

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



## *Intersection of Clinical and Administrative Data Task Force Meeting*

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### *Presenters:*

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# Agenda

- **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."***

- What we are aiming for ...

[The American Medical Association: Prior Authorization and Utilization Management Reform Principles](#)

“Utilization review entities should publicly 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 the Data Revealed – Impetus for DRLS

Documentation errors or missing documentation accounted for:

**61.6%** of Medicare Fee-for-Service (FFS) improper payments<sup>1</sup>

**80%** of improper payments for **DMEPOS**<sup>2</sup>

For Medicare FFS specifically, improper payment rates for DME were significantly higher than other categories:

**31% for DME**<sup>3</sup> vs. **7% for overall FFS**<sup>4</sup>

Oxygen and CPAP supplies led equipment types in total contribution to improper payments<sup>5</sup>:

**30%** improper payment rate for Oxygen

**33%** improper payment rate for CPAP

**Source:** CMS 2019 Medicare Fee-for-Service Supplemental Improper Payment Report. All percentages are rounded.

<sup>1</sup>*Ibid.*, “Common Causes of Improper Payments,” (combines Insufficient Documentation and No Documentation), pg. 2.

<sup>2</sup>*Ibid.*: Table E-2 (combines Insufficient Documentation and No Documentation), pg. 30.

<sup>3</sup>*Ibid.*, Table A-1, pg. 10.

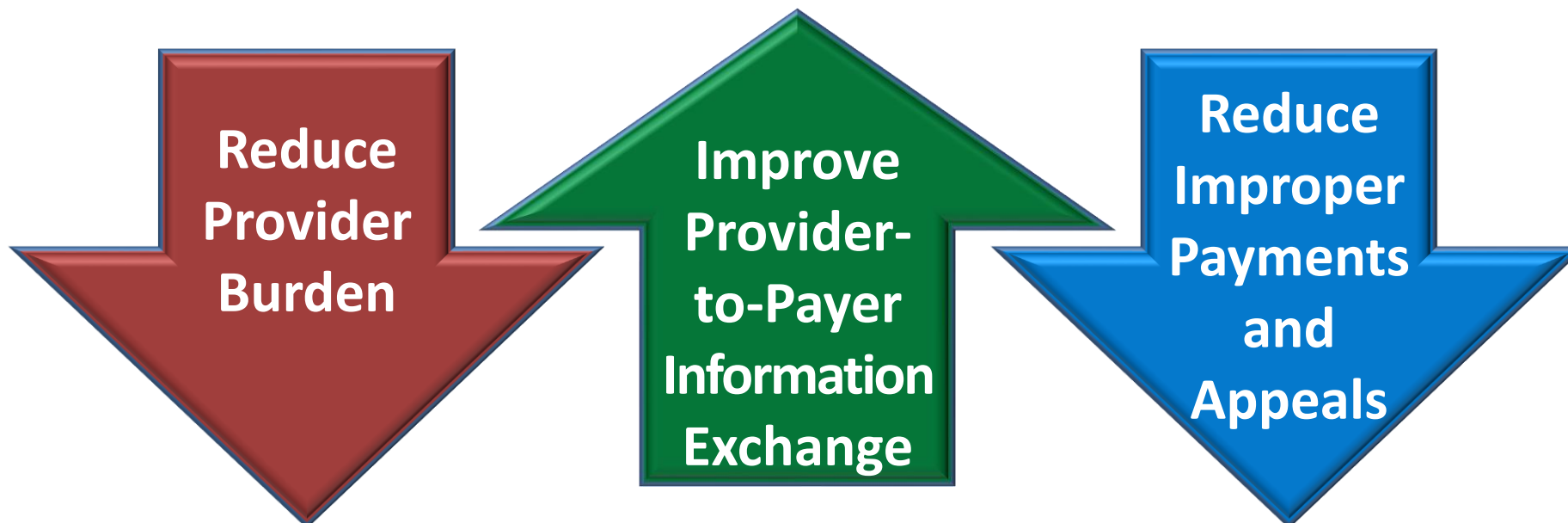
<sup>4</sup>*Ibid.*, Summary of High-Level Findings, pg. 1.

<sup>5</sup>*Ibid.*, Table D-2, pg. 26.

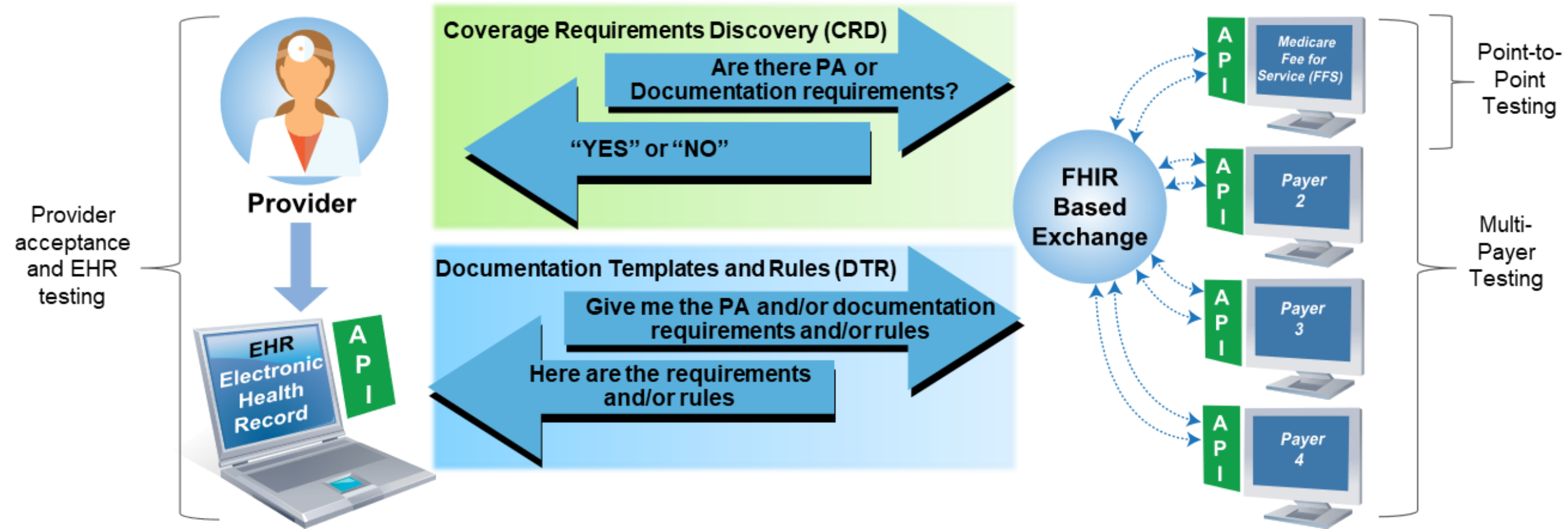
# The DRLS Solution

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

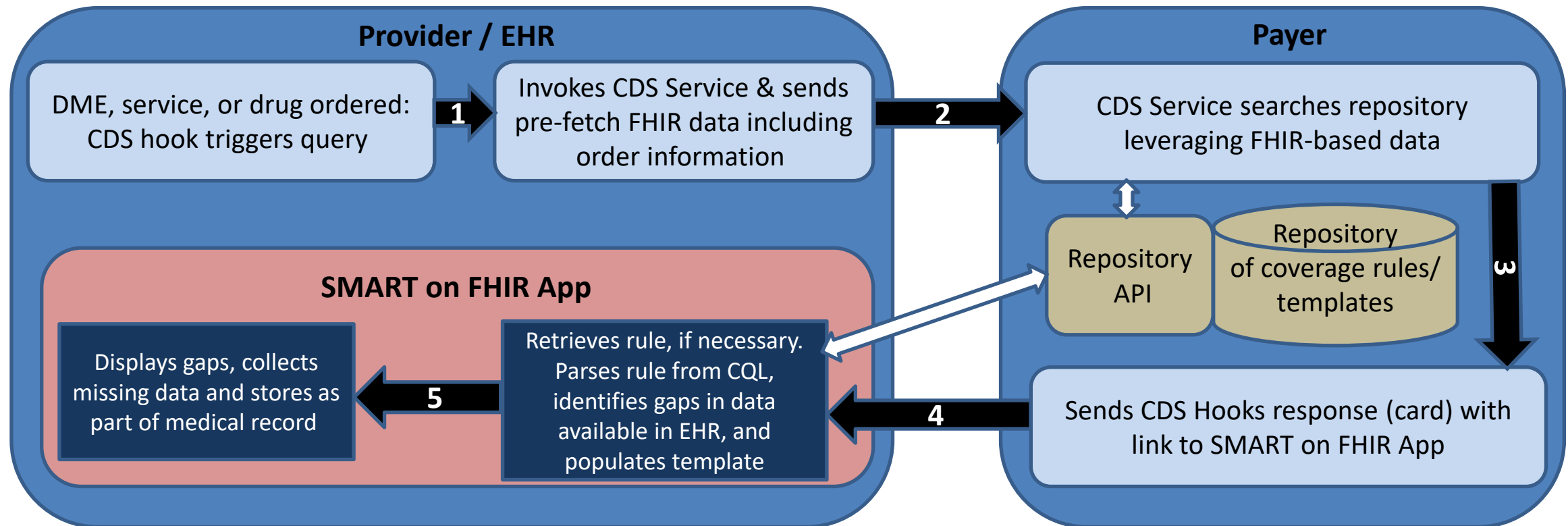


# How DRLS Works in the Clinical Workflow



API – Application Programming Interface  
FHIR – Fast Healthcare Interoperability Resources

# The DRLS Workflow for an Order – Technical View





# How DRLS Fits Within the Current Prior Authorization Process

# How Prior Authorization Fits Within DRLS

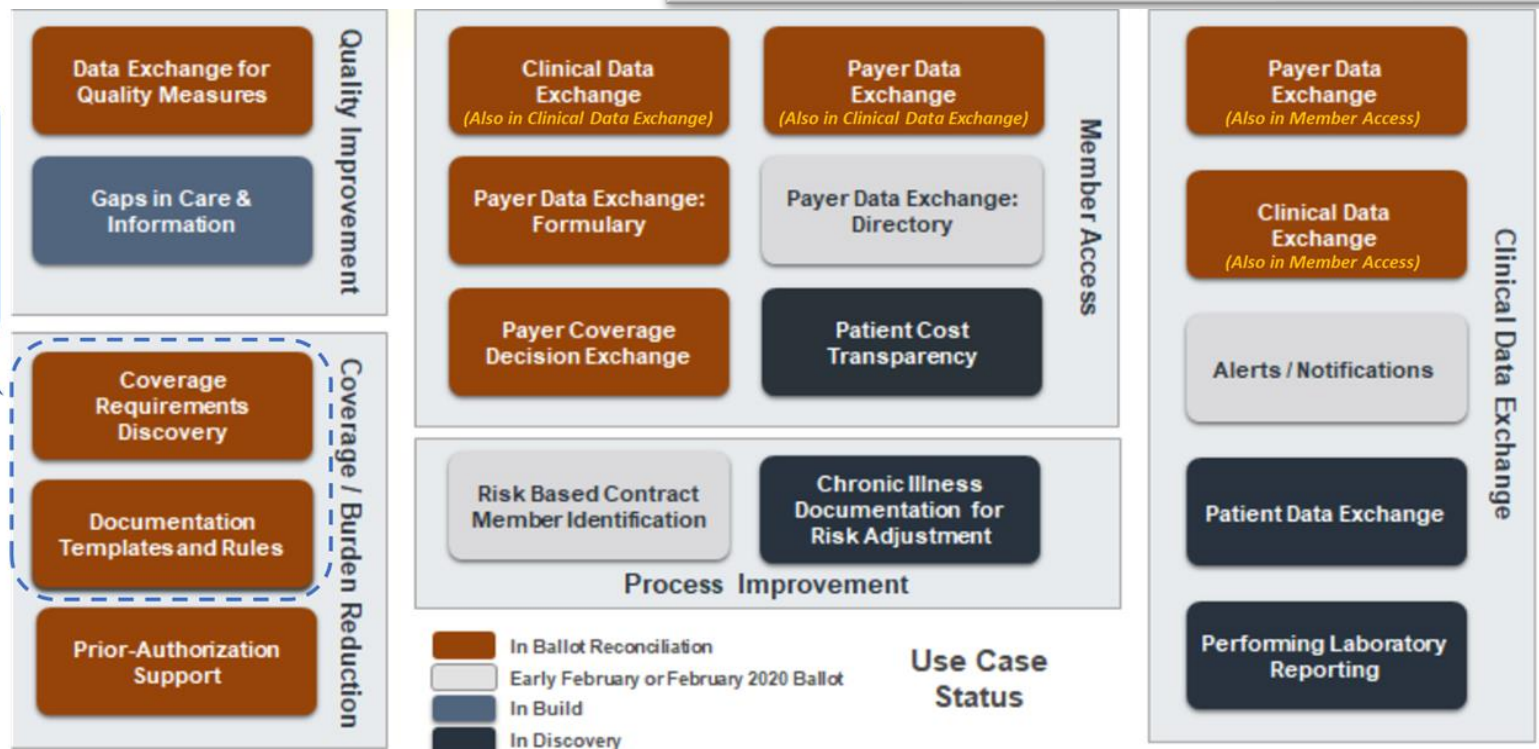
DRLS prototype is based on two use cases:

- **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.

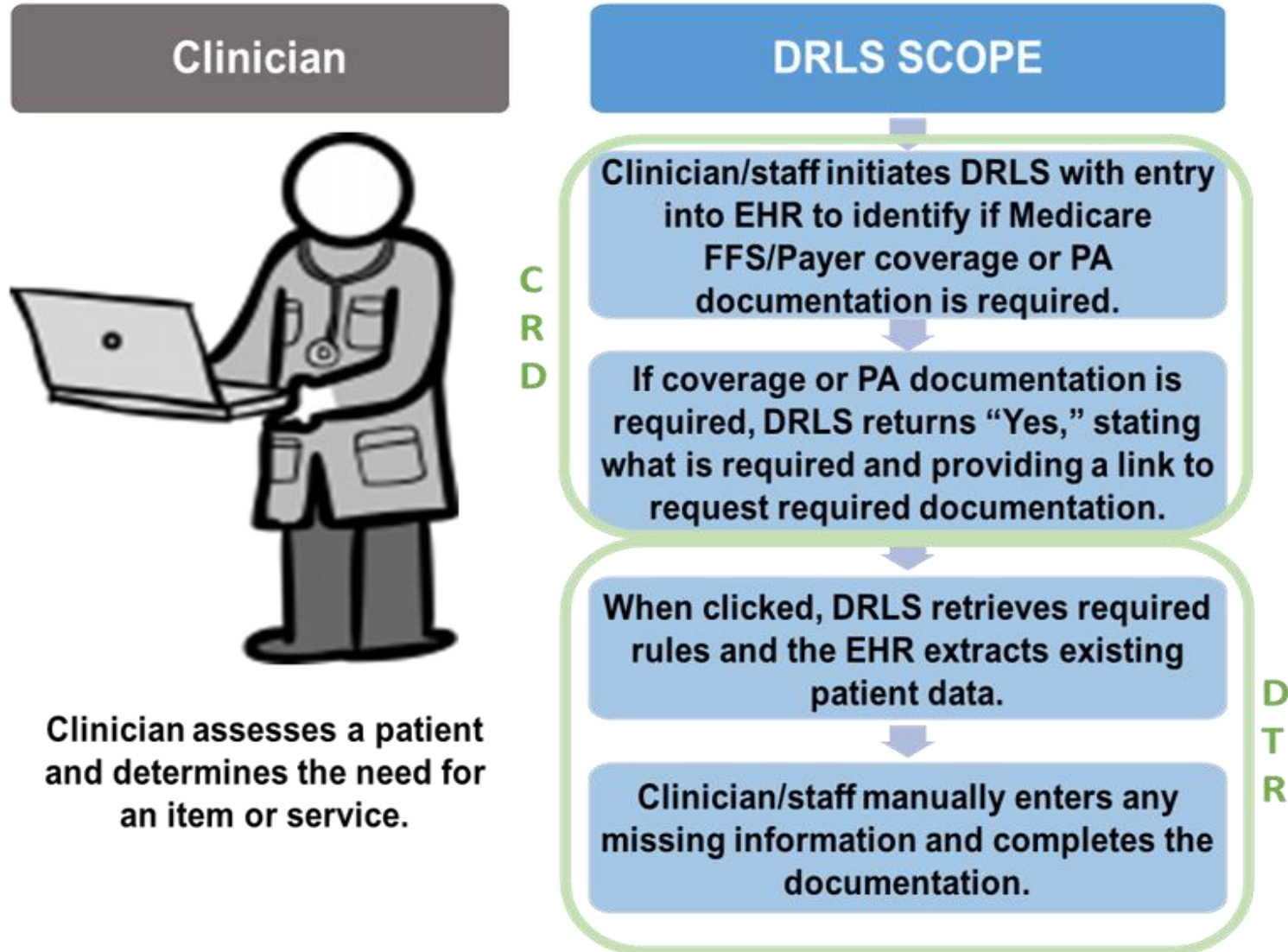
DRLS could be a beneficial part of the prior authorization workflow:

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

DRLS prototype is based on these two use cases



# DRLS in the Clinician Workflow



# 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)

 Deliverable-HL7 Ballots are for STU, with the exception of DTR in May

 Event-See [confluence.hl7.org](https://confluence.hl7.org)

2019

2020



# CRD and DTR Reference Links

CRD	May 2019 Ballot Reconciliation and Connectathons
Implementation Guide (IG)	<a href="#">CRD Implementation Guide</a>
Reference Implementation (RI)	<a href="#">CRD GitHub Repository</a>
Confluence Artifacts	<a href="#">Da Vinci Use Cases</a>

DTR	September 2019 STU Ballot Reconciliation & Connectathons
Implementation Guide (IG)	<a href="#">DTR Implementation Guide</a>
Reference Implementation (RI)	<a href="#">DTR GitHub Repository</a>
Confluence Artifacts	<a href="#">Da Vinci Use Cases</a>

Source: Da Vinci

# DRLS Rule Sets for Pilot Testing

## *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)



Ventilators



Home Health Services



Immunosuppressive Drugs

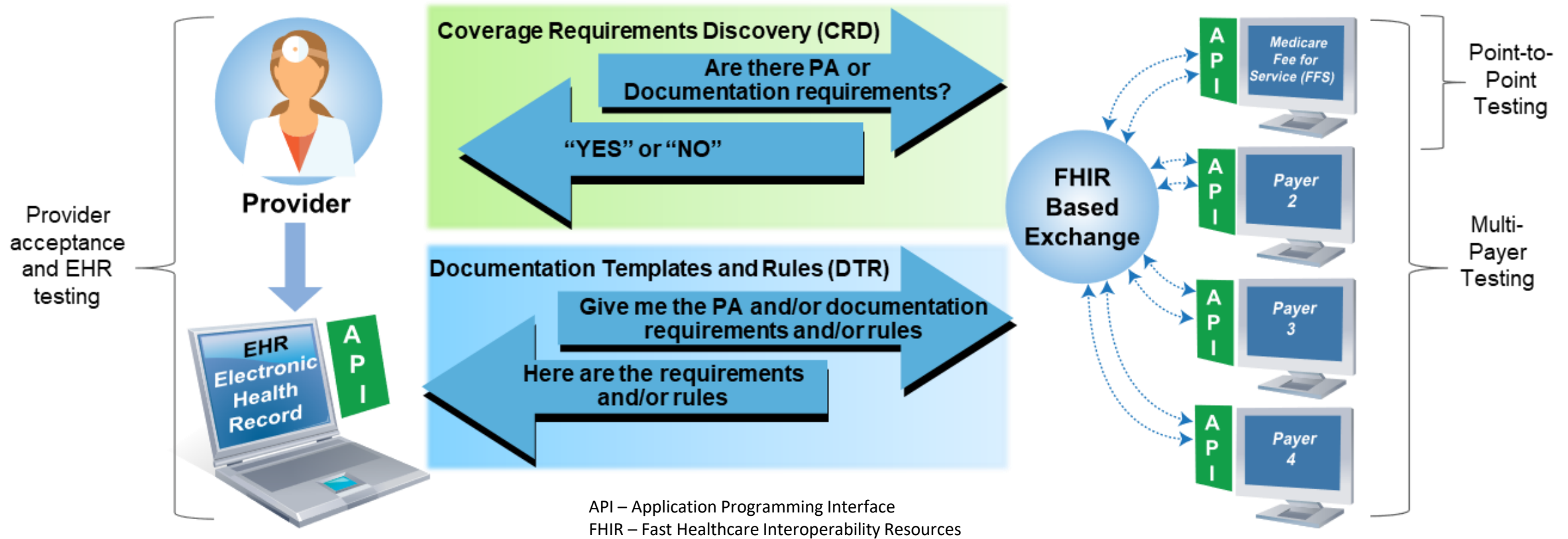


Urological Supplies



Hospital Beds and Accessories

# DRLS Pilot Testing



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.

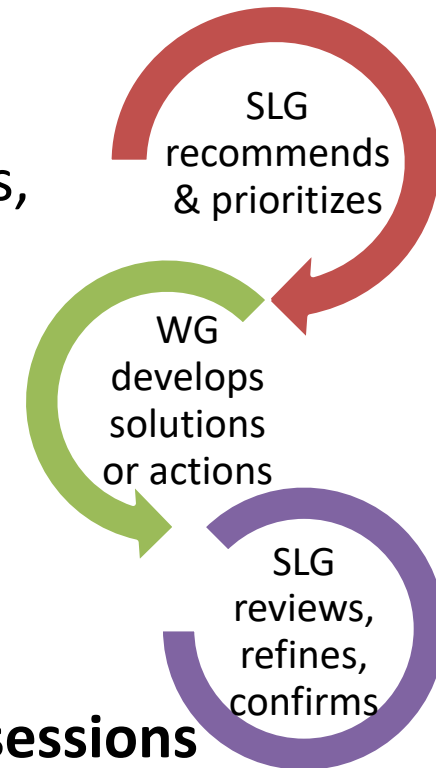
3. **Provider Acceptance and EHR Testing:** a provider determines whether DRLS fits into the workflow, reduces burden, and delivers the information needed.



# DRLS Stakeholder Engagement

**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 working sessions**
  - Dives deeper into priority areas and recommends actions



# Lessons Learned

# Lessons Learned ... CMS 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.

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

CMS supporting participation in collaborative forums (e.g., HL7 Connectathons, HIMSS interoperability showcase, and similar events), drives iterative development.

# Lessons Learned ... Stakeholder Engagement

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

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

**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.**

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

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

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

**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.

# Establishing a “Solid State” for DRLS

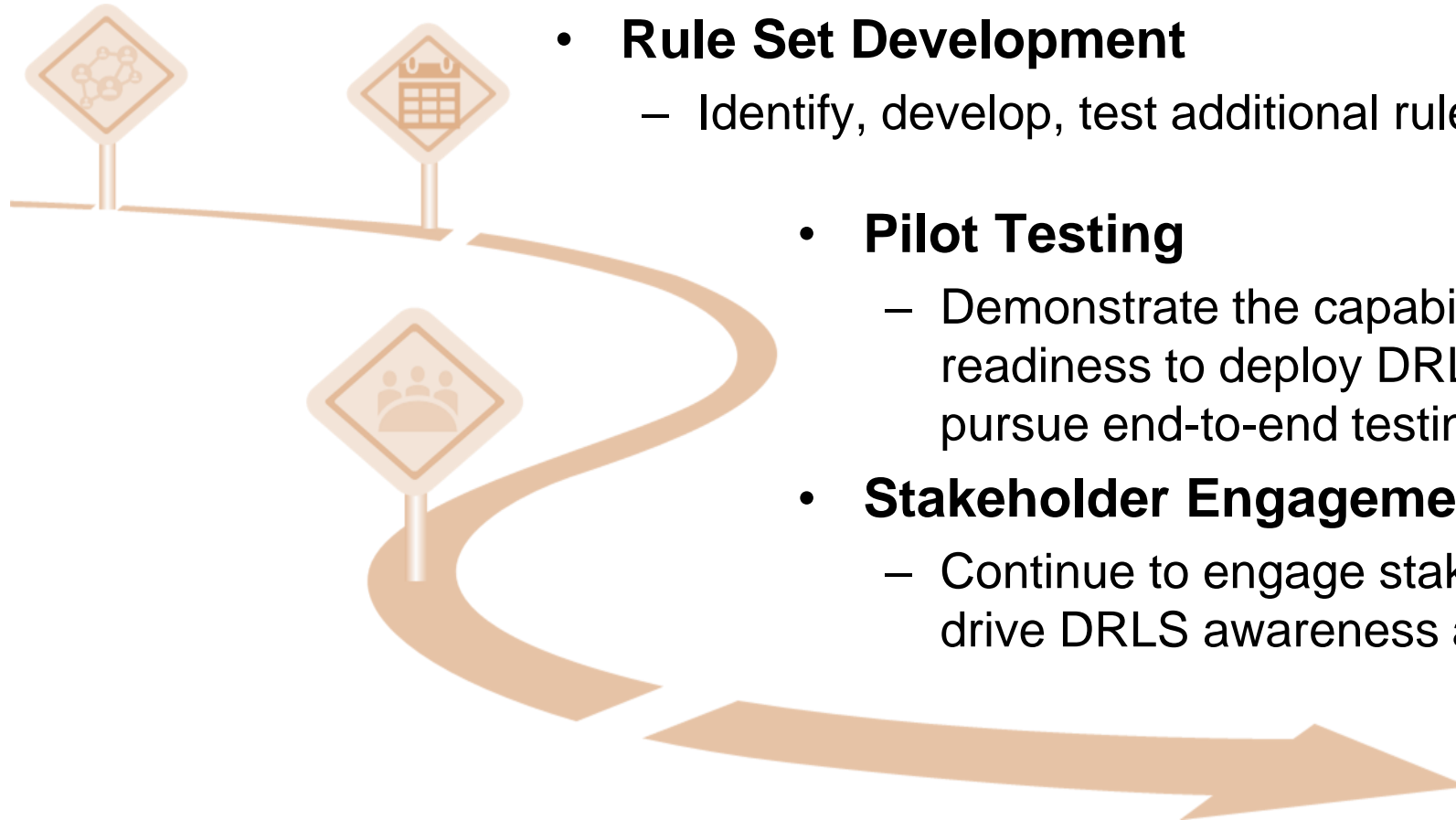
- **Continued work on the DRLS initiative would:**
  - Establish a solid foundation for the standards being developed to a degree of maturity before industry can take it forward
  - Maintain momentum and interest in the industry to adopt DRLS and similar digital solutions
  - Obtain early and ongoing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



# Continued DRLS Development

# 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](mailto:MedicareDRLS@cms.hhs.gov)*

*For more information, visit:  
[go.cms.gov/MedicareRequirementsLookup](https://go.cms.gov/MedicareRequirementsLookup)*