SCOPE INFOTECH, INC.

Electronic Medical Document Interoperability (EMDI)

DME ePrescribing Panel Discussion Report

HHA and DME eRx FHIR Workgroup

11/20/2019

Panelists

1
Kim Brummett
Vice President of Regulatory

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Paula Dahl
Executive Vice President of Strategy and Business Development

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James Courtney
Product Manager of Technology and Services

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Zane Schott
Director of IT Referral Applications

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Stephanie Legree
Manager of Medicare Reimbursement

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Kelli Ore
Vice President of Contracting and Payer Regulations

American Association for Homecare
Caring that Feels Right at Home

SuperCareHealth

McKESSON

APRIA HEALTHCARE

BINSON'S Medical Equipment & Supplies Since 1953

Rocky Mountain Medical Equipment LLC

What does a typical order/referral process look like in the real world?

Stephanie Legree (Binsons)

Binsons receives orders by three methods:

In-person paper-based order

Faxed paper-based order
OR
Faxed order as a digital PDF

Order through ePrescribing platform
(Managed by their script department)

Kelli Ore (Rocky Mountain Medical)

Rocky Mountain Medical also receives the orders same way.

Can you identify some challenges in the order/referral process?

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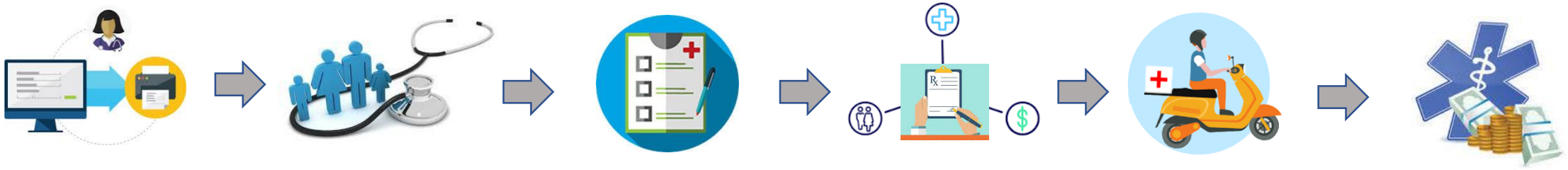
Kim Brummett (AAHomecare)

- **Accuracy of Order**: There are very specific guidelines and items that must be included in the order. Often when the order comes into the supplier's business these orders are not accurate per the policy guidelines and the Local Coverage Determinations (LCDs) that Medicare has established.
- **Documentation Challenge**: When one receives an accurate order, the clinical documentation and lab values all need to be included. The ePrescribing platform does not retrieve all the necessary data elements that the supplier needs to obtain.
- **Order Fulfillment**: If a supplier retrieves an accurate order from a provider, there is still question if the order was submitted to the patient and the patient is receiving what they need.
- **Audits**: The supplier is faced with a huge risk of being audited before the supplier is paid.

Paula Dahl (SuperCare Health)

- **Re-enforcing of the Clinical Guidelines and LCD Requirements**: Many providers/clinicians view the order/referral process with a holistic view of the patient and not the view of the payer. **Providers send all the information about the patient without being aware that different payers have different aspects of coverage requirements**. The auditing interpretation and review of this documentation can vary.

Order Generation → Coverage Identification → Documentation and Information Gathering → Order Routing → Order Dispense → Claim Appeals/ Administration follow up



Is it possible for ePrescribing platforms to use Clinical Data Elements (CDEs)?

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James Courtney (McKesson)

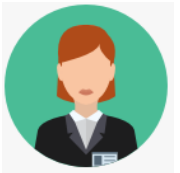
Yes, It is possible to develop. McKesson developed their own APIs and has direct integration with Electronic Medical Records (EMRs) system and these EMRs do not have CDEs. This causes information to be transmitted as 'supporting documentation' and incorporated in a notes field. This takes McKesson's customer service representatives more time to read and process an order at intake. Zane Schott agrees that the **CDEs should be required, so relative information does not end up being considered long extensive notes.**

Zane Schott (Apria)

Apria participated in the CMS CDEs for home oxygen therapy to include in the DMEhub application. Apria learned that there was push back where the CDEs were very comprehensive of a holistic view of the patient, but many people wanted to know which CDEs should be incorporated to get the DMEs delivered and billed. There was also some pushback to have ePrescribing platforms use CDEs, but it should be with harmonization with CMS' requirements and LCDs. This also speaks to the supplier perspective of the challenge with the referral process where order routing in the ePrescribe platform (using open Application Program Interface (APIs)) can over burden the provider by making it difficult for providers to capture the DME. As a result, providers may want to ban the use of ePrescribing. **ePrescribe platforms can use CDEs and will be great to utilize, there is a need to harmonize and simplify the actions that can be billable and collected patient data**.

David Bruinsma (Colonial Medical)*

Colonial Medical (uses DMEhub) has an automated flow that looks for required diagnosis and will automatically reject an order if the CDEs are below threshold. Zane Schott explained that their ePrescribe platforms built a platform of many rules for appropriation (documentation, use of DME, etc.) to allow for clinical evaluation and determination. The benefit eases the pain of entry and **ePrescribe can achieve over 95% of orders being clean and deliverable**. The CDEs have operational benefits that guide processes and **allow non-clinicians to enter patient information and can be evaluated by the clinicians; the rules make the burden of entry and compliance easier.**



Kim Brummett (AAHomecare)

Not all ePrescribe platforms incorporate CDEs since some of them have an order generator. It will be beneficial to have suppliers and providers incorporate the CDEs.

*Comments made by workgroup attendees.

Will CDEs be considered as “met documentation requirements” if they are used?

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Kelli Ore (Rocky Mountain Medical)

Incorporating CDEs will assist with suppliers meeting the documentation requirements, but some product categories that will be necessary for additional guidance for ordering. These products can include power mobility devices (PMDs), since it is a two-step process for the ordering process. It is important for providers to work directly with CMS on what will be considered as 'met documentation requirement' versus 'contemplating medical records', if ePrescribing is a mandatory platform to be utilized to order equipment.

Paula Dahl (SuperCare Health)

It is important to have the ePrescribe platform incorporate CDEs and be accepted by CMS. The CDEs should create the efficiency in the ePrescribing platform where they can have a rule engine that can be engineered to meet Medicare and other payer guidelines. As a result, suppliers will see less issues and audits with documentation returned 'as not met documentation' requirements. This can be done with Medicare support and guidance.

How can CMS help educate medical reviewers on CDEs that are used?

Kim Brummett (AAHomecare)

CMS need to make **a policy of the transition to ePrescribing**. There is a lot of program integrity, but without the policy changes the CDEs will never be fully implemented. All the LCDs and article requirements will need to be revised and transitioned to the electronic platform. At one of AAHomecare's CMS In-services in 2018 there were many presentations from representatives of applications with an audience of representatives from program integrity. One of the questions that was asked from this audience was 'when a document is created in an ePrescribe app following the CDEs, will this document be considered the face-to-face or the clinical documentation' and the answer for this question was NO. This will be a challenge with adopting CDEs. **The ePrescribing application should be considered an extension of the EMR to incline providers and suppliers to adopt this application.**

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Paula Dahl (SuperCare Health)

The ePrescribe platform need to establish consistency amongst reviewers. Often the supplier becomes the medium of medical reviewers and the physician and they are left with challenging the physicians on their clinical judgment of DMEs and requirements (i.e., including specific verbiage in their documentation). If they were able to establish consistency with CDEs and its order generation, then it will be less subjectivity in the medical reviewer opinions. They can take away ambiguity and create consistency by establishing CDEs in the ePrescribing and by educating the reviewers of accepting the documentation billed within the ePrescribe platform.

Zane Schott (Apria)

Believes that CDEs will be the largest success factors on the operational needs of the suppliers to accurately provide the equipment for their patients in a timely manner. The determinant data should be retrieved through open APIs. Open APIs just mean that systems can easily talk to systems in a common easy to understand language. Medicare should support and reflect the rest of the healthcare systems (i.e., ePrescribe Medication and ePrescribe related Computerized Physician Order Entry (CPOE)), in which DME ePrescribe system should not be treated any differently. These systems should include pre-defined sets of data that are determinant and appropriate for use to advance the communication that benefits all including the patient. **CMS can help by supporting standards, supporting necessary information compliance, and helping shepherd the process to allow the independent marketplace to interact and interoperate to get to solutions.** This has worked in other unfunded CMS mandate with the forcing of data related care plans for the Long Term Post-Acute Care (LTPAC) communities.

What are the challenges associated with updating and maintaining Local Coverage Determinations (LCDs)?

Kelli Ore (Rocky Mountain Medical)

LCD requires suppliers to individually educate every physician that are referring orders. **The supplier has to educate each physician on what has changed in an LCD or policy article, and how it may impact their referral/order prescribing ability**. A CMS **adoption of an ePrescribing platform** is an approved list of ePrescribe platform that maintain and completes the update of the policy changes that get pushed to the physician. This eliminates the burden on the DME suppliers when educating physicians on the appropriate documentation and allows the physician to see these updates through the ePrescribe platform.

Stephanie Legree (Binsons)

CDEs eliminate the supplier asking for appropriate documentation and provide insight that CMS is asking for the documentation, since suppliers receive backlash from their referral sources when requesting information. **The CDEs follows the LCDs, but it is an extensive process to change the LCDs, which can be challenge.**

If a patient doesn’t meet coverage criteria, is there any guidance for physicians to complete the order?

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Stephanie Legree (Binsons)

We will currently use resources on the DME Medicare Administrator Contractors (MACs) website (i.e., LCDs or Program Integrity Manual) to provide to the physicians. Suppliers will manually educate the physicians with the issues or what may be missing in the coverage on the documentation that they receive. **The CDEs can help with this guidance**, since it will display what is going on at every point of the order (i.e., DMEhub tells if the oxygen order qualifies right away).

James Courtney (McKesson)

This is the same for me. McKesson's authorization specialist will work with the payer and order physician. These specialists offer guidance or education to the physician, which is usually done over the phone or via fax. **Some of the ePrescribe solutions providers insurance, coverage, or decision support within their user interface (UI) at the time the order is placed** on the clinician end. This solution is really effective.

What is the biggest barrier for CDEs adoption? How can CMS help to adopt the CDEs?

Paula Dahl (SuperCare Health)

The biggest barrier adoption is related to **EHRs in which physicians will have to duplicate efforts with the EHR and ePrescribe platform.** The provider has to remember which ordering system or application to use for their different suppliers. **A universal platform that can be easily integrated with EHRs will increase the adoption rate.**

Kelli Ore (Rocky Mountain Medical)

There will be a greater adoption **if more of the ePrescribing platforms, physicians, and EHRs knew that CDEs is acceptable by CMS.**

Kim Brummett (AAHomecare)

If the CDEs are not mandatory, then they will not be incorporated. She noted that the PMD CDEs were created years ago, but no EHRs incorporated these CDEs. They need to be mandatory for physicians, hospitals, and stand-along ePrescribing. They should also **remove all the manual cumbersome documentation requirements**. Pallavi Talekar asked if CMS considered including these types of documentation in the patient over paperwork or provider burden programs. Kim Brummett replied that she believes that CMS Program Integrity that can oversee is being concerned, but **CMS policy will have to revise items such as LCD and National Coverage Determinations (NCDs) to proceed with this**. Kim Brummett suggested for **CMS policy representatives to get involved in these discussions in order to make ePrescribing and CDEs to become more successful.**

Recommendation

Policy changes to promote adoption of ePrescribing platforms with CDEs

Universal platform to integrate with different systems

How would physicians address coverage criteria when the documents are created outside of an EHR?

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Zane Schott (Apria)

There are cases where the coordination of care where other therapists are involved where the documentation can lie outside their traditional primary clinical system, which can be difficult for the physician groups that do not have Direct Secure Messaging, network access, or storage for documentation. **The ePrescribe solutions can take external sources for a complete and accurate order.**

What are some challenges that current ePrescribing platforms face?

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James Courtney (McKesson)

Suppliers are now required to connect with multiple ePrescribe solutions, and it can be cumbersome to log into multiple portals. The lack of connectivity features of the ePrescribe solution roadmap and they need a higher priority of platform integration.

Zane Schott (Apria)

There is an operational challenge with multiple solutions and tools (i.e., hospital lab system, EHR system, etc.). **The suppliers and providers should move toward APIs to remove the burden for suppliers.** These challenges will resolve in the next few years when the current APIs mature.

Solution

APIs

How do we overcome the challenge of coverage requirements through an ePrescribing platform?

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Kelli Ore (Rocky Mountain Medical)

The burden currently resides on the DME supplier to individually educate physicians. **Physicians believe that it is a DME supplier's requirement rather than a CMS requirement.** I suggest **building into the ePrescribe platform, like a questionnaire, and if the physician does not qualify then the platform directs the physician on information** (i.e., policy articles) to understand why their patient does not qualify. **CMS should do an integrated data mining from these platforms to provide information on the same scale of the CPT to a DME supplier**.

Paula Dahl (SuperCare Health)

One should require adoption of the CDEs into the order to channel all physicians within this channel and provide education (i.e., coverage criteria). It is suggested to have a platform to remind the physicians of such requirements. The **ePrescribe platform can provide the opportunity to educate physicians on the CDEs that is beneficial**. This can assist CMS with educating the entire provider community.

Kim Brummett (AAHomecare)

CMS can provide incentives to those implementing CDEs.

Recommendation

- ePrescribing platforms should use questionnaire to educate physicians on importance of completing the order with documentation
- CMS can educate physicians for the same
- CMS can provide incentive for CDE adopters

What challenges do DME Suppliers face finding hospitals or providers with ePrescribing functionality?

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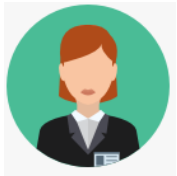

Stephanie Legree (Binsons)

It is difficult for physician groups to adopt the ePrescribing platform because it may not integrate into their system. It was another challenge of the **different logins for each platform**. Some platforms that have not adopted CDEs are difficult to get certain information (i.e., medical records) from. This is difficult to obtain through some of the ePrescribing platforms for the physician.

What kind of challenges does suppliers face when they use a health IT system for order receiving and additional documentation requests?

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Stephanie Legree (Binsons)

This is the same response from the previous question (login from different platform) and request of medical information of having the medical record to address medical necessity. **Each time the additional request is sent providers are charged for each of these transactions.** Kim Brummett said that it is a per transaction fee that suppliers pay, but they do not pay for the application.

James Courtney (McKesson)

The **cost per transaction continues to rise**, which is why McKesson is developing their own API solutions and direct connections.

Solution

Use of APIs may eliminate need challenge with accessing multiple platforms

How do Open APIs address these challenges? How does the DME eRx workflow solve a part of these challenges?

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James Courtney (McKesson)

The open APIs allow for a broader range of developers to connect and test solutions. There is also more power to the patient (i.e., APIs allows the aggregation of the patient information that can assist the caregiver).

Zane Schott (Apria)

Open APIs allow the follow-on benefit like the re-certification necessary for an order. Open APIs benefit the longevity of the ongoing patient care.