

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2104	Date: August 3, 2018
	Change Request 10807

SUBJECT: Analysis of the Structured Data Elements for Sending Additional Documentation Request (ADR) Decision Letters and Prior Authorization/Pre-Claim Review (PA/PCR) Decision Letters Electronically via the Electronic Submission of Medical Documentation (esMD) System

I. SUMMARY OF CHANGES: The purpose of this CR is to schedule a series of 8 calls to develop, review and finalize a set of data elements for sending ADRs via esMD.

EFFECTIVE DATE: November 5, 2018

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: November 5, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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SUBJECT: Analysis of the Structured Data Elements for Sending Additional Documentation Request (ADR) Decision Letters and Prior Authorization/Pre-Claim Review (PA/PCR) Decision Letters Electronically via the Electronic Submission of Medical Documentation (esMD) System

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I. GENERAL INFORMATION

A. Background: There have been several requests from Medicare providers to the Centers for Medicare & Medicaid Services (CMS) to enable the functionality to send PA/PCR decision letters and ADR review result letters electronically. CMS has received sample decision letters from different Medicare Administrative Contractors (MACs). There is a need to review different elements and come up with a standard set of data elements for the decision letters.

The purpose of this CR is to analyze all the aspects of the data elements and finalize on a standard set to be sent to the providers electronically via the esMD system. A set of eight (8) calls shall be scheduled with all of the stakeholders for the solution.

B. Policy: The Administrative Simplification provisions of Health Insurance Portability and Accountability Act (HIPAA) require the Secretary of the Department of Health and Human Services (HHS) to adopt standard electronic transactions and code sets for administrative health care transactions. The Secretary may also modify these standards periodically.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
10807.1	The MACs shall participate in eight (8) calls to discuss and finalize the data elements for ADR decision letters and PA/PCR decision letters sent electronically to participating providers via esMD.	X	X	X	X					
10807.1.1	The MACs shall alternate the responsibility of taking meeting minutes. The minutes shall be posted under the 'Analysis Call Documents' tab in eChimp within three (3) business days after each call.	X	X	X	X					
10807.1.2	The MACs shall provide the contact names and email addresses for the analysis calls to CMS at	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	esMDBusinessOwners@cms.hhs.gov within five (5) business days of the issuance of this CR.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
A	B	H H H				
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Melanie Jones, 410-786-5461 or Melanie.Jones@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0