

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2196	Date: November 9, 2018
	Change Request 11001

SUBJECT: Analysis to Create a Standard Coded List of Document Types to be used by Review Contractors (RC) for Requesting Documentation in Pre-Pay and Post-Pay Additional Documentation Request (ADR) Letters (and/or Electronic Medical Documentation Requests (eMDR) via the Electronic Submission of Medical Documentation (esMD) System)

I. SUMMARY OF CHANGES: The purpose of this change request is to schedule a series of eight (8) calls with the RCs to discuss different document types currently used and assign each document a standard code.

EFFECTIVE DATE: April 1, 2019

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

IMPLEMENTATION DATE: April 1, 2019

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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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 Additional Documentation Request (ADR) letters electronically. CMS implemented a pilot supporting the electronic version of the ADR letter known as Electronic Medical Documentation Request (eMDR) via the Electronic Submission of Medical Documentation (esMD) system. Since the eMDRs may contain Protected Health Information (PHI) data being sent to the prospective provider, a valid consent form is required from the authorized individual representing the provider along with the destination details including any delegation to their associated or representing organizations such as Health Information Handlers (HIHs).

CMS is requiring its review contractors to support sending ADR (Pre-Pay / Post-Pay) letters electronically as eMDRs. CMS is looking forward to implement the solution to send ADR (Pre and Post Pay) letters electronically by July 2019 release. The Payment Error Rate Measurement contractors are exempted from this mandate. The Comprehensive Error Rate Testing (CERT) contractors and the Quality Improvement Organizations (QIO) can opt to participate in the eMDR process.

CMS is looking for an approach to code all the "Types of Document" used for medical reviews. This shall help different lines of businesses to follow a structured communication within different entities. These standardized document codes can help the provider process the ADR responses more efficiently.

The Purpose of this CR is to discuss with all the contractors on different document types used today and get each document a standard code. As a part of this CR, the contractors shall also come up with the mapping of each document type code to the ADR letter reason code (if used).

A process of creating and maintaining the codes shall also be laid out as an outcome of this CR.

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		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
11001.1	<p>The contractors shall participate in eight (8) one-hour calls scheduled (to occur between December 2018 and January 2019) to discuss the process of creation and maintenance of ‘Standard Code’ for each document type used in medical review.</p> <p>NOTE: The CERT and QIO contractors may choose to participate in the calls. For both of the CERT and QIO contractors, participating in the eMDR related processes is optional.</p>	X	X	X	X						CERT, QIO, RAC, RRB-SMAC, SMRC, UPICs, esMD
11001.1.1	<p>The contractors and Shared System Maintainers (SSMs) shall participate in (up to) 4 one-hour calls (a subset of the eight (8) calls mentioned in 11001.1) to understand:</p> <ul style="list-style-type: none"> • How MACs shall communicate the creation/update of a document type code to the maintainer? • How to build the relationship between the ‘Reason code’ (used on ADR) to the new ‘Document type code’ being created? <p>NOTE: The CERT and QIO contractors may choose to participate in the calls. For both of the CERT and QIO contractors, participating in the eMDR related processes is optional.</p>	X	X	X	X	X	X	X			CERT, QIO, RAC, RRB-SMAC, SMRC, UPICs, esMD
11001.2	<p>The esMD business analysis team shall be responsible for taking meeting minutes. The action items, questions and decisions shall be posted under the 'Analysis Call Documents' tab in eChimp within four (4) business days after each call.</p>										esMD
11001.2.1	<p>The contractors and SSMs shall provide the participant contact names and email addresses for the analysis calls to CMS at esMDBusinessOwners@cms.hhs.gov within five (5) business days of the issuance of the CR.</p> <p>NOTE: The CERT and QIO contractors may choose to participate in the calls. For both of the CERT and QIO contractors, participating in the eMDR related processes is optional.</p>	X	X	X	X	X	X	X			CERT, QIO, RAC, RRB-SMAC, SMRC, UPICs

Number	Requirement	Responsibility							
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers			Other
		A	B			F I S S	M C S	V M S	
11001.3	<p>Each of the contractors and SSMs shall discuss to develop a document that outlines the process of creating a new document type code or updating an existing document type code (Standard Operating Procedures - SOP).</p> <p>The contractors and the SSMs shall review the collaborative SOP document received from CMS via email and provide comments within seven (7) business days.</p> <p>The deliverables of this analysis CR are:</p> <p>(1) Document Type Codes List (mapping to reason codes);</p> <p>(2) SOP document for the development and maintenance of the document type codes.</p> <p>NOTE: The CERT and QIO contractors may choose to participate in the calls. For both of the CERT and QIO contractors, participating in the eMDR related processes is optional.</p>	X	X	X	X	X	X	X	CERT, QIO, RAC, RRB-SMAC, SMRC, UPICs, esMD

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC		H H H	D M E M A C				Other
		A	B			F I S S	M C S	V M S	
	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:
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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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