



Special Open Door Forum (SODF)

Medicare Documentation Requirement Lookup Service (DRLS)



Connie Leonard

*Acting Director, Provider Compliance Group
(PCG), Center for Program Integrity (CPI),
CMS*

Ashley Stedding

*Management and Program Analyst,
PCG, CPI, CMS*

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2:00 – 3:00 PM EDT

Introductions

Speakers

- **Connie Leonard, Acting Director**
PCG, CPI, CMS
- **Ashley Stedding, Management and Program Analyst**
PCG, CPI, CMS
- **Larry Decelles, DRLS Technical Lead**
MITRE, operator of the Health Federally Funded Research and Development Center (Health FFRDC)
- **Robert Dieterle, Project Technical Advisor**
Health FFRDC team

Additional Resources

- **Nalini Ambrose, Project Lead**
MITRE

Agenda

- **Medicare Documentation Requirement Lookup Service Review**
- **DRLS Current Status**
- **DRLS Next Steps**
- **DRLS Resources and Links**
- **Question and Answer Session**

DRLS Review

Why is CMS Interested in DRLS?



What We Heard from Providers



CMS requirements are excessive



Documentation requirements are too hard to find



Providers are afraid of audits

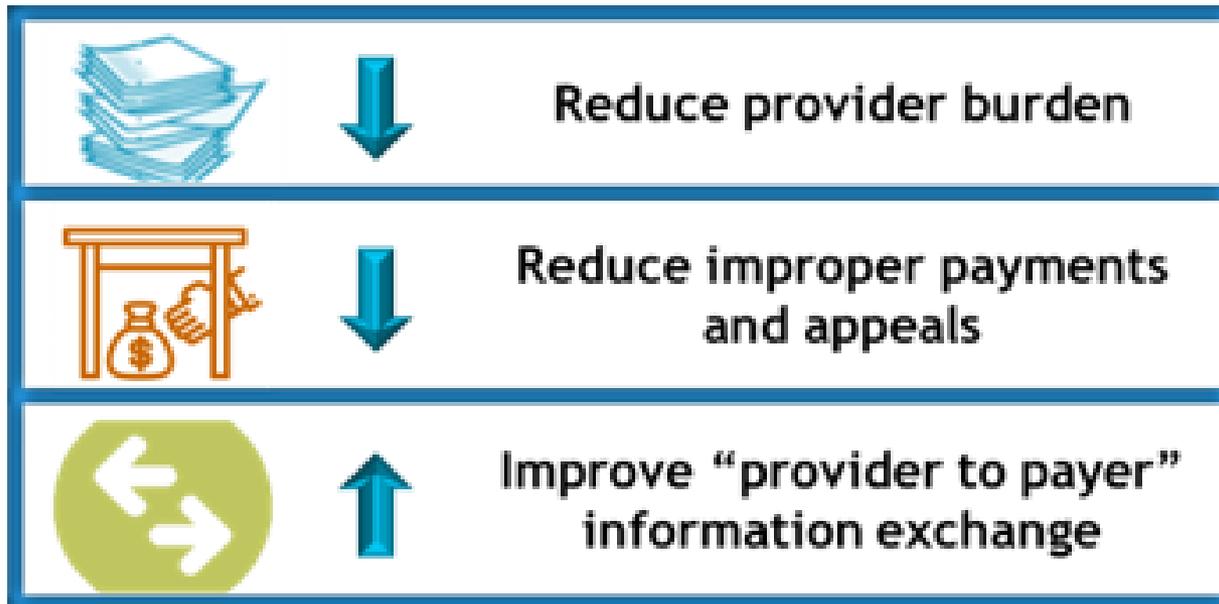
[The American Medical Association: Prior Authorization and Utilization Management Reform Principles](#)

“Utilization review entities should publically disclose, in a **searchable electronic format**, patient-specific utilization management **requirements**, including prior authorization, applied to individual drugs and medical services. Additionally, utilization review entities should clearly communicate to prescribing/ordering providers **what supporting documentation is needed** to complete every prior authorization and step therapy override request.”

What is DRLS?

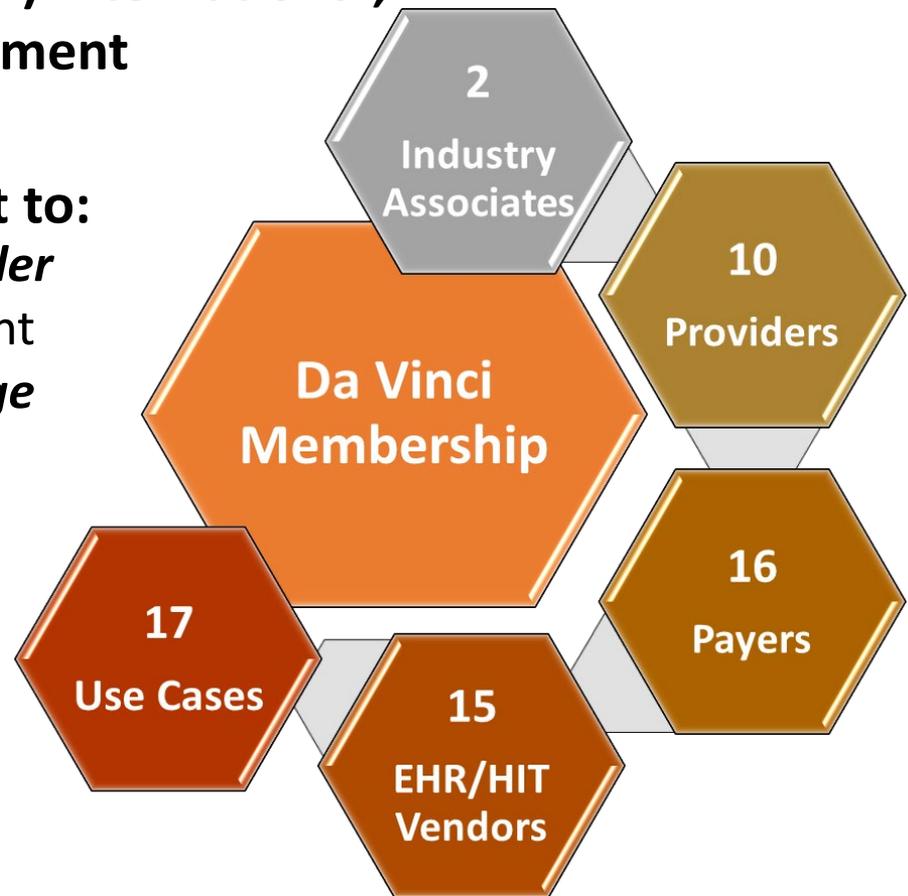
- **DRLS is software that:**
 - Will allow providers to discover prior authorization and documentation requirements at the time of service in their electronic health record (EHR) or integrated practice management system through electronic data exchange with a payer system

DRLS Objectives



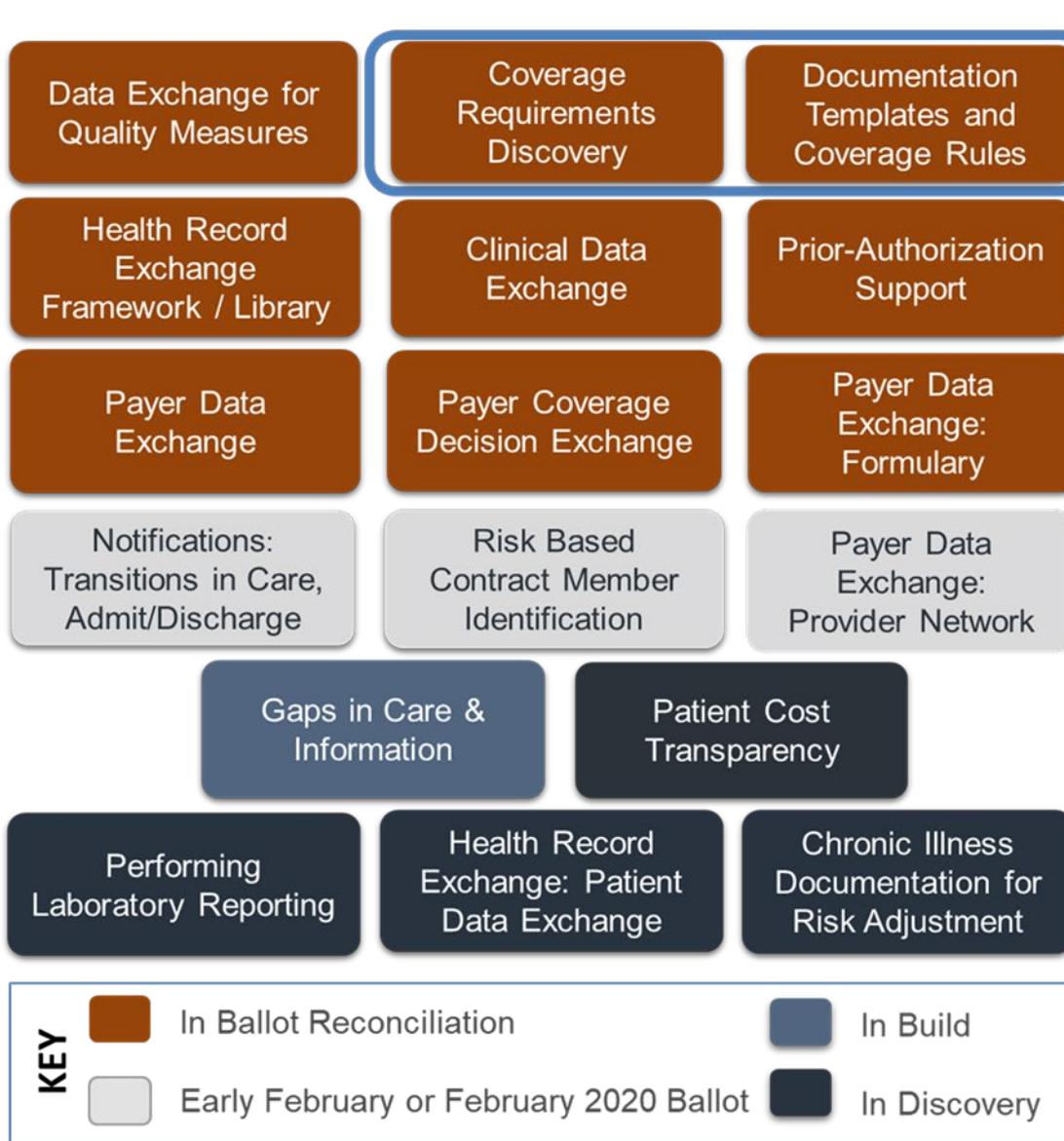
HL7 Da Vinci Project

- Convened by Health Level 7 (HL7) International, a healthcare Standards Development Organization
- Da Vinci is an industry-led effort to:
 - Establish a *rapid multi-stakeholder* process to identify and implement critical use cases *for the exchange of information between payers and providers*
 - *Minimize* the development and deployment of *unique solutions*
 - *Focus on* reference architectures that will promote *industry-wide standards and adoption*



Visit <http://www.hl7.org/about/davinci/index.cfm> for a complete list of members and use cases.
Membership data sourced 11/25/2019.

HL7 Da Vinci Use Cases in DRLS



DRLS prototype is based on these two use cases

Coverage Requirements Discovery (CRD):

The provider's EHR asks the payer's system if there are prior authorization (PA) and/or documentation requirements, receiving a "yes" or "no" response

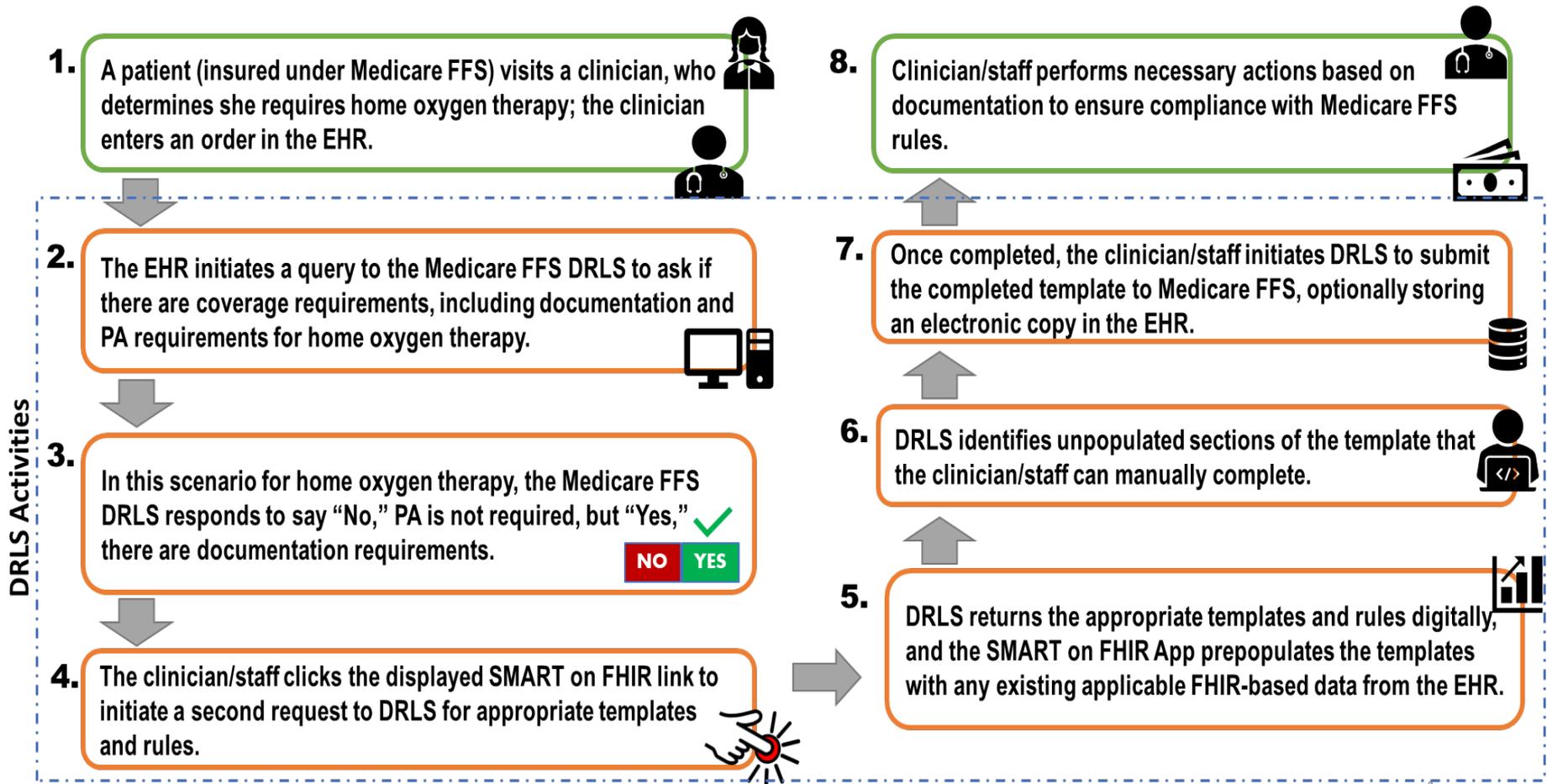
Documentation Templates and Coverage Rules (DTR)

The EHR can request and receive documents, templates, and rules from the payer's system

Use cases current as of 11/25/19

Example of How DRLS Works: Basic Steps

In this example scenario, the clinician determines a Medicare FFS patient needs oxygen and initiates the process of ordering home oxygen therapy



DRLS Current Status

DRLS Prototype Development Status

- Moved CRD to the HL7 Financial Management Workgroup; may go to another HL7 Ballot(s)
- Developed DTR Project Scope Statement (<https://confluence.hl7.org/display/DVP/PSS+for+Documentation+Templates+and+Rules>)
- Developed and posted DTR Implementation Guide on the HL7 Da Vinci site (<http://build.fhir.org/ig/HL7/davinci-dtr/>)
- Continuing to enhance DTR Reference Implementation (RI) (<https://github.com/HL7-DaVinci/DTR>)
 - RI drafted March 2019 and hosted at Da Vinci hosting provider Logica Health
 - Expected to complete HL7 normative ballot reconciliation Sep 2021

DRLS Rule Sets

- **Rule sets related to ordering specific durable medical equipment (DME) and other services are to be part of DRLS pilot testing:**

 Home Oxygen Therapy	 Non-Emergency Ambulance Transportation (NEAT)
 Positive Airway Pressure (PAP) devices	 Respiratory Assist Devices (RAD)
 Home Blood Glucose Monitors	• Plus 7 more

- **Rule set selection is based on improper payment rates and other factors**
- **Rule sets will reside in the prototype DRLS repository**

DRLS Pilot Survey Findings

- **DRLS pilot surveys were distributed to targeted EHR vendors, payers, and clinicians via the HL7 survey process**
- **Survey findings suggest opportunities to improve efficiency of DME ordering through DRLS**

EHR Vendors	Payers	Clinicians/Providers
<ul style="list-style-type: none">• Support mandated functionality, but most have not gone beyond the minimum necessary to meet the requirements• Are deploying FHIR, but explain that few applications are available yet	<ul style="list-style-type: none">• Do not typically make documentation and prior authorization requirements publicly available• Make most exchanges with providers (including requesting documentation) via fax, mail, and phone, despite availability of existing standards for electronic exchange	<ul style="list-style-type: none">• Go to multiple sources to obtain documentation requirements• Use fax for payer communication• Express interest in the EHR displaying requirements, but have concerns with time demands and increased work burden that a solution like DRLS could create

DRLS Pilot Interview Findings

- **Targeted outreach engaged EHR vendors and clinicians who responded to the survey and agreed to follow-up interviews**
- **Interview findings suggest a desire to improve ordering efficiency, protect the physician-patient bond, and reduce clinician burden**

EHR vendors say they ...

- Tend to focus on marketplace and customer needs within a standardized framework
- Prioritize addressing regulatory requirements and interoperability rules
- Will update their technology by building out and expanding FHIR resources, but are less focused on CDS Hooks

Clinicians/providers say they ...

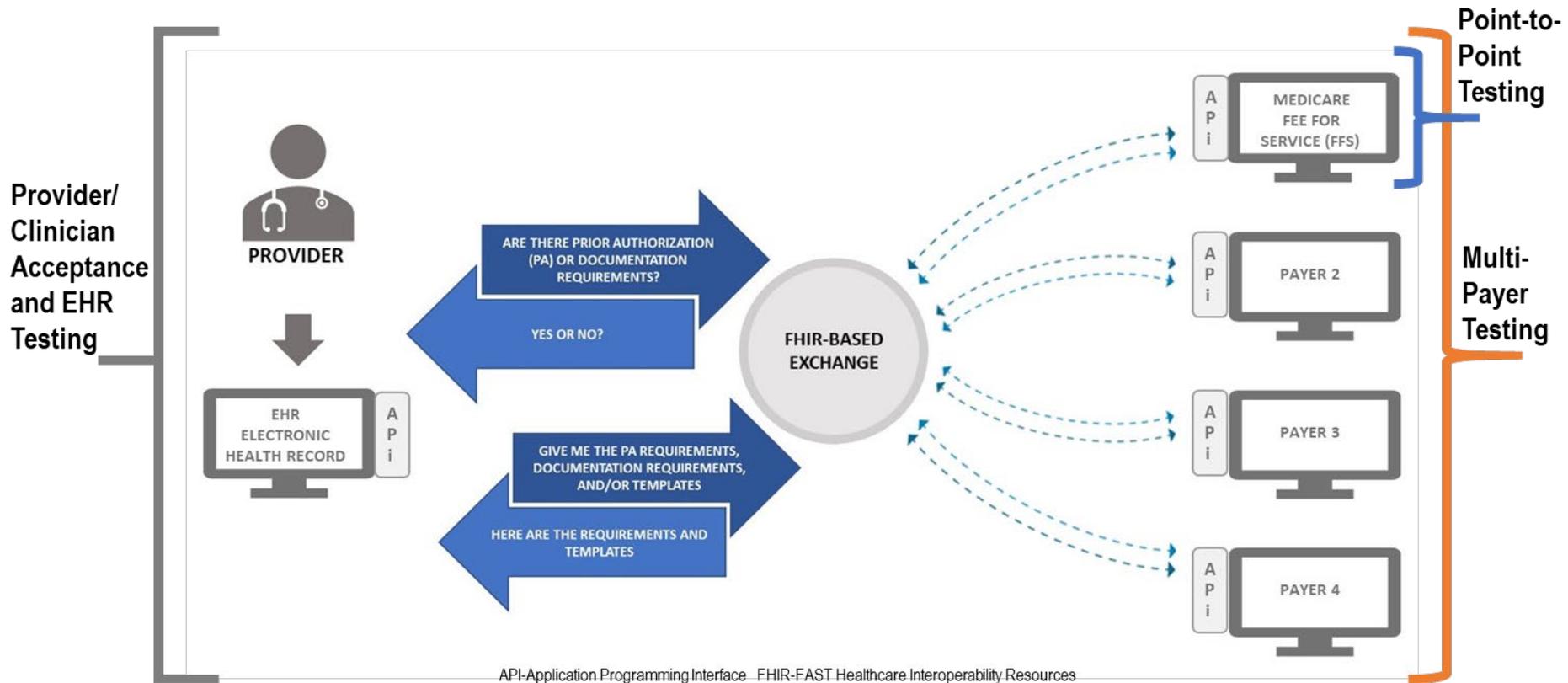
- Want reduced documentation burden and automated record retrieval
- Want standardization and consistency, more precise regulations and rules, and more payer transparency
- Fear disruptions to workflow and physician-patient relationship, and want to consider the patient
- Prefer physician alerts that better address DME eligibility for patients
- Believe EHR vendor, clinician, and payer need to be at the table

DRLS Stakeholder Work Group Findings

Challenges	In-Scope Recommendations
<p>Challenge One: Availability of Payer Rules and Guidelines Payer rules and documentation requirement guidelines are not readily available and query-able for providers at the time of service.</p>	<ul style="list-style-type: none">• Implement iteratively• Drive adoption of DRLS solution through education campaign and incentives• Ensure adoption of rules and transparency
<p>Challenge Two: Unstructured Notes Information required for prior authorization and coverage documentation requirements exists in many places within the unstructured clinical notes. The broad and varied language in the unstructured notes must be translated so that suppliers can understand it to determine whether it complies with the necessary payer requirements.</p>	<ul style="list-style-type: none">• Validate the provider ordering workflow from end to end to determine specific operational gaps to be automated
<p>Challenge Three: Alerts Alerts disrupt workflow with information perceived as neither important nor actionable. DRLS alerts are at risk of being ignored due to notification-fatigue.</p>	<ul style="list-style-type: none">• Integrate essential data in DRLS cards and templates• Identify missing information at the time of service

DRLS Next Steps

DRLS Pilot Testing



1. **Point-to-Point:** a single provider uses DRLS to show that the EHR (with patient test data) can 1) confirm the need for coverage documentation; 2) request specific templates and rules from the payer's system, and 3) receive appropriate responses from the payer's system.
2. **Multipayer:** a single provider uses DRLS to communicate with more than one healthcare payer.
3. **Provider Acceptance and EHR Testing:** a provider determines whether DRLS fits into the workflow, reduces burden, and delivers the information needed.

Pilot Testing Activities: Connectathons

- **Ongoing pilot testing at Connectathons**
 - Partnering with clinicians, EHR vendors, and payers to test clinical scenarios using test data
 - Demonstrating interoperability with payer and provider systems
 - Pilot testing covers CRD and DTR use cases



DRLS Pilot Test (CRD only) with Rush Medical, EPIC, and CMS at HIMSS Interoperability Showcase, Feb 2019

Completed

HL7/Da Vinci Project
Philadelphia
Dec 11-12, 2019



CMS

Baltimore

Jan 7-8, 2020

Upcoming

HL7/Da Vinci Project
TBD (possibly Orlando)
Feb 17-21, 2020



HIMSS/Da Vinci,

Orlando

Mar 8-13, 2020

HL7/Da Vinci Project
San Antonio,
May 15-17, 2020



Hosted Da Vinci Event

TBD 2020

DRLS Outreach & Education

- **Upcoming Conferences/Events**
 - Da Vinci forum at HIMSS Conference in Orlando, March 2020
- **DRLS Stakeholder Leadership Group**
 - Comprises 50+ members from state and federal government, commercial payers, providers, EHR and DME vendors, DME suppliers, and associations
 - Informs DRLS education and outreach
 - Develops recommendations to guide DRLS activities
 - Provides input on DRLS prototype development and pilot design
 - Supports pilot participation
- **Smaller work group conducts focused working sessions with targeted participants**

DRLS Resources and Links

Get Involved

- **How to Get Involved: Payers, EHR/HIT Vendors, and Providers**
 - **To help establish standards:** Follow FHIR-based standards efforts (for information on the newest FHIR version R4, visit <https://www.hl7.org/fhir/overview.html>)
 - **To participate in DRLS pilots:** Contact CMS at the email address below: MedicareDRLS@cms.hhs.gov
 - **To be informed on DRLS:** Check out the CMS DRLS webpage and continue to attend upcoming CMS SODF events related to DRLS progress: go.cms.gov/MedicareRequirementsLookup
 - **To learn more about the DRLS Leadership Group:** Contact drls-workgroup@mitre.org
- **Check into future HL7 Connectathon events and other related forums where DRLS development will continue (<http://www.hl7.org/about/davinci/>)**

Relevant Links and Resources

- **CMS**
 - [go.cms.gov/MedicareRequirementsLookup](https://www.go.cms.gov/MedicareRequirementsLookup)
- **HL7 Da Vinci Project**
- **Clinical Quality Language (CQL)**
 - [HL7 Clinical Quality Language](#)
 - <https://cql.hl7.org/>
- **Fast Healthcare Interoperable Resources (FHIR)**
 - [HL7 FHIR DSTU2](#)
 - [HL7 FHIR STU3](#)
 - [HL7 FHIR R4](#)
 - [FHIR at Scale Task Force \(FAST\)](#)
- **CDS Hooks**
- **Other**
 - [HL7 CDS Knowledge Artifact Specification](#)
 - [Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs](#)
 - [CRD Implementation Guide \(IG\)](#)
 - [CRD Reference Implementation \(RI\)](#)
 - [DTR Implementation Guide \(IG\)](#)
 - [DTR Reference Implementation \(RI\)](#)

Comments or Questions?



General Comments/Recommendations?

Feedback and suggestions on the Documentation Requirement Lookup Service can be sent to: MedicareDRLS@cms.hhs.gov

For more information, visit: go.cms.gov/MedicareRequirementsLookup