esMD HIH Onboarding Request Form

To be considered for acceptance in the esMD Health Information Handler's (HIH's) Onboarding Process, complete and return this form, along with attachment for number 11, to CMS esMD Support Team.

**Required information**: The form below will be used by CMS to capture pertinent information regarding the prospective HIH’s organization and system information. Each field must be filled out upon submitted the form otherwise the form will be considered incomplete

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| **No.** | **ITEMS** | **DETAILS** |
| 1. | Date of Form Submission: |  |
| 2. | HIH Company Name: |  |
| 3. | HIH Office Address: |  |
| 4. | HIH Business Contact Name:* Office Phone:
* Cell Phone:
* Email Address:
* Time zone:
 |  |
| 5. | HIH Technical Contact:* Office Phone:
* Cell Phone:
* Email Address:
* Time zone:
 |  |
| 6. | IT Vendor Name: |  |
| 7. | IT Vendor Point-of-Contact:* Office Phone:
* Cell Phone:
* Email Address:
* Time zone
 |  |
| 8. | Statement of permission to list your IT vendor on CMS esMD website following certification: |  |

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| **No.** | **ITEMS** | **DETAILS** |
| 9. | HIH Distribution Email Address for esMD-related notifications: |  |
| 10. | Company URL: |  |
| 11. | Has HIH agreement been signed (If yes, attach HIH agreement to this form) |  |
| 12. | Statement of permission to use URL and logo in esMD related brochures, presentations, and websites: |  |
| 13. | Where do you plan to offer esMD Services (nationwide/specific states): |  |
| 14 | What esMD services will your organization offer? (You may select more than one): | [ ] Submit Response to Additional Document Requests (ADR)[ ] Submit Service Registration Requests[ ] Receive Pre-Pay Electronic Medical Documentation Request (eMDR) Letters [ ] Receive Post-Pay Electronic Medical Documentation Request (eMDR) Letters [ ] Submit First Level Appeals Request[ ] Submit Second Level Appeals Request[ ] Submit Recovery Auditor Discussion Request[ ] Submit Advance Determination of Medicare Coverage Request (ADMC)[ ] Submit Paperwork (PWK) Unsolicited Documents[ ] Submit Durable Medical Equipment (DME) Phone Discussion Requests[ ] Submit / Accept XDR Prior Authorization (PA) Request and Responses (Select applicable programs below):[ ] Repetitive Scheduled Non-Emergent Ambulance[ ] Transport Home Health Pre-Claim Review (HHPCR)[ ] Durable Medical Equipment, Prosthetics/Orthotics & Supplies (DMEPOS) [ ] Hospital Outpatient Department (HOPD)[ ] Submit / Accept X12 Prior Authorization (PA) Request and Responses (Select applicable programs below):[ ] Repetitive Scheduled Non-Emergent Ambulance[ ] Transport Home Health Pre-Claim Review (HHPCR)[ ] Durable Medical Equipment, Prosthetics/Orthotics & Supplies (DMEPOS)  |
| 15. | Estimated Monthly Submission Volume: |  |
| 16. | Planned/estimated Go Live date: |  |
| 17. | HIH Implementation Guidereviewed: |  |

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| **No.** | **ITEMS** | **DETAILS** |
| 18. | Describe HIH application interface: |  |
| 19. | Have you stood up your HIH application interface? |  |
| 20. | X12 Submission Sending EDI ID: (only applicable for X12 Submissions) |  |
| 21. | Brand & version of (CONNECTcompatible) software: Note: X12 Submissions require CONNECT 4.4 or compatible CAQHsoftware. |  |
| 22. | CONNECT compatible software self-test results: (Only CONNECT 4.4 orhigher version is supported) |  |
| 23. | HL7 OID: |  |
| 24. | Validation Inbound IP Address(es)(CMS requires HIHs to keep a validation environment separate from the Production environmentduring and after Onboarding) |  |
| 25. | Validation Outbound IP Address(es) |  |
| 26. | Validation Endpoint URLs for XDR: XDR Response XDR Request |  |
| 27. | Validation Endpoint URLs for X12:X12 Response: X12 Request |  |
| 28. | Production Inbound IP Address(es) |  |
| 29. | Production Outbound IP Address(es) |  |
| **No.** | **ITEMS** | **DETAILS** |
| 30. | Production Endpoint URLs for XDR:XDR Response XDR Request |  |
| 31. | Production Endpoint URLs for X12:X12 Response X12 Request |  |
| 32. | Certificate Authority Name: |  |
| 33. | Validation SSL/TLSCertificates |  |
| a. | Server Certificate: Right click the server certificate and copy the content to the right including the BEGIN CERTIFICATEand END CERTIFICATEstrings |  |
| b. | Cert Start and End date |  |
| c. | Intermediate Certificate: Right click the Intermediate certificate and copy the content to the right including theBEGIN CERTIFICATE andEND CERTIFICATE strings |  |
| d. | Cert Start and End date |  |
| e. | Root Certificate:Right click the root certificate and copy the content to the right including the BEGIN CERTIFICATEand END CERTIFICATEstrings |  |
| f. | Cert Start and End date |  |

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| **No.** | **ITEMS** | **DETAILS** |
| 34. | Production SSL/TLSCertificates |  |
| a. | Server Certificate: Right click the server certificate and copy the content to the right including theBEGIN CERTIFICATE andEND CERTIFICATE strings |  |
| b. | Cert Start and End date |  |
| c. | Intermediate Certificate: Right click the Intermediate certificate and copy the content to the right including theBEGIN CERTIFICATEand END CERTIFICATEstrings |  |
| d. | Cert Start and End date |  |
| e. | Root Certificate:Right click the root certificate and copy the content to the right including the BEGIN CERTIFICATE andEND CERTIFICATE strings |  |
| f. | Cert Start and End date |  |