

esMD RC Onboarding and Change Request Form

To be considered for acceptance in the esMD RC Onboarding Process, please complete and return this form to the CMS esMD Support Team (esMD_Support@cms.hhs.gov).

Existing RCs are requested to use this form to make requests to accept a new line of business or new authorization program, and/or to accept submissions in the X12 format, and return the form to the CMS esMD Support Team (esMD_Support@cms.hhs.gov).

No.	Items	Details
1	Date of Form Submission:	
2	RC Company Name:	
3	RC Jurisdiction:	
4	RC Office Mailing Address:	
5	RC Business Contact Name: <ul style="list-style-type: none"> • Office Phone: • Cell Phone: • Email Address: • Time zone: 	
6	RC Technical Contact: <ul style="list-style-type: none"> • Office Phone: • Cell Phone: • Email Address: • Time zone: 	
7	RC Distribution Email Address for esMD-related Notifications:	
8	What esMD Services do you plan to accept? (You may select more than one).	<input type="checkbox"/> Accept Response to Medical Documentation Request in PDF <input type="checkbox"/> Accept Power Mobility Device (PMD) Prior Authorization Request in PDF <input type="checkbox"/> Send PMD Prior Authorization Review Results Message <input type="checkbox"/> Accept Prior Authorization Request of Repetitive Scheduled Non-emergent Ambulance <input type="checkbox"/> Accept Prior Authorization Request of Non-emergent Hyperbaric Oxygen Transport <input type="checkbox"/> Accept First Level Appeals Request <input type="checkbox"/> Accept Second Level Appeals Request <input type="checkbox"/> Accept Recovery Auditor Discussion Request <input type="checkbox"/> Accept Advance Determination of Medicare Coverage Request <input type="checkbox"/> Accept 278 X 12 N 5012 Prior Authorization Requests in translated format
9	Estimated Monthly Submission Volume:	
10	Desired Go-Live Date:	
11	Planned Version of the RC Client to Implement: Java or .Net?	
12	Plan to utilize Out-of-the-box or extend the API?	
13	Additional Information / Comments	