electronic Submission of Medical Documentation (esMD)

electronic Determination of Coverage (eDoC)
Home Health (HH)
Face to Face (F2F) Encounter

April 14, 2014

Welcome and Introductions

PAMELA DURBIN, RN, BSN, CDS, ISSO

Health Insurance Specialist

CMS / OFM / Provider Compliance Group

DAN KALWA

Health Insurance Specialist,
CMS /OESS/ASG

MARK D PILLEY, MD AAFP, AADEP, ABQAURP

Medical Director

StrategicHealthSolutions, LLC

VIET NGUYEN, MD

Chief Medical Information Officer

Systems Made Simple, Inc.

ROBERT DIETERLE,

Initiative Coordinator

Agenda

Opening Remarks

Introduction to eClinical Template

HH F2F Encounter Use Case Presentation

Questions & Answers

Closing Remarks

Standards & Interoperability (S&I) Framework

Why use the S&I Framework?

- It is a robust, repeatable process that will help improve interoperability and adoption of standards and health information technology.

- The S&I Framework will streamline execution of the Data Segmentation initiative across the solution development lifecycle

Solution Development Lifecycle

S&I Initiative Phases

- Pre-Discovery
- Discovery
- Implementation
- Pilot
- Evaluation

EXECUTION

| eDoC Phase	Details
Charter	• Challenge statement • Timelines and milestones • Goals and outcomes

Use Case	• Create Use Case and User Stories
	• Actors and roles
	• Activity and Sequence diagrams
	• Dataset Requirements
	• Risks, Issues and obstacles
	• Sub-workgroup effort
	   • Structured data requirements
	   • Templates for data capture
	   • Decision support

Standards Harmonization	• Identify candidate standards • Create data model(s) • Map data model(s) to candidate standard(s) • Identify gaps, barriers and obstacles • Work with SDOs to address gaps
Implementation Guidance & Piloting	• Create implementation guide(s) • Identify pilot participants • Develop pilot / demonstration plan • Evaluate success • Modify Implementation guide(s) as required

Improper Payment

- Medicare receives **4.8 M** claims per day.
- CMS' Office of Financial Management estimates that <u>each year</u>
  - the Medicare FFS program issues more than **$36.0 B** in improper payments (error rate 2013: **10.1%**).
  - the Medicaid program issues more than **$14.4 B** in improper payments (error rate 2013: **5.8%**).
- Most improper payments can only be detected by a **human** comparing a **claim** to the **medical documentation.**

Improper Payments by Agency (FY 2011)

www.paymentaccuracy.gov
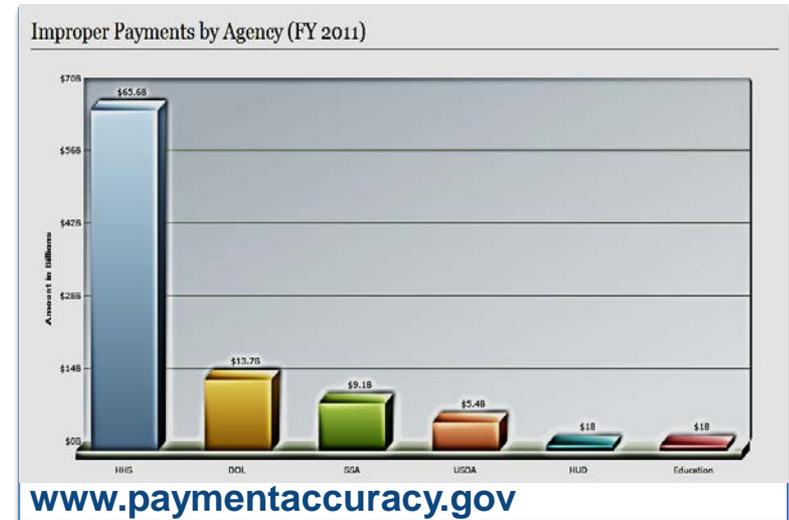
- **Medical Documentation Requests are sent by**:

  - Medicare Administrative Contractors (MACs) Medical Review (MR) Departments
  - Comprehensive Error Rate Testing Contractor (CERT)
  - Payment Error Rate Measurement Contractor (PERM)
  - Medicare Recovery Auditors (formerly called RACs)

- Claim review contractors issue over **1.8 million** requests for medical documentation each year.
- Claim review contractors currently receive most medical documentation in **paper** form or via fax.

Electronic Submission of Medical Documentation

Improper Payment

Table B3: Top 20 Service Types with Highest Improper Payments: Part A Excluding Inpatient Hospital PPS Service Type Billed to Part A excluding Inpatient Hospital PPS (Type of Bill)

| | Projected Improper Payments | Improper Payment Rate | 95% Confidence Interval | No Doc | Type of Error | | | |
					Insufficient Doc	Medical Necessity	Incorrect Coding	Other
Home Health	**$3,091,382,940**	**17.3%**	**14.9% - 19.8%**	**1.7%**	**81.4%**	**15.8%**	**1.1%**	**0.0%**
SNF Inpatient	$2,481,992,495	7.7%	5.5% - 9.9%	0.0%	74.9%	4.2%	14.2%	6.7%
Hospital Opt	$2,443,555,475	5.3%	4.0% - 6.6%	1.8%	84.6%	3.2%	6.9%	3.5%
Nonhospital based hospice	$1,027,433,960	8.3%	5.1% - 11.5%	0.0%	63.3%	35.7%	1.0%	0.0%
Hospital Ipt (Part A)	$934,624,319	11.0%	5.9% - 16.1%	0.0%	61.0%	39.0%	0.0%	0.0%
Clinic ESRD	$813,485,526	7.8%	5.3% - 10.3%	0.1%	97.1%	0.0%	1.9%	0.9%
Critical Access Hospital	$215,880,132	4.9%	3.0% - 6.8%	0.0%	95.5%	0.0%	4.5%	0.0%
Hospital Other Part B	$130,796,056	21.4%	13.6% - 29.1%	0.3%	96.6%	0.0%	3.1%	0.0%
SNF Inpatient Part B	$85,354,486	3.7%	1.2% - 6.2%	0.0%	96.0%	0.0%	4.0%	0.0%
Clinical Rural Health	$60,707,386	6.3%	1.9% - 10.8%	0.0%	100.0%	0.0%	0.0%	0.0%
Hospital Ipt Part B	$58,277,067	10.7%	6.9% - 14.4%	0.0%	99.2%	0.0%	0.7%	0.1%
Clinic OPT	$28,474,746	5.9%	1.6% - 10.3%	44.6%	53.5%	0.0%	1.9%	0.0%
Hospital based hospice	$27,554,029	2.5%	(0.5%) - 5.5%	0.0%	100.0%	0.0%	0.0%	0.0%
Federally Qualified Health Centers (Effective 4/1/10)	$13,566,412	2.0%	0.3% - 3.6%	0.0%	97.0%	0.0%	0.0%	3.0%
SNF Outpatient	$12,437,025	4.9%	2.6% - 7.1%	1.7%	98.3%	0.0%	0.0%	0.0%

Electronic Submission of Medical Documentation

esMD Background

Before esMD:

Request Letter

Review Contractor

Provider

Paper Medical Record
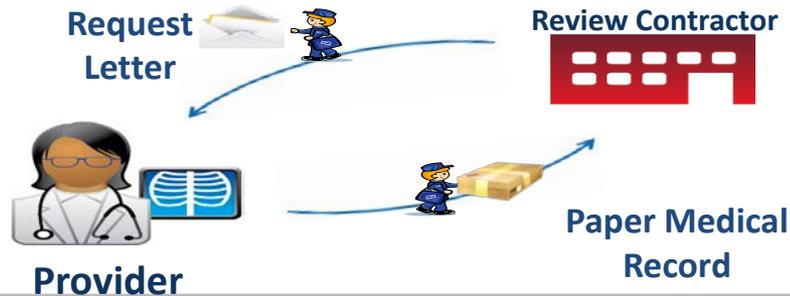
Healthcare payers frequently request that providers submit additional medical documentation to support a specific claim(s). Until recently, this has been an entirely paper process and has proven to be burdensome due to the time, resources, and cost to support a paper system.

Phase 1:

Doc'n Request Letter

electronic
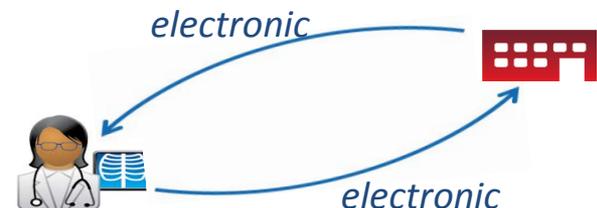
Phase I of esMD was implemented in September of 2011. It enabled Providers to send Medical Documentation electronically

The ONC S&I Framework Electronic Submission of Medical Documentation (esMD) initiative is developing solutions to support an entirely electronic documentation request.

Phase 2:

electronic

electronic

Electronic Submission of Medical Documentation

8

esMD Process Flow

The overall esMD process can be divided into three steps:

2. Send eMDRs

A payer sends an eMDR to a registered provider

A provider registers with a payer to receive electronic medical documentation requests (eMDRs)

1. Register to Receive eMDRs

A provider electronically sends medical documentation to a payer in response to an eMDR

3. Send Medical Documentation

esMD Phase 2

esMD Phase 1
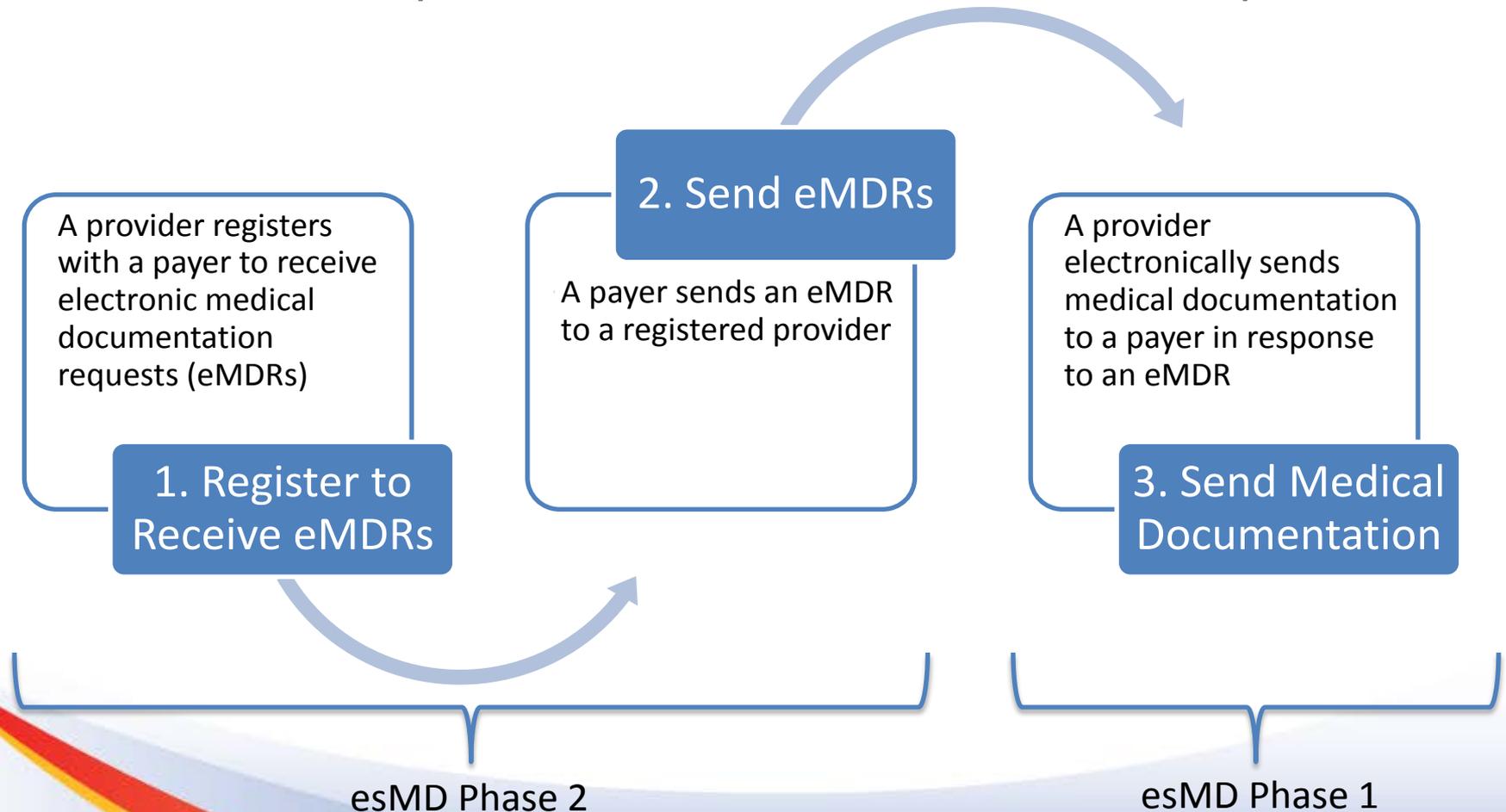
Electronic Determination of Coverage (eDoC)

Underlying Challenge:

- Enable provider capture of documentation and benefit determination based on payer rules
- Secure exchange of templates, decision support, and documentation between payers, providers, Home Health Agency and beneficiary
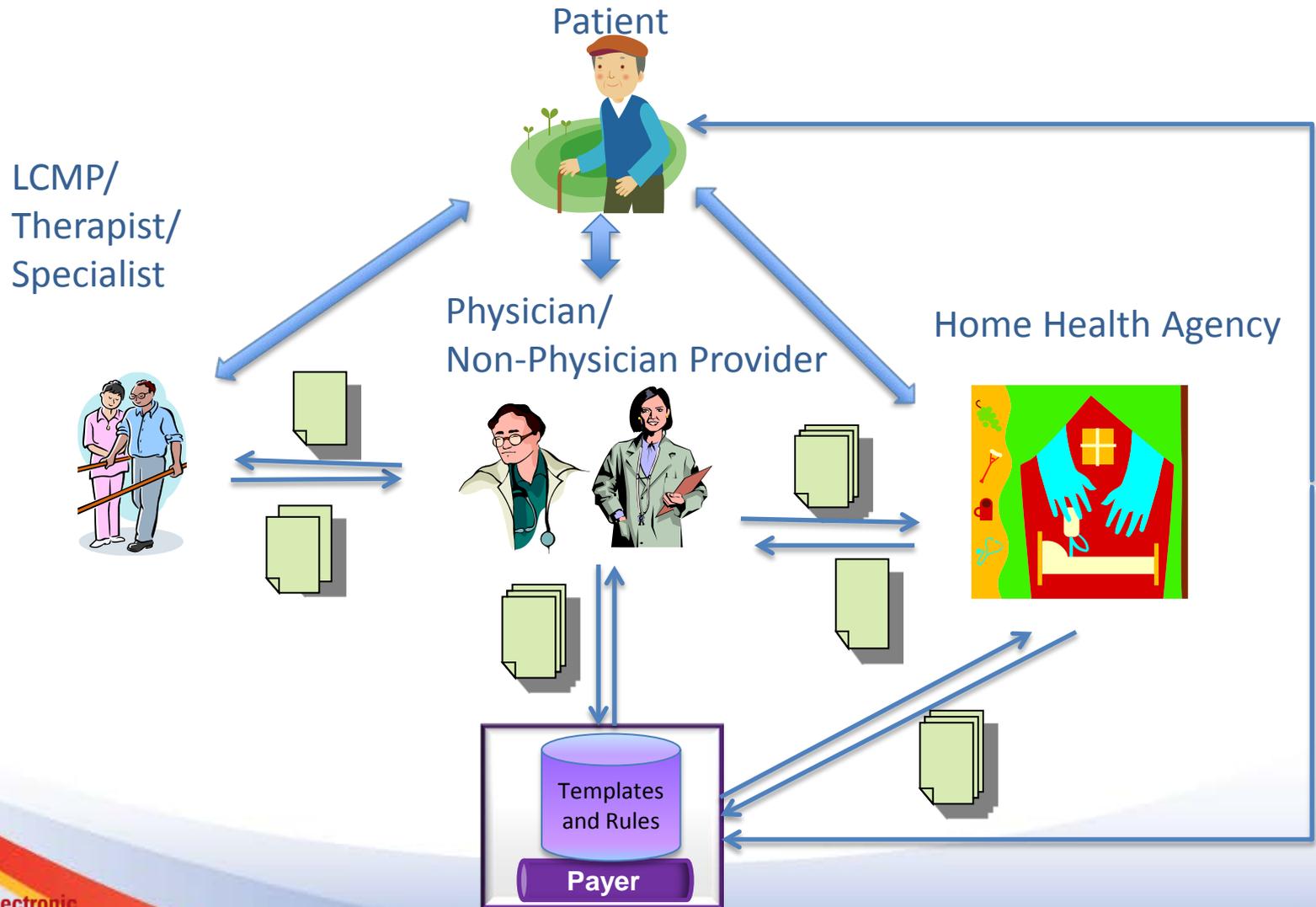
Scope:

- Focus on defining the use case, user stories and requirements supporting a standards-based architecture
- Reuse of existing S&I Initiative efforts where possible
- Creation of structured data capture templates and supporting exchange standards
- HH F2F Encounter as Use Case

Outcome:

- Successful pilot of templates, decision support, information exchange standards over standard secure transactions for the purpose of determining coverage
- Validation with use case for HH F2F Encounter

Electronic Submission of Medical Documentation

eDoC General Workflow
HH F2F Encounter

Patient

LCMP/
Therapist/
Specialist

Physician/
Non-Physician Provider

Home Health Agency

Templates and Rules

Payer

Electronic
Submission
of Medical
Documentation

Related S&I Framework Initiatives

Initiative	Description	Relationship
Transitions of Care (C-CDA)	Defines the electronic communication and data elements necessary for clinical information exchange to support transfers of care between providers and between providers and patients	Standards for the exchange of clinical information
Provider Directories	Defines transaction requirements and core data sets needed to support queries to provider directories to enable electronic health information exchange	Electronic endpoints for participants in eDoC
Structured Data Capture (SDC)	External template driven capture of structured data within the EHR	Templates and workflow to capture payer required information
esMD Author of Record	Standards for providing digital signatures to transactions and documentation.	Standards for Digital Signatures on transaction and documents
Direct	a simple, secure, scalable, standards-based way for participants to send authenticated, encrypted health information	Utilize Direct as a transport mechanism between providers, payers and suppliers

Electronic Submission of Medical Documentation

eDoC Workgroup Structure

eDoC Workgroup	Charter	Use Case	Harmonization	Pilots

Sub-Workgroups

User Stories	**Structured Data**	**Documentation Templates**	**Transport**
• Power Mobility Devices • Lower Limb Prostheses • Home Health Services	• Determine documentation requirements • Evaluate appropriate clinical elements • Clinical Vocabularies	• Define template requirements • Define template workflow • Define EHR data capture	• ASC X12 275, 278, 277 • Direct • CONNECT

Consolidated CDA	Structured Data Capture	esMD eDoC IGs

Home Health – Face to Face Encounter

HH F2F Encounter Definition

Evaluation & Management Office or Other Outpatient Services New Patient	**99201 – 99205**
Evaluation & Management Office or Other Outpatient Services Established Patient	**99211 – 99215**
New or Established Patient, Initial or Subsequent Inpatient Hospital Care	**99221 – 99223**
New or Established Patient, Outpatient Observation Care	**99217 – 99220**
New or Established Patient, Outpatient Observation – Inpatient Admit & Discharge the same day	**99234 – 99236**
Telehealth Consultation Codes	**G0406 – G0408 G0425 – G0427**
Physician certification for medicare-covered home health services under a home health plan of care	**G0180**

HH F2F Encounter Reviews & Submission Methods

## HH F2F Encounter Reviews require Providers to submit:

– F2F Encounter documentation (created by the physician)

- *'brief narrative which describes how the clinical findings of the encounter support the patient's homebound status and need for skilled services.'*

– Physician Certification (created by the physician)

– Any other medical documentation to support the NCD/LCD requirements.

HH F2F Encounter Documentation submission methods

– Mail

– Fax
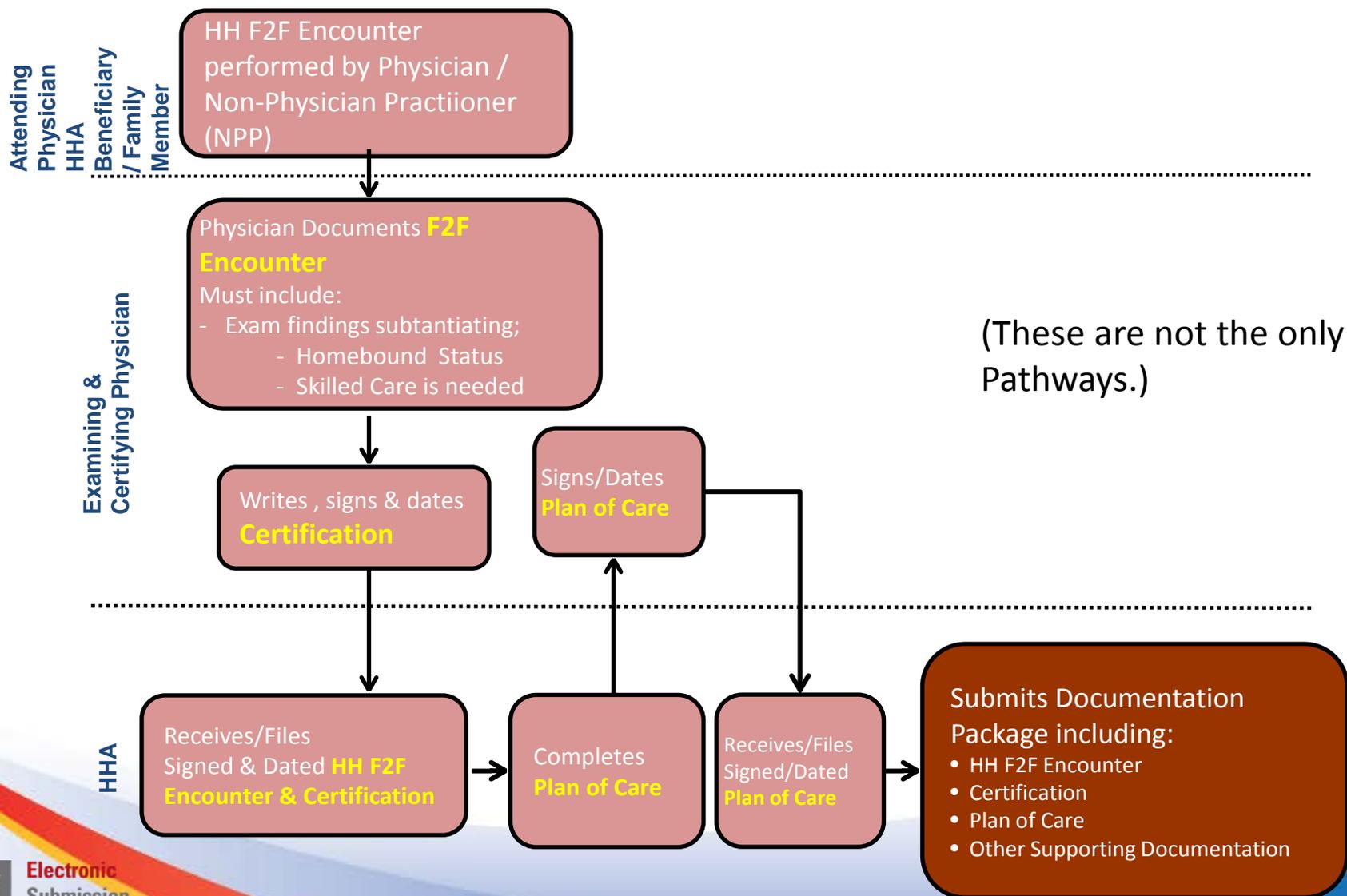
– esMD

Types of Review
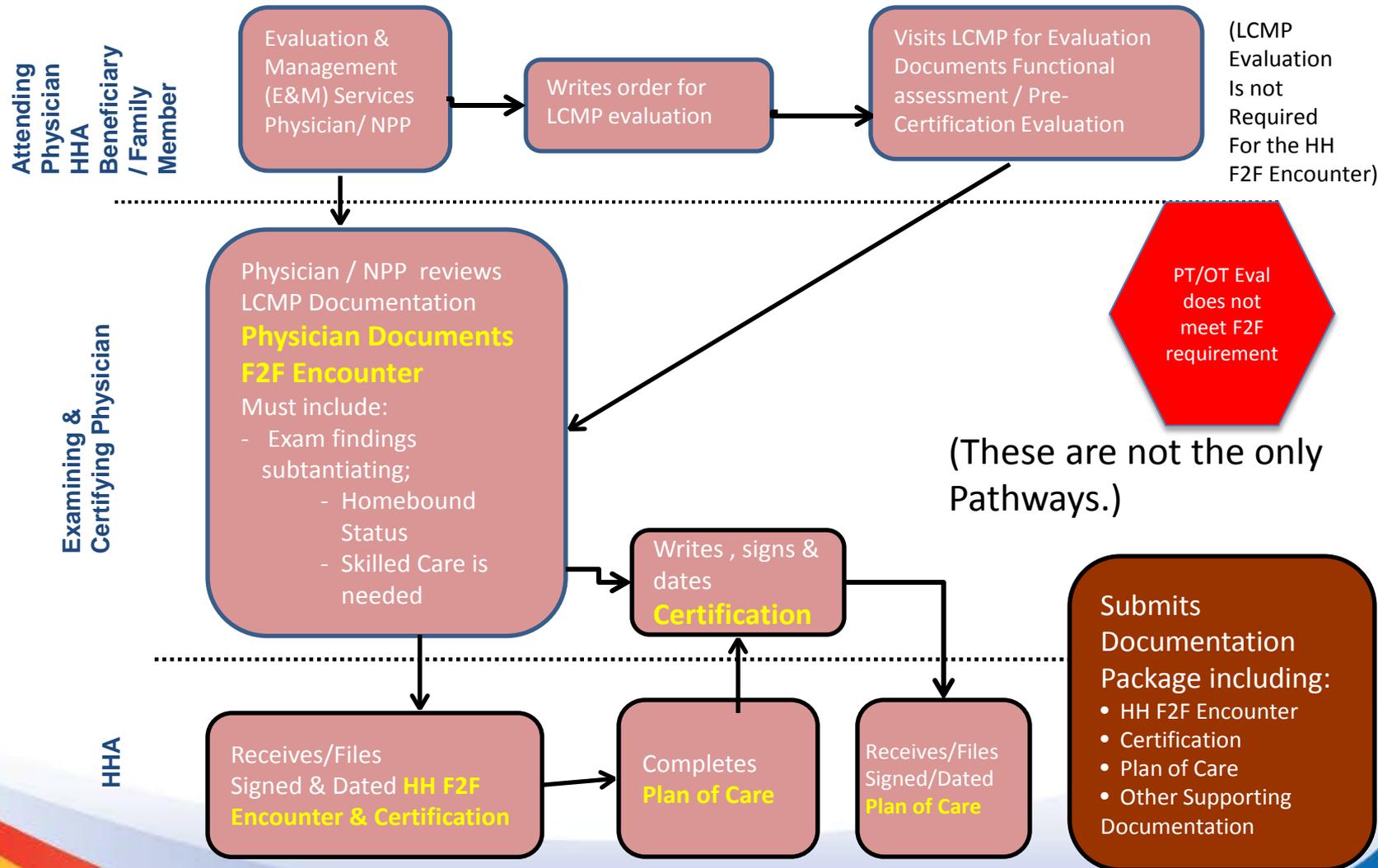## Prepayment – Post-Payment
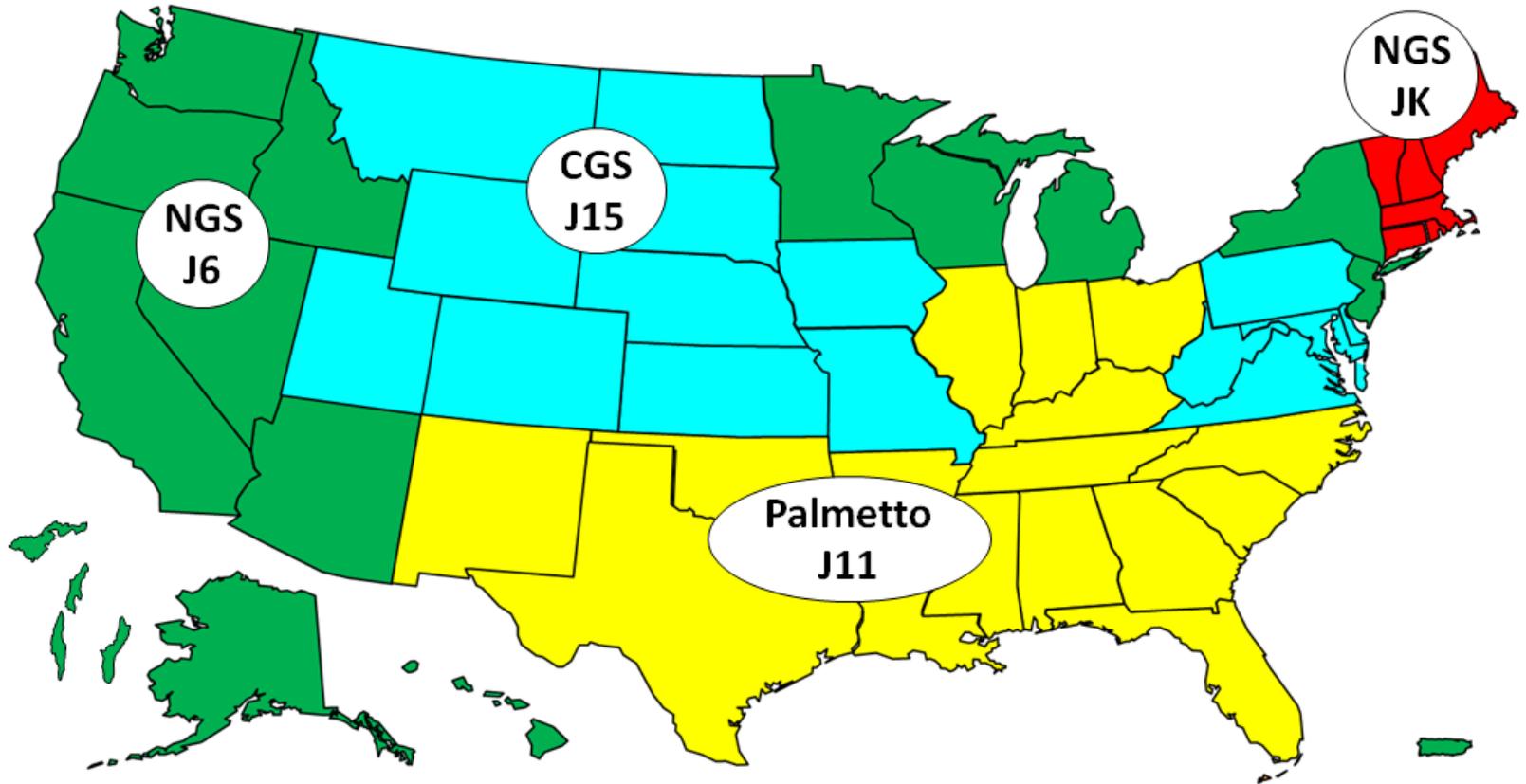
Decision Letters

Prepayment & Post-payment Decision Letters are sent to:

- Home Health Provider

Request Process for Home Health Services (HHS)

Attending Physician HHA Beneficiary / Family Member

HH F2F Encounter performed by Physician / Non-Physician Practiioner (NPP)

Examining & Certifying Physician

Physician Documents **F2F Encounter**
Must include:
- Exam findings subtantiating;
  - Homebound Status
  - Skilled Care is needed

Writes , signs & dates **Certification**

Signs/Dates **Plan of Care**

(These are not the only Pathways.)

HHA

Receives/Files Signed & Dated **HH F2F Encounter & Certification**

Completes **Plan of Care**

Receives/Files Signed/Dated **Plan of Care**

Submits Documentation Package including:
- HH F2F Encounter
- Certification
- Plan of Care
- Other Supporting Documentation

e s Electronic Submission
M D of Medical Documentation

Licensed/Certified Medical Professional (LCMP) (PT/OT) Role in Face-to-Face Process

Attending Physician HHA Beneficiary / Family Member

Evaluation & Management (E&M) Services Physician/ NPP → Writes order for LCMP evaluation → Visits LCMP for Evaluation Documents Functional assessment / Pre-Certification Evaluation

(LCMP Evaluation Is not Required For the HH F2F Encounter)

Examining & Certifying Physician

Physician / NPP reviews LCMP Documentation
Physician Documents F2F Encounter
Must include:
- Exam findings subtantiating;
   - Homebound Status
   - Skilled Care is needed

PT/OT Eval does not meet F2F requirement

(These are not the only Pathways.)

Writes , signs & dates **Certification**

HHA

Receives/Files Signed & Dated **HH F2F Encounter & Certification** → Completes **Plan of Care** → Receives/Files Signed/Dated **Plan of Care**

Submits Documentation Package including:
- HH F2F Encounter
- Certification
- Plan of Care
- Other Supporting Documentation

Coverage and Documentation Requirements

- 42 Code of Federal Regulations (CFR) 424.22 – "Requirements for home health services"
  - http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol3/pdf/CFR-2011-title42-vol3-sec424-22.pdf

Coverage and Documentation Requirements

- Complete coverage and documentation requirements are outlined in the following CMS Benefit Manual Policy:

  ## https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf

- CMS Transmittal 139 (Change Request 7329); 02/16/2011

  ## http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R139BP.pdf

  - provides further guidance and clarification for Physicians / NPP performing HH F2F Encounter & Physician Certification of eligibility for the Medicare home health benefit

References on HH F2F Encounter from the MACs

- Jurisdiction 6: National Government Services (NGS)

  - http://www.ngsmedicare.com/ngs/portal/ngsmedicare/home

- Jurisdiction 11: Palmetto GBA, LLC

  - http://www.palmettogba.com/palmetto/providers.nsf/DocsCatHome/Jurisdiction%2011%20Home%20Health%20and%20Hospice

- Juridiction 15: CGS

  - http://www.cgsmedicare.com/HHH/index.html

- Jurisdiction K: National Government Services (NGS)

  - http://www.ngsmedicare.com/ngs/portal/ngsmedicare/home

Additional CMS Resources

CMS Medicare Learning Network (MLN)

- MLN: SE1219

  - https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Electronic-Clinical-Templates/Downloads/MLN-SE1219.pdf

- MLN: MM8444 – CR#: CR8444

  - https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Electronic-Clinical-Templates/Downloads/MLN-MM8444.pdf

Structured Information
HH F2F Encounter Documentation

- Based on clinical template developed by CMS

  - Available at https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Electronic-Clinical-Templates/HomeHealthHHElectronicClinicalTemplate.html

- Suggested e-Clinical Template

  - https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Electronic-Clinical-Templates/Downloads/HomeHealtheClinicalTemplateF2FProgressNote21914.pdf

- Supports
  - Data collection by Physician / NPP during HH F2F Encounter
  - Reporting of clinical information for coverage determination
  - Clinical decision support and automated determination of coverage

Components of HH F2F Encounter e-Clinical Template

- Chief Complaint
- History of Present Illness
- Past Medical History
- Social History
- Review of Systems
- Physical Exam
- Homebound Status
- Plan
- Physician or Treating Practitioner's (NPP) Information
- Completed, Signed and Dated Certification for HH services

Components focused on data to support coverage of home health services under the Medicare Benefit

Evaluation Process for HH F2F Encounter e-Clinical Template

- Examination of individual clinical elements for each section of the template

- Determine if a clinical element is codifiable (e.g. Diagnosis), requires a narrative (e.g. History of Present Illness), or is mixed (e.g. Review of Systems)

- Compare coded elements to existing standard coding systems (e.g. SNOMED-CT, ICD) and CDA components

- Develop Templated CDA based on consensus and best practices
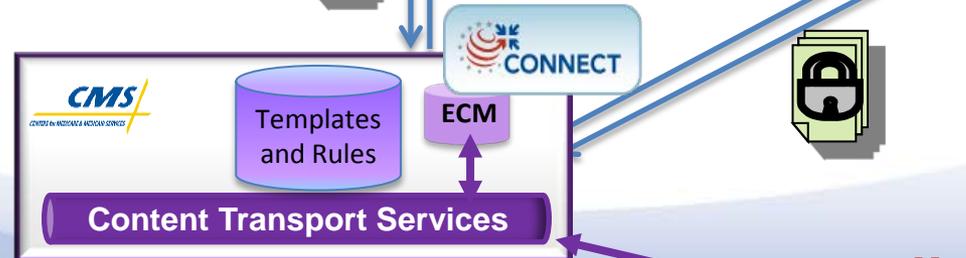
eDoC HH F2F Encounter Workflow
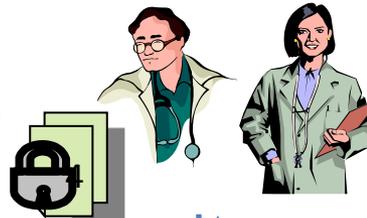
eDoC Timeline

We are here

April '13 — June '13 — August '13 — October '13 — December '13 — February '14 — April '14 — June '14 — August '14

Electronic Determination of Coverage WG

eDoC Use Case and Requirements

HL7 Ballot for eDoC CDT IG

HL7 CDT IG Ballot Reconciliation

PMD User Story

LLP User Story

Home Health User Story

PMD e-Clinical Template Pilot

LLP e-Clinical Template Pilot

eDoC Harmonization

Call for Public Participation

- As an S&I Initiative, esMD is requesting public participation and input to identify and assess existing standards and define requirements
- Targeted Participants:
  - Medicare, Medicaid, and Commercial Payers
  - Providers, Provider Organizations
  - Service suppliers (e.g. DMEs)
  - Health Information Handlers (HIHs)
  - HIT/EHR Vendors and Vendor Associations
  - State HIEs, HIE Vendors
  - SDOs
  - CAQH CORE
  - Others with Expertise/Interest in Coverage Determination, Structured Documentation, Decision Support, and Pre-authorization,

Electronic Submission of Medical Documentation

Summary

eDoC workgroup identifies Best Practice for:

1) Payer interaction with providers for determination of coverage

2) Developing, delivering and using structured documentation templates to support coverage determination

3) Addressing Author of Record requirements

4) Secure electronic communication between payers, provider, suppliers and beneficiaries

5) Creating implementation guides for payers and providers for all required eDoC processes and transactions

Next Steps

- The electronic Determination of Coverage Workgroup is open for anyone to join. This community will meet weekly by webinar and teleconference from **1:00 to 2:00 pm ET on Wednesday** see S&I Framework calendar for webinar information: http://wiki.siframework.org/Calendar

- Information on how to join the Community can be found on the electronic submission of Medical Documentation (esMD) page: http://wiki.siframework.org/esMD+Initiative

- In order to ensure the success of eDoC and the subsequent pilots, we encourage broad and diverse participation from the community. Wide community participation will ensure that the standards reflect technology that is useable across the industry and that it meets the needs of all stakeholders.

- This is your chance to have an impact on the evaluation and selection of standards and the creation of implementation guides for the electronic Determination of Coverage.

References

Links

esMD Initiative: http://wiki.siframework.org/esMD+Initiative

esMD Program: http://www.cms.gov/esmd

HH Electronic Clinical Template Program:

– https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Electronic-Clinical-Templates/HomeHealthHHElectronicClinicalTemplate.html

HH F2F Encounter e-Clinical Templates:

– https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Electronic-Clinical-Templates/Downloads/HomeHealtheClinicalTemplateF2FProgressNote21914.pdf

Contact Information

Contact Information

Robert Dieterle – esMD Initiative Coordinator (rdieterle@enablecare.us)

Dan Kalwa – CMS (Daniel.Kalwa@cms.hhs.gov)

Mark Pilley – Co Lead (m.pilley@strategichs.com)

Viet Nguyen – Co Lead (viet.nguyen@systemsmadesimple.com)