts to minimize crowd-out. The auditor examined: (1) CMS's guidance to states for minimizing crowd-out and assessment of whether it should be a concern; and (2) states' policies to minimize crowd-out and how they assess whether it should be a concern. Charts and tables.

CMS contracting issues concerning administrator's decision to exclude subcontractor. ,

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