CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2082	Date: May 4, 2018
	Change Request 10526

SUBJECT: Analysis for Mandatory Support of Review Contractors to Send Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to analyze the requirements for process updates and technical solution to support sending Additional Documentation Request (ADR) letters electronically as eMDR.

EFFECTIVE DATE: October 1, 2018

*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: October 1, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row*.

R/N/D CHAPTER / SECTION / SUBSECTION / TITLE			
N/A	N/A		

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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SUBJECT: Analysis for Mandatory Support of Review Contractors to Send Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System

EFFECTIVE DATE: October 1, 2018

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I. GENERAL INFORMATION

A. Background: There have been several requests from Medicare providers to the Centers for Medicare & Medicaid Services (CMS) to enable the functionality to send Additional Documentation Request (ADR) letters electronically. CMS implemented a pilot supporting the electronic version of the ADR letter known as Electronic Medical Documentation Request (eMDR) via the Electronic Submission of Medical Documentation (esMD) system. Since the eMDRs may contain Protected Health Information (PHI) data being sent to the prospective provider, a valid consent form is required from the authorized individual representing the provider along with the destination details including any delegation to their associated or representing organizations such as Health Information Handlers (HIHs). The review contractor (sender) will have to complete the required identify-proofing and always make sure to check for any registration updates before sending out each eMDR.

CMS is requiring the Medicare Administrative Contractors (MACs) to support sending ADR letters electronically as eMDRs.

The purpose of this CR is to analyze the requirements for process updates and technical solutions. A set of 11 calls shall be scheduled with all of the stakeholders to discuss the process and solution.

B. Policy: The Administrative Simplification provisions of Health Insurance Portability and Accountability Act (HIPAA) require the Secretary of the Department of Health and Human Services (HHS) to adopt standard electronic transactions and code sets for administrative health care transactions. The Secretary may also modify these standards periodically.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										
		A/B		D	Shared-				Other			
		MAC		MAC N		MAC M			Sys	tem		
					J		Е		Maintainers			
		A	В	Н		F	M	V	C			
				Н	M	I	C	M	W			
				Н	A	S	S	S	F			
					C	S						
10526.1	The Shared Systems Maintainers (SSMs) and the	X	X	X	X	X	X	X		esMD		
	MACs shall discuss and develop a process and											
	solutions to send eMDR (that contains PHI data) to the											
	providers via esMD.											
			1									

Number	Requirement Responsibility											
		A/B MAC					MAC M S					Other
		A	В	H H H	M A C	F I S	M C S		С			
	NOTES:					19						
	 Analyze any existing systems that can be leveraged such as the MAC portals and Fiscal Intermediary Shared System (FISS) Direct Data Entry (DDE) access to providers. 											
	Expansion to be considered for sending other outbound documents that may contain PHI data.											
10526.2	The SSMs and MACs shall attend eleven (11) one-hour analysis calls (on or about the third week of June) to discuss:	X	X	X	X	X	X	X		esMD		
	 Processes to meet the requirement; and Potential challenges related to enrollment and the exchange of PHI data. 											
10526.2.1	The SSMs shall document and post meeting minutes from their perspective in ECHIMP within three (3) business days after each call.					X	X	X				
10526.2.2	The SSMs and MACs shall provide the contact names and email addresses for the analysis calls to CMS at esMDBusinessOwners@cms.hhs.gov within five (5) business days of the issuance of this CR.	X	X	X	X	X	X	X				
10526.3	The SSMs shall upload to ECHIMP, 30 calendar days after the final conference call, a design document that shall include draft implementation requirements and recommended business processes.					X	X	X				
	NOTE : The draft requirements and business processes will be used to develop the implementation CR for a future release.			_								
10526.3.1	The SSMs shall send their estimated hours/level of effort associated with the design document to CMS at esMDBusinessOwners@cms.hhs.gov , 30 calendar days after the final conference call.					X	X	X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsib	ility	
			A/B		D	C
		1	MA(\mathbf{C}	M	Е
					Е	D
		Α	В	Н		Ι
				Н	M	
				Н	Α	
					C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Melanie Jones, 410-786-5461 or Melanie.Jones@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0