

## 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](mailto: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](mailto:esMD_Support@cms.hhs.gov)).

No.	Items	Details
1	<b>Date of Form Submission:</b>	
2	<b>Company Name:</b>	
3	<b>Jurisdiction Name:</b>	
4	<b>Mailing Address:</b>	
5	<b>Business Contact Name:</b> <ul style="list-style-type: none"> <li>• Office Phone:</li> <li>• Cell Phone:</li> <li>• Email Address:</li> <li>• Time zone:</li> </ul>	
6	<b>Technical Contact:</b> <ul style="list-style-type: none"> <li>• Office Phone:</li> <li>• Cell Phone:</li> <li>• Email Address:</li> <li>• Time zone:</li> </ul>	
7	<b>Distribution Email Address for esMD-related Notifications:</b>	
8	<b>What esMD Services do you plan to accept? (You may select more than one):</b>	<input type="checkbox"/> Accept Response to Additional Document Requests (ADR) <input type="checkbox"/> Receive Provider Registration File <input type="checkbox"/> Receive Document Code File (DCF) <input type="checkbox"/> Submit Pre-Pay Electronic Medical Documentation Request (eMDR) Letters <input type="checkbox"/> Submit Post-Pay Electronic Medical Documentation Request (eMDR) Letters <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 (ADMC) <input type="checkbox"/> Accept / Submit XDR Prior Authorization (PA) Request and Responses (Select from list below) <ul style="list-style-type: none"> <li><input type="checkbox"/> Repetitive Scheduled Non-Emergent Ambulance Transport</li> <li><input type="checkbox"/> Home Health Pre-Claim Review (HHPCR)</li> <li><input type="checkbox"/> Durable Medical Equipment, Prosthetics/Orthotics &amp; Supplies (DMEPOS)</li> <li><input type="checkbox"/> Hospital Outpatient Department (HOPD)</li> </ul> <input type="checkbox"/> Accept / Submit X12 Prior Authorization (PA) Request and Responses (Select from list below) <ul style="list-style-type: none"> <li><input type="checkbox"/> Repetitive Scheduled Non-Emergent Ambulance Transport</li> <li><input type="checkbox"/> Home Health Pre-Claim Review (HHPCR)</li> <li><input type="checkbox"/> Durable Medical Equipment, Prosthetics/Orthotics &amp; Supplies (DMEPOS)</li> </ul> <input type="checkbox"/> Accept Paperwork (PWK) Unsolicited Documents <input type="checkbox"/> Accept Durable Medical Equipment (DME) Phone Discussion Requests <input type="checkbox"/> Accept/Request Inter Contractor Document Transfer (ICDT) Requests/Responses
9	<b>X12 Receiving EDI ID:</b>	
10	<b>Desired Go-Live Date:</b>	

11	Planned Version of the RC Client to Implement: Java or .Net:	
12	Plan to utilize Out-of-the-box or extend the API (Yes or No):	
13	Additional Information / Comments:	