



esMD: Leverage the Power of Electronic Standards and Interoperability to Reduce Costs and Increase Efficiencies in Medicaid/CHIP Program Integrity Reviews

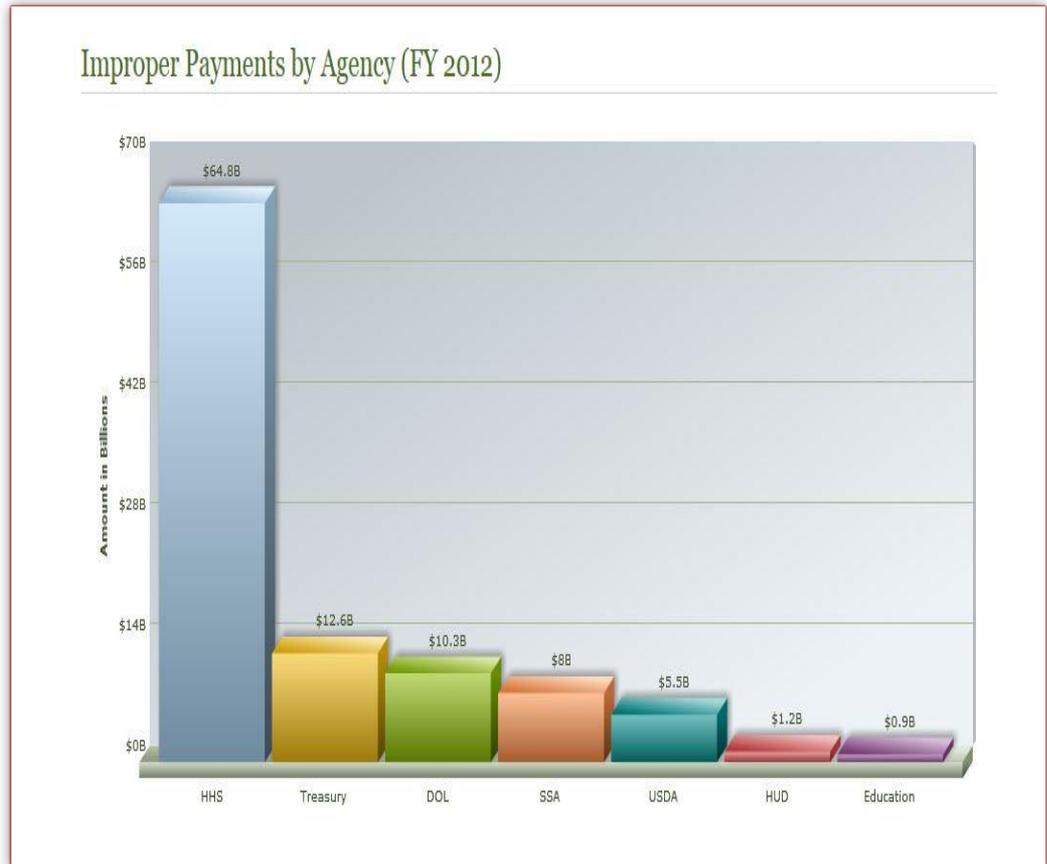
CHRISSEY FOWLER, Director, Division of Error Rate Measurement,
JOYCE DAVIS, Health Insurance Specialist,
CMS / OFM / Provider Compliance Group

Agenda

1. **What is esMD and why did CMS create it?**
2. Which Review Contractors currently accept esMD transactions from Providers?
3. How could Medicaid/CHIP CMS Review Contractors accept esMD transactions from Providers?

Improper Payments

- CMS' Office of Financial Management estimates that each year
 - the Medicare FFS program made more than **\$29.6 B** in improper payments (2012 error rate: **8.5%**).
 - the Medicaid program made more than **\$19.2 B** in improper payments (2012 national 3-year rolling error rate: **7.1%**).
 - the Children's Health Insurance Program (CHIP) made more than **\$0.7 B** in improper payments (2012 single-year national error rate **8.2%**).
- Most improper payments can only be detected by a **human** comparing:
 - a **claim** to
 - the **medical documentation**.



www.paymentaccuracy.gov

Background Facts about Medical Documentation Requests

➤ Medical Documentation Requests are sent by:

- Medicare Administrative Contractors (MACs) Medical Review (MR) Departments
 - Comprehensive Error Rate Testing Contractor (CERT)
 - Payment Error Rate Measurement Contractor (PERM)
 - Medicare Recovery Auditors (formerly called RACs)
 - Zone Program Integrity Contractors (ZPICs)
- Review Contractors issue over **1 million** requests for medical documentation each year.
- Review Contractors currently receive most medical documentation in **paper** form or via fax.

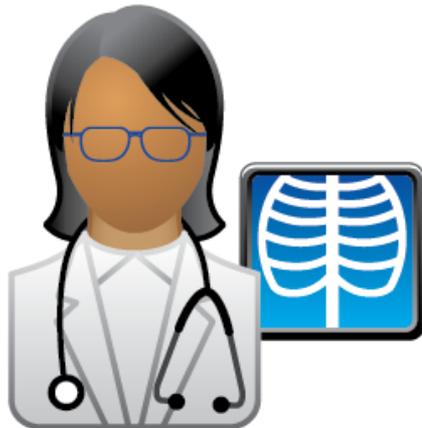
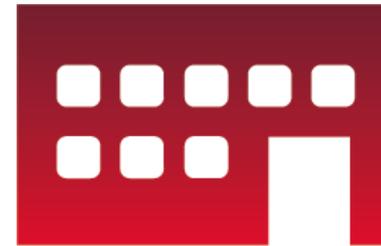
Medical documentation requests are also sent by:	Overseen by:
Medicaid RACs	States
Medicaid Integrity Contractors (MICs)	CMS/CPI/MIG

Pre-esMD Paper Medical Documentation Process

Documentation
Request Letter



Review Contractor



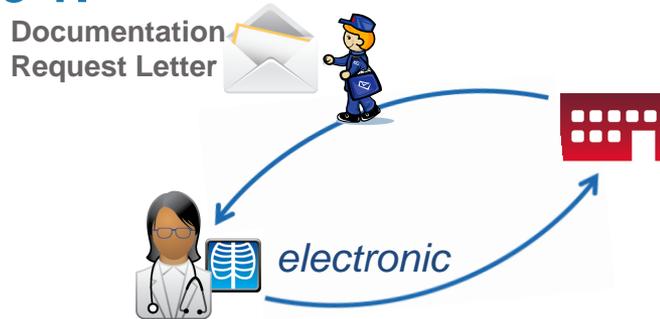
Provider



Paper
Medical
Record

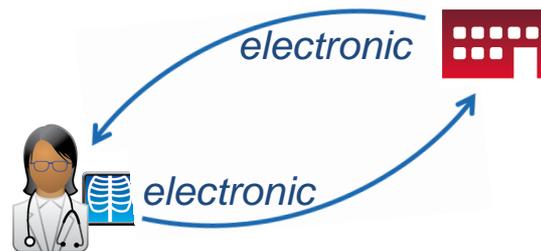
The Solution: Electronic Submission of Medical Documentation (esMD)

Phase 1:



Went live Sept 15, 2011

Phase 2:



Planned for Future Release

esMD is NOT Mandatory for Providers

CMS recognizes that not all providers are adopting HIT solutions at the same pace.

HIT Adoption Rate

Late Adopter

- Still using paper records.
- Intends to rely on fax machines, USPS, FedEx, etc. for the for the next 10 years.

Average Adopter

- Using imaged & electronic records.
- Will wait to see which esMD Service Providers emerge in their area (and at what price).

Early Adopter

- Has used EHRs for years.
- Ready for esMD now!

Review Contractors cannot target providers for medical review just because they use esMD

Provider Benefits of Using esMD

- **Quicker turnaround:** Providers have reported the payment turnaround when using esMD is 6 days as opposed to the paper process which is approximately 3 weeks.
- **Reduce labor costs:** esMD helps to reduce the amount of labor required to fulfill these requests by no longer having to print and mail paper, feed a fax machine or burn CD's.
- **Reduced hard costs:** esMD can also reduce hard costs like shipping and handling expenses.

Review Contractor Benefits of Using esMD

- Reduce Mail room costs
- Future: Reduce print/mail costs

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To Use esMD Review Contractor must Obtain Access to a “Gateway”

The eHealth Exchange:

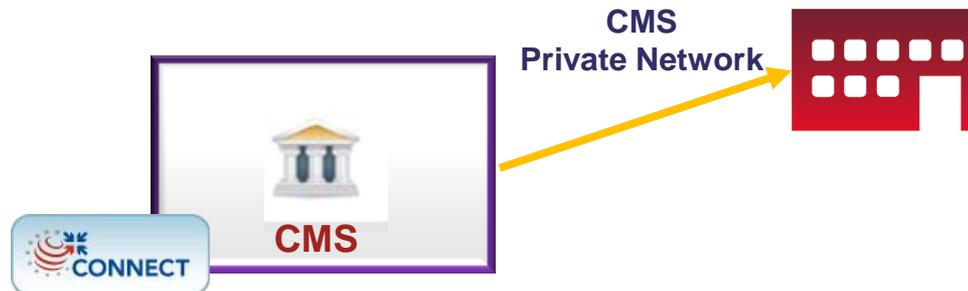
- Is a set of **standards, protocols, legal agreements, and specifications** that a consortium of health information organizations have agreed are necessary for **secure and private** exchange of health information over the public internet.
- Is overseen by the Office of the National Coordinator for Health IT (ONC)
- The CMS esMD Gateway went live September 15, 2011!

esMD transactions are SAFE and SECURE because the esMD system uses **eHealth Exchange standards**



How can Medicaid Review Entities/Contractors obtain access to a Gateway?

- Build their own Gateway that uses esMD standards
- Check with their state Health Information Exchange (HIE) to see if they have plans to become an esMD Health Information Handler (HIH)
- Contact Joyce Davis for more ideas
- CMS Review Contractors (PERM, MICs) and Medicaid RACs can connect to the CMS Gateway



Review Contractors that Accept esMD

Approved CMS Review Contractors
Region A Medicare Recovery Auditor (DCS)
Region B Medicare Recovery Auditor (CGI)
Region C Medicare Recovery Auditor (Connolly)
Region D Medicare Recovery Auditor (HDI)
Medicare Administrative J1 (Palmetto GBA)
Medicare Administrative JF (Noridian)
Medicare Administration JH (Novitas Solutions)
Medicare Administrative J5 (WPS)
Medicare Administration J8 (WPS)
Medicare Administrative J9 (First Coast)
Medicare Administrative J10 (Cahaba)
Medicare Administrative J11 (Palmetto)
Medicare Administrative J12 (Novitas Solutions)
Medicare Administrative J13 (NGS)
Medicare Administrative J14 (NHIC)
Medicare Administrative J15 (CGS)
DME Medicare Administrative JA (NHIC)
DME Medicare Administrative JB (NGS)
DME Medicare Administrative JC (CGS)
DME Medicare Administrative JD (Noridian)
Legacy Contractor Title 18 (NGS)
Supplemental Medical Review Contractor (SMRC)
Comprehensive Error Rate Testing (CERT)
Program Error Rate Measurement (PERM)
ZPIC Zone 1 (SGS)
ZPIC Zone 7 (SGS)
ZPIC Zone 3 (Cahaba)

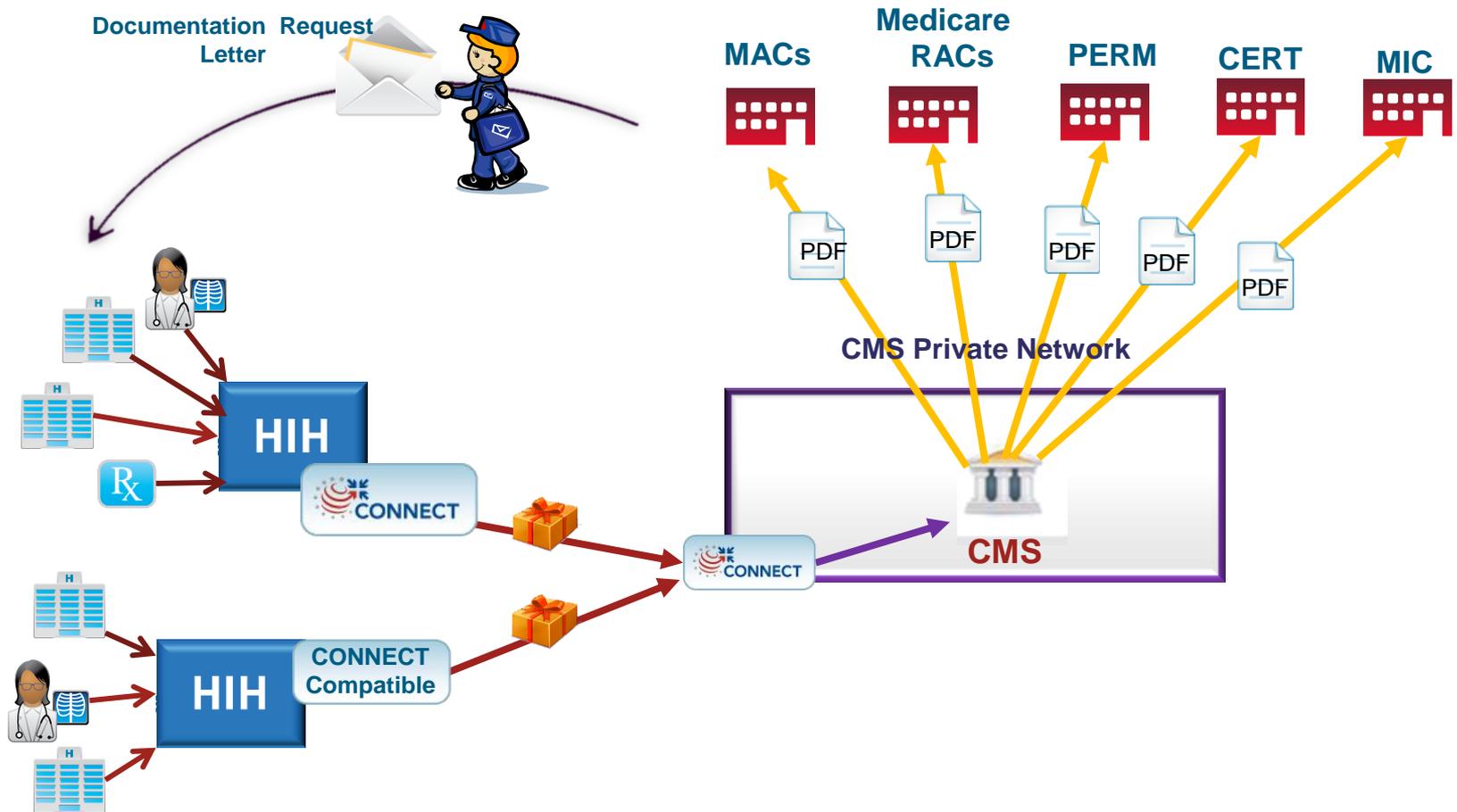
Planning for Summer 2014
ZPIC Zone 2
ZPIC Zone 4
ZPIC Zone 5
Medicaid Integrity Contractor (MIC) Zone 4 (Health Integrity)

For updated list, visit: www.cms.gov/esMD.

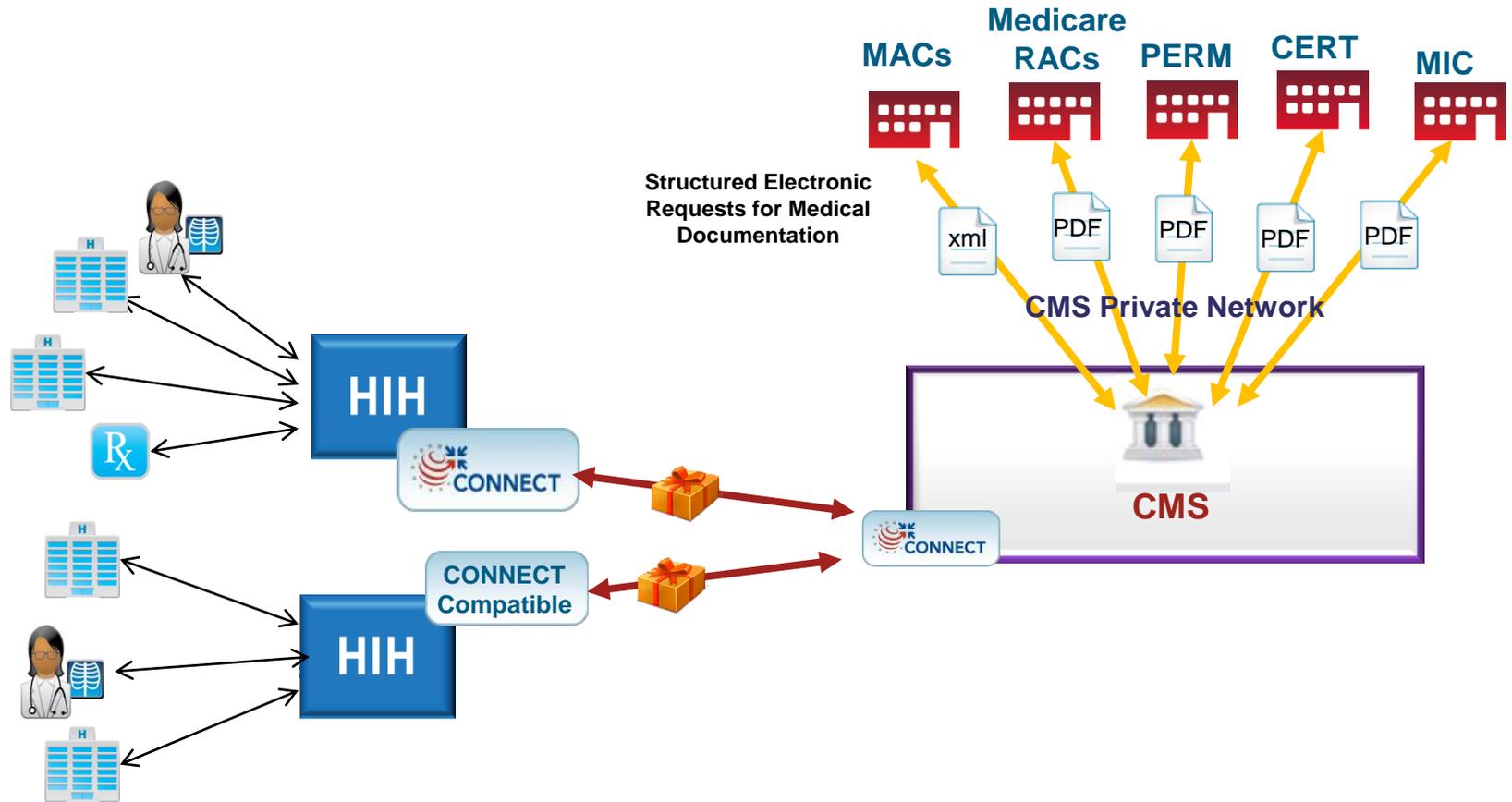
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Providers can use esMD to respond to a Documentation Request



esMD Phase 2: Future Release



Current and Future Use Cases for esMD

INBOUND (esMD Phase 1)

- Responses to Documentation Request Letters in PDF
- Power Mobility Device Prior Authorization Requests in PDF
- Unsolicited Documentation in PDF (called paperwork or “PWK”)
- Appeal Requests in PDF
- Structured Orders, Progress Notes,
- Structured esMD Phase 2 Registration
- Etc.



We Are Here

OUTBOUND (esMD Phase 2)

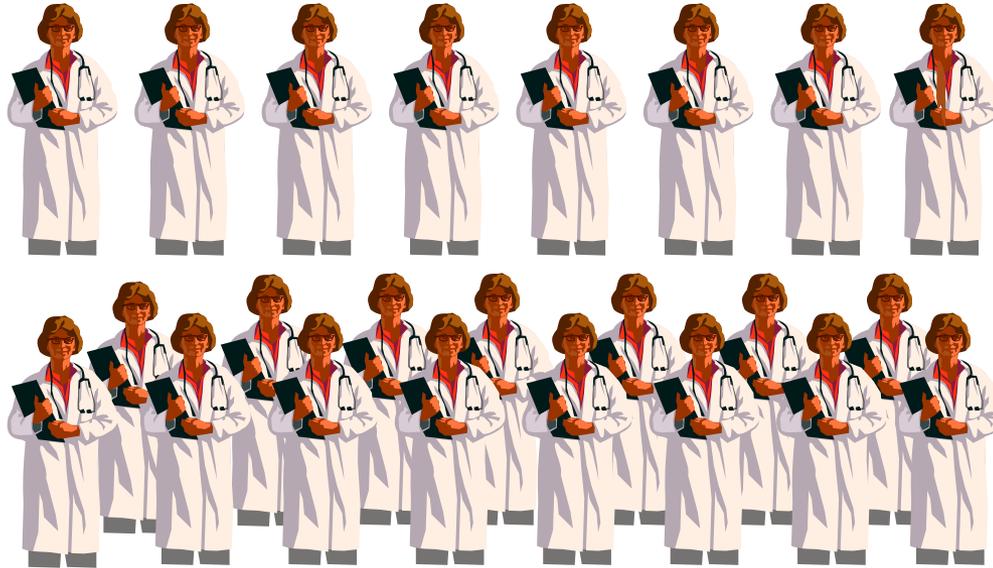
- Power Mobility Device Prior Authorization Response
- Structured Outbound Documentation Requests
- Review Results Letters
- Demand Letters
- Etc.

LOOKUP (Future Phase)

- Request\Receive Documentation Status
- Request\Receive Claim Status
- Request\Receive Appeals Status
- Request\Receive Eligibility Info
- Etc.

Providers Signed up with an esMD HIH

➤ Unique Provider Count as of August 2013: 18,441



For More Information

To contact anyone on the esMD Team:

Joyce.Davis1@cms.hhs.gov

Questions From the Audience

