

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 958	Date: September 15, 2011
	Change Request 7254

SUBJECT: Additional Fields for Additional Documentation Request (ADR) Automated Development System (ADS) Letters

I. SUMMARY OF CHANGES: This CR makes several changes to the shared systems to allow contractors to include additional information on additional documentation request (ADR) letters necessary for the Electronic Submission of Medical Documentation (esMD) pilot. Most importantly this CR allows for the addition of a documentation case ID number.

EFFECTIVE DATE: January 1, 2012 (FISS and MCS); April 1, 2012 (VMS)

IMPLEMENTATION DATE: January 3, 2012 (FISS and MCS); April 2, 2012 (VMS)

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.

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	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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

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

Attachment – One Time Notification

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Effective Date: January 1, 2012 (FISS and MCS); April 1, 2012 (VMS)

Implementation Date: January 3, 2012 (FISS and MCS); April 2, 2012 (VMS)

I. GENERAL INFORMATION

A. Background:

- CMS is in the process of developing a mechanism to electronically receive medical documentation. This project is called Electronic Submission of Medical Documentation (esMD).
- Although participation in the esMD pilot is not mandatory, the Additional Documentation Request Letters (ADRs) that participating contractors send to providers need to include a documentation case ID number.

B. Policy:

The shared systems shall assign a documentation case ID number to each case selected for medical record review. The shared systems shall also display the documentation case ID number on each ADR. The Legacy Contractors can implement at their own discretion.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility								
		A / B M A C	D M M A C	F I I E R	C A R R I E R	R H H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
7254.1	The Shared System shall display on each ADR letter the following sentence: “In the Late Summer, some MACs began accepting solicited documentation from providers sent via the Electronic Submission of Medical Documentation (esMD) mechanism. For more information about esMD, see www.cms.gov/esMD .” These solicited letters can be any ADR letters and not just for medical review at the contractor’s discretion.	X	X				X	X		
7254.1.1	The Shared System will allow the MAC to specify a turn on date and turn off date for the esMD sentence.						X			
7254.2	The MACs shall use the esMD language for their medical review departments during the time they are participating in the esMD pilot. The use of the esMD language on ADR letters for departments other than medical review e.g., claims processing etc., is at the discretion of the MACs.	X	X	X	X					

Number	Requirement	Responsibility									
		A / B M A C	D M M A C	F I	C A R I E R	R H I	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
7254.3	To create the documentation case ID number the Shared System and Contractors shall use the contractor ID number as the first five characters followed by claim ID, preceded by as many zeros needed to get to 23 characters, followed by PR (Prepay), PO (Postpay) or MA (Manual Development).	X	X				X	X	X		
7254.3.1	The MACs shall assign a documentation case ID number to each claim that is selected for medical review or Postpay ADR letters that require additional documentation.	X	X								
7254.3.2	The MACs shall assign a documentation case ID for each claim that is selected for manual prepayment medical review outside of the Shared System. For example, cases that are selected ADR letters pursuant to CR6698.	X	X								
7254.3.3	The MACs shall use the same first characters of the documentation case ID number with the exception of character number PR (Prepay) is replaced with MA (Manual Development).	X	X								
7254.4	The MACs and the Shared System maintainers shall not generate duplicate documentation case ID numbers for multiple claims.	X	X				X	X	X		
7254.5	The Shared System and Contractors shall display the documentation case ID number on all medical review hardcopy (via the postal service) ADR that are generated within the Shared System; other types are optional and will be at the discretion of the Contractor.	X	X				X	X	X		
7254.6	The MACs shall display the documentation case ID number on manual development letters (such as post payment reviews, or development for electronic signatures) on the medical review hardcopy that are generated outside the Shared System.	X	X								
7254.7	The Shared Systems shall display the documentation case ID number to each Direct Data Entry (DDE) ADR.						X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A / B M A C	D M M A C	F I I E R	C A R I E R	R H I	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
7254.8	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors that are participating in the esMD pilot shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X	X	X	X						
7254.9	Each contractor participating in the esMD pilot is encouraged to develop and post to their websites provider education language explaining the new ADR fields.	X	X	X	X						

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

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

V. CONTACTS

Pre-Implementation Contact(s):

Joyce Davis (Joyce.Davis1@cms.hhs.gov)

Donna Jones (donna.jones3@cms.hhs.gov)

Post-Implementation Contact(s):

Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.'; also please delete the phrase ' use only one of the following statements' from Section A of the Funding Statement.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*, use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*, include the following statement:

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.