esMD
Annual Program Report

October 1, 2016 – September 30, 2017

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Background

On September 15, 2011, the Centers for Medicare & Medicaid Services (CMS) implemented the Electronic Submission of Medical Documentation (esMD) system which enables providers to send medical documentation to review contractors electronically. The system is Exchange compatible, based on standards developed by the Office of the National Coordinator (ONC) for Health Information Technology.

CMS uses several types of review contractors to measure, prevent, identify and correct improper payments or find potential fraud. These review contractors request medical documentation from the providers who submitted the claims and review the claims against the medical documentation to verify the providers' compliance with Medicare rules. To comply with the Review Contractor's requests for documentation, hospitals, physicians and other medical providers send medical documentation via mail, fax or esMD to the review contractor. Medicare providers and review contractors believe that using the esMD system results in cost savings and increased efficiencies. The esMD system may help improve the payment turnaround time and reduce the administrative burden associated with medical documentation requests and responses.

Using the esMD system is not mandatory for providers. Review Contractors are prohibited from targeting providers for medical review as a result of their esMD usage[1]. Additionally, esMD system transactions are safe and secure since the esMD system uses ONC's Exchange gateway standards.

esMD has been supporting the following Lines of Business:

- Responses to ADR Letters
- First Level Appeal Requests
- Second Level Appeal Requests
- Advanced Determination of Medical Coverage Requests
- Recovery Auditor Discussion Requests
- DME Discussion Requests
- Prior Authorization (PA) Requests/ Responses
- Power Mobility Device (PMD)
- Repetitive Scheduled Non-Emergent Ambulance Transport
- Non-emergent Hyperbaric Oxygen
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) items
- Home Health Pre-Claim Review (PCR) Requests/Responses

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[1] CMS Program Integrity Manual, Chapter 3, Section 3.2.1

Recent esMD System Enhancements

CMS expanded the esMD system to include the following new functionality and document types:

- **Pre-Claim Review Requests/Responses for Home Health Services**

  In October 2016, CMS expanded the esMD system to enable Home Health Agencies in Illinois to submit Pre-Claim Review requests along with the corresponding documentation and receive responses as part of the three-year demonstration program.

- **Consolidated Clinical Documentation Architecture (CCDA)—Structured Medical Documentation**

  esMD was accepting only unstructured medical documentation in PDF format for ADR responses and PA/PCR requests. In January 2017, CMS expanded esMD by accepting structured medical documentation as a pilot using the Health Level 7 CCDA specifications.

- **Electronic Medical Documentation Requests (eMDRs)**

  Additional Documentation Request (ADR) letters were sent by Review Contractors (RCs) to Medicare providers using US postal mail only. In January 2017, CMS expanded esMD to enable RCs to send ADR letters electronically as a pilot for eMDR to their registered providers (through their designated Health Information Handler (HIH).

- **Additional Documentation Request Review Results**

  In January 2017, CMS expanded esMD to enable RCs to send ADR review results as a pilot to the respective providers (through their designated HIH) restricted to only those ADR responses that were received via esMD.

- **Internal Contractor Document Transfer**

  In April 2017, CMS expanded esMD to enable the exchange of information and medical documentation as a pilot among the RCs internally to/from each respective review contractor.

- **Prior Authorization of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies**

  In July 2017, CMS expanded esMD to support a prior authorization model for DMEPOS items nationwide, initially focusing on select items related to the power wheelchairs.

- **DME Discussion Requests**

  As part of a new demonstration project, certain selected providers can submit DME Phone Discussion requests and corresponding documentation related to their second level appeal requests (called reconsiderations) to the DME Qualified Independent Contractor review contractor via mail or fax or esMD (starting from July 2017).

esMD Data

Below are number of participants in the CMS esMD program during fiscal year 2017:

- 60,579 Medicare Providers
- 17 Health Information Handlers
- 43 Review Contractors:
    - 5 – Medicare Recovery Auditors (1 new contractor in 2017)
    - 12 – A/B Medicare Administrative Contractors
    - 4 – Durable Medical Equipment Medicare Administrative Contractors
    - 6 – Zone Program Integrity Contractors
    - 2 – Unified Program Integrity Contractor
    - 5 – Quality Improvement Organization
    - 5 – Qualified Independent Contractors
    - 1 – Supplemental Medical Review Contractor
    - 2 – Error Rate Measurement Review Contractors (Comprehensive Error Rate Testing and Payment Error Rate Measurement)
    - 1 – United States Railroad Retirement Board

The following tables show the transactions between October 1, 2016 and September 30, 2017.

Medical Records sent by Provider via esMD to Medicare Review Contractors			
Type of Document	10/01/2016 – 12/31/2016	01/01/2017 – 09/30/2017	Total from 09/15/2011 – 09/30/2017
Medical Records	140,731	309,688	2,509,198
Prior Authorization Requests*	3,277	10,073	61,103

* The prior authorization totals include all prior authorization and pre-claim review requests (PMD, Ambulance, Hyperbaric Oxygen, Home Health Services and DMEPOS items).

Responses Received by Provider via esMD from Medicare Review Contractors			
Type of Document	10/01/2016 – 12/31/2016	01/01/2017 – 09/30/2017	Total from 09/15/2011 - 09/30/2017
Prior Authorization Decision/Notification	3,185	9,256	54,328

The following tables show the submission volume per year since the esMD system was implemented.

Fiscal Year	Number of Medical Records	Prior Authorization Request
2012	93,182	0
2013	457,844	1,684
2014	493,961	12,570
2015	519,172	16,647
2016	494,620	16,852
2017	450,419	13,350
TOTAL	2,509,198	61,103

Fiscal Year	Prior Authorization Decisions/Notifications
2012	462
2013	11,488
2014	14,404
2015	15,533
2016	12,441
2017	54,328
TOTAL	108,656

Health Information Handlers and Review Contractors

To access the esMD system, Medicare providers can either:

♦ Build their own gateway that will connect to the CMS esMD gateway, or
♦ Contract with an HIH

Table A lists the HIHs certified by CMS to offer esMD services during the reporting period (October 1, 2016–September 30, 2017).

Table A: CMS-Certified esMD Health Information Handlers			
1	ABILITY Network/IVANS	10	MedForce Technologies
2	Bluemark, LLC	11	MRO
3	Cobius	12	Quadax
4	Consulate Health Care	13	RISARC
5	Craneware Insight	14	Rycan Technologies
6	eSolutions	15	SSI
7	Healthport	16	SunCoast RHIO
8	IOD	17	Vyne
9	LOISS		

Table B lists the review contractors approved by CMS to accept esMD transactions during the reporting period (October 1, 2016 – September 30, 2017).

Table B: CMS Review Contractors Accepting esMD Transactions		
Recovery Auditor Note: Recovery Auditors A, B, C and D transitioned to Regions 1, 2, 3, 4 and 5 during FY 2017	1	Region 1 (Performant)
	2	Region 2 (Cotiviti)
	3	Region 3 (Cotiviti)
	4	Region 4 (HMS Federal)
	5	Region 5 (Performant)
Part A/B Medicare Administrative Contractor (A/B MAC)	1	MAC J5 (WPS)
	2	MAC J6 (NGS)
	3	MAC J8 (WPS)
	4	MAC J15 (CGS)
	5	MAC JE (Noridian)
	6	MAC JF (Noridian)
	7	MAC JH (Novitas Solutions)
	8	MAC JJ (Cahaba)
	9	MAC JK (NGS)
	10	MAC JL (Novitas Solutions)
	11	MAC JM (Palmetto GBA)
	12	MAC JN (First Coast Service Options)
Durable Medical Equipment Medicare Administrative Contractor (DME MAC)	1	DME MAC JA (Noridian)
	2	DME MAC JB (CGS)
	3	DME MAC JC (CGS)
	4	DME MAC JD (Noridian)

Table B: CMS Review Contractors Accepting esMD Transactions		
Zone Program Integrity Contractor (ZPIC)	1	ZPIC 1 (SafeGuard Services)
	2	ZPIC 2 (AdvanceMed)
	3	ZPIC 3 (AdvanceMed)
	4	ZPIC 4 (Health Integrity)
	5	ZPIC 5 (AdvanceMed)
	6	ZPIC 7 (SafeGuard Services)
Unified Program Integrity Contractor (UPIC)	1	UPIC NE (SafeGuard Services)
	2	UPIC MW (Advance Med)

Other Contractors	1 2 3 4 5	Quality Improvement Organization
		    Area 1 (Livanta)
		    Area 2 (Kepro)
		    Area 3 (Kepro)
		    Area 4 (Kepro)
		    Area 5 (Livanta)

	1 2 3 4 5	Qualified Independent Contractor
		    Part A East (C2C)
		    Part A West (Maximus)
		    Part B North (C2C)
		    Part B South (C2C)
		    DME (C2C)

	1	Supplemental Medical Review Contractor (Strategic Health Solutions)
	1	Comprehensive Error Rate Testing (CERT) Review Contractor (AdvanceMed)
	1	Payment Error Rate Measurement (PERM) Review Contractor (A+ Government Solutions)
	1	U.S. Railroad Retirement Board - RRB (Palmetto GBA)

Updated lists of CMS approved review contractors and CMS-certified HIHs can be found at **www.cms.gov/esMD.**

Future Enhancements Planned for the esMD System

Future Functionality and upgrades to pilots

- ♦ CMS is planning to roll out the following future functionality:
- ♦ PA/PCR Documentation using X12 275 specifications
- ♦ Unsolicited Paperwork (PWK) documentation
- ♦ Support for PA/PCR requests for multiple services
- ♦ Updates to ADR review results pilots
- ♦ Structured Documentation using Complete Document for Payers Set1 format
- ♦ Review Results Decision Letters in PDF
- ♦ PA/PCR Decision Letters in PDF
- ♦ eMDR pilot registration via esMD