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

HL7 Da Vinci
Community Round Table
August 26, 2020
4:00 PM

Presenters:
Ashley Stedding, DRLS Government Lead, CMS
Nalini Ambrose, DRLS Project Lead, MITRE Health FFRDC
Larry Decelles, DRLS Technical Lead, MITRE Health FFRDC
• DRLS Background, Context and Goals
• How DRLS Fits Within the Current Prior Authorization Process
• Development and Testing of the DRLS Standards
  – DRLS development
  – Rule set creation
  – Pilot testing
  – Stakeholder engagement
• Lessons Learned
• Continued DRLS Development
• Questions & Answers
DRLS Background, Context and Goals
Why is CMS Interested in DRLS?

• What we heard from providers and clinicians

  Documentation requirements are too hard to find!

  "From a physician standpoint, I want to know what I need to do while the patient is here."

• Documentation errors and missing documentation contribute to high rates of improper payments for CMS; in 2019, they accounted for:
The Medicare FFS DRLS prototype is software that will allow healthcare 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
- Improve Provider-to-Payer Information Exchange
- Reduce Improper Payments and Appeals
How DRLS Works

Coverage Requirements Discovery (CRD)
Are there PA or documentation requirements?
"YES" or "NO"

Documentation Templates and Rules (DTR)
Give me the PA and/or documentation requirements and/or rules
Here are the requirements and/or rules

FHIR Based Exchange

API – Application Programming Interface
FHIR – Fast Healthcare Interoperability Resources
The DRLS Workflow for an Order – Technical View

1. DME, service, or drug ordered: CDS hook triggers query
2. Invokes CDS Service & sends pre-fetch FHIR data including order information
3. CDS Service searches repository leveraging FHIR-based data
4. Sends CDS Hooks response (card) with link to SMART on FHIR App
5. Decides rule, if necessary. Parses rule from CQL, identifies gaps in data available in EHR, and populates template

SMART on FHIR App
- Displays gaps, collects missing data and stores as part of medical record

Payer
- Repository API
- Repository of coverage rules/templates
How DRLS Relates to the Current Prior Authorization Process
DRLS and Prior Authorization

DRLS prototype is based on two use cases:

- **Coverage Requirements Discovery (CRD)** allows the provider’s EHR to ask the payer’s system if there are Prior Authorization (PA) and/or documentation requirements, receiving a “yes” or “no” response.

- **Documentation Templates and Rules (DTR)** enables the EHR to request and receive documents, templates, and rules from the payer’s system. It then pre-populates required documentation.

DRLS could be a beneficial part of the prior authorization workflow:

- **Prior Authorization Support (PAS)** enables the provider, at point of service, to request and receive authorization directly.
DRLS in the Clinician Workflow

Clinician assesses a patient and determines the need for an item or service.

DRLS SCOPE

Clinician/staff initiates DRLS with entry into EHR to identify if Medicare FFS/Payer coverage or PA documentation is required.

If coverage or PA documentation is required, DRLS returns “Yes,” stating what is required and providing a link to request required documentation.

When clicked, DRLS retrieves required rules and the EHR extracts existing patient data.

Clinician/staff manually enters any missing information and completes the documentation.
Development and Testing of the DRLS Standards
DRLS Implementation Guides and Connectathons

Balloted in May 2019
- STU Coverage Requirements Discovery (CRD)
- Comment Documentation Templates & Rules (DTR)

2019
- HIMSS19 Interop Showcase
- Da Vinci Connectathon & Working Session
- HL7 Connectathon

Balloted in September 2019
- STU Documentation Templates and Rules (DTR)

2020
- HL7 Connectathon
- HL7 “Virtual” Connectathon

Deliverable-HL7 Ballots are for STU, with the exception of DTR in May
Event-See confluence.hl7.org

DRLS Period of Performance end
# CRD and DTR Reference Links

<table>
<thead>
<tr>
<th>CRD</th>
<th>May 2019 Ballot Reconciliation and Connectathons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation Guide (IG)</td>
<td>CRD Implementation Guide</td>
</tr>
<tr>
<td>Reference Implementation (RI)</td>
<td>CRD GitHub Repository</td>
</tr>
<tr>
<td>Confluence Artifacts</td>
<td>Da Vinci Use Cases</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DTR</th>
<th>September 2019 STU Ballot Reconciliation &amp; Connectathons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation Guide (IG)</td>
<td>DTR Implementation Guide</td>
</tr>
<tr>
<td>Reference Implementation (RI)</td>
<td>DTR GitHub Repository</td>
</tr>
<tr>
<td>Confluence Artifacts</td>
<td>Da Vinci Use Cases</td>
</tr>
</tbody>
</table>

*Source: Da Vinci*
**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 team is developing Medicare FFS rule sets for select topics based on improper payment rates and other factors.

- Home Oxygen Therapy
- Positive Airway Pressure (PAP) Device
- Non-Emergency Ambulance Transport (NEAT)
- Home Blood Glucose Monitor
- Respiratory Assist Device (RAD)
- Spinal Orthotics
- Ventilators
- Home Health Services
- Immunosuppressive Drugs
- Urological Supplies
- Hospital Beds and Accessories
- Initial Annual Wellness Visit
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 requirements 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.
Industry Stakeholder Engagement has been critical for building awareness and obtaining feedback from the stakeholder community on DRLS challenges and recommendations

- **We convene a Quarterly DRLS Stakeholder Leadership Group (SLG)**
  - 50+ members from state and federal government, commercial payers, healthcare providers, EHR vendors, DME suppliers, and associations
    - Identifies DRLS challenges and provides feedback
    - Builds industry awareness of and buy-in for DRLS
    - Provides input on DRLS prototype and rule set development
    - Supports pilot participation

- **A smaller Monthly DRLS Work Group (WG) conducts focused sessions**
  - Dives deeper into priority areas and recommends actions
# SLG-Identified Priority Areas for DRLS

<table>
<thead>
<tr>
<th>Structuring &amp; Mapping Data/ Rules &amp; Asymmetric Documentation: Provider Pain Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Variability of rules and documentation requirements across payers</td>
</tr>
<tr>
<td>• Lack of standardization in payer vocabularies and publishing</td>
</tr>
<tr>
<td>• Inability to capture all required data in EHRs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Awareness &amp; Adoption: Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Perceived value</td>
</tr>
<tr>
<td>• Lack of incentives and stakeholder influencers</td>
</tr>
<tr>
<td>• Inconsistent implementations, and lack of order and patient-specific retrieval</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workflow, Roles and User Experience: Aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Need to integrate DRLS into clinical workflow in a way that reduces provider burden and expedites patient care</td>
</tr>
</tbody>
</table>
Lessons Learned
Lessons Learned … CMS & Stakeholder Engagement

DRLS is an important first step in building interoperability between provider and Medicare FFS systems to improve identification of coverage and PA requirements.

CMS could achieve data interoperability goals through DRLS, which could be leveraged across multiple CMS programs for better alignment with the standards being used.

As a FHIR Accelerator, the HL7 Da Vinci project acts as a vehicle to help interoperability progress faster.

CMS is a key driver, collaborator, and supporter of the standards community in this effort.

Establishing strong, sustained governance for the DRLS initiative is imperative to maintain momentum through industry adoption and implementation.

CMS is seen as a champion for DRLS and a collaborator with industry stakeholders to build awareness and buy-in for future DRLS adoption.

Clinicians need to understand the value proposition of the DRLS solution and be able to envision the future “return on investment” through DRLS implementation.

Clinicians who understand how DRLS works in the EHR can influence their EHR vendors to develop the right user environment for easy adoption and use.
Lessons Learned ... DRLS Development & Pilot Testing

Many EHR and other health IT vendors currently do not possess the required functionality and readiness for implementing DRLS.

Continued pilot testing of the DRLS prototype in near-real-time settings is crucial for the future successful adoption of DRLS by industry when standards reach a full level of maturity.

Clinician acceptance of DRLS within their clinical workflows is critical to its implementation.

Iterative development of the DRLS prototype (i.e., Agile philosophy and methods) allows for continuous adjustments and improvements.

Recent ONC and CMS interoperability rules will help drive EHR adoption of the latest FHIR standard (R4), enabling DRLS pilot testing efforts.

Early and ongoing industry stakeholder feedback is vital to help build and test the standards in a collaborative manner.

Clinician input is central to tailoring and fine-tuning DRLS to meet their needs, improve usability within their workflows, and increase their efficiency.

CMS supporting participation in collaborative forums (e.g., HL7 Connectathons, HIMSS interoperability showcase, and similar events), drives iterative development.
Continued DRLS Development
Establishing a “Solid State” for DRLS

• Continued work on the DRLS initiative would:
  – Establish a solid foundation for the standards being developed to a degree of maturity before industry can take it forward
  – Maintain momentum and interest in the industry to adopt DRLS and similar digital solutions
  – Obtain early and ongoing stakeholder input and buy-in to help build and test the standards in a collaborative manner
Continued DRLS Development

• **Standards Development**
  – Continue developing CRD and DTR IGs and RIs through 2021

• **Rule Set Development**
  – Identify, develop, test additional rule sets

• **Pilot Testing**
  – Demonstrate the capability and readiness to deploy DRLS, and pursue end-to-end testing

• **Stakeholder Engagement**
  – Continue to engage stakeholders to drive DRLS awareness and buy-in
Question & Answer Session

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