

Questions and Answers from Special Open Door Forum: Medicare Documentation Requirement Lookup Service, June 25, 2020

1. How does CMS plan to connect the API data of other payers? Will the payers need to build their externalized APIs?
 - a. CMS is acting currently as a payer. So, every payer is implementing a common API. So, a provider's EHR would have endpoints or URLs to each individual payer/API environment. For example, the SMART app runs client side within a browser. That would have a list of payers that you could reach out to and ask the two questions. Is documentation required? If it is, then a follow-on request would be sent to retrieve rules and templates. Essentially, we would probably enumerate a list of endpoints. I will say there's some work going on with this. It's not so much a DRLS project right now, but there are folks that are looking at an interface to manage the list of endpoints of all the payer endpoints, a payer directory as opposed to a provider directory.
 - i. Will payers externalize APIs for that?
 1. Yes.
2. Representing an EHR vendor myself in a post-acute environment rather than hospital, looking at the list of current participants, those EHRs listed are predominantly hospital-based. Would you be interested in supporting testing from an EHR that would be mostly in the home healthcare market versus those supporting some of the predominantly hospital-based listed?
 - a. I'm sure we would be interested in. If you saw the slide deck one of our rules is for home health services. And so, we would definitely - it's not just hospital-based environments, it could be any clinical environment - a small practice if you will.
3. Could you talk a little bit more about the FHIR-based questionnaires? I'm familiar with the questionnaire methodology, but just kind of how that's working and how you see it working across multiple payers and multiple entities.
 - a. Yes, we get that question a lot. It sounds like a two-part question. I'll talk a little bit about the questionnaires and then get into the second part of your question. We're using the LHC tool set. I don't know if you're familiar with that, at this site you can actually build questionnaires. It's been quite helpful.
 - i. What is that site?
 1. <https://lhcformbuilder.nlm.nih.gov/>. And then we have CQL that will run client side to run rules. That's what's accessing our FHIR based data when we're doing the pre-population. The second part of your question was about how - I think you were asking how our payers are going to share these or utilize these.
 - a. Across the industry when you have multiple payers and different entities, how you kind of envision that.
 - i. Yes, right now DRLS uses two use cases as mentioned. Those two use cases are architected so they are really not concerned where the rules come from. So, it could be a common repository or you could work out a mechanism to retrieve them from multiple repositories. The issue might be whether or not payers are going to share

common rules - that's something that, could be done but we haven't really crossed that point yet.

1. So, with the questionnaire specifically, like you have sometimes let's say you have 15 questions, are they - are the questionnaires you're doing dynamic? So for example, sometimes if you know the answer to the third question is no, you don't need to ask the rest of the questions, or is it the kind of thing where you have to go through all of the questions every time?
 - a. Yes, to the first part. For example, if we find out your gender is male, we're not going to ask, mammography type questions. We call it short-circuiting. So yes, that's definitely a big part of our questionnaires.