

## esMD HIH Onboarding Request Form

To be considered for acceptance in the esMD Health Information Handler's (HIH's) Onboarding Process, complete and return this form, along with attachment for number 18, to CMS esMD [Support Team](#).

**Required information:** *The form below will be used by CMS to capture pertinent information regarding the perspective HIH's organization and system information. Each field must be filled out upon submitted the form otherwise the form will be considered incomplete*

No.	ITEMS	DETAILS
1	Date of Form Submission:	Click here to enter a date.
2	HIH Company Name:	
3	HIH Office Location:	Choose an item.
4	HIH Business Contact Name: <ul style="list-style-type: none"> <li>• Office Phone:</li> <li>• Cell Phone:</li> <li>• Email Address:</li> <li>• Time zone:</li> </ul>	
5	HIH Technical Contact: <ul style="list-style-type: none"> <li>• Office Phone:</li> <li>• Cell Phone:</li> <li>• Email Address:</li> <li>• Time zone:</li> </ul>	
6	IT Vendor Name:	
7	IT Vendor Point-of-Contact: <ul style="list-style-type: none"> <li>• Office Phone:</li> <li>• Cell Phone:</li> <li>• Email Address:</li> <li>• Time zone</li> </ul>	
8	Statement of permission to list your IT vendor on CMS esMD website following certification:	

No.	ITEMS	DETAILS
9	HIH Distribution Address for esMD-related notifications:	
10	Company URL:	
11	Statement of permission to use URL and logo in esMD related brochures, presentations, and websites:	
12	Where do you plan to offer esMD Services (nationwide/specific states)?	
13	What esMD services will your organization offer? (You may select more than one).	<input type="checkbox"/> Submit Response to Additional Medical Documentation Request (ADR) in PDF <input type="checkbox"/> Submit First Level Appeals Request <input type="checkbox"/> Submit Recovery Auditor Discussion Request <input type="checkbox"/> Submit Advance Determination of Medicare Coverage Request <input type="checkbox"/> Submit / Accept XDR Prior Authorization Request and Responses (e.g. Power Mobility Device (PMD), Repetitive Scheduled Non-emergent Ambulance Transport, Hyperbaric Oxygen Therapy) <input type="checkbox"/> Submit/Accept X12N 278 Prior Authorization Requests and Responses (e.g. Power Mobility Device (PMD), Repetitive Scheduled Non-emergent Ambulance Transport, Hyperbaric Oxygen Therapy)
14	Estimated Monthly Submission Volume:	
15	Planned/estimated Go Live date:	<a href="#">Click here to enter a date.</a>
16	HIH Implementation Guide reviewed	

No.	ITEMS	DETAILS
17	Brand & version of (CONNECT compatible) software: Note: X 12 Submissions require CONNECT 4.4 or compatible CAQH software.	
18	CONNECT compatible software self-test results: (Only CONNECT 4.4 or higher version is supported)	Note: Attach test results to the email request
19	Brand & version of server platform:	
20	Describe HIH application interface:	
21	Have you stood up your HIH application interface?	
22	HL7 OID:	
23	X12 Submission Sending and Receiving ID: (only applicable for X12 Submissions)	
24	Validation IP Address: (CMS requires HIHs to keep a validation environment separate from the Production environment during and after Onboarding)	
25	Production IP Address:	
26	Certificate Authority Name:	
27	Validation SSL/TLS Certificates	
a	Server Certificate: Right click the your server certificate and copy the content to the right including the BEGIN CERTIFICATE and END CERTIFICATE strings	
b	Intermediate Certificate: Right click your Intermediate certificate and copy the content to the right including the	

No.	ITEMS	DETAILS
	BEGIN CERTIFICATE and END CERTIFICATE strings	
c	Root Certificate: Right click the certificate and copy the content to the right including the BEGIN CERTIFICATE and END CERTIFICATE strings	
28	Production SSL/TLS Certificates	
a	Server Certificate: Right click the your server certificate and copy the content to the right including the BEGIN CERTIFICATE and END CERTIFICATE strings	
b	Intermediate Certificate: Right click your Intermediate certificate and copy the content to the right including the BEGIN CERTIFICATE and END CERTIFICATE strings	
c	Root Certificate: Right click the certificate and copy the content to the right including the BEGIN CERTIFICATE and END CERTIFICATE strings	