



# Special Open Door Forum

## Documentation Requirement Lookup Service



**Ashley Stedding**

*Management Analyst,  
Provider Compliance Group  
Center for Program Integrity, CMS*

**Melanie Combs-Dyer**

*Acting Deputy Director  
Center for Program Integrity, CMS*

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**2:00 – 3:00 pm EDT**

# Introductions

## Speakers

- **Ashley Stedding**, Management Analyst  
Provider Compliance Group (PCG) Center for Program Integrity (CPI),  
CMS
- **Melanie Combs-Dyer**, Acting Deputy Director  
CPI, CMS
- **Andrew Gregorowicz**, Project Technical Lead  
The MITRE CMS Alliance for Modernizing Healthcare (CAMH) Team
- **Robert Dieterle**, Project Technical Advisor  
The MITRE CAMH Team

## Additional Resources

- **Nalini Ambrose**, Project Lead  
The MITRE CAMH Team
- **Pat LaRocque**, Project Senior Technical Engineer  
The MITRE CAMH Team

# Agenda

- **What is Documentation Requirement Lookup Service (DRLS)?**
- **Leveraging Industry Efforts**
- **DRLS in Action**
- **Questions**

**What is DRLS?**

# 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

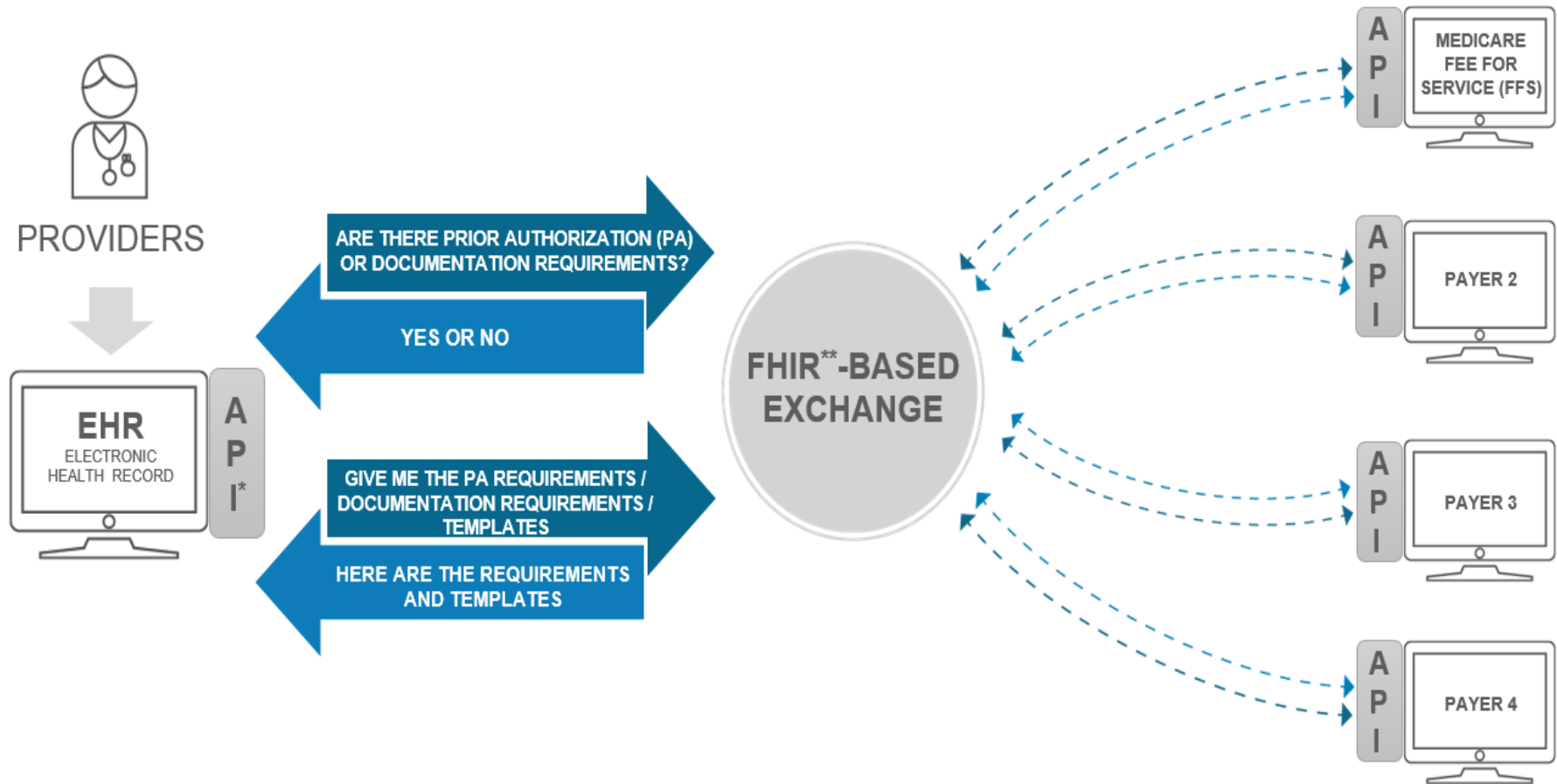
### The American Medical Association (AMA): Prior Authorization and Utilization Management Reform Principles

“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.”

# DRLS Goals

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

# How Will DRLS Work for Providers?



\*API – APPLICATION PROGRAMMING INTERFACE  
\*\*FHIR – FAST HEALTHCARE INTEROPERABILITY RESOURCES

# Leveraging Industry Efforts

Focus today is on  
FHIR based efforts



# Da Vinci Project

Convened by HL7 International

A Health Care Standards Development Organization

Da Vinci is an industry-led effort to:

- establish a ***rapid multi-stakeholder*** process to identify and implement critical use cases ***for the exchange of information between payers and providers***
- ***minimize*** the development and deployment of ***unique solutions***
- ***focus on*** reference architectures that will promote ***industry-wide standards and adoption***

# Da Vinci Membership

11

**PAYERS**

10 HIT

**Vendors**

3

**EHRs**

9 Use  
Cases

**½ DOZEN PROVIDERS**

# The Da Vinci Project Use Cases

## Phase 1 (Mar 2018 – Mar 2019)

Quality Reporting  
Framework  
(30-Day Medication  
Reconciliation)

Coverage  
Requirements  
Discovery

Documentation  
Templates and  
Rules

DRLS is based  
on these two  
use cases

## Phase 1.5 (Sept 2018 – Jul 2019)

eHealth Record Exchange eHRx  
HEDIS / STARS eQx  
Provider Exchange (laboratory results, care plans) eCx

## Phase 2 (2019 +)

ADT\*  
Notifications

Authorization  
Support  
(support for prior  
authorization)

Lab  
Results

Quality  
Measure  
Reporting

Risk-Based  
Contract Member  
Identification

\* ADT = Admit/Discharge/Transfer

# Da Vinci and P2 FHIR Task Force

## Using FHIR to Solve and Scale Payer-Provider and Provider-Provider Interoperability Problems

### Da Vinci

HL7 Sponsored  
Solutions to VBC Use Cases

How can a payer request  
and receive a response  
from a provider regarding  
Coverage Requirements?



Da Vinci designs the vehicles

### P2 FHIR Task Force

ONC Sponsored

Scale Solutions Nationally

How can a payer scale this to 30,000  
providers serving 3 million members



P2 FHIR designs the highway system

<http://www.hl7.org/about/davinci/index.cfm>

<https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/P2+FHIR+Task+Force+Home>

# What is FHIR?

FHIR<sup>®</sup> – Fast Healthcare Interoperability Resources

- An HL7 next generation standard
- Helps two computer systems talk to each other

FHIR “resources” are the standardized components

- Patient, practitioner, organization, deviceRequest

FHIR supports common exchange methods

- REST\*, messaging, documents and services

FHIR works at all levels of information exchange

- Mobile phone apps, EHR-based data sharing, institutional solutions



\* Representational State Transfer (REST) defines a set of constraints used for creating web services

# How?

## How Will The Da Vinci Team Accomplish the Goals?

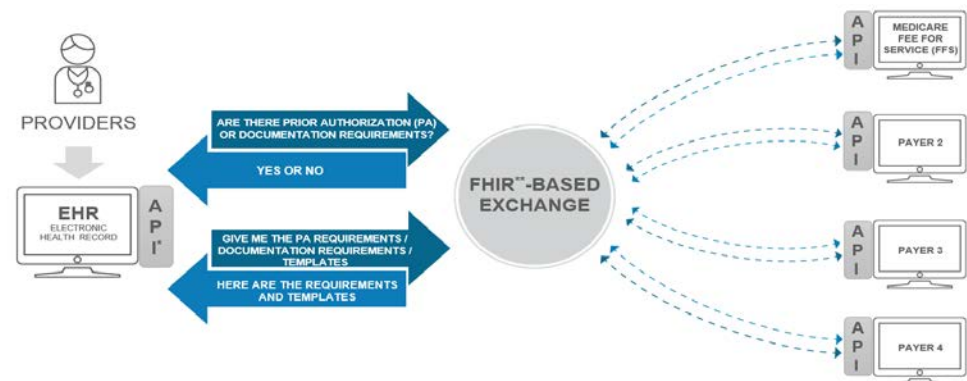
- Create **implementation guides** based on **FHIR** standards



- Create **reference implementation** to prove it works



- Launch **pilots**



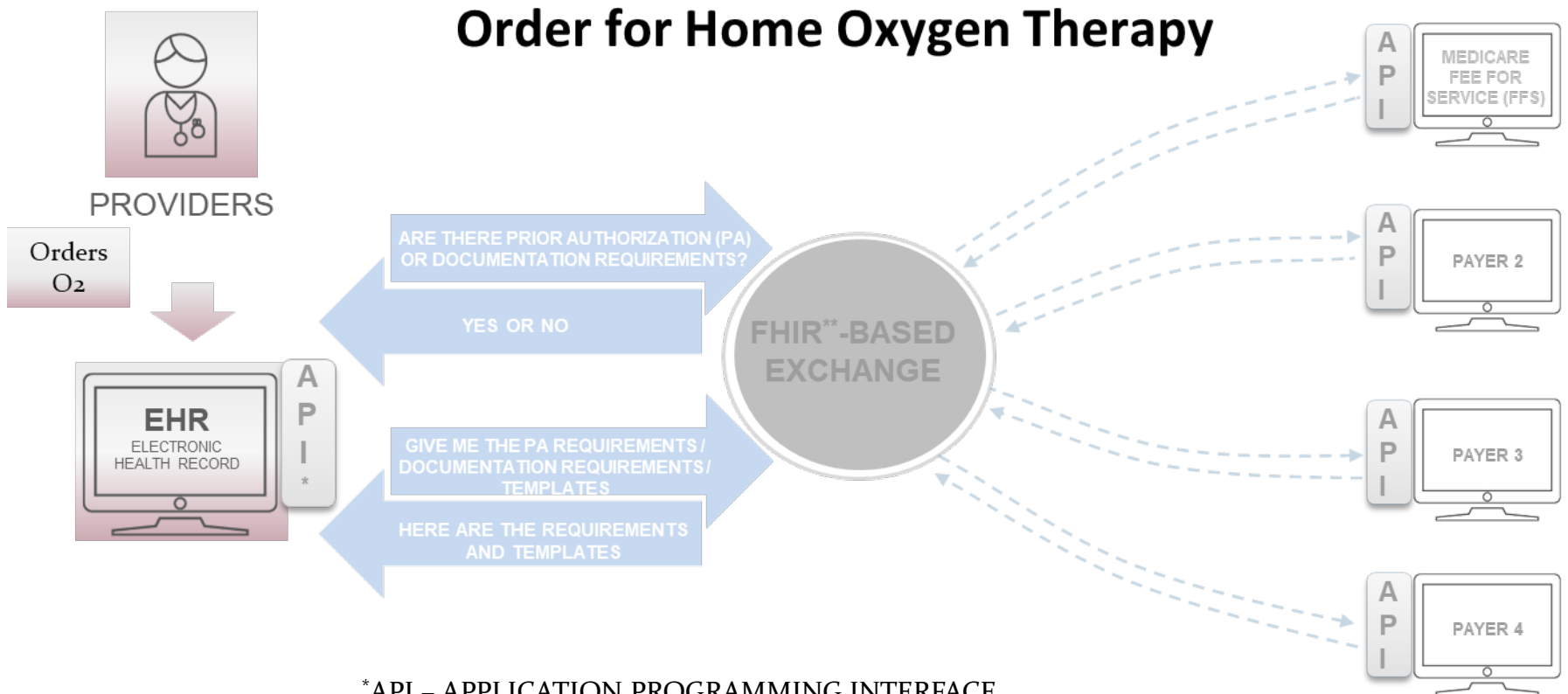
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# **DRLS in Action**

# Trigger for DRLS Request

Based on a specific clinical workflow event:

- scheduling
- start of encounter
- ordering or planning treatment
- discharge



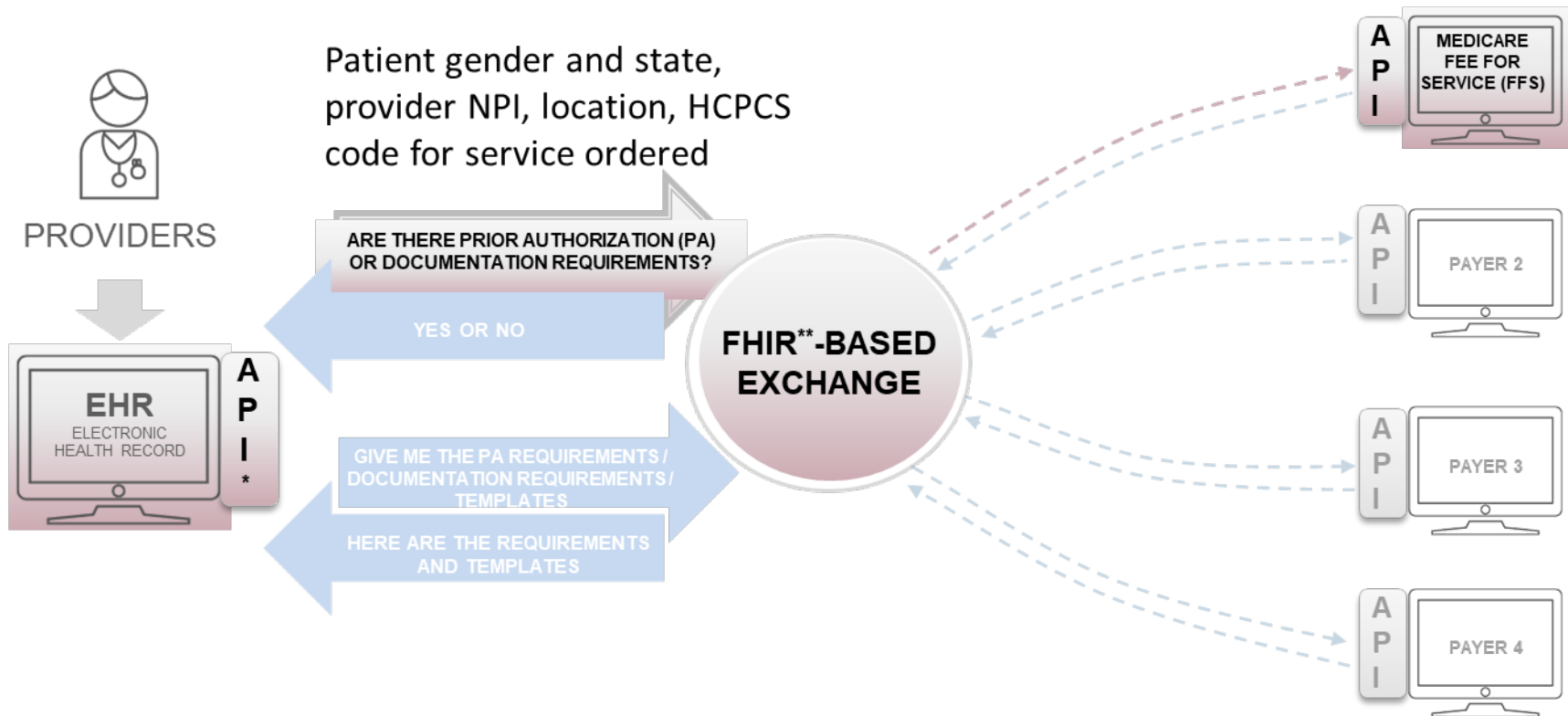
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# Request to Payer's DRLS

Provider's EHR sends a FHIR based request, with appropriate clinical context to the Medicare FFS DRLS

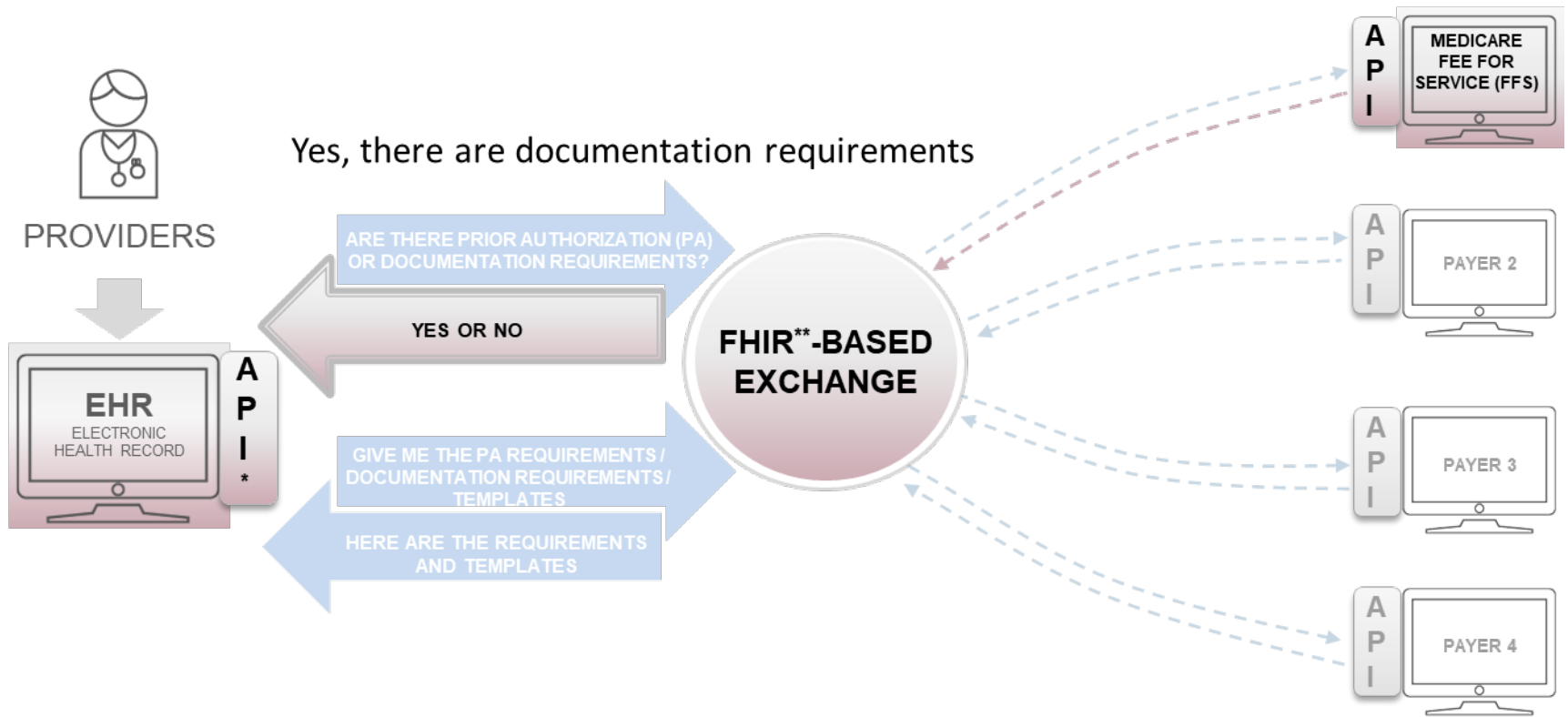


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# DRLS Responds

Payer's DRLS responds to the EHR with any specific requirements that may impact the clinical decisions or coverage

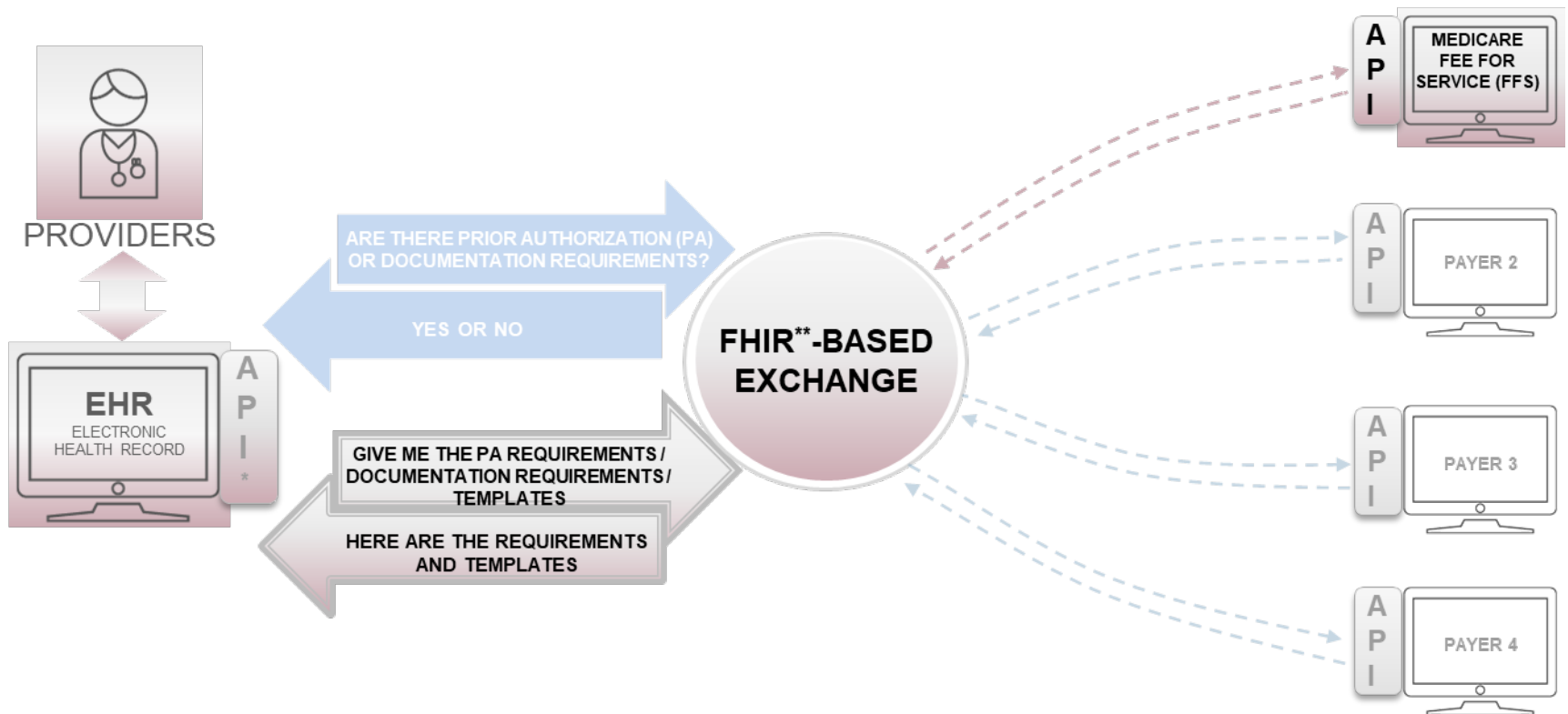


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# Provider Uses DRLS Information

Provider utilizes the information to make treatment decisions while considering specific payer coverage requirements



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\*\*FHIR – FAST HEALTHCARE INTEROPERABILITY RESOURCES

# How to get involved

## • Providers

- that wish to help establish the standards should contact one of the FHIR based standards efforts
- and their EHR vendors that wish to participate in pilots of the DRLS should contact CMS at the email address on the last slide
- that just want to be informed should continue to attend the Special Open Door Forum (SODF) calls and monitor DRLS progress:

[go.cms.gov/MedicareRequirementsLookup](http://go.cms.gov/MedicareRequirementsLookup)

## • Next Steps

- Next SODF call to update progress on DRLS will be in a few months

# Comments or Questions?



## General Comments/Recommendations?

*Feedback and suggestions on the Documentation Requirement Lookup Service can be sent to: [MedicareDRLS@cms.hhs.gov](mailto:MedicareDRLS@cms.hhs.gov)*