Electronic Submission of Medical Documentation (esMD) Annual Report
October 1, 2013 – September 30, 2014

Over 490,000 medical records were sent through the esMD system during its third year!

The Centers for Medicare & Medicaid Services (CMS) utilizes several types of review contractors to measure, prevent, identify, and correct improper payments or identify potential fraud.

Review contractors select a sample of claims and then request medical documentation from the submitting provider. The claims are manually reviewed against the medical documentation to verify the providers' compliance with Medicare's rules.

Prior to 2011, hospitals, physicians and other medical providers sent medical records via mail or fax to the requesting review contractor. Providers often criticized the paper-based process as being costly and time consuming. Many providers, especially those who use electronic health records, requested an electronic means to respond to these documentation requests.

On September 15, 2011, CMS implemented the esMD system which enables providers to send medical documentation to review contractors electronically. The system is based on standards developed by the Office of the National Coordinator for Health Information Technology.

To access the esMD system, providers can either build their own gateway that will connect to the esMD Gateway, or contract with a CMS certified Health Information Handler (HIH). As of September 30, 2014, no providers had chosen to build their own gateway.

While esMD is not mandatory, many healthcare providers find that it reduces cost and increases efficiencies. In order to address provider concerns, CMS has instructed review contractors not to target providers for medical review based on their use of esMD.

Accomplishments During Fiscal Year (FY) 2014

- In July 2014, CMS made the following changes to increase functionality:

    o A/B Medicare Administrative Contractors (A/B MACs) and Durable Medical Equipment Medicare Administrative Contractors (DME MACs) can voluntarily accept first level appeals requests through esMD.

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    o DME MACs can accept Advanced Determination of Medical Coverage (ADMC) on a voluntary basis.

    o Recovery Auditors are now required to accept discussion requests through the esMD Gateway in Portable Document Format (PDF) format.

- The number of participants utilizing the esMD system has increased steadily since its inception. As of September 30, 2014:

o **72,024 Providers** (hospitals, physicians, and other medical providers) use esMD to respond to medical record requests;

o **80 Providers** use esMD to submit prior authorization requests;

o **23 HIHs** are certified by CMS to offer esMD services;

o **29 Review contractors** are approved by CMS to accept esMD transactions.

The volume of medical records sent via esMD increased from 457,844 in FY 2013 to 493,961 in FY 2014. The tables below display the quarterly volume by type of submissions.

Records or Requests Sent from Providers to Review Contractors via esMD

	FY 2014 Q1	*FY 2014 Q2*	*FY 2014 Q3*	*FY 2014 Q4*
Medical Records in Response to Documentation Request	*173,234*	*153,185*	*89,215*	*78,327*
Prior Authorization Requests	*6,426*	*1,387*	*2,318*	*2,439*
First Level Appeal Requests	N/A	N/A	N/A	*1,633*
Recovery Auditor Discussion Requests	N/A	N/A	N/A	*2*
Advanced Determination of Medical Coverage Requests	N/A	N/A	N/A	*0*

Responses Sent from Review Contractor to Providers via esMD

	FY 2014 Q1	*FY 2014 Q2*	*FY 2014 Q3*	*FY 2014 Q4*
Prior Authorization Responses	*5,910*	*1,197*	*2,120*	*2,261*

Future Enhancements Planned for the esMD System:

- **Allow Providers to Submit Structured Electronic Clinical Templates**
  Currently, the esMD system only accepts unstructured PDF documents. However, CMS is planning to develop esMD standards for structured medical records. CMS has been working closely with the Office of the National Coordinator through the Standards and Interoperability Framework to develop these data elements. This enables suppliers, physicians, and electronic health record vendors to provide feedback on the Power Mobility Device (PMD) Electronic Clinical Template for possible nationwide use. As a pilot for this functionality, CMS is exploring the development of an Electronic Clinical

Template that would allow electronic health record vendors to create prompts to assist physicians when documenting the medical necessity of a PMD.

CMS is also exploring the development of an Electronic Clinical Template to assist physicians when documenting the medical necessity of Lower Limb Prostheses (LLP). The first drafts of the data elements lists are available in the Download section of http://go.cms.gov/eclinicaltemplate.

- **Allow Providers to submit Prior Authorization**

  Repetitive scheduled non-emergent ambulance transport services
  In late 2014, CMS is planning to expand the prior authorization program to include repetitive scheduled non-emergent ambulance transport services. This initiative will begin in New Jersey, Pennsylvania, and South Carolina. The two review contractors participating in this initiative are Novitas and Palmetto.

  Hyperbaric oxygen therapy (HBO)
  In 2015, CMS is planning to expand the prior authorization program to include HBO therapy for certain covered conditions. This initiative will begin in Illinois, Michigan, and New Jersey. The two review contractors participating in the demonstration are Novitas and WPS.

  A beneficiary residing in one of the participating states can also submit the prior authorization request for the services. Using instructions and guidance provided by CMS, the Review Contractor will review the prior authorization request and supporting medical documentation to make a provisional affirmative (likely payable) or non-affirmative (not payable) decision. A provisional affirmation is a preliminary finding that a future claim submitted to Medicare for the service likely meets Medicare's coverage, coding, and payment requirements.

A: CMS HIHs Offering esMD Services (listed in order of when they were certified)

- ABILITY Network (formerly IVANS)
- RISARC
- HealthPort
- MRO
- Health IT Plus
- ApeniMED, Inc.
- Cobius Healthcare Solutions
- eSolutions, Inc.
- IOD Incorporated
- Medial Electronic Attachment (MEA)
- The SSI Group
- Proficient Health
- Rycan Technologies, Inc.
- Craneware

- Verisk Health (formerly MediConnect)
- SunCoast RHIO
- LOISS, Ltd.
- MedFORCE Technologies
- Verisma Systems
- Bluemark, LLC
- Medical Records, LLC
- Dorado Systems
- Episode Alert

B: CMS Review Contractors Accepting esMD Transactions as of September 2014

- Recovery Audit Contractors
  - Region A (Performant Recovery)
  - Region B (CGI)
  - Region C (Connolly)
  - Region D (Health Data Insights)

- A/B Medicare Administrative Contractors
  - Jurisdiction E (formerly J1) (Noridian)
  - Jurisdiction F (formerly J2 & J3) (Noridian)
  - Jurisdiction G/J5 (Wisconsin Physicians Services)
  - Jurisdiction G/J6 (Legacy Title 18) (National Government Services)
  - Jurisdiction H (formerly J4 & J7) (Novitas Solutions)
  - Jurisdiction I/J8 (Wisconsin Physicians Services)
  - Jurisdiction I/J15 (CGS)
  - Jurisdiction J/10 (Cahaba)
  - Jurisdiction K (formerly J13& J14) (National Government Services)
  - Jurisdiction L (formerly J12) (Novitas Solutions)
  - Jurisdiction M/J11 (Palmetto GBA)
  - Jurisdiction N (formerly J9) (First Coast)

- Durable Medical Equipment Medicare Administrative Contractors
  - Jurisdiction A (NHIC)
  - Jurisdiction B (National Government Services)
  - Jurisdiction C (CGS)
  - Jurisdiction D (Noridian)

- Error Rate Measurement Contractors
  - Comprehensive Error Rate Testing Contractor (Livanta)
  - Payment Error Rate Measurement (A+ Government Solutions)

- Zone Program Integrity Contractors
  - Zone 1 (SafeGuard Services)
  - Zone 2 (Advance Med)

- o Zone 3 (Cahaba)
- o Zone 4 (Health Integrity)
- o Zone 5 (Advance Med)
- o Zone 7 (SafeGuard Services)

- Supplemental Medical Review Contractor
  - o Strategic Health Solutions

Updated lists of review contractors and HIHs that are approved by CMS can be found at www.cms.gov/esMD.