

esMD Semi-Annual Program Report

October 1, 2015 - March 31, 2016

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.

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. Insufficient documentation errors generally account for a large proportion of improper payments. Some Fee-for-Service (FFS) medical review errors result from providers failing to submit the necessary documentation to support the claims. The use of the esMD system may help reduce improper payments.

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.

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.

Recent esMD System Enhancements

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

Prior Authorization Requests

This is when a provider requests prior authorization of a (non-emergent) health care item or service before the health care is provided.

¹ [CMS Program Integrity Manual, Chapter 3, Section 3.2.1.](#)

The esMD system allows suppliers, providers, and Health Information Handlers (HIHs) to electronically send prior authorization requests to review contractors. An HIH is defined as any organization that handles health information on behalf of a provider. Similarly, the esMD system allows review contractors to electronically send prior authorization request responses to suppliers, providers, and HIHs.

1. Prior Authorization of Non-Emergent Hyperbaric Oxygen Therapy

In April 2014, CMS implemented a prior authorization model for non-emergent hyperbaric oxygen (HBO) therapy in Michigan. In August 2015, CMS implemented the model in Illinois and New Jersey. The following Part A/B Medicare Administrative Contractors (MACs) can receive HBO prior authorization requests from HIHs in Portable Document Format (PDF) format via esMD.

- MAC J8/WPS (Michigan)
- MAC J6/NGS (Illinois)
- MAC JL/Novitas Solutions (New Jersey)

2. Prior Authorization of Repetitive Scheduled Non-Emergent Ambulance Transport

In December 2014, CMS implemented a prior authorization model for repetitive scheduled non-emergent ambulance transport in three states (South Carolina, New Jersey, and Pennsylvania). In January 2016, CMS expanded the model to six additional states (Delaware, District of Columbia, Maryland, North Carolina, West Virginia, and Virginia). The following Part A/B MACs can receive Ambulance prior authorization requests from HIHs in PDF via esMD.

- MAC JM/Palmetto GBA (North Carolina, South Carolina, West Virginia, and Virginia)
- MAC JL/Novitas Solutions (Delaware, District of Columbia, Maryland, New Jersey and Pennsylvania)

ASC X12N 278 HIPAA Compliant Requests/Responses

In July 2016, CMS expanded the esMD system to enable providers and suppliers to send and receive Health Insurance Portability and Accountability Act (HIPAA) and Federal Information Security Management Act (FISMA) compliant prior authorization requests and responses.

First Level Appeal Requests

CMS expanded the esMD system to enable providers to submit first level appeal requests electronically in PDF format to review contractors, who participate in this functionality on a voluntary basis.

Recovery Auditor Discussion Requests

CMS expanded the esMD system to allow providers to submit Recovery Auditor Discussion Requests (RADR) electronically in PDF format to recovery auditors.

Advanced Determination of Medical Coverage

Advance Determination of Medicare Coverage (ADMC) is a voluntary program that allows suppliers and beneficiaries to request prior approval and determine, in advance of delivery, if the purchase of a DME item would likely be covered.

esMD Data

Below are number of participants in the CMS esMD program during the first half of fiscal year 2015:

- **39,955 Medicare Providers**
- **30 Health Information Handlers**
- **30 Review Contractors:**
 - 4 - Medicare Recovery Auditors
 - 12 - are A/B Medicare Administrative Contractors
 - 4 - are Durable Medical Equipment Medicare Administrative Contractors
 - 6 - are Zone Program Integrity Contractors
 - 2 - are Error Rate Measurement Review Contractors (Comprehensive Error Rate Testing and Payment Error Rate Measurement)
 - 1 - is a Supplemental Medical Review Contractor
 - 1 - is a United States Railroad Retirement Board

The following tables show the transactions between October 1, 2015 and March 31, 2016.

Type of Document	Medical Records sent by Provider via esMD to Medicare Review Contractors		
	10/01/2015 - 12/31/2015	01/01/2016 - 03/31/2016	Total from 09/15/2011 - 03/31/2016
Medical Records	141,446	128,219	1,728,065
Prior Authorization Requests*	4,769	4,362	34,368

*The prior authorization totals include all prior authorization requests (PMD, Ambulance, and Hyperbaric Oxygen)

Type of Document	Responses Received by Provider via esMD from Medicare Review Contractors		
	10/01/2015-12/31/2015	01/01/2016 - 03/31/2016	Total from 09/15/2011 - 03/31/2016
Prior Authorization Decision/Notification	4,818	4,515	30,450

Health Information Handlers and Review Contractors

To access the esMD system, 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, 2015 - March 31, 2016).

Table A: CMS-Certified esMD Health Information Handlers			
1	ABILITY Network/IVANS	11	MedFORCE Technologies
2	Bluemark, LLC	12	MEA
3	Cobius	13	MRO
4	Consulate Health	14	Quadax
5	Craneware, Inc.	15	RISARC
6	eSolutions, Inc.	16	Rycan
7	HealthPort	17	SSI
8	IOD Incorporated	18	Sun Coast RHIO
9	LOISS, Ltd.	19	Rycan Technologies, Inc.
10	Medeanalytics	20	UPMC

Table B lists the review contractors approved by CMS to accept esMD transactions during the reporting period (October 1, 2015 - March 31, 2016).

Table B: CMS Review Contractors Accepting esMD Transactions		
Recovery Auditors	1	Region A (Performant Recovery)
	2	Region B (CGI Federal)
	3	Region C (Connolly)
	4	Region D (Health Data Insights)
Part A/B Medicare Administrative Contractors (A/B MAC)	1	MAC J5 (WPS)
	2	MAC J6 (NGS)
	3	MAC J8 (WPS)
	4	MAC J15 (CGS)
	5	MAC JE/1 (Noridian)
	6	MAC JF/2&3 (Noridian)
	7	MAC JH/4&7 (Novitas Solutions)
	8	MAC JJ/10 (Cahaba)
	9	MAC JK/13&14 (NGS)
	10	MAC JL/12 (Novitas Solutions)
	11	MAC JM/11 (Palmetto GBA)
	12	MAC JN/9 (First Coast Service Options)
Durable Medical Equipment Medicare Administrative Contractors (DME MAC)	1	DME MAC JA (NHIC)
	2	DME MAC JB (NGS)
	3	DME MAC JC (CGS)
	4	DME MAC JD (Noridian)
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)
Other Contractors	1	U.S. Railroad Retirement Board - RRB (Palmetto GBA)
	2	Supplemental Medical Review Contractor (Strategic Health Solutions)
	3	CERT (Livanta)
	4	PERM (A+ Government Solutions)

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

Second Level Appeal Requests

Once claim redetermination is denied for payment by a MAC, participating providers and suppliers have the right to file second level appeal request/reconsideration. Upon on-boarding of two Qualified Independent Contractors (QICs) in July 2016, CMS will expand the esMD system to enable providers to submit second level appeal requests electronically in PDF format to the QICs.

Pre-Claim Review Demonstration for Home Health Services

In the summer of 2016, CMS will implement a demonstration for home health services provided in five states (Florida, Illinois, Massachusetts, Michigan and Texas). The Pre-Claim Review Demonstration will begin in Illinois no earlier than August 1, 2016 and the remaining states will phase in during 2016 and 2017.

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

In the fall of 2016, CMS will implement a prior authorization model for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) items, in four states (Illinois, Missouri, New York and West Virginia), and will focus on select codes related to the provision of power wheelchairs.

Prior Authorization of Chiropractic Services

In January 2017, CMS will implement a prior authorization program for Part B chiropractic services for certain providers after a beneficiary has received 12 allowed units.

Future Functionality Pilots

CMS is planning to roll out the following future functionality pilots in January 2017:

- Consolidated Clinical Documentation Architecture (CCDA)/Structured Medical Documentation
- Electronic Medical Documentation Requests (eMDRs)
- Additional Documentation Request (ADR) Review Results
- Internal Contractor Document Transfer (ICDT)