Centers for Medicare & Medicaid Services
Special Open Door Forum:
Medicare Documentation Requirement Lookup Service
Moderator: Jill Darling
Thursday, February 28, 2019
2:00 p.m. ET

Operator: Good afternoon, my name is (Katherine) and I will be your conference operator today. At this time I'd like to welcome everyone to the Centers for Medicare & Medicaid Services Special Open Door Forum: Medicare Documentation Requirement Lookup Service conference call.

All lines have been placed on mute to prevent any background noise. After the speaker's remarks there will be a question and answer session. If you'd like to ask a question at that time, please press "star" and then the number "1" on your telephone keypad. If you would like to withdraw your question, press the; "pound" key. Please note that today's conference is being recorded. Thank you.

Mr. Jill Darling, you may now begin your conference.

Jill Darling: Great, thank you (Katherine). 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 today's presentation I have one brief announcement. This Special Open Door forum is not intended for the press and the remarks are not considered on the record. 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 now I will hand the call off to Ashley Stedding.

Ashley Stedding: Thank you very much Jill. Good afternoon everyone, I want to thank you all for joining us today and to welcome you to the second special open door forum on the Medicare Documentation Requirement Lookup Service.

Before we get started, I just wanted to make participants aware of the link to our CMS webpage, and note that it may be helpful to pull the webpage up during today's call and look at the graphic which illustrates how the documentation requirement lookup service will work.

The webpage can be accessed through the link that is included in the invitation and announcement for this special open door forum; and it is go.cms.gov/MedicareRequirementsLookup.

So now I'm moving on to introductions. My name is Ashley Stedding, I'm a Management Analyst in the Provider Compliance Group here in the Centers for Medicare & Medicaid Services, and I'm also the government task lead for the documentation requirement lookup service initiative and I'll be helping to facilitate today's discussion.

Also with me today is Melanie Combs-Dyer who's the Director of the Provider Compliance Group at CMS and along with a couple of members from the MITRE CAMH; Pat LaRocque who is the team project senior technical engineer and Bob Dieterle who is the project technical advisor.

The objective of today's discussion is to educate the public about a newer initiative underway in CMS to develop a Medicare Fee for Service Documentation Requirement Lookup Service prototype, or what we call DRLS for short. We want to talk about how CMS is collaborating with and leveraging ongoing industry efforts to streamline workflow access to coverage requirements.

We'll be providing an update on the current state of the DRLS initiative, as well as upcoming DRLS related activities. And lastly, there will be a question and answer session at the end of today's call to give participants the opportunity to ask questions or provide input.

So what is the documentation requirement lookup service and why is CMS interested in this initiative? Among a number of things, CMS has heard from providers that documentation requirements are too hard to find.

For example, the Medicare documentation requirements appear in various locations and on separate websites which is typically true for most other payers as well. And this causes burden on providers who must navigate the various websites to find coverage requirements including documentation and prior authorization requirements.

As part of provider listening sessions, CMS has also heard repeated suggestions that payers should publicly disclose in a searchable electronic format a payer's requirements for coverage of medical services including prior authorization requirements. So, this initiative is just one of the steps that CMS is taking towards displaying the Medicare Fee for Service rules in an electronic format that will be easily accessible to providers within their clinical workflow.

So what is the documentation requirement lookup service? It is an electronic data exchange service and it's easier for providers to find Medicare fee for service prior authorization and documentation requirements right at the time of service and within their electronic record (EHR) or integrated practice management system.

Using the DRLS providers will be able to download either printable or electronic documentation templates, the latter of which can be automatically populated by the EHR. The DRLS introduces automation to a largely manual process by streamlining workflow access to those coverage requirements, and this automation provides significant time efficiencies to the process of discovering those requirements at the time of service thereby reducing provider burden and cost.

And at this point I'm going to turn it over to (Bob Dieterle) to talk a bit more about how CMS is leveraging industry effort.

(Bob Dieterle):   Ashley, thank you very much. I'd like to spend a moment and talk about the
work that's being done in the Da Vinci project in particular. The Da Vinci
project is a private sector initiative focused on identifying critical ways that
providers and payers can exchange information and implement this exchange
electronically using the HL7 fast healthcare interoperability resources or
FHIR standard.

Da Vinci was organized under HL7 as the convening entity. HL7 is an
International is a standards organization that focuses on developing standards
for the exchange of healthcare information. The intent of this effort is to
develop and advance the adoption of industry wide standards.

Da Vinci stakeholders are industry leaders, payers, providers, EHR vendors
and health IT technical experts working together to help improve clinical
quality, cost and care management outcomes for providers and payers. More
information about Da Vinci project can be found on the HL7 website. We
will have a link to this posted on the CMS webpage.

The real question is how Da Vinci solves these problems and what gets
presented back to the public as artifacts. What Da Vinci does, in addition to
creating the requirements for solutions for these various value based care and
interoperability problems, and those requirements include clinical
requirements, technology requirements, business requirements and testing
requirements, is to produce and implementation guide.

And that implementation guide is quite specific to a particular problem and
demonstrates how to solve the interoperability exchange of the information
that's necessary to pass between two organizations, whether that's a payer and
a provider or a provider and a provider. Da Vinci also creates what's called a
reference implementation. This is an example of how this implementation
guide would work in practice.

The reference implementation is actual code that demonstrates both ends of
the exchange; how a provider might interact with the information that's being
exchanged, and how a payer for example might interact with the information

that's being exchanged. In addition, it provides a platform for developing test tools to validate that the exchange is occurring based on the standard.

So, for the work that we're talking about today for DRLS, there are two specific implementation guides one of which has already been balloted and the other of which is going into ballot. One is called coverage requirements discovery, this is the ability for a provider in workflow to ask the question of a payer, "what; do I need to know about what I'm planning on doing"? Is there a requirement for prior authorization, is there a requirement for documentation, et cetera?

And the second implementation guide is documentation templates and rules, and that's the ability to take payer rules and using standards for expressing rules such as Clinical Quality Language, make them available to the provider to in their clinical workflow; it can look to see if something is already documented and, in the event it has not [been documented], to remind the provider in an interactive conversation that the following information is necessary.

So, what we're doing currently and we'll talk about this in just a second is we are conducting pilots on coverage requirements discovery and we are planning pilots on documentation templates and rules.

At this point I'd like to turn this over to Melanie Combs-Dyer and she will talk about the overall effort that's taking place within CMS.

Melanie Combs-Dyer: Thank you (Bob). This is Melanie Combs-Dyer from CMS and I'm going to start by talking for just a moment about the Department of Health and Human Services health IT burden reduction strategy.

Throughout most of 2018, my colleagues at the Office of the National Coordination for Health Information Technology or ONC, and I held a number of listening sessions with providers on administrative burden relating to health IT and EHR. And boy oh boy did we ever get an earful.

The Office of the National Coordinator has published a draft strategy on reducing regulatory administrative burden relating to the use of health IT and EHRs that was published in November. And it's published for public comment, and the stakeholder comments that are included in that report include that documentation requirements associated with completing prior authorization requests are increasingly burdensome to providers, and that lack of standardization and lack of automation can often times interrupt or delay treatment that can inadvertently lead to a negative patient outcome.

It also goes on to say that the HL7 FHIR standards that (Bob) just talked about could help to solve many of those prior authorization workflow challenges. There's strong support from many EHR developers in solving these interoperability problems. And the Medicare fee for service program is busy developing the documentation requirement lookup service that will use the FHIR standard for coverage requirement discovery, and try to make prior authorization and other documentation requirements more electronically accessible right in the EHR to make it easier for providers to find.

Also the report talks about how ONC has established a FHIR at scale taskforce. That's going to try to help pilot and test and spread FHIR solutions nationwide. One other thing I'd like to mention is that, on February the 11th CMS published an interoperability notice of proposed rulemaking, and on page 13 of that (MPRM) in the preamble, it described the DRLS system that we're talking about here today and encouraged all payers to develop a similar lookup service using the Da Vinci standards.

We're very hopeful that lots of payers will adopt the technology and do what we're doing. We think that we're trying to set an example here and we hope that lots of others will join. Just to reiterate, the two use cases that Da Vinci has developed that CMS is making use of in its DRLS are CRD that's coverage requirements discovery and DTR, documentation templates and rules. And when you put them together it makes up the DRLS system.

I'm going to ask Ashley to one more time give the URL of the website because my next few sentences are going to make reference to a picture that

appears on that screen. Ashley, can you give the website address one more time?

Ashley Stedding: Yes, that is go.cms.gov/MedicareRequirementsLookup, and the M in Medicare, the R in requirements, and the L in lookup must be capitalized.

Melanie Combs-Dyer: Thank you Ashley. So the way that the DRLS system is going to work for providers is that, providers instead of having to go to lots of different websites to lookup the prior authorization rules or lookup the documentation rules, will be able to access information right from their EHR.

And the transaction in EHR will pull together the necessary information like what it is that the physician is ordering and who the payer is for that particular patient. And it will send it out using this FHIR based resources and ask, are there prior authorization or documentation requirements for this thing I'm ordering for this particular patient given their insurance?

And the FHIR technology will know which repository to go to. Should it go to the Medicare fee for service repository or the Humana repository or some other payer's repository? And will give the provider back an answer in the EHR or practice management system to say yes or no, there are prior auth requirements or there are documentation requirements or there are not.

And if the provider wants to see what those documentation requirements are, they will be able to click a link and be able to see what those documentation requirements or prior authorization requirements are. And something that we have added pretty last minute but I'm thankful that we were able to add it just before we went to him to demonstrate this that, the interoperability showcase is not only showing the rules the documentation rules or the prior authorization rules back to the provider and the EHR, but also show some limited beneficiary cost information.

How much is this oxygen going to cost the patient per month or how much is this CPAP going to cost? From our perspective, it makes sense to have that jaw dropping moment if the patient is going to experience that it's too expensive. They should have that moment with a physician, with a clinician

right there so that they could talk about alternative treatments if it is cost prohibitive for them.

A couple of accomplishments I want to talk about since our last open door forum call with you, we did complete our prototype of the CRD mechanism. It integrates clinical decision support hooks or CDS Hooks, it also uses clinical quality language or CQL and it uses a smart FHIR application to make all this work.

It includes that limited price information that I just talked about. And we are now we have completed our HL7 ballot comment resolution for the CRD implementation guide and we have began our software testing of the prototype, and we're very excited we've made that progress.

We have also participated in a number of conferences since our last special open door forum call with you. We participated in an ONC Playing with FHIR workshop in November of 2018. We presented some FHIR and Da Vinci session at that Playing on FHIR workshop and presented a session on reducing provider burden.

We've also participated at the CMS Quality Conference we presented a couple of slides on the DRLS system and how it could be used to reduce provider burden and streamline workflow and access to their coverage requirements. And as I've mentioned, we presented at HIMSS. There were a large group of us who presented in the interoperability showcase where we conducted real time testing with providers and EHR vendors.

We also presented a session on unlocking payer data to reduce provider and payer burden, and we held another one of our clinical burden listening sessions in conjunction with ONC. Finally, we have established a couple of work groups since our last open door forum call. One of them is a DRLS stakeholder workgroup.

We want to make sure that we are not creating this in a vacuum, we want to make sure that we are involving lots of people to help us make sure that we are capturing the key challenges and give us recommendations for things that

we need to make sure that we're including in our DRLS mechanism. We've established monthly meetings for our workgroup members and we can form subgroups as we need to if issues come up.

Secondly, we have established a durable medical equipment e-prescribing work group or a (DME eRx) work group, and that's going to engage on some specific challenges relating to the next steps. If you think about a physician that perhaps is checking the DRLS system and they find out what the prior auth rules are, what the documentation rules are, and they may want to get ready to take the next step and begin to order that durable medical equipment, what does that world look like today, what are the challenges and what does CMS need to know going forward?

So that's the DME e-prescribing workgroup. At this point I'm now going to turn it over to Patrick from MITRE.

Pat LaRocque: Thank you Melanie, and I will speak about the upcoming DRLS activities. The phase one pilot is focused on testing the DRLS implementation of the coverage requirements discovery or CRD use case. There are two parts to the phase one pilot testing.

The first part involves surveys. They have been developed to test the readiness of systems to support standards based electronic data exchange for ordering DME and other information gathering efforts from industry stakeholders. This includes support for standards such as CDS hooks and FHIR.

There are three parts to the survey, one each will be sent to EHR vendors, providers and payers. These surveys are being coordinated with HL7 to deploy and will be sent out over the next few weeks. The second part of phase one pilot involves software testing has already began and will continue through May of 2019. The testing is currently being done between a single provider and EHR system. Testing at the latest connectathon and through the demonstration at HIMSS has shown preliminary success with provider EHR vendor and payer systems.

The CRD reference implementation is the foundation for the prototype being tested. Software implementation to create the prototype include the following. First testing with a single payer, single provider and payer then expanding to multiple payers then covering provider acceptance.

The software testing includes the following roles. The healthcare provider, EHR vendor, test monitor and the healthcare payer. Aegis Touchstone is being used the test monitor application used for logging all data transferred between EHR software and pilot software representing a payer. As Melanie mentioned, to ensure the pilot addresses the real world needs of providers as much as possible, CMS requested there would be price transparency added to the prototype for the pilot.

The initial approach to this is very limited with price information from CMS only. As the DRLS evolves, it is anticipated this functionality will become more robust. Basic support has been added into CRD prototype, the payer prototype sends price information in the CDS card returned from CRD query or CDS hook. It was demonstrated at the HIMSS Conference using a MITRE server to represent CMS.

Phase one of the DRLS pilot is underway, only a portion of the total model was used and is the part of the pilot that focuses on CRD. The prototype in this instance is limited to the exchange of information that occurs for coverage requirements discovery. The pilot will verify the ability to one, trigger requests based on provider action for example an order, two, send the request to the responsible payer with an appropriate clinical context, three, receive, process and respond to the request by multiple payers and four, finally utilize the response in the provider's clinical workflow.

Phase two of the pilot will start in March and we'll start testing the DTR use case or documentation template and rules. The provider's EHR asks for the actual templates and rules from the payer, and the payer's system returns them to the provider. The provider can see the templates in the EHR screen and the EHR will automatically complete the form with existing data in the EHR.

Specifically, phase two expands DRLS phase one pilots to include: one, ordering for home oxygen therapy triggers request, two, his request is generated and returns a template and rules for home oxygen therapy, three, this information is prepopulated from the patient's clinical record in the template, four, they query the provider in real time for any missing information and then finally number five, they store the information in the patient's clinical record.

Now I'll hand it over to Ashley Stedding to discuss the next steps.

Ashley Stedding: Sure, thank you. So before we wrap up the presentation portion of today's call, I just want to note some key information in terms of how to get involved or stay informed and next steps.

If you are interested in getting involved with helping to establish standards, I encourage you to contact one of the FHIR based standards efforts. To stay informed we encourage you to monitor DRLS progress on our CMS webpage. Also feedback and suggestions on DRLS can be sent to our CMS mailbox address which is posted on our webpage and that mailbox address is, MedicareDRLS@cms.hhs.gov.

And we will also be planning our next special open door forum session to take place later this spring so remember to attend our next session. And at this point I think we're ready to open it up for questions.

Operator: Ladies and gentlemen just as a reminder, if you'd like to ask a question at this time please press "star" and then the number "1" on your telephone keypad. Once again that is "star" and then the number "1" and we will pause for just a moment to compile the roster.

And I'm showing no audio questions at this time.

Melanie Combs-Dyer: OK audience, are you sure no questions?

Operator: We do have a question from the line of (Samantha Crawford) with WinCare. (Samantha), your line is open.

(Samantha Crawford): Hello. Thank you, thank you. Hi good afternoon, my name is (Sam) and I just wanted to clarify one portion with regards to the more the technical aspects of how the actual system's going to function.

I just wanted to review the part on coverage – I've got my notes here …

Melanie Combs-Dyer: Coverage requirements discovery?

(Samantha Crawford): Yes. So with regards to the – we figure out the way the system is going to function, there were four things that were discussed. I think it was when either Patrick or Robert was speaking with how that actually is going to function the four things that it is going to do. Can we – can that be revisited?

Melanie Combs-Dyer: Patrick, I think that was you talking about the four parts of the coverage requirements discovery. Can you go through that again?

Pat LaRocque: Sure. I was thinking I was speaking directly about the what the pilot will be verifying and that was, so basically when a provider is working with their patient they're going to be filling out information try to request an order for durable medical equipment, a CDS hook will automatically generate a request over to the provider for this, not the provider sorry the payer for this specific patient including all of the patient's relevant information encapsulated in FHIR.

This the payer system will then determine if there's special extra information needed, if so it'll return a link to where the extra information is that needs to be provided. And it'll also return submittal payment information as discussed. Does that answer your question?

(Samantha Crawford): Yes, thank you.

Pat LaRocque: Sure.

Operator: You do have a question from the line of (Noah O'Neal) with (ProMed).

(Noah O'Neal): Hi good afternoon, how are you?

Ashley Stedding: Hey, we're good.

(Noah O'Neal): Good. I just have a quick question regarding the acceptance of these templates that are incorporated in the EHR.

If there's some guidance that will be given to the Medicare administrative contractor to the acceptance of these templates because I know a few of them ask that we deal with the DME they're not so in tune with the acceptance of templates in lieu of medical records, so will the information be cascaded down to the MACs once this becomes effective?

Melanie Combs-Dyer: Yes, this is Melanie and we already have language that is in our program integrity manual.

And we can – which addresses templates and how if there are templates that are, if there are forms that are sort of check box forms don't necessarily provide the right kind of tool for a physician to properly document the medical necessity and the coverage of a particular item or service, but there are templates that are acceptable to MACs.

And we describe that in our manual and we believe that these templates will meet the requirements. We don't think that we need to make any additional changes, but that's certainly something that we will be looking for during our pilot test.

As providers begin to use this on a small scale, we will want to make sure that we take some of the output from the medical records that are created using these templates and share them with our MACs and RACs and other review contractors and make sure that they believe that they meet all of the requirements. And if not, we can make adjustments as needed.

(Noah O'Neal): Sounds good, awesome. Thank you.

Melanie Combs-Dyer: Thanks. Yes, thank you for your comment.

Operator: Your next question comes from the line of (Jen Guggert) with (Maryanne Memorial).

(Jen Guggert):   Hi yes, thank you very much for the information you've given us so far. I would like to know; is this going to be required of all of the providers to participate?

Melanie Combs-Dyer: Thank you (Jen) for your question. No, this is not going to be – anything that is required are those providers who still like to lookup their coverage information by going to Medicare's website or United's website or Humana's website they can continue to do it that way. This is absolutely not required.

This will be only voluntary for those providers that wish to make use of this service. Those providers that do want to make use of this kind of a DRLS should contact their EHR vendor and find out if and when the EHR vendor can make this information available. With respect to a slightly different question is this going to be required of all payers? That answer is no.

But as I mentioned in my comments earlier, CMS is encouraging all payers to develop a repository of their rules that can be accessed by those EHRs that have this technology. We really do think that the more payers that build this kind of technology, the easier we're going to make life for those providers who choose to use it. (Jen), does that answer your question?

(Jen Guggert):   Yes it does. Thank you very much.

Melanie Combs-Dyer: Yes.

(Jen Guggert):   I do have one more question.

Melanie Combs-Dyer: Sure, go ahead.

(Jen Guggert):   Is it possible that when this information is pushed through this FHIR technology that if an ABN would be required it could be printed from that technology with the correct wording?

Melanie Combs-Dyer: Oh advanced beneficiary notices, you know that is something that I don't have on my radar screen. I'm not sure we're going to be able to answer today. Let me just check and see if (Bob) or Patrick has done any thinking around

advanced beneficiary notices and whether that will be able to travel over the FHIR standard.

(Bob Dieterle): This is (Bob). We have on our radar the ability to support the communication of ABNs between the provider and the supplier. Where exactly that will be in the development process over the next year I can't commit to, but we do have it on our radar.

(Jen Guggert): Great, thank you.

Melanie Combs-Dyer: I will tell you (Jen), the question that you're asking really is not exactly germane to the documentation requirement lookup service. So lookup service would perhaps indicate if there is an advanced beneficiary notice you need to make sure that you submit it upon request or something along those lines.

But actually moving that ABN between providers or between a provider and a payer would actually represent a different Da Vinci use case, one that is being called clinical data exchange. And that's one that perhaps we can talk more about at a future special open door forum call. Thank you for asking the question. We'll try to make a note of that and see if we can give people a little preview of what clinical document exchange is going to look like.

(Jen Guggert): Great, thank you very much.

Operator: Your last question comes from the line of (William Rolo) with (Private).

(William Rolo): Hi, appreciate the opportunity to ask a question. I'm interested in the status of the effort to take the documentation requirements for one of the areas oxygen therapy, and convert them to something that would be usable for this purpose.

There are several CMS versions of the requirements that I've seen. The most recent one at least that I've seen runs about 35 pages of narrative text. And so I'm interested in whether there has already been a reduction of that into some kind of a format that would be usable for this purpose or if that's a work in progress or a future piece of work? What's the status on that?

Melanie Combs-Dyer: (Bob), do you want to take a stab at answering that one?

(Bob Dieterle):   Yes, I'll be happy to. During the last couple of years CMS has undertaken a project to create what were called e-clinical templates and clinical data elements which are actually a distillation of the requirements that are in the (LCDs) and NCDs that you're referring to.

So, if you were to go and Google e-clinical template and CMS, you'll see a list of probably 12 or 14 different areas where those templates and supporting elements have been developed. They're going to be the input to the work that we're talking about for documentation templates and rules. They will be the underpinning of the various rules that'll be conveyed from CMS to the provider to ensure that the documentation for example is complete.

Melanie Combs-Dyer:This is Melanie. Ashley, do you know if we have a link from our DRLS webpage to the page that shows on the CMS website those e-clinical templates and CDEs clinical data elements that (Bob) was just referring to?

Ashley Stedding: No, we do not have a link on our DRLS webpage.

Melanie Combs-Dyer:Do you think we could add that?

Ashley Stedding: I think we could.

Melanie Combs-Dyer:Great question (William). Any other follow up?

(William Rolo):   Well, so you know my Google may be a little bit slower than the line of conversation here but so I think I'm now on the home oxygen therapy template based on the site that you recommended. So I'm just taking a quick look at it.

(Bob Dieterle):   What you should see on the right-hand side is a list of templates for an order and data elements, templates for documentation and data elements and the template for, I believe, laboratory testing and data elements.

(William Rolo):   Yes, well I got to the oxygen one. That's the one I'm looking at.

(Bob Dieterle):   Yes, and it should have all of those items that I talked about.

(William Rolo):   OK. I'm not sure I'm quite seeing it that way but I'll take a look at it. But I think your point would be this is the current state, is that true? Are you thinking that using this template, the required documentation, would be fully captured?

Melanie Combs-Dyer:Yes, these are document templates that will be visible through the DRLS systems, and as you heard described here today, prepopulated where possible in the EHR.

(William Rolo):   OK. All right, I appreciate the information. Thanks.

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

Melanie Combs-Dyer:OK. Well I'd like to thank everybody for coming today. We really do appreciate your interest in our DRLS project and the Da Vinci use cases on which it's built.

We'll be posting additional information to our website about when our next special open door forum call is. So please stay tuned. Have a great rest of your day.

Operator: Ladies and gentlemen, this concludes today's conference call. You may now disconnect.

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