

Centers for Medicare and Medicaid Services  
Questions and Answers:  
Home Health, Hospice and DME Open Door Forum  
Tuesday, September 17, 2024

1. Question: What kind of prior authorization would a home health agency need to get? I am trying to figure out if this is something we should sign up for.
  - a. Answer: An example that we actually have an ECTA electronic template for is oxygen. So, like home health oxygen. That's an example that we actually have a vetted template for. And by vetted the MACs (Medicare Administrative Contractors) have given their approval.
2. Question: Will this be a system that will eventually work with the Medicare Advantage plans in the same capacity for those authorizations? You said all payers, so clarification.
  - a. Answer: We wouldn't be able to speak on that at this time, but we are hoping that we can spread as far as we can so that we can streamline the entire process throughout all of the claims process processes rather.
3. Question: I am wondering if the FHIR system, it did mention ADRs as well and state that there would no longer be a need for a medical reviewer. Does that mean that this system with its templates are going to be the deciders for whether claims get paid when they're called for ADRs? Is that changing the whole way the medical review system is working?
  - a. Answer: It would not be preventing an ADR. So, the resources would be stored in the FHIR server to make it easier for the RC to review their claim. But at this time, the medical reviewer still needs to do the adjudication of the claims. The technology is not there to be automatically approving or denying claims. This is just to reduce that administrative burden of multiple medical records.
    - i. Follow-up question: Please explain how it does affect ADRs, because those were mentioned in the description.
      1. Answer: This process, this project is really for Medicare fee-for-service prior auth. You had prior auth orders, items, or services. You mentioned oxygen home health oxygen template was mentioned. You're right, that is not prior auth. However, because of industry interest, we decided with the electronic clinical template API project that we would do a template. Even though it's a DME template, it has nothing to do with prior auth. It is just one of the templates that we have completed. In addition to that, what we're doing is we're trying to improve the prior auth process by streamlining how we collect the required documentation for prior auth orders. And in addition to that, we can also do ADRs, but the ADR process would not change. So additional records, that process will not change. What we're doing is we're just simply improving the process by having the ability to use FHIR functionality and API functionality to be able to pull the information from the provider's EHR system versus what we do now and what the

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providers are doing now, looking for the coverage rule that may or may not be correct or having the provider interpret the coverage rule and pull the clinical information they believe is correct. What we're doing, in turn, is providing the most accurate coverage rule, the most updated coverage rule based on what's ordered, and pulling that accurate information from the provider's EHR that's the most accurate and pulling it into a template so when they send it to the MACs, it will be as accurate as possible.

a. Question: Does this affect the review choice demonstrations?

i. Answer: It does not.

1. Question: That's the closest we get to prior auth, unless this extends to the Medicare Advantage programs that do cause great problems because of their slowness with prior authorization. That's the only way it could affect our industries. I'm just wondering, I guess this is applicable to the DME providers that are on this call, but right now, it does not affect home health and hospice at all, correct?

a. Answer: Yeah, that's correct. Home health and hospice, not right now. It's not just DME, it's Medicare fee-for-service items that can be ordered and or one DME item that is only oxygen. It's not all DME items because we know DME does not require prior auth.

i. Comment from participant: It does not affect our processes or our billing at all, then for home health and hospice benefits, it sounds like.

ii. Answer: It does not.