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

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
How DRLS Works

<table>
<thead>
<tr>
<th>Coverage Requirements Discovery (CRD)</th>
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</thead>
<tbody>
<tr>
<td>Are there PA or Documentation Requirements?</td>
</tr>
<tr>
<td>“YES” or “NO”</td>
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</table>

<table>
<thead>
<tr>
<th>Documentation Templates and Coverage Rules (DTR)</th>
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</thead>
<tbody>
<tr>
<td>Give me the PA and/or Documentation Requirements/Rules</td>
</tr>
<tr>
<td>Here are the Requirements and Rules</td>
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API – Application Programming Interface
FHIR – Fast Healthcare Interoperability Resource
DRLS in the Clinician Workflow

1. Patient visits the clinician, who needs to determine the required coverage documentation for a service.
2. Clinician initiates DRLS with entry into EHR, clicks to send, and receives Yes/No response on whether there are prior authorization or documentation requirements.
3. If the response is Yes, the clinician or staff clicks the provided link to request the documentation requirements.
4. EHR extracts existing patient data; staff enters any missing information and completes documentation.
5. 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 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
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.

<table>
<thead>
<tr>
<th>EHR Vendors</th>
<th>Payers</th>
<th>Clinicians/Providers</th>
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<tbody>
<tr>
<td>• Support mandated functionality, but most have not gone beyond the minimum necessary to meet the requirements</td>
<td>• Do not typically make documentation and prior authorization requirements publicly available</td>
<td>• Go to multiple sources to obtain documentation requirements</td>
</tr>
<tr>
<td>• Are deploying FHIR, but explain that few applications are available yet</td>
<td>• Make most exchanges with providers (including requesting documentation) via fax, mail, and phone, despite availability of existing standards for electronic exchange</td>
<td>• Use fax for payer communication</td>
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<td>• Express interest in the EHR displaying requirements, but have concerns with time demands and increased work burden that a solution like DRLS could create</td>
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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

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<tr>
<th>EHR vendors say they ...</th>
<th>Clinicians/providers say they ...</th>
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<tr>
<td>Tend to focus on marketplace and customer needs within a standardized framework</td>
<td>Want reduced documentation burden and automated record retrieval</td>
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<td>Prioritize addressing regulatory requirements and interoperability rules</td>
<td>Want standardization and consistency, more precise regulations and rules, and more payer transparency</td>
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<tr>
<td>Will update their technology by building out and expanding FHIR resources, but are less focused on CDS Hooks</td>
<td>Fear disruptions to workflow and physician-patient relationship, and want to consider the patient</td>
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<td></td>
<td>Prefer physician alerts that better address DME eligibility for patients</td>
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<tr>
<td></td>
<td>Believe EHR vendor, clinician, and payer need to be at the table</td>
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• **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

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<tr>
<th>HL7 Atlanta</th>
<th>Completed</th>
<th>CMS Baltimore</th>
<th>Upcoming</th>
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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

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/)
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