Questions and Answers from Special Open Door Forum: Medicare Documentation Requirement Lookup Service, January 16, 2020

1. These requirements would be applicable across all Medicare jurisdictions. Would there be any differences between the contractors in different jurisdictions?
    a. The two rulesets that we have developed so far and tested are for oxygen and CPAP, which are both DME items. And the DME (MAC) policies are consistent across the country. But once we move into topics that fall under Part A and B, there will be differences in the rulesets depending on the region that the provider is in based on, you know, the differences in the policy across the nation. So that will be accounted for in the rulesets that are built into the system so the requirements that the providers see will be accurate for the state that they are in.
2. Will this process involve the new pre-cert for the new five procedures that's beginning in July?
    a. At this time, we are not planning to include the documentation and prior authorization requirements for these procedures in the DRLS prototype. At the point that the DRLS is a permanent system, CMS would expect services with prior authorization requirements to be prioritized as we input services into the system.
3. I'm curious to know is how is this technology going to be paid for? Is there additional reimbursement at the facilities that providers would expect down the road?
    a. There are a number of payers that are planning on implementing the equivalent of DRLS, meaning CRD or DTR with the intent of making it available to the various users of EHRs that I mentioned before plus others. So it really will become an add-on, if you will, or part of the native capability of the EHR to go out and touch the payer and ask them if something is necessary to be done for documentation or prior authorization and then to be able to bring down the rules to ensure that the record is complete or gather the information as necessary to submit for a prior auth. So our expectation is this is going to become quite prevalent in the industry over the next couple of years as we start to see the ONC final rule and the requirement for support for FHIR as part of the certification process.
        i. Will this be a mandatory requirement utilizing DRLS technology, I guess, as providers in the future?
            1. In the NPRM from CMS it was mentioned as something that would be of value. It was not cited as a requirement or a requirement potential for the final rule.
4. I know on one of the slides it was mentioned that there were going to be templates that clinicians could use to fill this in. Will this be at some point married up to the electronic clinical templates that are kind of currently in various different states as far as DME is concerned?
    a. Currently the way the templates are built-out, they're kind of computer little templates in the form of what's called a JSON file that are downloaded and then rendered in a browser and at the same time they're populated by running what's called CQL rules, which is clinical query language, which is what we do to kind of pull data from the EHR in the form of FHIR-based data and populate those. We're actually using those paper-based templates to map out the FHIR-based data and build more of an automated software

related solution here. So we're using the templates and CDEs to be clear. CDE is clinical data elements for those who don't know.

5. My main focus is in the DME POS industry. And you mentioned oxygen and CPAP that you're currently doing some pilots with. I guess I want to know how it's going. What are the responses from practitioners in that area and suppliers in those areas? Has it been successful? Has it been easy? I'm kind of looking for some feedback.

   a. I think we've only had a few pilots thus far. We hope to have several more this year. So far so good. Most of the feedback we've gotten is good. It has been a bit of a challenge finding pilot participants on the provider side. It's much easier on the payer side because a lot of the payers are very interested in this project, I believe and that's one reason.

      i. When you say providers, what do you mean by that because that seems to be a loose term? Are you talking physicians, hospitals, CMEs or all the above or?

         1. It's kind of all of the above. But I think it's a very important point is we're working with a FHIR-based standard. And if an EHR that a particular, I'll say a hospital in this case. For example, we're working with Rush Medical right now out of Chicago. And they've been a great pilot participant. But other equivalent hospitals might have a different EHR with a different version of FHIR that they support. So it's not always the actual provider that can't - well they essentially can't integrate for that reason just because they're not maybe up on the latest integration standards that we're working with.

6. I have a question regarding accessibility to the common working file for a provider. I work for an ambulance service. And our coverage is often contingent upon if the patient is in a Part A stay at a SNF or if they're in a hospice stay. However, we don't have any access to that data. So is that part of the plan?

   a. That is not currently part of the plan but that's definitely something. I think it's a great point for us to take back and kind of have internal discussions on to see if that's something that might be - that we might be able to incorporate down the road.

7. I heard you talk about the participants that you do have and that there are requirements that their EHR systems have to have. But I guess the unasked question was, are you looking for only large systems to try this? Are you looking for more down home in the trenches practices to volunteer to step up that may have the electronic requirement when you get to that level? Or are you only at the high, lofty, like Rush Medical and not Dr. Smiths in the community?

   a. I don't think we disqualify anybody based on the size of their practice or facility. It's a technology thing at this point. It's a prototype or reference implementation that we want to test out. So if they have the technology, I think we're willing to definitely talk about a potential pilot.

      i. And how would someone contact the appropriate person if they felt they had the technology piece that you needed?

         1. The CMS Medicare lookup email is there that you could also directly email to. And I'm happy to share my email offline.

8. I'm looking and I don't see an email address listed. And I'm just how we could find out if our EHR could participate in this.

   a. Contact CMS at the email address below and that's medicaredrls@cms.hhs.gov.

9. Will the DRLS replace the current requirement for using the clinical data system for advanced diagnostic imaging?

a. No. It will not replace those current requirements for the clinical data system.