Centers for Medicare & Medicaid Services
Documentation Requirement Lookup Service
Special Open Door Forum
Moderator: Darling, Jill
May 14, 2019
02:00 PM ET

Operator: Good afternoon, my name is Zatania and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare & Medicaid Services, Medicare Documentation Requirement Lookup Service, Special Open Door Forum.

All lines have been placed on mute to prevent any background noise. After this speaker's remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Miss. Jill Darling, you may begin your conference.

Jill Darling: Great, thank you Zatania. Good morning and good afternoon everyone. I'm Jill Darling in the CMS Office of Communications and welcome to today's Special Open Door Forum. Before we get into the presentation today, I have one brief announcement. This Special Open Door Forum is open to everyone, but if you are a member of the press, you may listen-in, but please refrain from asking questions during the Q&A portion of the call. If you have any enquiries, please contact CMS at press@cms.hhs.gov.

And I will now hand the call up to Ashley Stedding.

Ashley Stedding: Thank you very much Jill. Good afternoon everyone. I want to thank you all for joining us today and welcome you to our Third Special Open Door Forum on Medicare Documentation Requirement Lookup Service.

And before we get started, I just want to make participants to aware that there is a slide presentation for today's forum. To access the slide presentation, please visit our website. No link is included in the invitation in the announcement for today's call and it is go.cms.gov/MedicareRequirementsLookup. And as soon as point out that the

M in Medicare, as R in requirements and the L in lookup must all be capitalized. So again that link is go.cms.gov/MedicareRequirementsLookup. And again that link is also in the calendar equipment for today's call.

So, moving on to introductions. My name Ashley Stedding. I am the Management Analyst in the Provider Compliance Group here at CMS. I'm also the Government Task Lead for the Documentation Requirements Lookup Service projects and I'll be helping to facilitate today's discussion.

Also with me today are a couple of numbers from the MITRE CAMH Team including Larry Decelles, who is the Project Technical Lead, Bob Dieterle, who the Project Technical Adviser and also Nalini Ambrose who is the Project Lead.

The objective of today's discussion is to educate the public about a new initiative that is under way at CMS to develop a Medicare fee for service documentation requirements lookup service prototype or what we're calling DRLS for short. We're going to start with providing a quick overview of the Documentation Requirement Lookup Service for those who may not have attended previous open door forum calls and we will cover the current state of the covers requirement discovery prototype development and pilot testing followed by a status update on the documentation templates and coverage roles prototype development and pilot testing.

We'll also summarizing the DRLS activities that have been occurring since our last open door forum to advance the awareness and by and among stakeholders and will also identify was that folks can stay, informed and involved in this initiative and then finally will be opening up before to questions and comments from participants.

So for those who are following along, we're now moving on to slide five to talk a little bit about what the Documentation Requirement Lookup Service is and why CMS is interested in this initiative. So among a number of things, CMS is in hearing from providers. The Documentation Requirements are too hard to find. For example, the Medicare Documentation Requirements appear in various locations then on separate websites, which is typically true from us other payers as well and this cause is providing calling burden to providers who must navigate the various websites to find those coverage requirements including documentation and prior authorization requirements.

So this initiative is one of the steps at CMS is taking towards the spring those Medicare fee for service rule in electronic format that will be easily accessible to providers within their clinical work flow. So the Documentation Requirement Lookup Service or DRLS is an electronic data exchange service that makes easier for providers to discover this Medicare fee for service prior off and documentation requirements right at the time of service and right within their electronic health records EHR or integrated practice management system.

Using the DRLS, providers will also be able to download either printable or electronic documentation templates. The latter, which can be automatically populated by the EHR. The DRLS introduces automation to what is currently a largely manual process and we're doing this by streamlining workflow access to this coverage requirement right at the time service and right in the EHR like I had just mentioned. In this automation provides significant time efficiencies to the process of discovering this prior authorization and documentation requirements at the time of service, which we believe that will ultimately, which is provide a burden and help to reduce cost.

So at this point, I'm going to turn it over to Bob Dieterle to pick up on slide six and talk a little bit about the Da Vinci Projects and how CMS is leveraging industry efforts through this project. Bob.

Bob Dieterle: Yes, thank you Ashley and thank you everyone who is joined this call today. I'll spend a couple of minutes as Ashley said talking about the Da Vinci Project and the use cases that are relevant to the documentation requirements lookup service. Da Vinci project is organized under HL7 International, which is an international health care standards development organization. Da Vinci is an industry-led efforts with this goals to establish rapid multi-stakeholder process to identify and implement critical use cases for exchanging information between payers and providers using the new FHIR standard.

Goal is to minimize the development and deployment of unique solutions, which typically happens when we don't have standards that could be followed by the relevant stakeholders. Our focus is on reference architectures the will promote industry-wide standard adoption. To do this, we develop the implementation guides and reference implementations for each of the specific use cases.

If you are interested in the Da Vince Project, you can find the website at http://www.hl7.org/about/davinci/index.cfm. That will give you a complete list of all the members, which I will summarize that. We currently have 13 payer organizations representing directly and indirectly about 80% of all covered lives in the United States. We have indicated on the slide three, EHR members were currently in the process of onboarding three more, which will also represent about 80% of all certified installed EHRs. We have nine provider organizations that include organizations like we'll Cornell, Sutter health in California and Dallas Children's hospital along with Rush in Chicago.

We currently have 12 HIT vendors, which primarily support our payers providing various services for them that includes Interoperability, case management, utilization management. And finally even though we stay on the slide here, we have 12 use cases you'll see on the next slide, we currently have 14.

I'm now moving on to slide seven. On slide seven, you'll see the use case of the Da Vinci is -- has already balloted or is currently in the process of creating implementation guides and take you through HL7 ballot. The two that are involved with DRLS, are Coverage Requirements Discovery, which gives the provider the ability to ask the payer if there is anything they need to know about the current service they are planning on ordering or performing that would include as Ashley has said things like prior authorization, additional documentation requirements and it could include things like the need for appropriate use criteria.

The Documentation Templates and Coverage Rules is the second use case that is part of DRLS and it provides the ability to have payer rules regarding documentation and questioners that may need to be used to go and filled in missing information or collect at the stations on the part of providers and has been executable within the clinical workflow, within the providers EHR. This allows us to insure that the documentation is complete or you will allow us to go and help the provider gather documentation is necessary to support prior authorization requests.

I'm now going to turn this over to Larry Decelles from MITRE who will walk you through the DRLS pilots. Larry.

Larry Decelles: Thanks Bob. Hello everybody. We're going to talk about DRLS in action. The first use case we're going to talk about is the CRD pilot. I will now move to slide nine.

On slide nine, you see an overview of DRLS and more specifically the CRD prototype that is under development. It's probably the more mature of the two use cases. We have an implementation guide for CRD that went through first public ballot in the fall of 2018. We are taking the feedback we received and re-balloting it this May. We are trying to resolve the questions and feedback we received during the ballot in the fall of 2018.

Going up to the overall view here. You can see the two top arrows, the top arrow is asking is prior auth. required and is there documentation, by calling into a FHIR based server or endpoint. This then calls into one or more backend payer systems. For example, the top monitor on the upper right could be payer, Medicare Fee-For-Service.

We could then ask the backend systems within Medicare Fee-For-Service if oxygen home therapy needs prior auth. by stating yes or no, as well as if there is documentation. It does show DTR, but also shown in an upcoming slide, so I won't get into that right now.

In the upper left you'll see a CDS Hooks card with limited pricing information. We do include some pricing information now. It's not full of cost transparency at this point, it's some limited pricing coming back.

Moving on to slide 10. This slide is basically an example of a CDS Hooks card coming back. You'll see the code, E0433 for a Portable Liquid Oxygen system. That is the DME that was requested. It would also show other related DME that would be related to that particular DME. In this case, we show a HCPCS code or Healthcare Common Procedure Code System code, which is common code system in DME. That's kind of what a card would look like. In these cards, you can have links other information like documentation or links to SMART apps.

Moving on to slide 11. In last few months, we took this Reference Implementation or prototype to HIMSS in Orlando, Florida. In Orlando, Florida we were able to successfully demo this. We had quite a turn out, as you can see in the picture. This is a view of us and demoing it.

We partnered with Rush Medical in Chicago as Bob mentioned earlier and their instance of Epic's EHR. We had approximately 500 attendees. We had success each time, we ran it. Also, we've completed surveys for general awareness, readiness, and functionality for DRLS. We are in the process right now of compiling that data. This will be completed soon.

The next slide will be slide 12. This is just to give you an idea of what happened at HIMSS. To start there is a screenshot of Epic and they're DME order screen, in this case the provider wants to order home oxygen therapy for patient through the EHR. This triggers several events from the EHR. A query is sent to the back-end payer system. In the previous example, it was Medicare Fee-For-Service asking for Coverage Requirements Discovery (CRD).

Next moving on to box three, in our screenshot three, you see a kind of yellow or gold box that has popped up. That's actually the card. I realize it's hard to see. The card has some pricing information and also includes links. If you click one of the links, you can see the documentation in box four.

Moving on to slide 13, I'm going to talk about DTR, which again is the second use case Document Template and Coverage Rules (DTR).

Moving onto to slide 14, we've developed the implementation guide. You can actually go and see the implementation guide by clicking that link. For those of you who that don't know. It's a document that describes the software contract for objects or FHIR resources that we will communicated to the payer backend servers and/or clients.

There are pages to explain how you integrate with it and who developed it. There's a lot of rich information there. The idea here is that if everybody follows the same implementation guide, integration time will be more straightforward.

DTR is primarily a SMART on FHIR app. It's also going to support two use cases. CPAP/PAP and Home Oxygen Therapy. It has full integration with CDS connect, which is essentially a repository for storing backend rules and templates. It uses a similar mechanism to what we use with CRD in order to store artifacts.

Next slide 15. This slide is very similar. If not the same as the previous slide where we showed CRD and DTR. This is the full DRLS that Bob had mentioned earlier. It's made up of two use cases, CRD and DTR. We are calling CRD a companion to DTR. I will not go into the top two blue arrows that much, but that's where CRD executes. We will assume in this case, prior auth. is required. So DTR would be launched via a link within the CDS Hooks card. Then, we'll again go out to our FHIR server and in turn go out to the backend systems within the payer systems, in this case Medicare Fee-For Service as an example, it will retrieve the CQL and templates, bring them back in and actually run those CQL rules within the EHR environment. Prepopulate the forms and required templates for the DME. Then if that is complete, you could eventually order the DME.

And I think that's it back to Ashley.

Ashley Stedding: Thank you Larry. So, this we wrap up the presentation of portion of today's call. I'm just going to highlight some of the DRLS related activities within occurring since last Special Open Door Forums that we had on February 28th and if you're following along.

Now, we're moving on to slide 17. So earlier this month, CMS presented the DRLS at the AMIA 2019 Clinical Informatics Conference where it was very well received and generate a lot of interest from attendees. Both of the DRSO prototype use cases, that's both CRD and DTR were tested at the May HL7 Connectathon in Montreal. And the DTR implementation guide complete and is currently undergoing balloting with HL7.

Other additional education and outreach efforts continue as well including the development of a journal article on the DRLS for possible future publications as well as the development of content for a Wikipedia page to be created. The DRLS stakeholder workgroup has been a great success and we are preparing for the 7th and final member meeting. We currently have more than 50 active members participating in the DRLS stakeholder workgroup crossing all permanent roles including payers, providers, and vendors as well as other affiliate associates.

The DRLS subgroup was also convened with the objective of providing a smaller forum for delivering more deeply -- for diving more deeply into challenges and defining suggestions for moving towards adoption. The group has also been working towards consensus and collaborated on making

several key suggestions related to DRLS adoption and in addition to these efforts CPI will continue exploring new avenues for informing and educating all stakeholders about DRLS moving forward in the future.

To keep current with DRLS related activities were to get involves, we encourage you can visit any of these websites listed on slide 18 of today's presentation and email us at the Medicare DRLS email box address. This provided there in the slide.

On slide 19 of today's presentation was also listed relevant links and resources including some email addresses that you can contact to get more involved just ask questions or raised concerns. And that brings us to the end of the presentation portion of today's call. So at this point, I think we're ready to open it up for questions or comments from participants.

Operator: As a reminder, ladies and gentlemen if you would like to ask a question, please press star then one on your telephone keypad. If you would like to withdraw your question, please press the pound key. Please limit your questions to one question and one follow up to allow other participants time for questions. If you require any further follow up, you may press star one again to rejoin the queue.

Again if you would like to ask a question at this time, please press star and one. And you have a question from the line of Cheryl Henninger.

Cheryl Henninger: Will the providers have access to the oxygen CMS to complete that is well through this process?

Ashley Stedding: This is actually setting from CMS. I don't know. Bob or Larry, do you want to take that question.

Larry Decelles: I'm not. This is Larry. Could you please repeat that? I'm not sure I caught all the question.

Cheryl Henninger: Sure. My question is, when provider access either EMR, will they also have access to the certificate of medical necessity that needs to be completed and to be able to forward that on to the DME Company?

Larry Decelles: Bob, did you want to answer that one.

Bob Dieterle: I'm sorry. I was on mute. This is Bob Dieterle. At this point, the certificate of medical necessity is something we are not currently providing support for, but if you feel something that is appropriate necessary, we suggest you provide a comment and look at doing that in the next version the DRLS and support for oxygen.

Cheryl Henninger: Okay, I will do that and where could I comment.

Bob Dieterle: Ashley, where do they submit comments.

Ashley Stedding: You can send your comments to our email box and that is medicaredrls@cms.hhs.gov and that email address is listed in the slide for today's presentation as well as on our web page.

Cheryl Henninger: Great, thank you very much.

Operator: Your next question comes from the line of Alex Garcia with Advantage Medical.

Alex Garcia: Okay. My question is I know that this was tested with the Epic EHR. Now what are some of the other major EHRs that has been tested with?

Larry Decelles: This is Larry. So far just pick we are talking to other providers that have other major EHRs installed and we are definitely interested in looking into piloting with folks that have the other major EHRs. Bob, I don't know if you have anything to add to that.

Bob Dieterle: I can provide just a little more color to that. We worked with the Epic and Rush initially to basically do a proof of concept. We're looking and working with other EHR vendors as particularly those that are members of the Da Vinci, not just Epic, but Cerner, Allscripts, Variance and a couple others that are coming on that I won't mention and we are in general waiting for them to have a production deployment of support for what's called CDS Hooks, which is the under pending technology for CRD.

At that point, we'll be able to go and test it with each of them as they deploy that technology. We did do a test with CDS Hooks and Cerner for a different transaction at the HIMSS interoperability showcase. So we are not concerned about the ability to have interoperability, more concerned with the ability of the EHR vendors to roll up production support for these technologists.

Alex Garcia: Okay, so and I know that's on the provider, the actual medical providers side. Now, what about the vendors that have the EHRs for the DME providers such as for example Bright Tree.

Bob Dieterle: We're in the process of putting together a pilot to work with one of the DME exchange of vendors. I won't mention who. That actually is going to provide services to a number of DME vendors as an initial pilot. Some of that is being done through the interoperability contractor that he is working with CMS. So pilots are under way and over the next six to nine months, I think we'll see more of that capability on either the DME vendor side or someone that provide services to DME vendors.

Alex Garcia: Okay. Okay, thank you.

Bob Dieterle: You're welcome.

Operator: Your next question comes from the line of Katie Combs with Aeroflow Healthcare. Katie, your line is open.

Katie Combs: Oh, I'm sorry. I realize I had myself needed on my end. I was wondering when the EMRs are providing the qualifications and requirements for the certain pieces of equipment that's provided back from payer. Is there going to be any sort of validation on the information that the doctor provides meaning if it's specified that this piece of equipment requires A, B, and C and the position does not provide C. Well let's stop them and alert them that piece of information is missing or is it just more of a guide and we hope that they read it and get it right.

Bob Dieterle: Larry, do you want me to answer that.

Larry Decelles: Yeah, you can go ahead Bob.

Bob Dieterle: The standards that we're developing roles certainly support the ability for those rules to evaluate the completeness of the order. This is dependent on the rules that are written to support a particular service. The intent is certainly to make sure that orders and documentation are complete. So, we understand your question and I think you'll see that the implementations as they wind up maturing will help guide the provider to ensure that when they order a particular DME service. They're ordering everything that's necessary to support the patient.

Katie Combs: Okay, great thank you.

Bob Dieterle: You're welcome.

Operator: And there are no further questions at this time.

Ashley Stedding Great, thanks everyone. You will get some time back and we appreciate all your questions and comments and have a wonderful day.

Operator: This concludes today's conference call. You may now disconnect.