

# Welcome



## Introduction of Electronic Submission of Medical Documentation (esMD) to Providers

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CMS / OFM / Provider Compliance Group

# Agenda

**Part 1: What is esMD and why did CMS create it?**

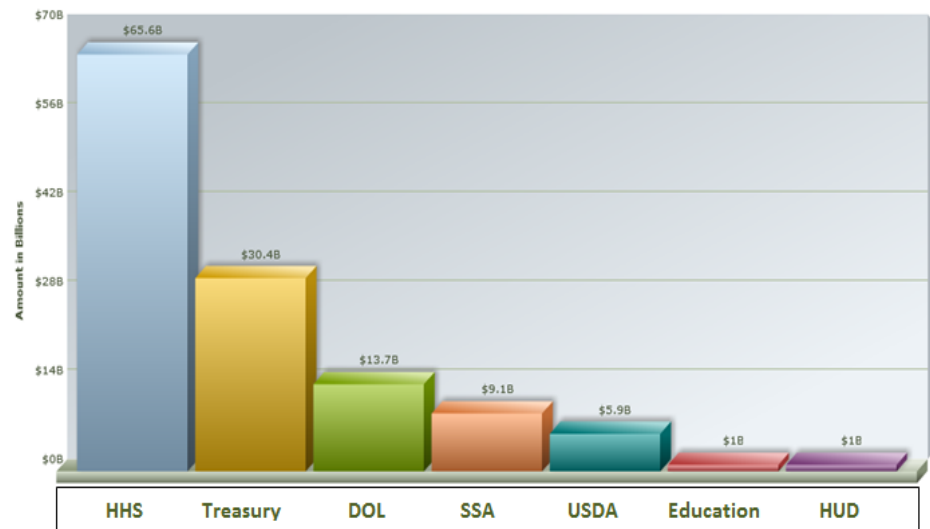
Part 2: How do I get started?

Part 3: Will this be done in Phases?

# Improper Payments

- Medicare receives **4.8 M** claims per day.
- CMS' Office of Financial Management estimates that each year
  - the Medicare FFS program issues more than **\$28.8 B** in improper payments (error rate 2011: **8.6%**).
  - the Medicaid FFS program issues more than **\$21.9 B** in improper payments (3-year rolling error rate: **8.1%**).
- Most improper payments can only be detected by a **human** comparing:
  - a **claim** to
  - the **medical documentation**.

Improper Payments by Agency (FY 2011)



[www.paymentaccuracy.gov](http://www.paymentaccuracy.gov)

# Background Facts about Medical Documentation Requests

## ➤ Medical Documentation Requests are sent by:

- Medicare Administrative Contractors (MACs) Medical Review (MR) Departments
- Comprehensive Error Rate Testing Contractor (CERT)
- Payment Error Rate Measurement Contractor (PERM)
- Medicare Recovery Auditors (formerly called RACs)

These contractors are overseen by OFM/PCG

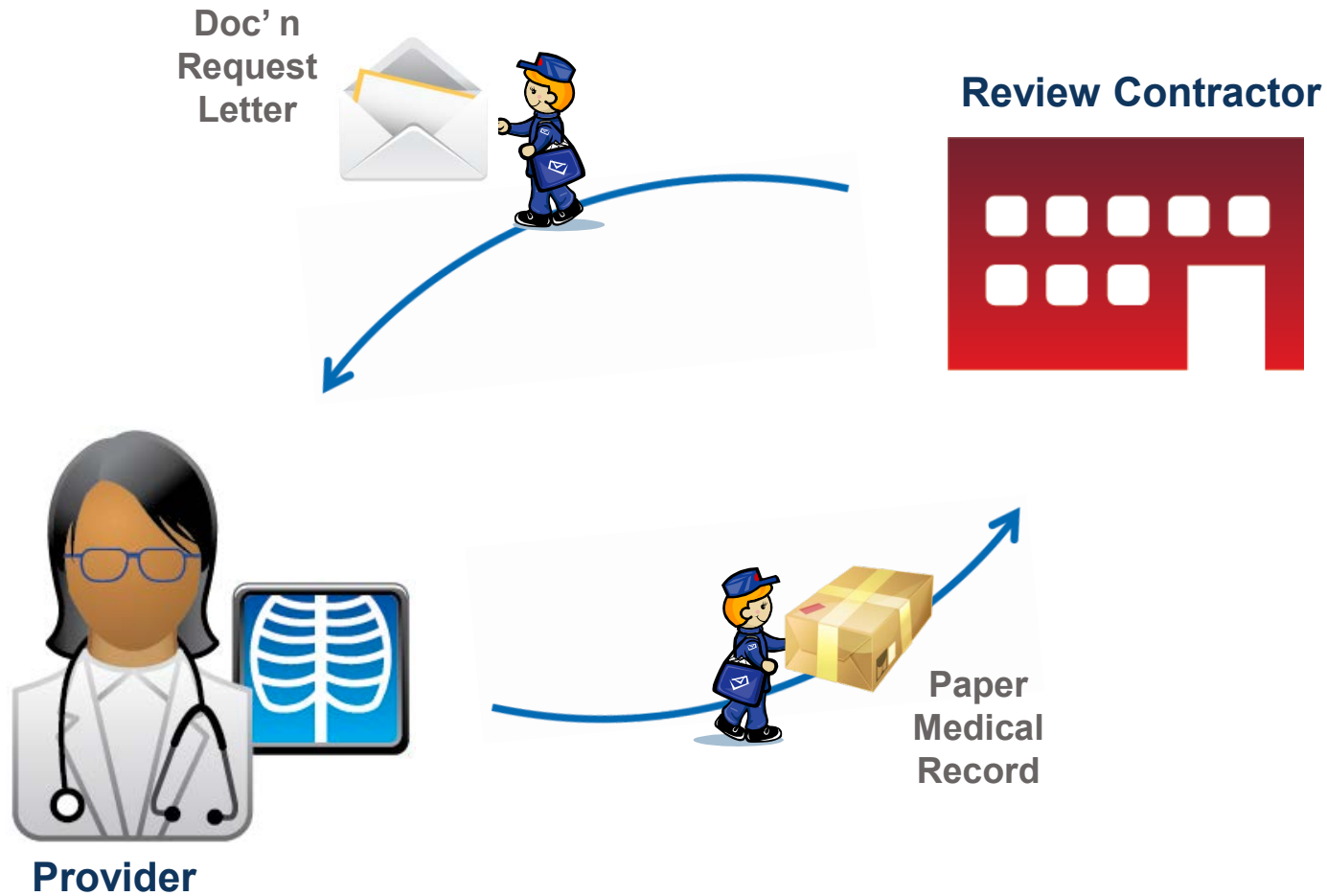
- **George Mills,** Director
- **Melanie Combs-Dyer,** Deputy Director

➤ Claim review contractors issue over **1 million** requests for medical documentation each year.

➤ Claim review contractors currently receive most medical documentation in **paper** form or via fax.

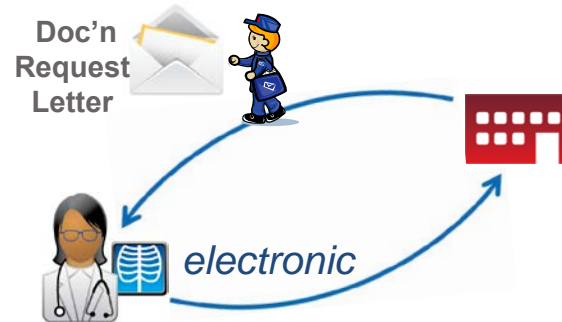
Medical documentation requests are also sent by:	Overseen by:
MAC Cost Report Audit Departments	OFM/FSG
Coordination of Benefit Contractors	OFM/FSG
HITECH Auditors	OFM/FSG
QIOs	OCSQ
QICs	CM

# Pre-esMD Paper Medical Documentation Process



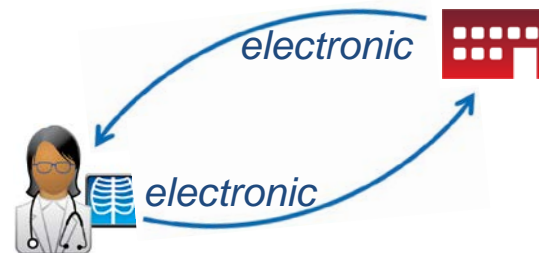
# The Solution: Electronic Submission of Medical Documentation (esMD)

## Phase 1:



Went live Sept 15, 2011

## Phase 2:



Planned for Future Release

# esMD is NOT Mandatory for Providers

CMS recognizes that not all providers are adopting HIT solutions at the same pace.

## HIT Adoption Rate

### Late Adopter

- Still using paper records.
- Intends to rely on fax machines, USPS, FedEx, etc. for the for the next 10 years.

### Average Adopter

- Using imaged & electronic records.
- Will wait to see which esMD Service Providers emerge in their area (and at what price).

### Early Adopter

- Has used EHRs for years.
- Ready for esMD now!

***Review contractors cannot target providers for medical review just because they use esMD, CMS Program Integrity Manual (PIM) Chapter 3, Section 3.2.1.***

# Benefits of using esMD

- **Quicker turnaround:** Providers have reported the payment turnaround when using esMD is 6 days as opposed to the paper process which is approximately 3 weeks.
- **Reduce labor costs:** esMD helps to reduce the amount of labor required to fulfill these requests by no longer having to print and mail paper, feed a fax machine or burn CD's.
- **Reduced hard costs:** esMD can also reduce hard costs like shipping and handling expenses.



# Agenda

1. What is esMD and why should I join?
2. **How do I get started?**
3. Will this be done in Phases?

# Providers Who Want to Submit Via esMD Must Follow Two Steps

## STEP 1:

Find out if your Review Contractors accept esMD

## STEP 2:

Obtain access to an esMD “gateway”

# Step 1: CMS Review Contractors that Accept esMD

## Approved CMS Review Contractors

Region A Medicare Recovery Auditor (DCS)
Region B Medicare Recovery Auditor (CGI)
Region C Medicare Recovery Auditor (Connolly)
Region D Medicare Recovery Auditor (HDI)
Medicare Administrative J1 (Palmetto GBA)
Medicare Administrative JF (Noridian)
Medicare Administration JH (Novitas Solutions)
Medicare Administrative J5 (WFS)
Medicare Administration J8 (WFS)
Medicare Administrative J9 (First Coast)
Medicare Administrative J10 (Cahaba)
Medicare Administrative J11 (Palmetto)
Medicare Administrative J12 (Novitas Solutions)
Medicare Administrative J13 (NGS)
Medicare Administrative J14 (NHIC)
Medicare Administrative J15 (CGS)
DME Medicare Administrative JA (NHIC)
DME Medicare Administrative JB (NGS)
DME Medicare Administrative JC (CGS)
DME Medicare Administrative JD (Noridian)
Legacy Contractor Title 18 (NGS)
Supplemental Medical Review Contractor (SMRC)
Comprehensive Error Rate Testing (CERT)
Program Error Rate Measurement (PERM)
ZPIC Zone 1 (SGS)
ZPIC Zone 7 (SGS)

## Planning for Early 2013

ZPIC Zone 2
ZPIC Zone 5

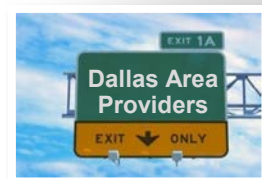
For updated list, visit: [www.cms.gov/esMD](http://www.cms.gov/esMD).

# Step 2: Obtain access to a “Gateway”

## The eHealth Exchange:

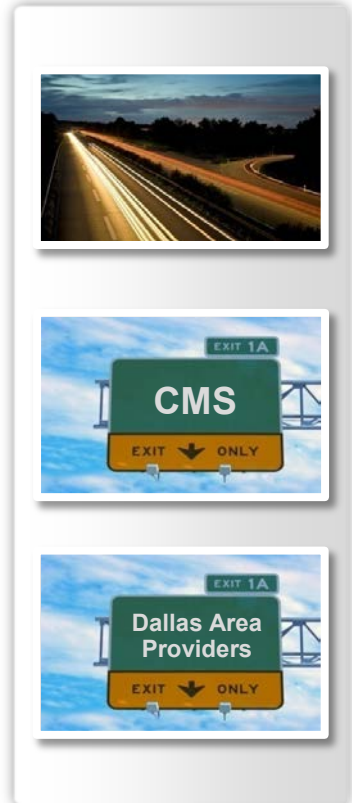
- Is a set of **standards, protocols, legal agreements, and specifications** that a consortium of health information organizations have agreed are necessary for **secure and private** exchange of health information over the public internet.
- Is overseen by the Office of the National Coordinator for Health IT (ONC)
- The CMS esMD Gateway went live September 15, 2011!

esMD transactions are SAFE and SECURE because the esMD system uses **eHealth Exchange standards**



# CMS esMD Gateway

- CMS built an eHealth Exchange Gateway (formerly known as NHIN) to accept esMD transactions from providers.
- CMS uses the “CONNECT” brand of gateway

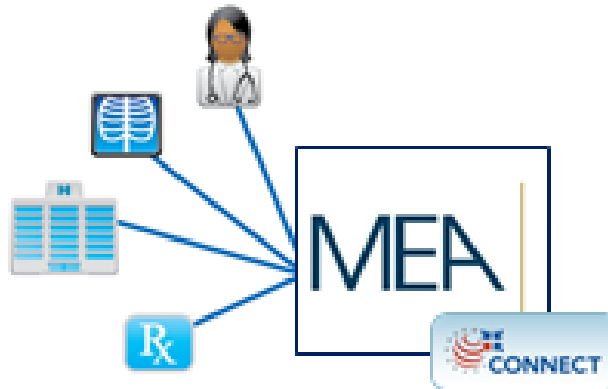


# How Can Providers Obtain Access to a Gateway?

- Providers can build their own gateway



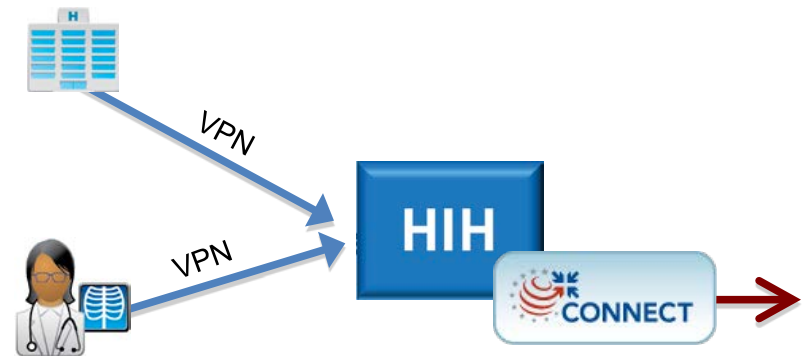
- Providers can contract with a Health Information Handler (HIH)



# CMS Does Not Dictate How an HIH Communicates with Providers

➤ Some esMD HIHs plan to ingest a provider's medical records and metadata by:

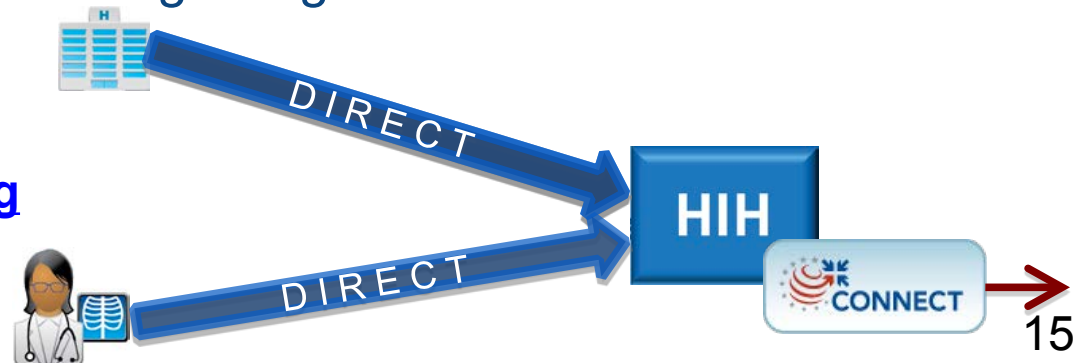
- going onsite to the provider's facility
- using a Virtual Private Network (VPN)
- using a secure web portal



➤ Some esMD HIHs are considering using DIRECT.

<http://directproject.org>

<http://wiki.directproject.org>

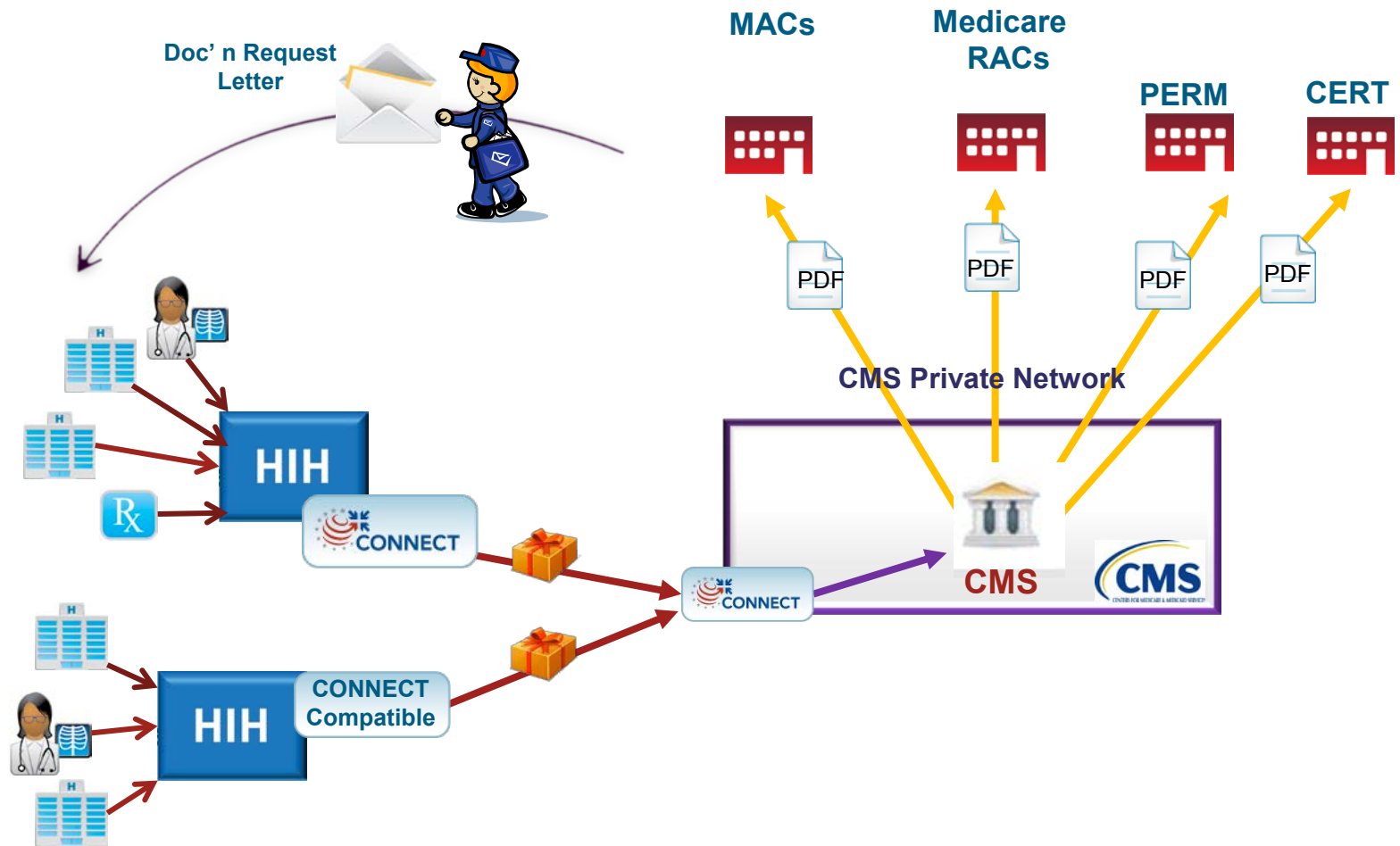


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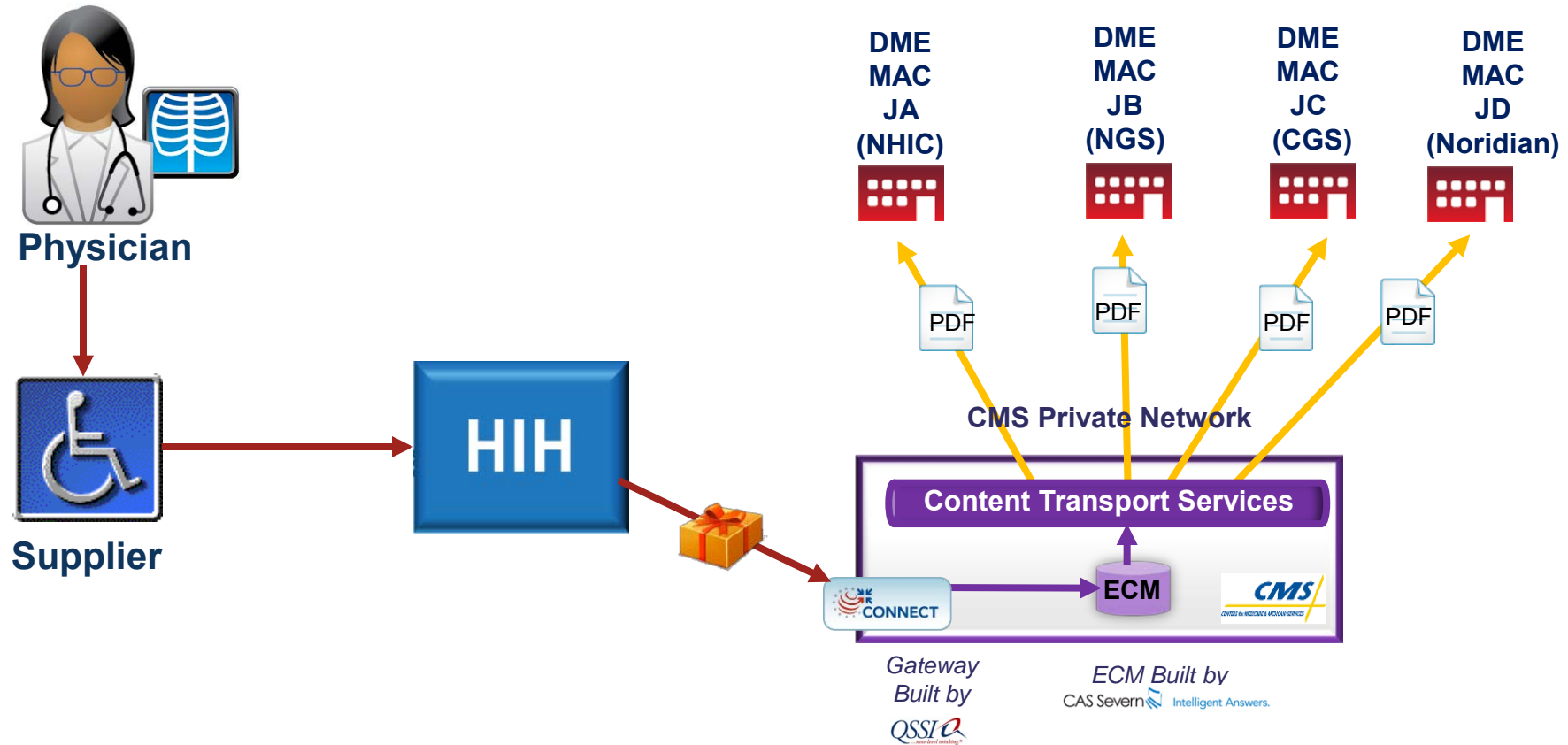


# esMD Phase 1: September 2011

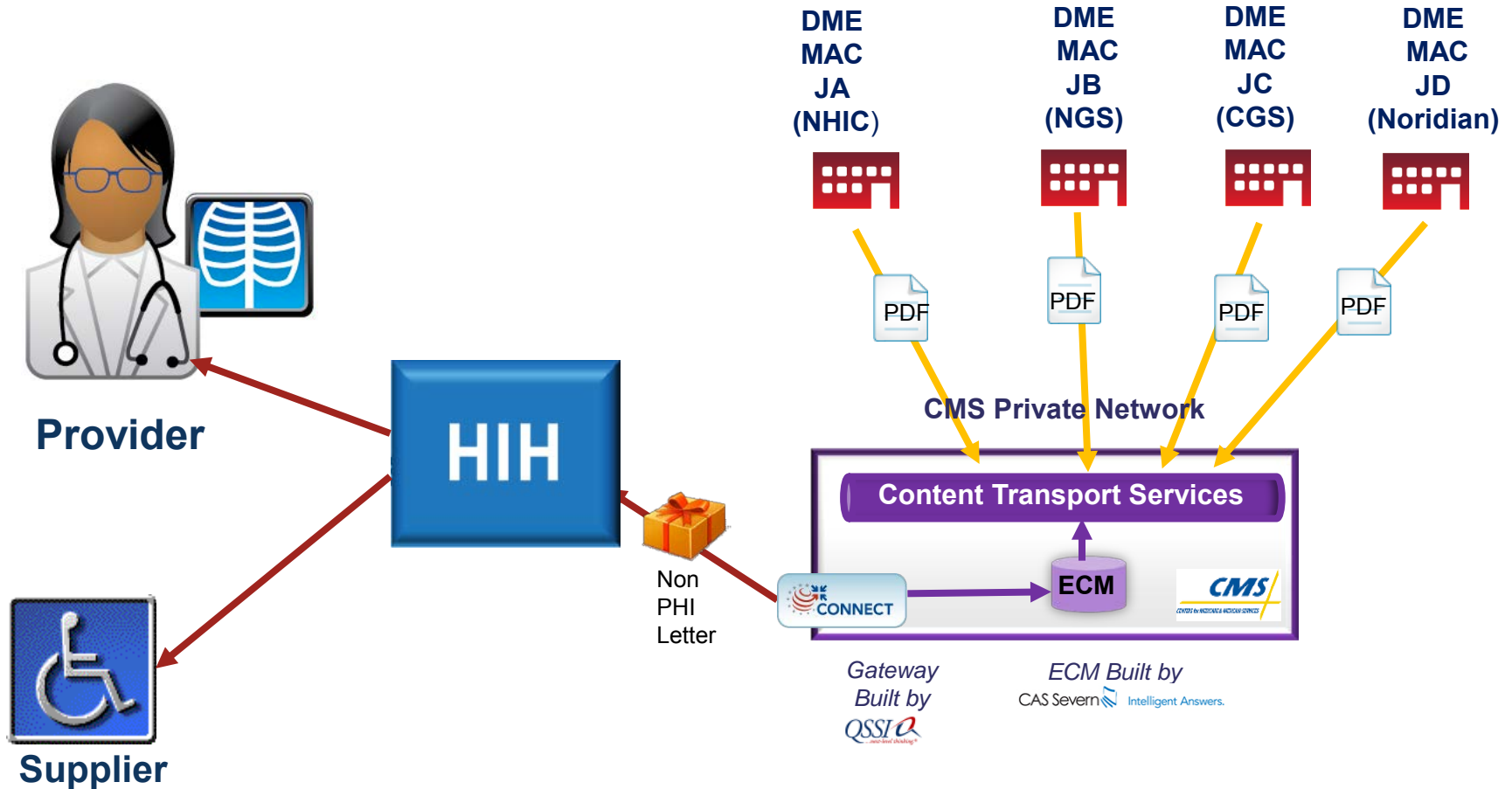


MEA is a CMS Certified Health Information Handler

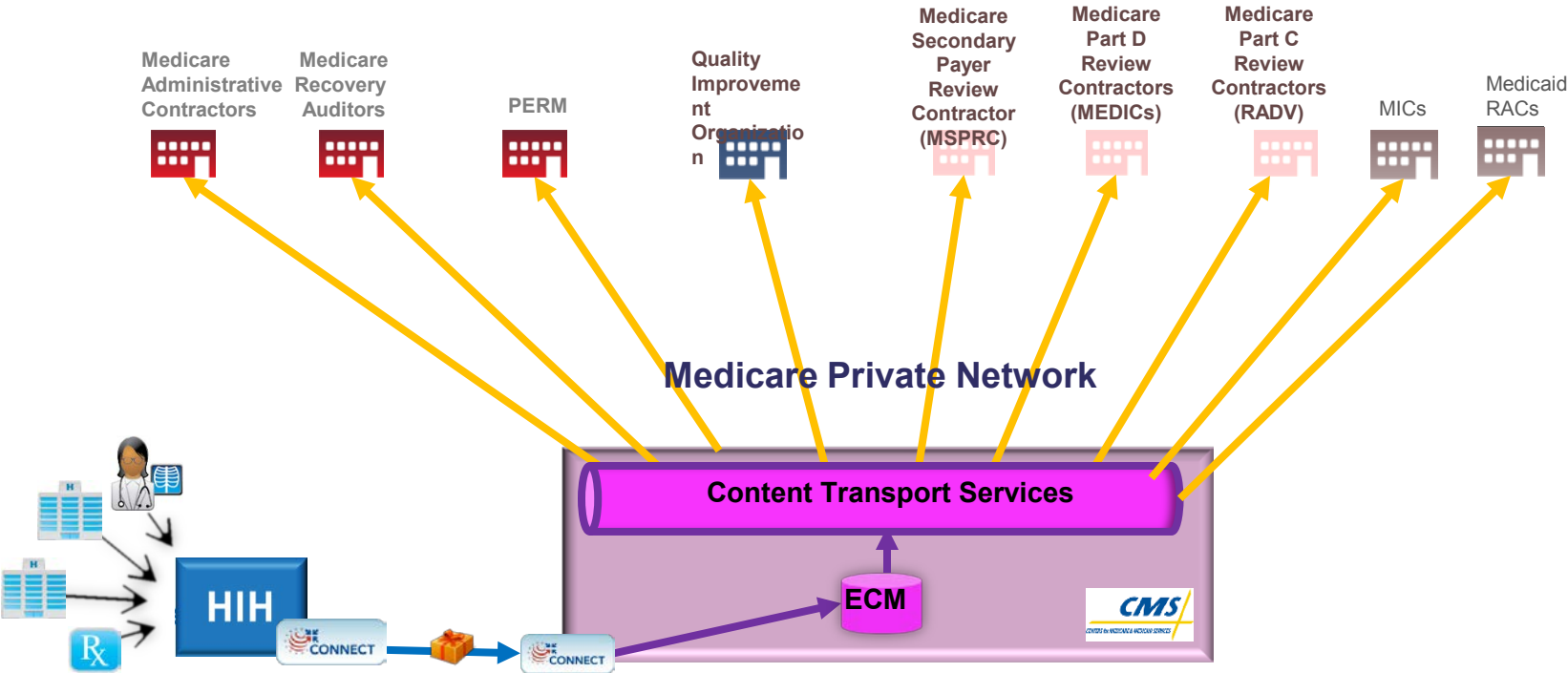
# Prior Authorization (PA) of Power Mobility Devices (PMD) Submissions Through esMD



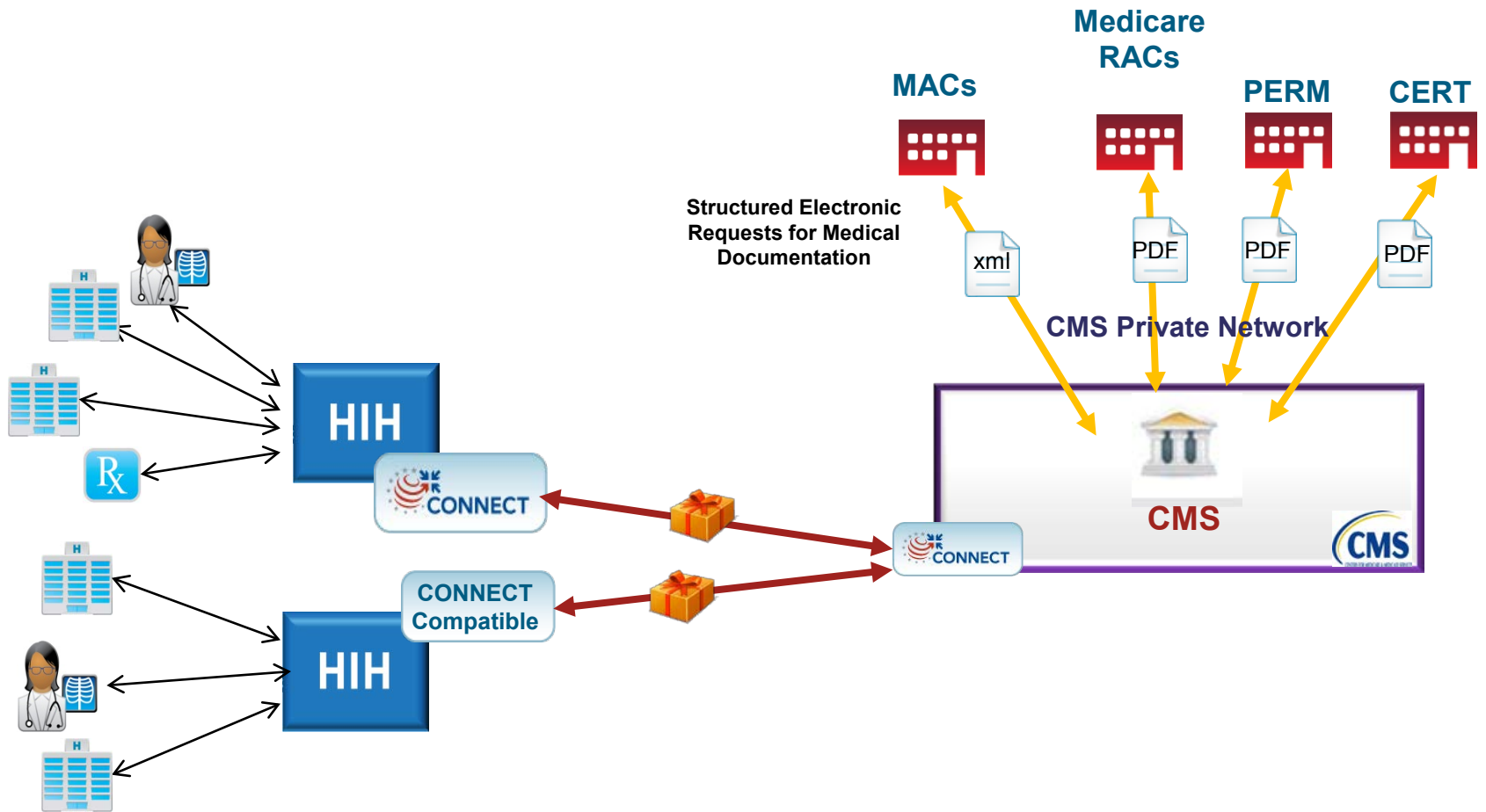
# Prior Authorization Results via Extended Messages



# Expanding esMD to other Review Entities



# esMD Phase 2: Future Release



MEA is a CMS Certified Health Information Handler

# Current and Future Use Cases for esMD

## INBOUND (esMD Phase 1)

- Responses to Documentation Request Letters in PDF
- Power Mobility Device Prior Authorization Requests in PDF
- Unsolicited Documentation in PDF (called paperwork or “PWK”)
- Appeal Requests in PDF
- Structured Orders, Progress Notes,
- Structured esMD Phase 2 Registration
- Etc.



We Are Here

## OUTBOUND (esMD Phase 2)

- Power Mobility Device Prior Authorization Response
- Structured Outbound Documentation Requests
- Review Results Letters
- Demand Letters
- Etc.

## LOOKUP (Future Phase)

- Request\Receive Documentation Status
- Request\Receive Claim Status
- Request\Receive Appeals Status
- Request\Receive Eligibility Info
- Etc.

# Providers Signed up with an esMD HIH

➤ Unique Provider Count as of May 2013: 5,579



## For More Information

To contact anyone on the esMD Team:

[esMDTeam@qssinc.com](mailto:esMDTeam@qssinc.com)

Contact MEA for HIH services

[nicole.smith@mea-fast.com](mailto:nicole.smith@mea-fast.com)

[www.mea-fast.com/esmd](http://www.mea-fast.com/esmd)



# Questions From the Audience

