

NCVHS Hearing



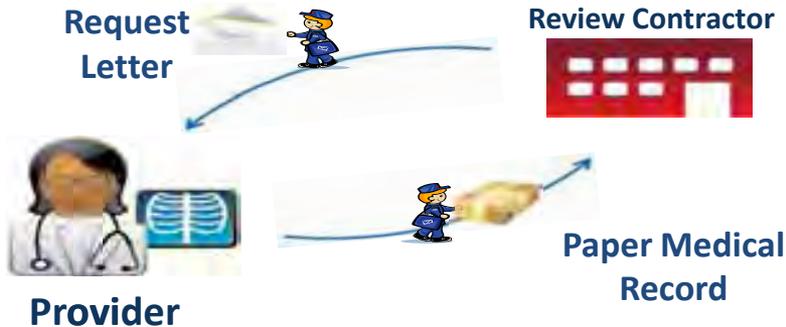
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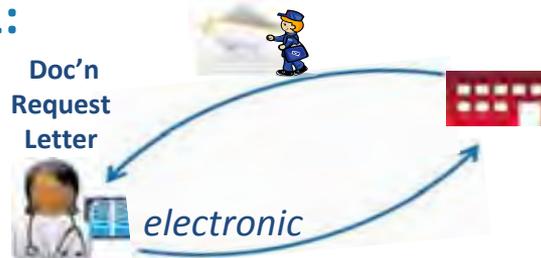
esMD Background

Before esMD:



Healthcare payers frequently request that providers submit additional medical documentation to support a specific claim(s). Until recently, this has been an entirely paper process and has proven to be burdensome due to the time, resources, and cost to support a paper system.

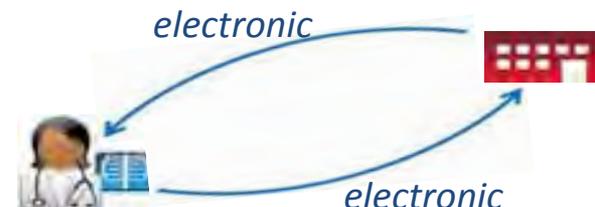
Phase 1:



Phase 1 of esMD was implemented in September of 2011. It enabled Providers to electronically submit medical documentation to Medical Review Contractors.

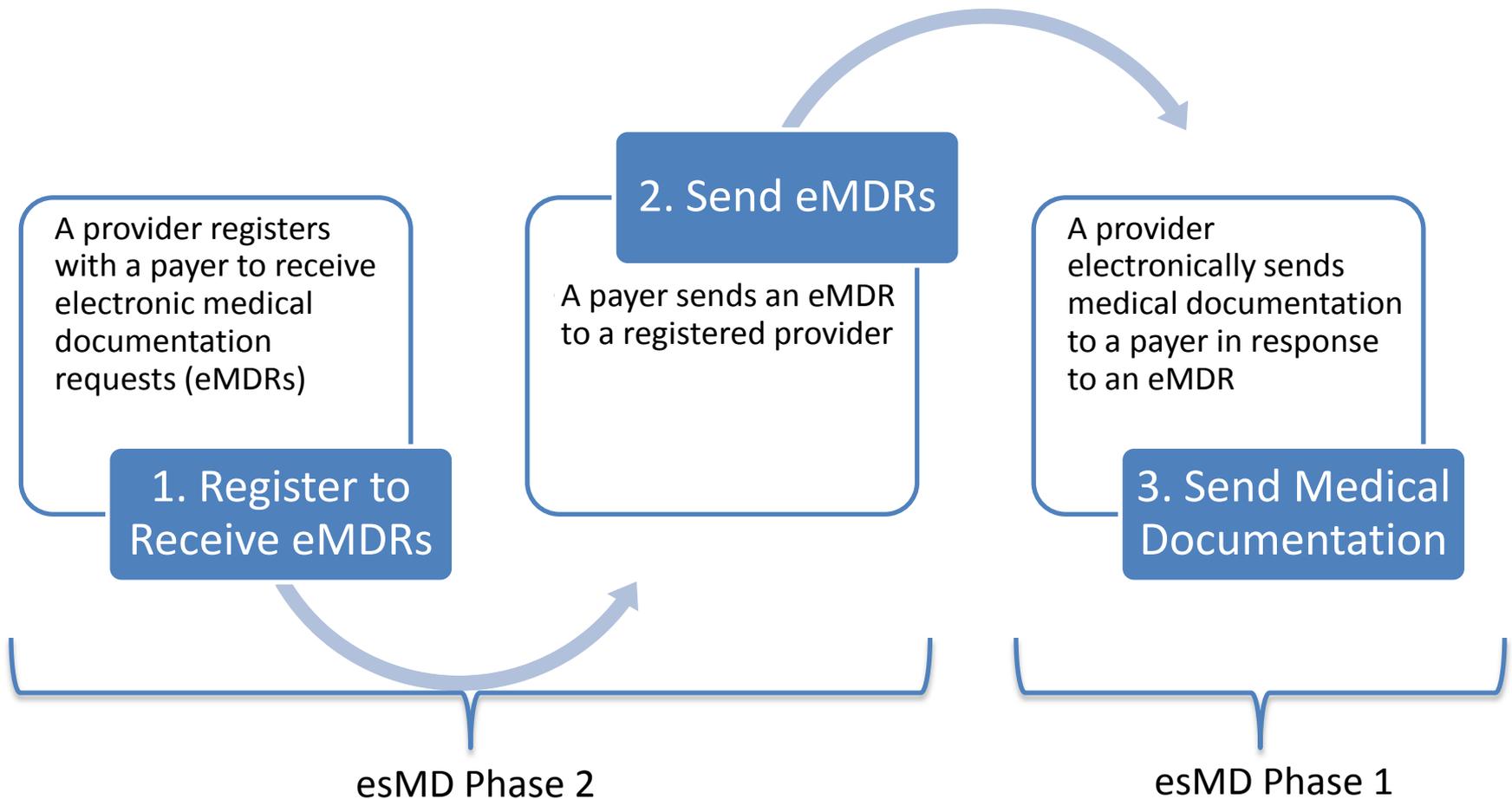
Phase 2 of esMD is envisioned for the future. It will enable Review Contractors to send electronic medical documentation requests to providers.

Phase 2:



esMD Process Flow

The overall esMD process can be divided into three steps:



Attachment Standards

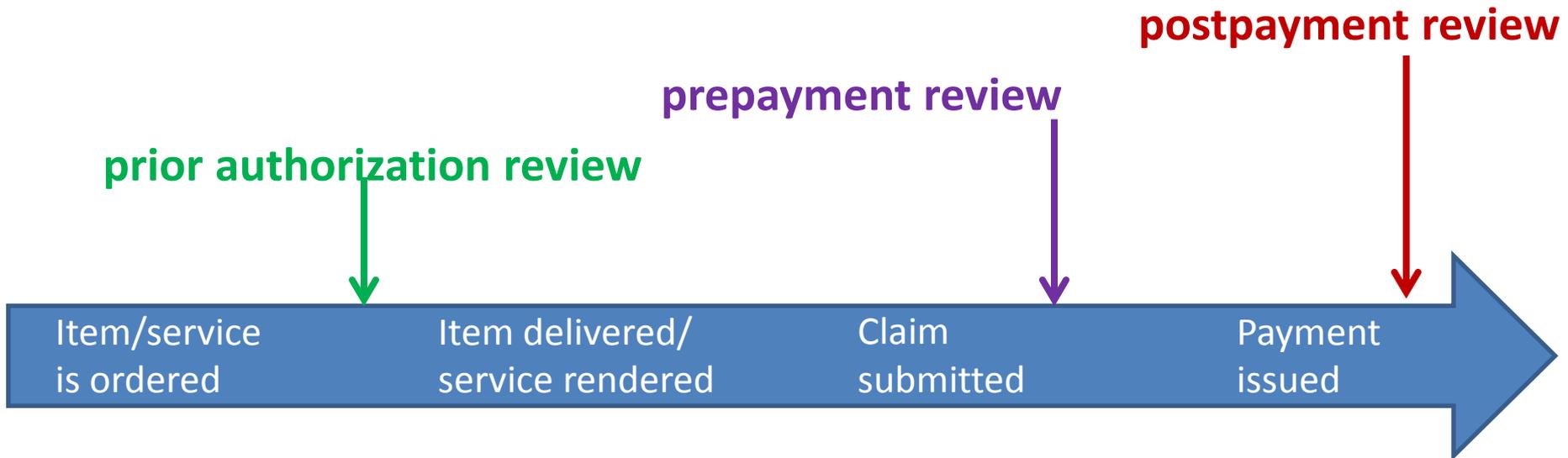
Are there multiple definitions of ‘attachments’ under discussion, and what is the **recommended definition**?

- Yes; all of the following use cases involve “attachments”:
 - Prior Authorization -- such as for Power Mobility Devices (PMD)
 - Pre-payment review
 - Post payment review
- The CMS esMD team recommends that the definition of “attachments” include:
 - Structured data in a standard exchange format (e.g. C-CDA)
 - Unstructured data in PDF format contained in a C-CDA envelope
 - Metadata required to establish authorship (e.g. digital signature)

What are the **priority business areas** for which 'attachments' are necessary? How is this expected to change in the next 5 or 10 years?

Priority Business Areas:

Preventing improper payments from the Medicare trust fund through:



➤ The CMS esMD team predicts the timing of reviews to shift:

- Less post payment review
- More prepayment
- More prior authorization

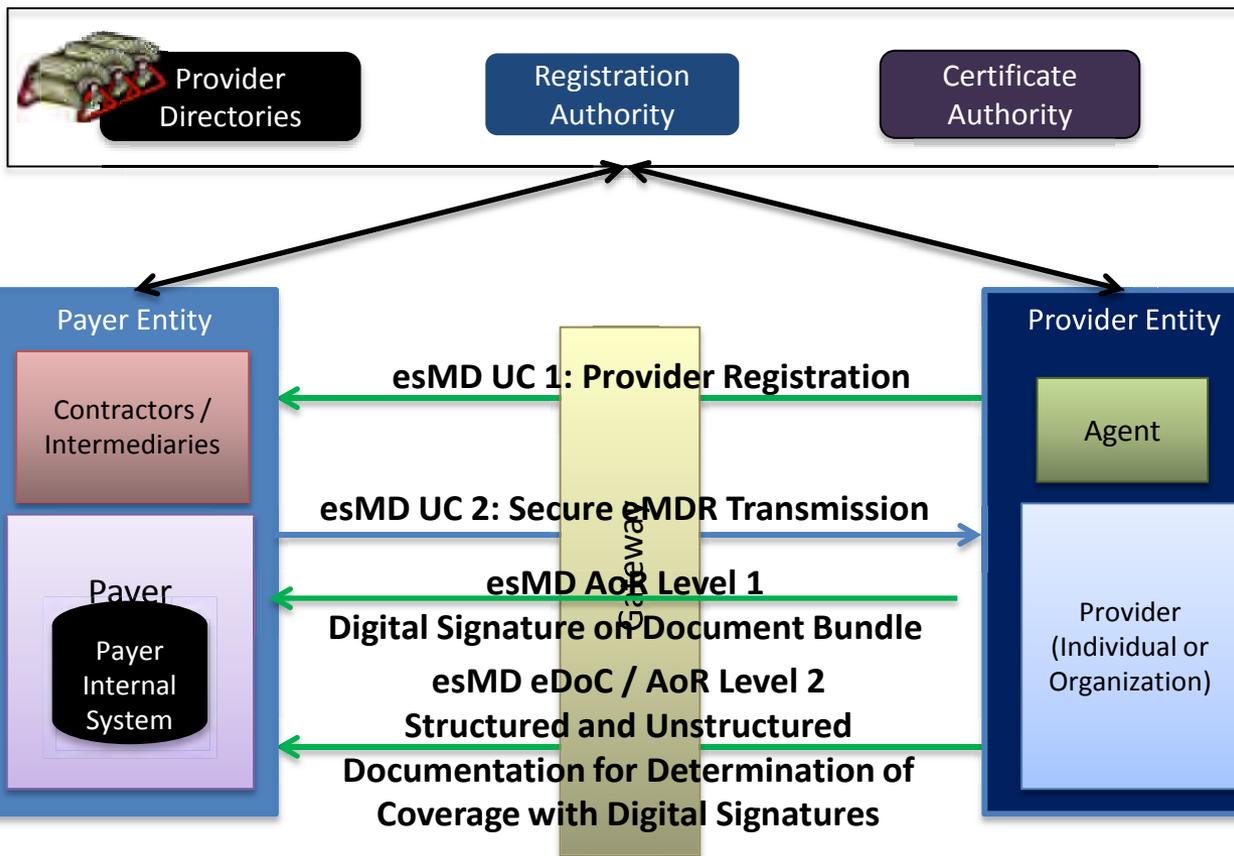
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What are the **recommended approaches** to the submission of ‘attachments’?

- **Adopt two standard content formats for the submission of attachments**
 - Consolidated CDA for predominantly structured data
 - PDF for unstructured documents in CDA envelope
- **Standards for Message standards / wrappers**
 - ASC X12 277
 - IHE XDM/XDR
 - IHE DSG
- **Standards for Transmission protocols and operating rules**
 - CAQH Core (ASC X12)
 - eHealth Exchange (ONC NwHIN Exchange/CONNECT)
 - ONC Direct

What is the status of development of 'attachment' standards?



User Story

- All Actors obtain and maintain a non-repudiation digital identity
- Provider registers for esMD (see UC1)
- Payer requests documentation (see UC2)
- Provider submits digitally signed document (bundle) to address request by payer
- Payer validates the digital credentials, signature artifacts and, where appropriate, delegation of rights

Next Steps

- Provider creates structured and unstructured documentation (eDoC)
- Provider digitally signs each document ((AoR L2)

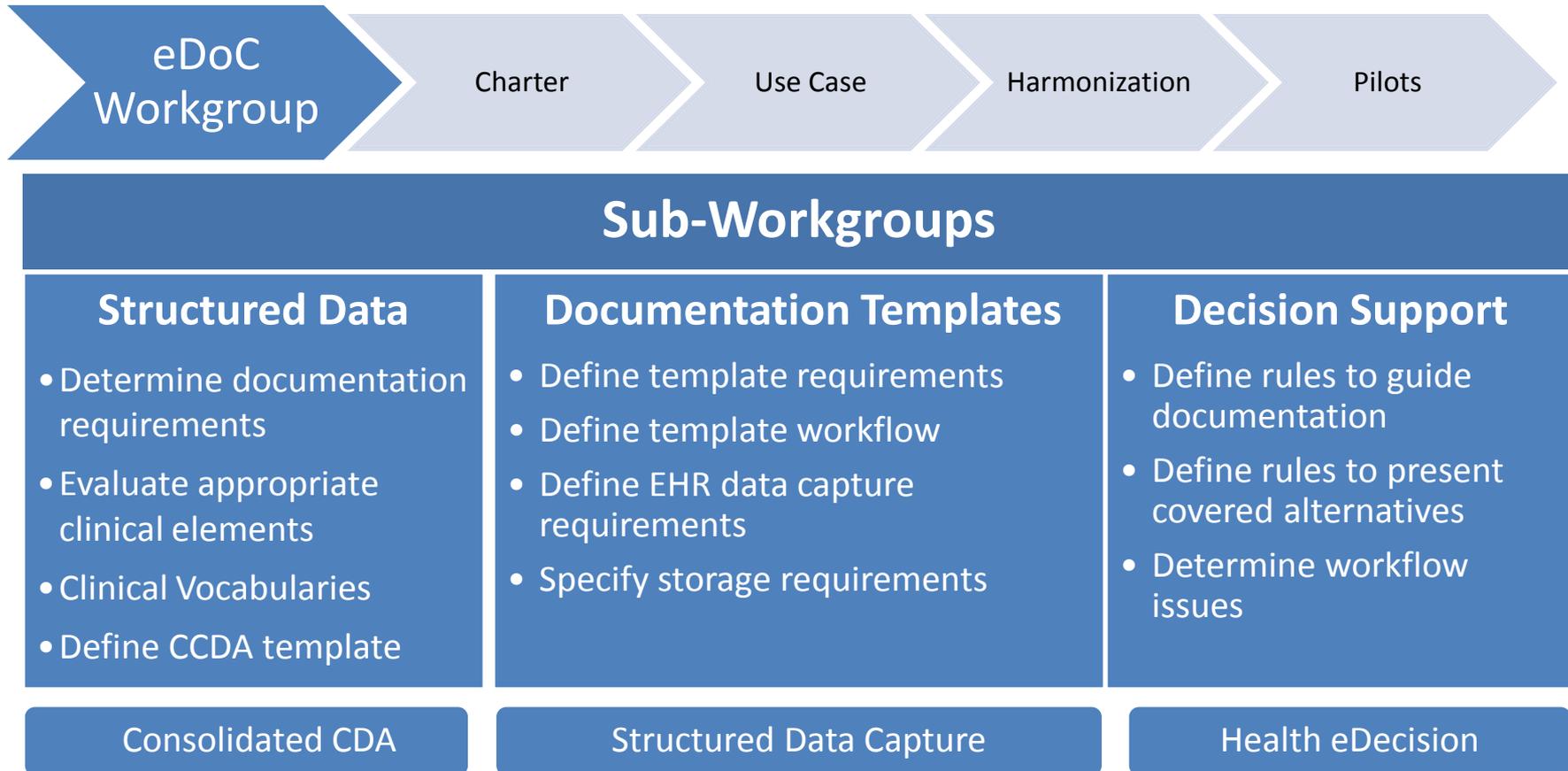
Completed esMD attachment standards

1. esMD pdf attachment
2. eMDR sign up attachment
3. AoR Level1 (digital signature

In process attachment standards

4. AoR Level 2 (digital signature on individual Documents)
5. electronic Determination of Coverage (structured and unstructured documentation requirements for specific use cases)

eDoC Workgroup Focus

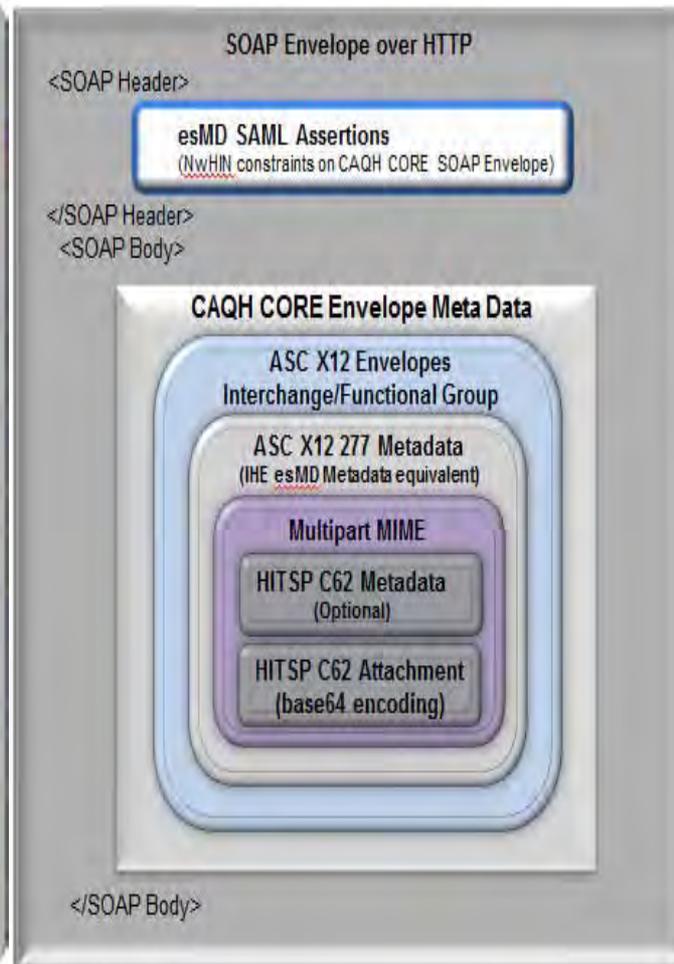


Standard Conversion - Current

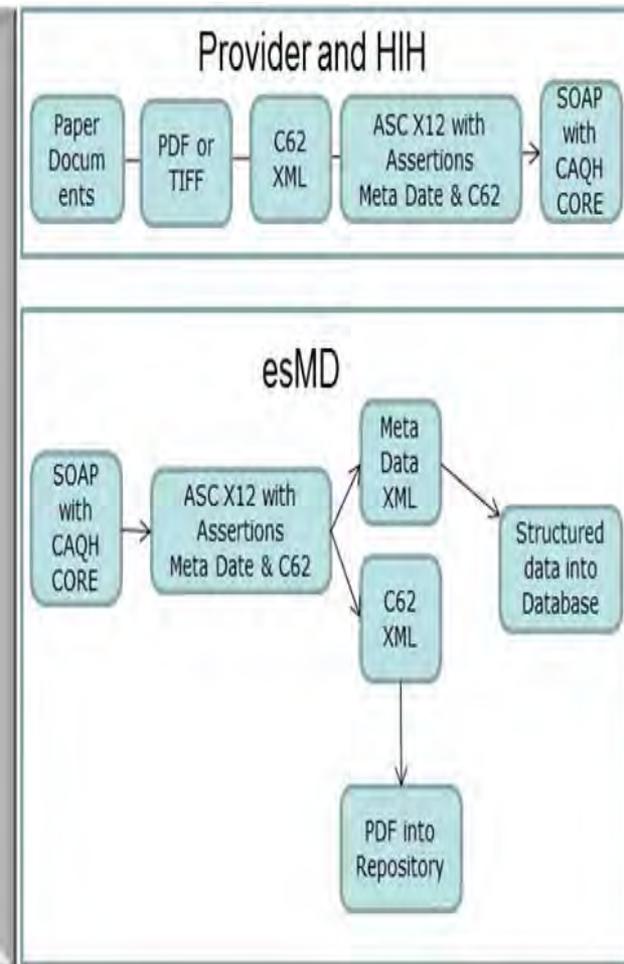
Current Exchange/Connect



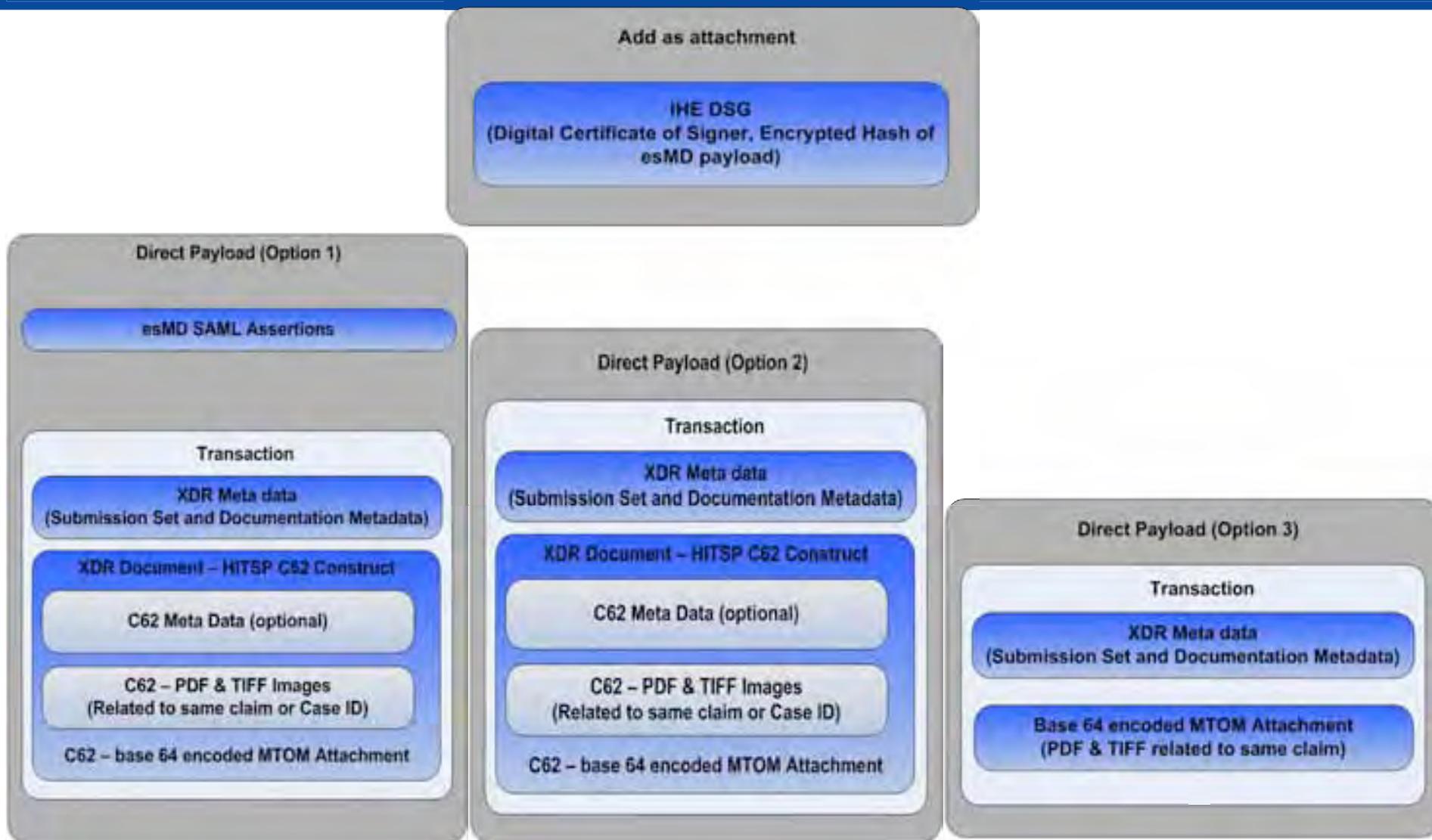
IG for CAQH CORE/ X12



Workflow for CAQH/X12



Potential Direct Attachment Environment (Options)



Standards for Attachments

- **Standards and implementation guides for structured data exchange** are currently being developed by CMS/ONC's electronic Determination of Coverage (eDoC) workgroup.

Join and participate!

<http://wiki.siframework.org/esMD+-+Electronic+Determination+of+Coverage>

- ONC/S&I approach - Identify the specific standards, map the use case data models to the standards , identify the gaps and work with the SDOs to resolve the gaps.
- **Other standards for unstructured data exchange** do exist. CMS should always be allowed to accept documentation in PDF format.

What **metadata** or pieces of information would be necessary to include in the **envelope** that is **not available today** in the HL7 C-CDA?

- Digital Signature and Delegation of Rights artifacts to attest to authorship, modifications, review:
 - Initially on the entire CDA (see esMD Author of Record Level 2)
 - Eventually for individual segments or elements (see esMD Author of Record Level 3)
- Other data elements related to:
 - Routing, end-point, purpose of use
 - clear source of each unstructured or structured segment and element

Envelope and Transport Standards

- Enveloping standards should support
 - the required content formats
 - Digital Signature metadata
 - other metadata as required
 - work with all three transport standards.

- While one enveloping standard (e.g. XDM) may not be sufficient, the number of standards should be limited and their use well defined based on the above requirements.

- Transport standards that should be supported:
 - **CAQH Core**
Supported by most payers and provider administrative systems
 - **eHealthExchange (e.g. ONC Exchange/CONNECT)**
Supported by health exchanges, federal agencies and large providers
 - **ONC Direct**
Required by Stage 2 EHR Certification and provides secure low cost email style transport

What is the set of attachment standards being recommended for adoption?

The CMS esMD team recommends that the following attachment standards be adopted:

- for unstructured attachments,
 - adopt the **esMD pdf** standard (CDA envelope)
- for structured attachments,
 - adopt the standards that emerge from the CMS/ONC **eDoC Initiative (focused on template C-CDA)**

Are there any known limitations or gaps in the recommended standards? How will they be addressed?

	Structured Documents	Unstructured Documents
Content Specification	Yes, there are general and use case specific gaps – eDoC sub-workgroup will address	No gap in the standards, only in the content
Standard Elements and Vocabularies	Yes, there are general and use case specific gaps – eDoC sub-workgroup will address	N/A
Digital Signatures	Yes, there is a general attachment gap and AoR is working on it.	Yes, there is a general attachment gap and AoR is working on it.

Are the recommended standards (and operating rules, if any) applicable **only to claim attachments**, or will they be applicable also to **other types of attachments**?

- Yes the standards should be applicable to all types of attachments. For example, attachments should support:
 - Prior Authorization
 - Pre-payment review
 - Post payment review

- Operating Rules may be specific to the use case

- Harmonization with attachments required for the provision of care (e.g. Transition of care and Longitudinal Coordination of Care) is encouraged

What are some of the most important **business and technical issues** surrounding attachments for providers, health plans, and vendors, and how would you recommend addressing them?

- The CMS esMD team recommends focusing on:
 - Digital signatures on contributions, documents, and bundles
 - Long term validation of digital signatures and delegation of rights
 - Document modification / addendum

The above issues are the focus of the esMD Author of Record workgroup.

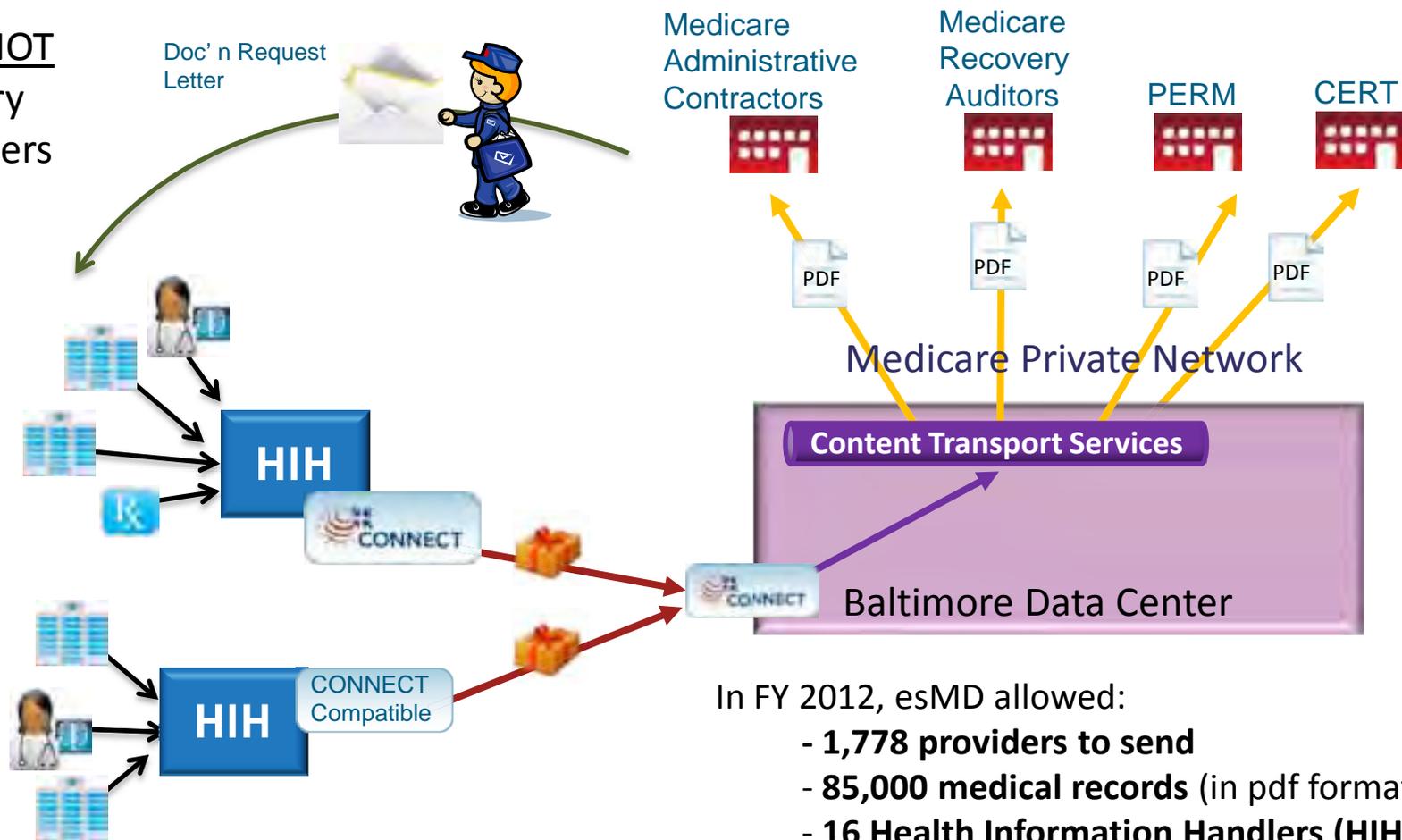
- Standards for transactions (orders, results) for signatures and documentation of services ordered / delivered
- Standardization of clinical data elements and their use
- Specification of associated clinical vocabularies / code sets

The above issues are the focus of the esMD electronic Determination of Coverage workgroup.

State of the Industry

What is the **current state** of industry with respect to the exchange of standard clinical information to support administrative or financial transactions?

esMD is NOT Mandatory for Providers



- In FY 2012, esMD allowed:
- 1,778 providers to send
 - 85,000 medical records (in pdf format) via
 - 16 Health Information Handlers (HIHs) to
 - 21 CMS Review Contractors

In the first 4 months of FY2013, over **90,000 medical records** have been sent

What **problems** or repercussions occur because of the current state? How would these be addressed if this process was standardized?

- esMD is well liked by facilities and other large providers but
 - remains an **expensive** option for small providers
 - Direct may help to provide a low cost, secure transport.
 - Structure will be there for a meaningful use perspective.
- esMD helps reduce print/mail costs of large providers and CMS review contractors but
 - **pdf** formats must be **reviewed by humans**
 - Structured document requirements emerging from eDoC workgroup will help.
- Most ordering physicians still rely on paper orders being faxed or hand carried to service suppliers, DMEs , therapists, HHAs etc.
 - eDoC and other ONC S&I Framework Initiative standards will promote the electronic exchange of structured documentation, orders and care plans among providers and suppliers.

Overall, what would you say are the most significant **benefits** we should expect to see (i.e., efficiency, quality, safety, economic, other) that we can rely upon to monitor progress and measure success?

➤ Most significant benefits

- Reduction in administrative cost to provider and payer
 - Reduction in manual documentation submission
 - Frequency of digital signatures on submitted documentation
 - Frequency of structured information used to determine coverage
- Reduction in inappropriate payments
- Reduction in turnaround time to authorize / pay claim
- Improve the consistency of reviews using computerized documentation screening tools

➤ Most challenging benefits to realize

- Consistency of adoption across all payers and providers
- Funding needed to make the enhancements (during a time of budget cutbacks)

How would use of existing infrastructure or infrastructure that will be in place by 2016 impact costs and savings?

	Value	Status
esMD Phase 1 (electronic PDF submission) CONNECT	Increase utilization for esMD and other CMS initiatives -- reduce provider and CMS cost	Production
Direct	Secure / Low Cost transport -- reduce administrative cost – take advantage of Stage 2 EHR requirements	2013 Pilot
CAQH Core / esMD	Support X12 and CAQH core operating rules for portion of industry that adopts	TBD
Provider Registration	Meet HIPAA requirements to send PHI from CMS to providers	Future Pilot
Electronic Medical Documentation Requests	Eliminate paper requests and provide basis for automation of provider response	Future Pilot
Provider Registry (to sign up for eMDRs)	Determine electronic endpoints (ESI) for providers and payers – reduce burden to maintain current information	Future Pilot

How would use of existing infrastructure or infrastructure that will be in place by 2016 impact costs and savings? Providers, health plans and vendors are asked to speak about this from their individual perspectives.

	Value	Status
Author of Record -- Digital Signatures on attestations and document bundles)	Replace wet signatures with digital signatures reduce unreadable signatures and administrative burden	Future Pilot
Author of Record -- Digital Signatures on Documents	Provide proof of actions on individual documents / orders – reduce administrative time and cost	2013 Pilot on PMD progress notes & orders
Author of Record -- Digital Signatures on Contributions	Provide proof of actions on multi-author documents – reduce administrative time and cost	Possible 2014-2016 Pilots
Electronic Determination of Coverage (structured data)	Structured documentation and order standards for high cost services – reduce inappropriate payment	2013/2014 Pilot on progress notes & orders
Electronic Determination of Coverage (eTemplates)	Reduce the burden to ensure complete documentation for determination of overage	2013/2014 Pilot on progress notes & orders
Electronic Determination of Coverage (decision support)	Improve provider documentation for complex cases and guide selection of covered services	Future Pilot



Questions