Medicare Fee for Service (FFS) Documentation Requirement Lookup Service (DRLS) Prototype

Center for Program Integrity (CPI)
Centers for Medicare & Medicaid Services (CMS)

March 2020
HIMSS Conference

Introductions

Speakers

- **Ashley Stedding, Government Task Lead**
  Provider Compliance Group (PCG), Center for Program Integrity (CPI), Centers for Medicare & Medicaid Services (CMS)

- **Nalini Ambrose, DRLS Project Lead**
  MITRE, operator of the CMS Alliance to Modernize Healthcare (Health Federally Funded Research and Development Center or Health FFRDC)

- **Larry Decelles, DRLS Technical Lead**
  MITRE, operator of the Health FFRDC

Learning Objectives

Following this presentation, attendees will understand:

– The background, context, and goals for the CMS Medicare Fee for Service (FFS) Documentation Requirement Lookup Service (DRLS) prototype

– What DRLS is and how it will fit into the clinician's workflow

– The standards and technologies that support and enable DRLS to exchange information between the provider's electronic health record (EHR) and the Medicare FFS system, as well as other payer systems

– DRLS progress last year:

  ▪ DRLS initial prototype development

  ▪ Preliminary pilot testing

  ▪ Stakeholder engagement

– Next steps for DRLS:

  ▪ Next stage of development and pilot testing

  ▪ Continued stakeholder engagement, outreach and education support

DRLS Background

Why is CMS Interested in DRLS?

What We Heard from Providers

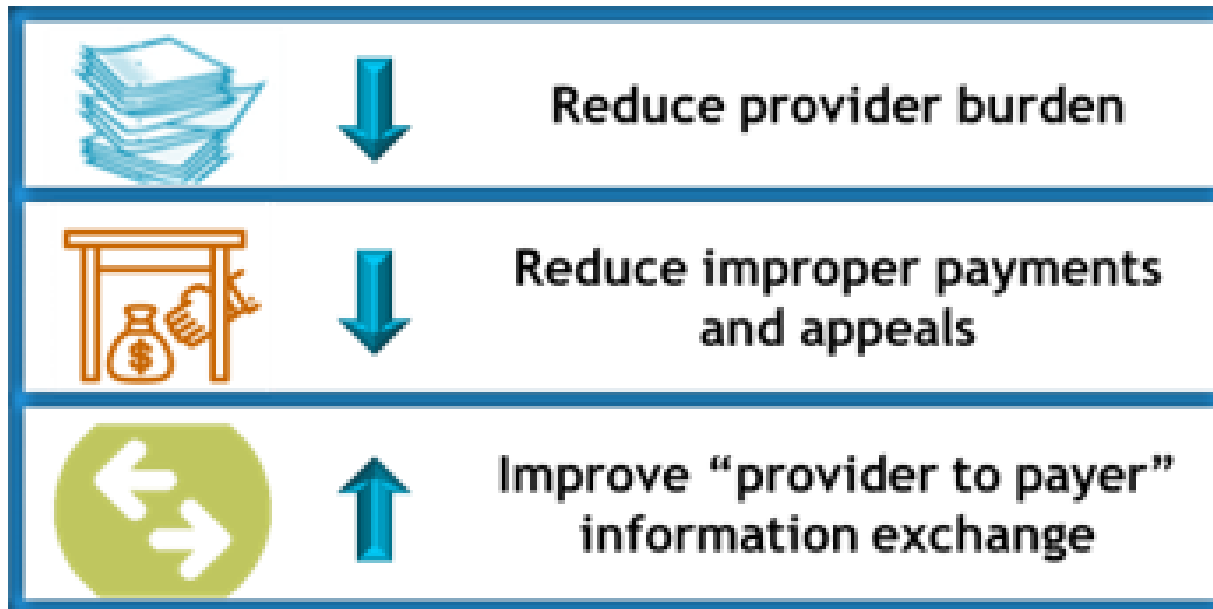| CMS requirements are excessive | Documentation requirements are too hard to find | Providers are afraid of audits |

[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."
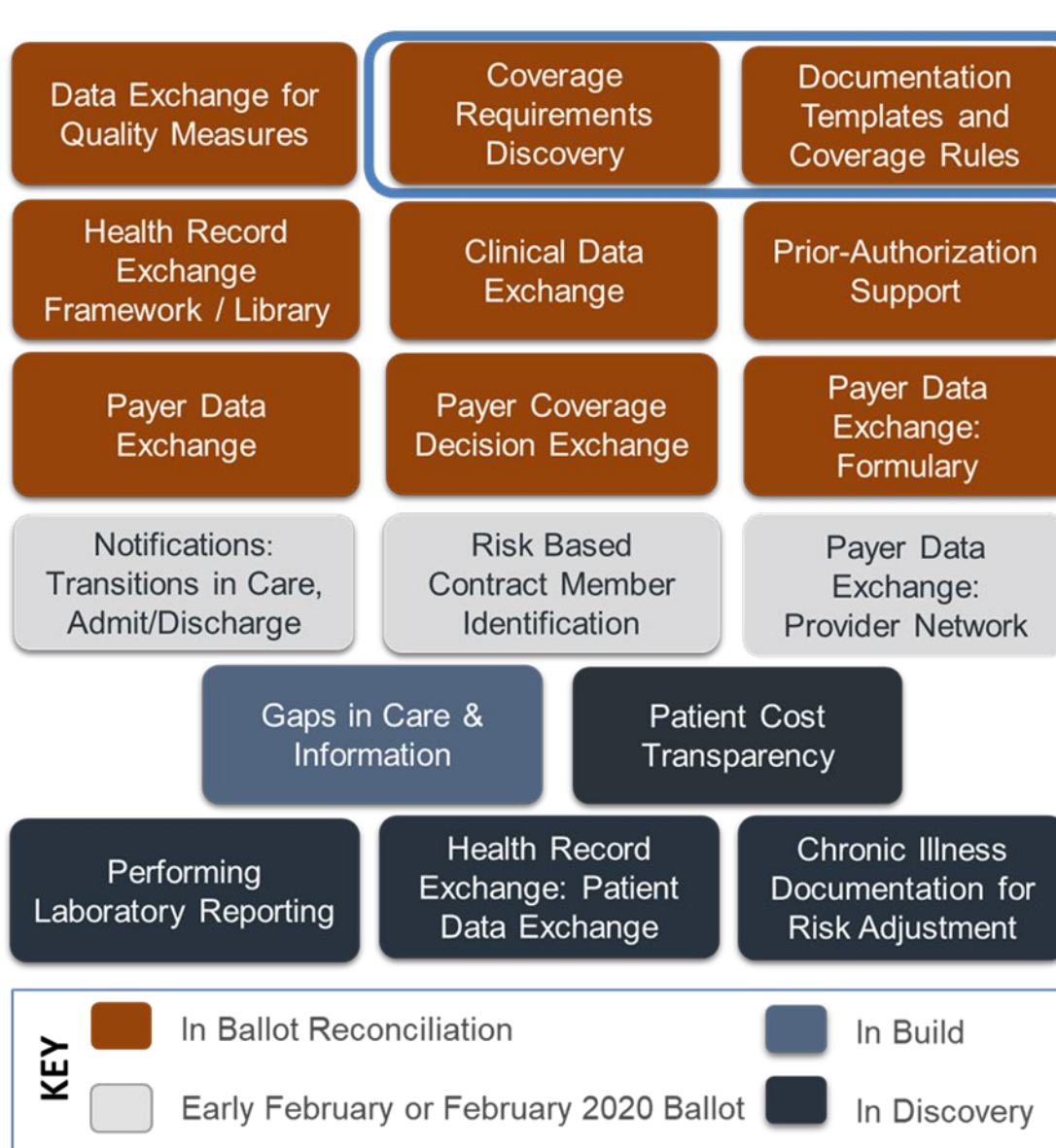
What is DRLS?

- **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

	Reduce provider burden
	Reduce improper payments and appeals
	Improve "provider to payer" information exchange

HL7 Da Vinci Use Cases in DRLS

Data Exchange for Quality Measures	Coverage Requirements Discovery	Documentation Templates and Coverage Rules
Health Record Exchange Framework / Library	Clinical Data Exchange	Prior-Authorization Support
Payer Data Exchange	Payer Coverage Decision Exchange	Payer Data Exchange: Formulary
Notifications: Transitions in Care, Admit/Discharge	Risk Based Contract Member Identification	Payer Data Exchange: Provider Network
	Gaps in Care & Information	Patient Cost Transparency
Performing Laboratory Reporting	Health Record Exchange: Patient Data Exchange	Chronic Illness Documentation for Risk Adjustment

DRLS prototype is based on these two use cases

KEY

■ In Ballot Reconciliation
□ Early February or February 2020 Ballot
■ In Build
■ In Discovery

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
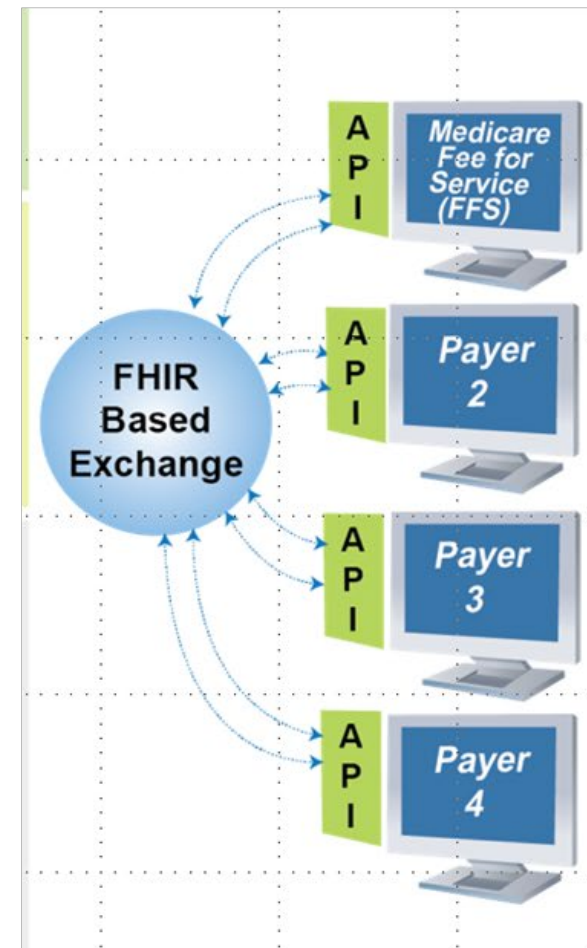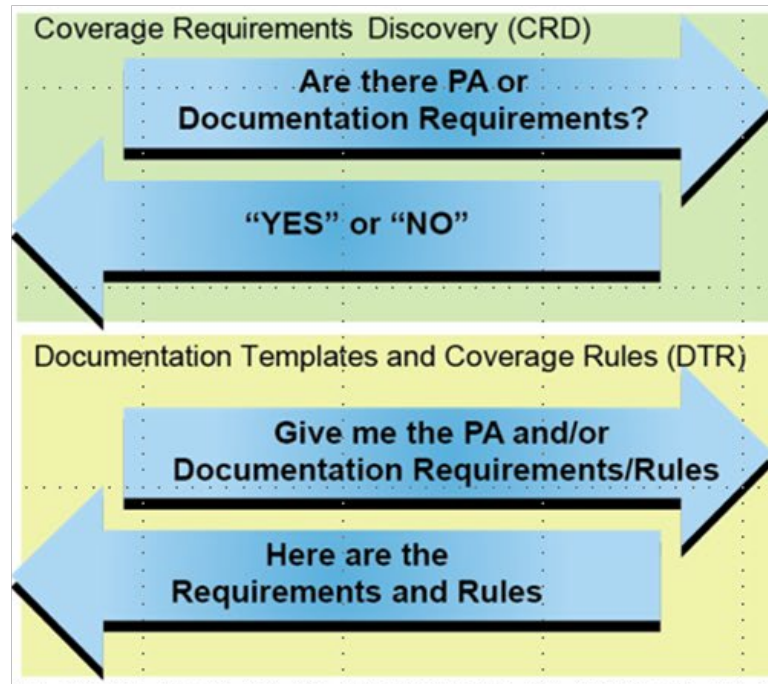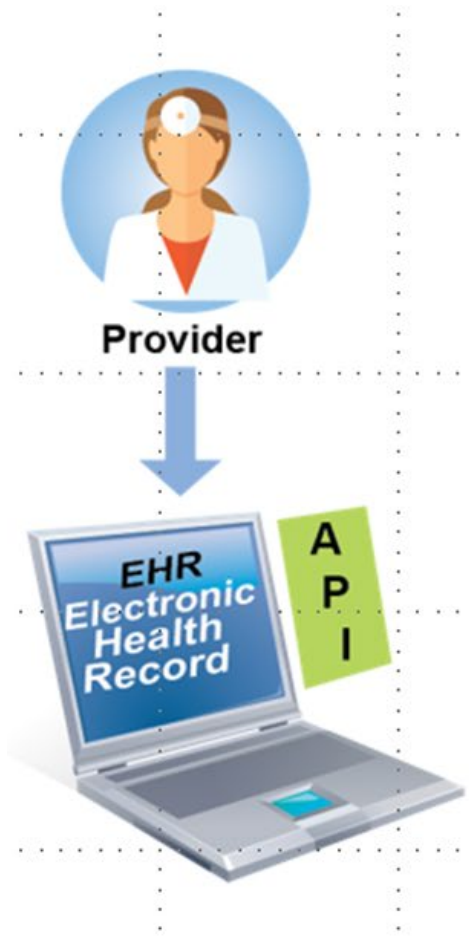
Documentation Templates and Coverage Rules (DTR)

The EHR can request and receive documents, templates, and rules from the payer's system
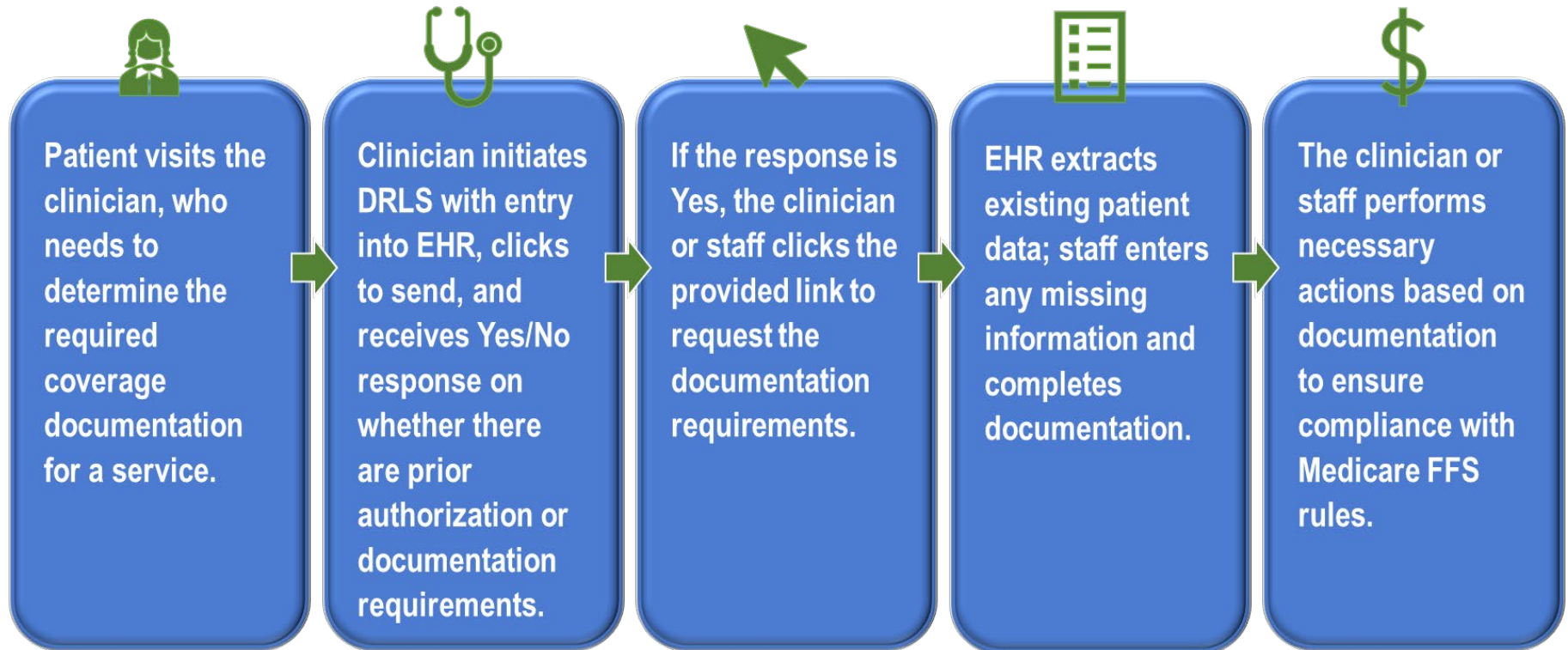
Use cases current as of 11/25/19

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How DRLS Works

API – Application Programming Interface
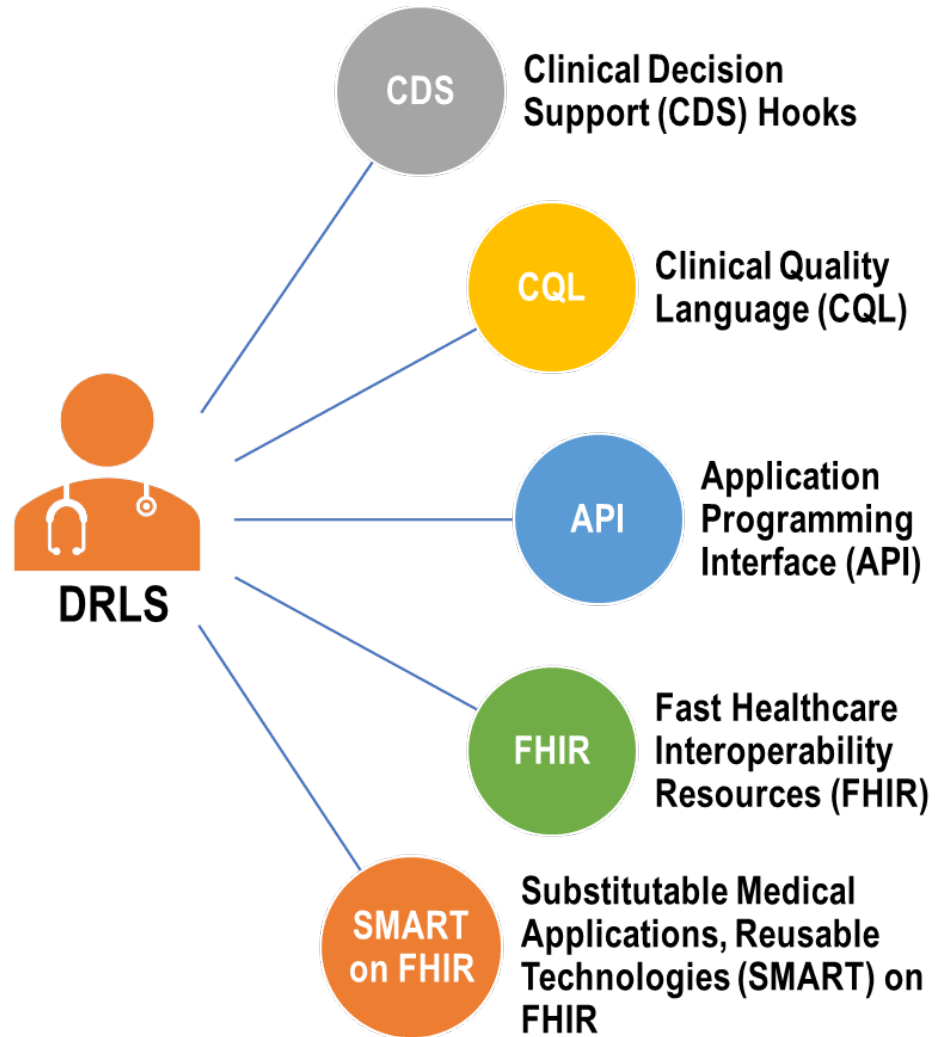FHIR – Fast Healthcare Interoperability Resource

DRLS in the Clinician Workflow

Patient visits the clinician, who needs to determine the required coverage documentation for a service.

Clinician initiates DRLS with entry into EHR, clicks to send, and receives Yes/No response on whether there are prior authorization or documentation requirements.

If the response is Yes, the clinician or staff clicks the provided link to request the documentation requirements.

EHR extracts existing patient data; staff enters any missing information and completes documentation.

The clinician or staff performs necessary actions based on documentation to ensure compliance with Medicare FFS rules.

DRLS Standards and Technology

DRLS Prototype

- **DRLS software prototype uses newer standards and tools**

- **CRD and DTR Implementation Guides (IGs) and Reference Implementations (RIs):**
  - Open source
 - Available online
  - Payers can test it

CDS — Clinical Decision Support (CDS) Hooks

CQL — Clinical Quality Language (CQL)

API — Application Programming Interface (API)

FHIR — Fast Healthcare Interoperability Resources (FHIR)

SMART on FHIR — Substitutable Medical Applications, Reusable Technologies (SMART) on FHIR

DRLS

CDS Hooks and SMART on FHIR in DRLS

- **The CRD use case implements CDS Hooks. When triggered by an entry or order, it returns cards with information, including whether there are PA or documentation requirements**

- **The DTR use case implements a SMART on FHIR application that retrieves payer rules, interacts with the EHR and provider, and writes new information to the patient record**
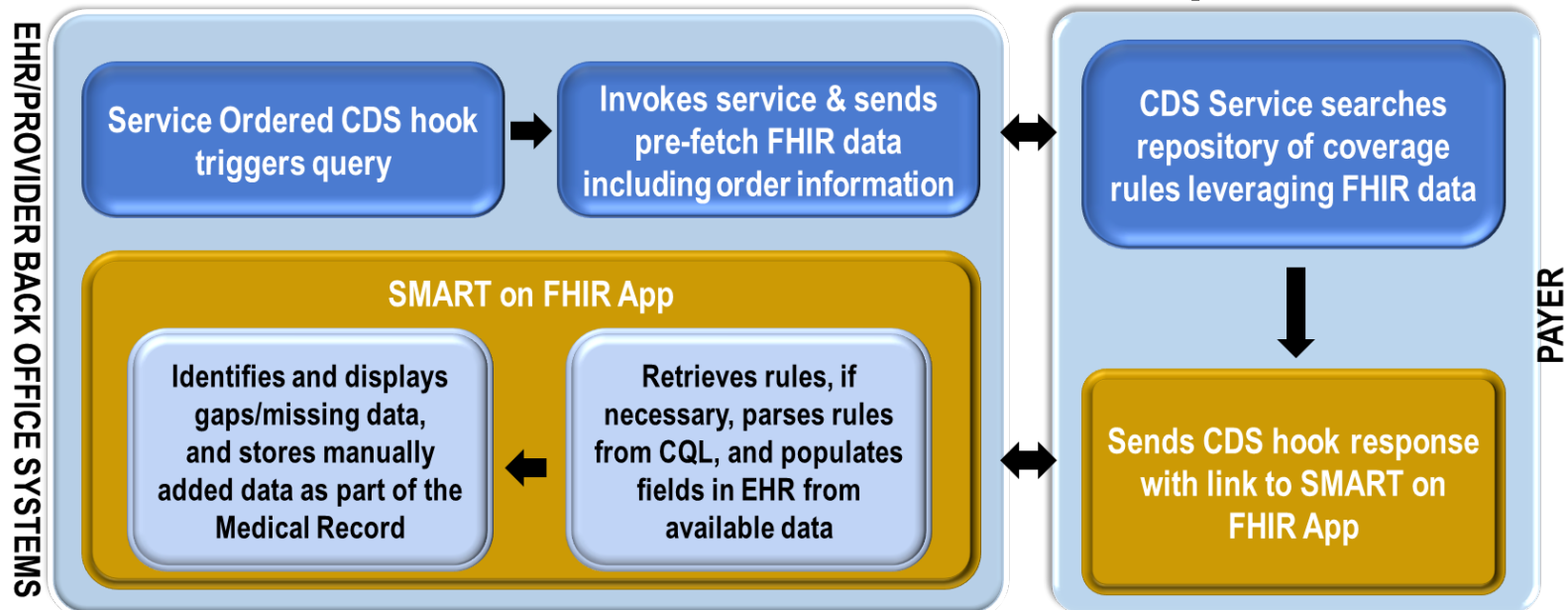
CQL and FHIR in DRLS

- **CQL uses human readable code to extract clinical data that informs the provider's EHR**
- **FHIR defines how the data looks (its format and standard) so DRLS can find the exact data needed**
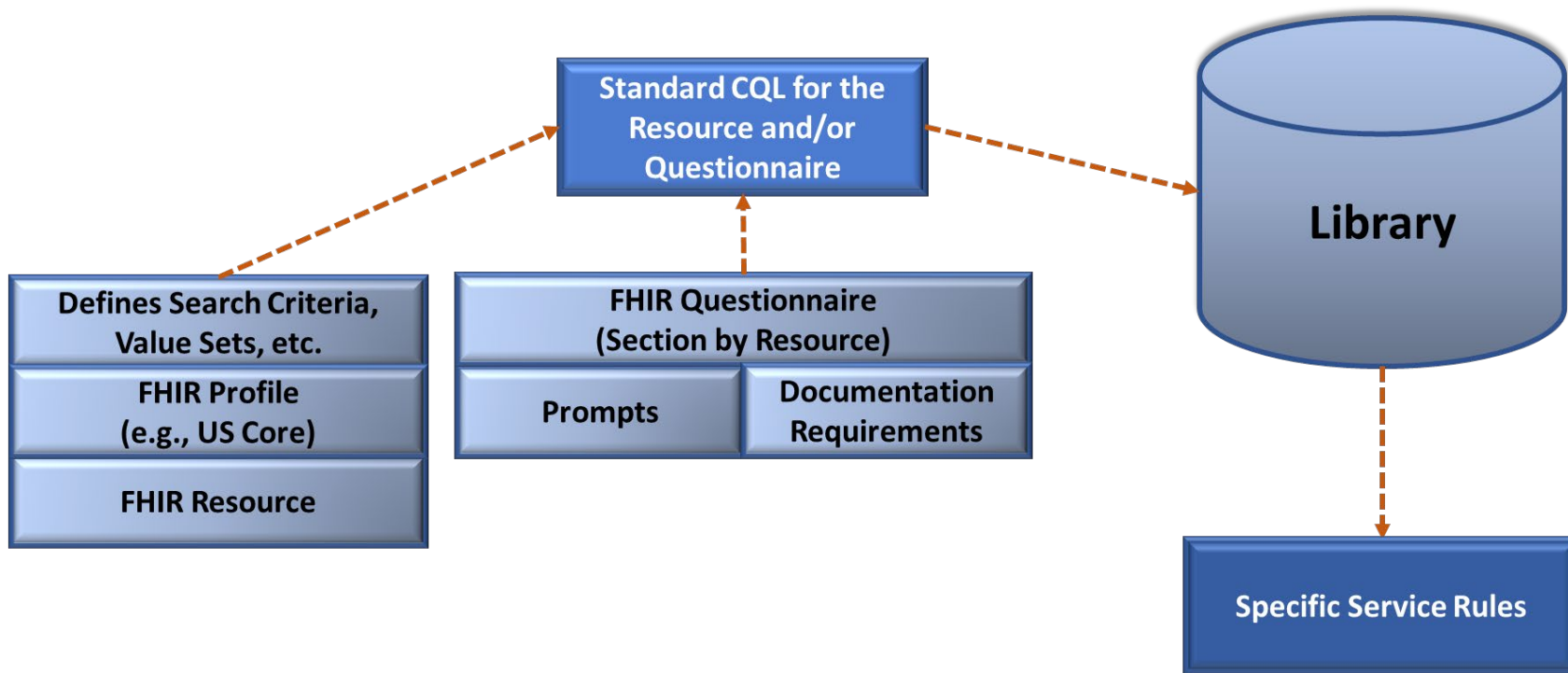
DRLS Progress Made Last Year

DRLS Pilot Testing

Part 1: Software Pilot Testing

Phase 1 CRD Testing	Phase 2 DTR / DRLS Testing
Key Pilot: HL7 HIMSS Demo 2/2019	Key Pilot: HL7 Demo in Montreal 5/2019

Part 2: Pilot Surveys

EHR Vendor Survey	Payer Survey	Clinician Survey

Surveys completed in March/April and results analyzed in May; results were shared with CPI to support future decision-making
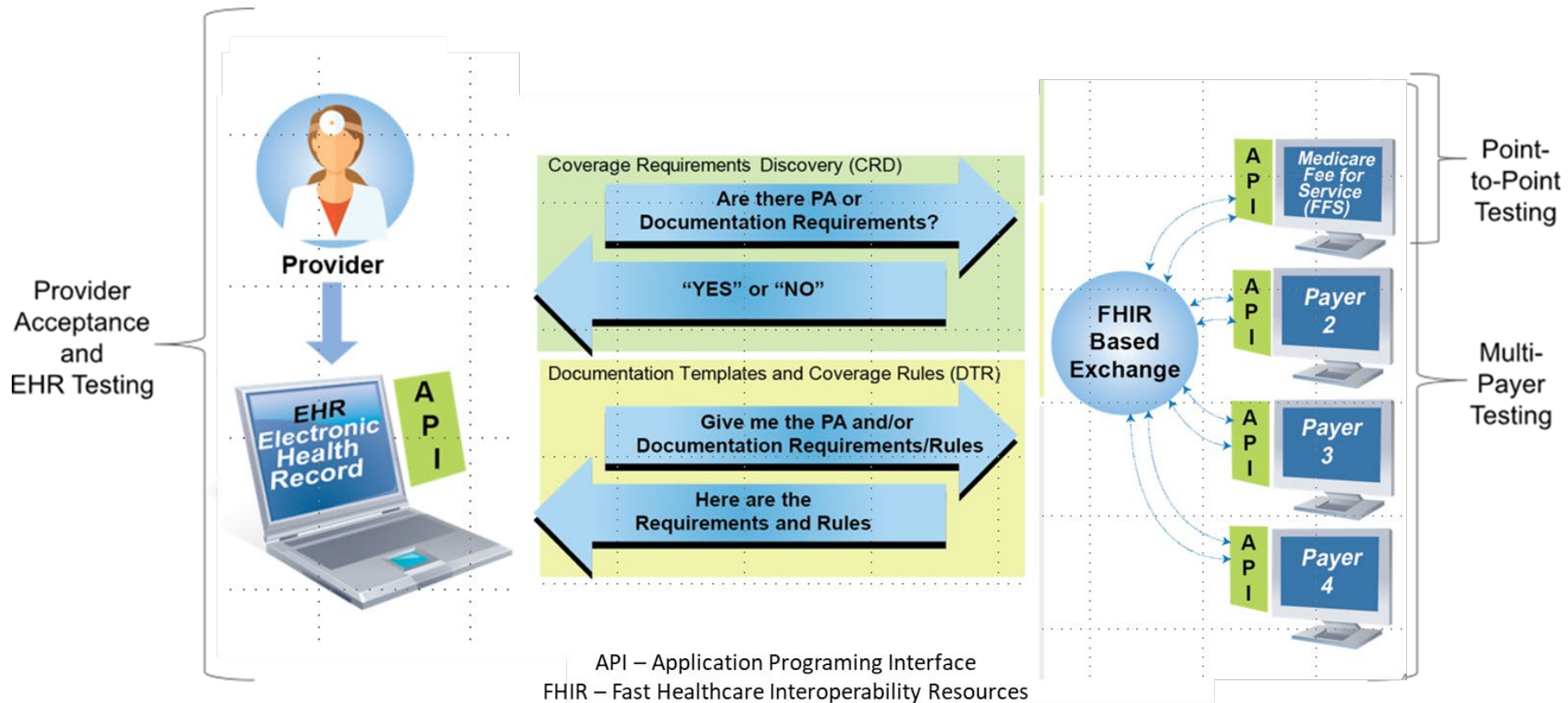
Part 3: Stakeholder Outreach

EHR Vendors	Clinicians	Payers

Targeted outreach conducted for self-identified survey participants to solicit further details regarding their readiness and future interest in DRLS pilots/implementation

DRLS Software Prototype Pilot Testing

Coverage Requirements Discovery (CRD)
- Are there PA or Documentation Requirements?
- "YES" or "NO"

Documentation Templates and Coverage Rules (DTR)
- Give me the PA and/or Documentation Requirements/Rules
- Here are the Requirements and Rules

API – Application Programing Interface
FHIR – Fast Healthcare Interoperability Resources

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 documentation 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.

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
• 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	• 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	• 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

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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 …	Clinicians/providers say they …
• Tend to focus on marketplace and customer needs within a standardized framework	• Want reduced documentation burden and automated record retrieval
• Prioritize addressing regulatory requirements and interoperability rules	• Want standardization and consistency, more precise regulations and rules, and more payer transparency
• Will update their technology by building out and expanding FHIR resources, but are less focused on CDS Hooks	• 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 Outreach & Education

- **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

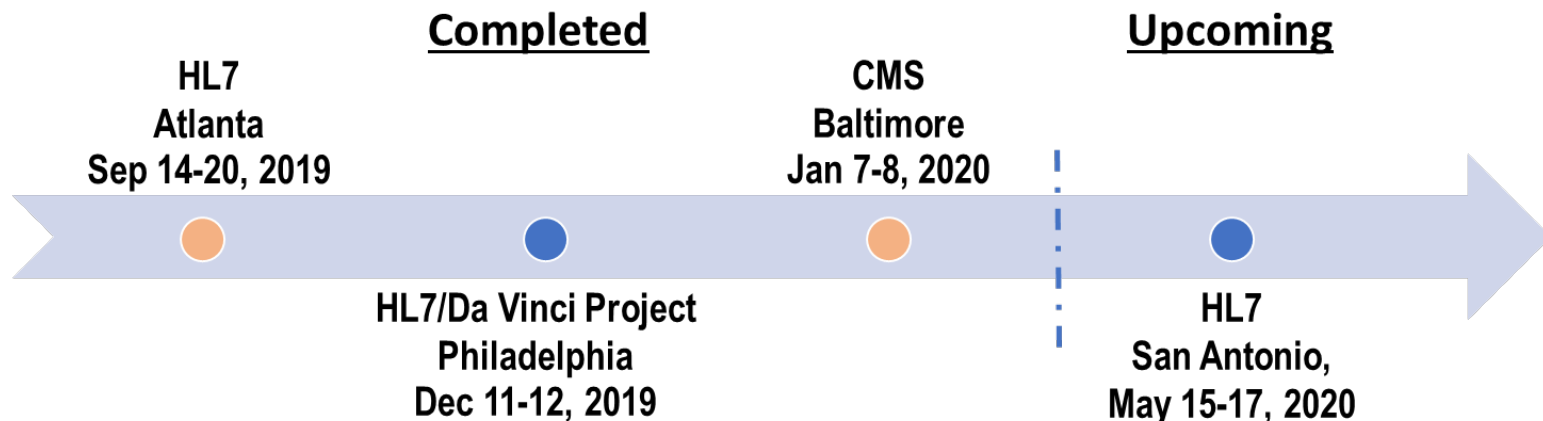- **Smaller work group conducts focused working sessions with targeted participants**

DRLS Next Steps

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
Atlanta
Sep 14-20, 2019

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

CMS
Baltimore
Jan 7-8, 2020

Upcoming

HL7
San Antonio,
May 15-17, 2020

Rule Sets

What are rule sets?

Specific sets of data requirements for what needs to be documented in the medical record to support coverage for a given item or service. The DRLS technical team is developing Medicare FFS rule sets for DRLS.

- **Topics selected by CMS for rule set development based on improper payment rates and other factors**

- **Completed rule sets will reside in the prototype DRLS repository**

Home Oxygen Therapy

Non-Emergency Ambulance Transportation (NEAT)

Positive Airway Pressure (PAP) devices

Respiratory Assist Devices (RAD)

Home Blood Glucose Monitors

Ventilators

And more ...

*Order does not indicate priority.

DRLS Prototype - Pilot Testing Timeline

September 2019

Plan for Connectathon participation to test EHR software with DRLS

December 2019 – August 2020

Conduct system testing between a single provider and CMS payer system

April – August 2020

Conduct provider acceptance testing

August 2020

Develop summary findings

March 2020

Develop concrete deployment timelines with providers and EHR vendors

March – August 2020

Conduct system testing between a single provider and multiple payer systems

July - August 2020

Compile and analyze test results

Stakeholder Leadership Group Priorities This Year

Asymmetric Documentation

- Ensure there is alignment between the data that providers document in the EHR and the data that payers want in order to make a coverage decision

Structuring and Mapping Data Rules

- Structure data rules to allow accurate mapping

Workflow and User Experience

- Fit DRLS activities effectively and seamlessly into the clinician's workflow

Awareness and Adoption

- Prepare stakeholders for DRLS and encourage buy-in

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 Stakeholder Leadership Group: Contact drls-work-group@mitre.org

- **Check into future HL7 Connectathon events and other related forums where DRLS development will continue (http://www.hl7.org/about/davinci/)**

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