

Electronic Medical Documentation Requests via the Electronic Submission of Medical Documentation System

Related CR Release Date: April 16, 2019

MLN Matters Number: MM11003 **Revised**

Effective Date: February 3, 2020, per [CR 11141](#)

Related Change Request (CR) Number: [CR 11003](#)

Implementation Date: July 1, 2019

Related CR Transmittal Number: R2281OTN

Related CR Title: Implementation to Exchange the List of Electronic Medical Documentation Requests (eMDR) for Registered Providers via the Electronic Submission of Medical Documentation (esMD) System

What's Changed: We added information about the implementation of a new feature to accept review outcome letters during October 2023 release. Substantive content changes are in dark red on pages 2, 3, and 9.

Affected Providers

- Physicians
- Suppliers
- Other providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients

Action Needed

Make sure your billing staff knows about:

- The enrollment process to get Additional Documentation Request (ADR) letters as electronic Medical Documentation Requests (eMDR) through your registered Health Information Handler (HIH)
- Who's exempt from participating in eMDR

Background

In response to a number of requests from Medicare providers, CMS added the functionality to send ADR letters electronically. We did a pilot supporting the electronic version of the ADR letter known as 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,

we require a valid consent from the authorized person representing the provider along with the destination details including any delegation to their associated or representing organizations such as HIHs.

CR 11003 and this Article shows the steps you must take to get ADR letters electronically as an eMDR. The “Timeline” section below shows the functional enhancements history.

Enrollment Information

Timeline

- July 2019 - Providers registered to give their consent that an HIH of their choice can get transactions on their behalf
- February 2020 - Providers got eMDR (Pre or Post Pay) through their HIH and process the data systematically
- July 2020 - Providers got the list of “Requested Documents for an ADR” along with eMDR through their HIH
- April 2023 - Providers got eMDRs (Post Pay) through their HIH, originating from Comprehensive Error Rate Testing (CERT), Qualified Independent Contractor (QIC), and Supplemental Medical Review Contractor (SMRC)
- October 2023 - Providers are getting Prior Authorization Decision and Review Result Letters (PADL/RRL) originating from all the non-exempted review contractors (RCs)

We required our RCs to support sending ADR letters electronically as eMDRs. We exempt the following contractors from participation in the eMDR process:

- Payment Error Rate Measurement (PERM) contractors
- Quality Improvement Organizations (QIOs)
- Unified Program Integrity Contractor (UPIC)

We implemented systematic changes to esMD for providers to get ADR letters (Pre or Post) electronically as eMDR. Advantages of eMDRs include:

- ADR letter data in an electronic format (eMDR) provides structured data that can be used for system processing
- Electronic ADR letter (as eMDR) reaches you faster and brings traceability to the exchange
- ADRs you get electronically make for efficient management of ADR requests and responses

Registration

To get ADRs electronically as an eMDR via the esMD system:

- You must make sure you have a Business Associate Agreement (BAA) in place with an HIH of your choice

- You must update the National Plan and Provider Enumeration System (NPPES) system to authorize your HIH to get electronic transactions on your behalf (details mentioned below)
- HIH must complete additional processing steps after which you'll get eMDR

Points to Note for Registered Providers

Note: "You" refers to a provider by NPI.

1. eMDR may have PHI data and requires:
 - Consent from authorized person to get them electronically
 - Endpoint information where the eMDR has to be sent
 - Active agreements between you and your HIH covering security and privacy requirements to handle PHI data
2. eMDR enrollment must use NPPES system to gather your consent and endpoint information. Only your authorized person has access to NPPES.
3. You must have an active agreement with 1 HIH at a time to send and get data via esMD for all supported Lines of Businesses (LOBs).
4. By enrolling and registering for eMDR, you'll get ADR letters electronically via esMD from all RCs sending out ADR letters. We **currently** exempt PERM, UPIC, and QIO contractors from sending eMDRs.
5. By enrolling for eMDR, you're applicable to all its Provider Transaction Numbers (PTANs).
6. HIH must complete additional processing steps after which you'll get eMDR (after January 2020).
7. The eMDR registration process (new, HIH change, or removal) isn't effective until all process steps are completed without any discrepancies.
8. You're responsible for updating NPPES with the latest HIH details.
9. When you register for the first time to get eMDR, you'll get the first **500** ADRs as a transition step electronically and by mail .
10. **After getting a few eMDRs successfully, the HIHs can voluntarily opt to **only** get ADRs electronically going forward, even before you reach the aforementioned threshold count.**
11. Your enrollment for MAC portals and Direct Data Entry (DDE) (Medicare Part A) are separate from eMDR enrollment and registration.

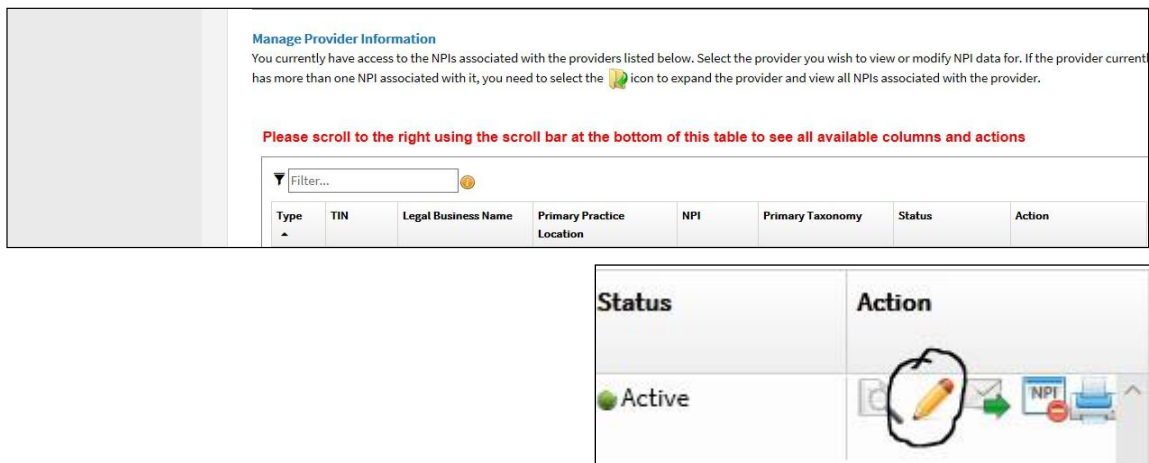
Create new "Endpoint Information" in NPPES

Provider Profile in NPPES (to be updated by your authorized person)

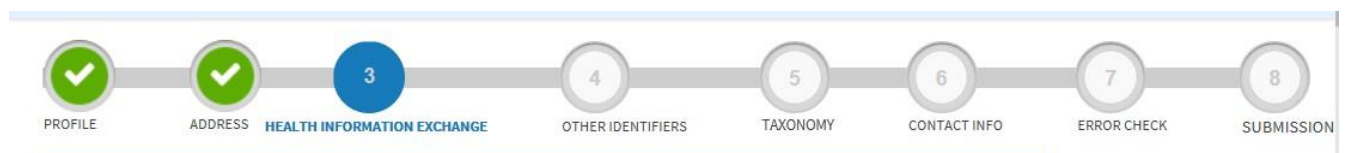
Step 1: Navigate to the [main page](#) after logging in.



Step 2: Scroll down and click on the edit icon under the “Action” column.



Step 3: Proceed to the “HEALTH INFORMATION EXCHANGE” section.



Step 4: Scroll down to “Endpoint for Exchanging Healthcare Information (optional)” section and fill out the details as mentioned below the screen shot.



Endpoint for Exchanging Healthcare Information (optional)

* Indicates Required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

Endpoint information will be made available on the NPI Registry, APIs, and Data Dissemination Files for users to receive and consume.

For additional information, please visit- <https://www.healthit.gov/topic/health-it-basics/health-information-exchange>

Endpoints should not include personal email information.

* Endpoint Type: * Endpoint: Endpoint Description:

Endpoint Use: * Other Endpoint Use: Endpoint Content Type:

* Is the Endpoint affiliated to another organization? Yes No

* Affiliation: * Endpoint Location:

Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared electronically for healthcare information exchange purposes.

You must enter the following information in NPPES:

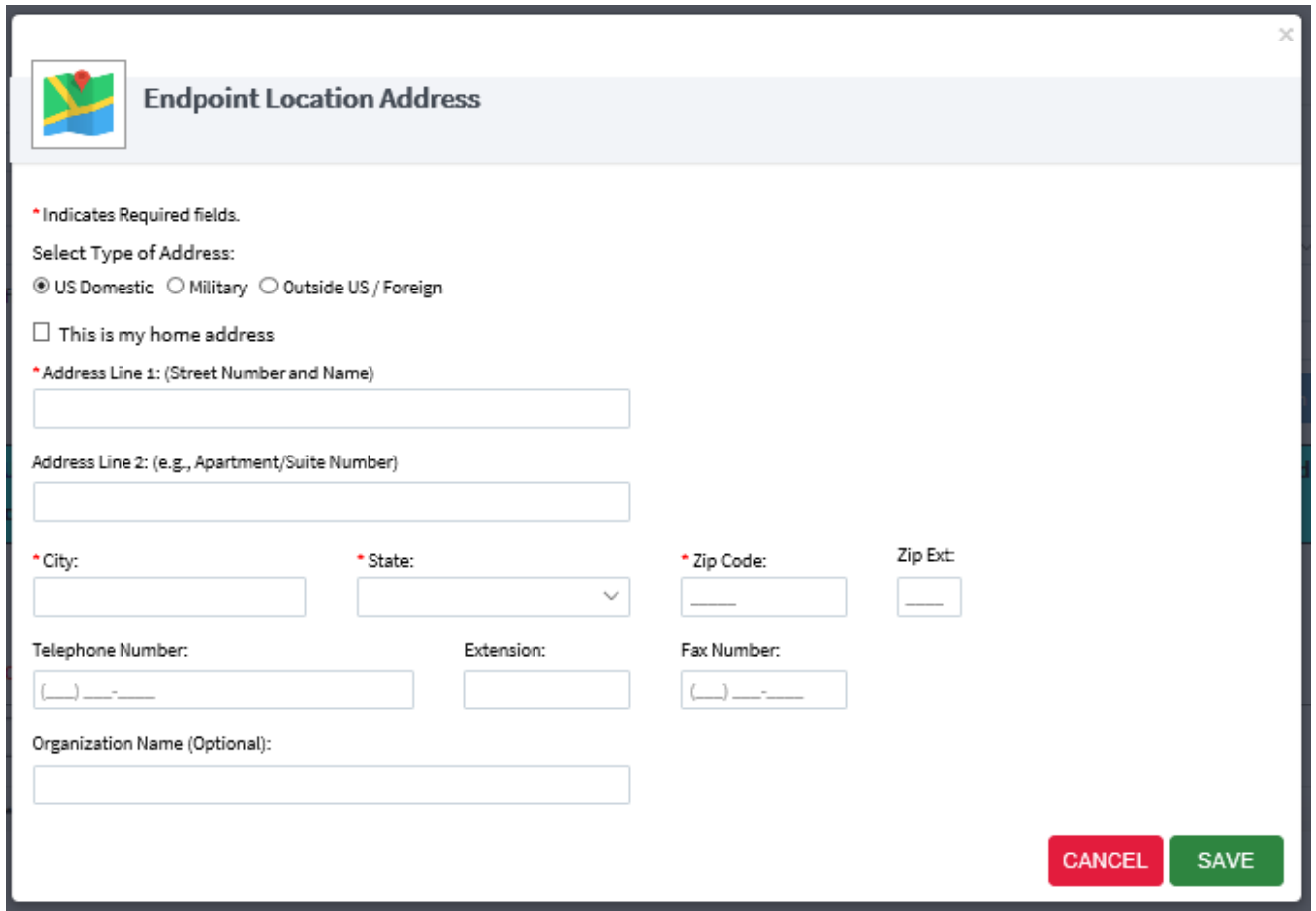
- Endpoint Type: "Connect URL"
- Endpoint: [Website URL of the HIH] **(to be provided by HIH)**
- Endpoint Description: [HIH OID] **(to be provided by HIH)**
- Endpoint Use: "Other"
- Other Endpoint Use: "CMS esMD eMDR"

Is this Endpoint affiliated to another Organization? Here you must choose "Yes" and enter all the details of the HIH. If you're an HIH, then choose your own name and address.

- Affiliation: [Click on "Choose Affiliation" and try to search the HIH name using "Organization name" parameter]

If there are no results, enter the HIH organization name (to be provided by HIH) in the “Affiliated Organization Legal Business Name” and click Save as shown below.

- Endpoint location: [If the HIH address isn't part of the dropdown, click on “Add New Endpoint Location” and enter the HIH address] **(to be provided by HIH)**



The form is titled "Endpoint Location Address" and includes a map icon. It contains several sections: a legend for required fields, a "Select Type of Address" section with radio buttons for "US Domestic", "Military", and "Outside US / Foreign", and a checkbox for "This is my home address". Below this are input fields for "Address Line 1: (Street Number and Name)", "Address Line 2: (e.g., Apartment/Suite Number)", "City", "State" (a dropdown menu), "Zip Code", and "Zip Ext". There are also fields for "Telephone Number", "Extension", and "Fax Number", each with a placeholder format like "() - - -". At the bottom, there is an "Organization Name (Optional)" field and two buttons: a red "CANCEL" button and a green "SAVE" button.

Click Save.

Step 5: After all the details are entered on this screen, check the terms and conditions check box and click "Save."



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Delete existing "Endpoint" information in NPPEs

Step 1: After logging in to NPPEs, navigate to the "Health Information Exchange section" where you'll find all existing Endpoints listed in a grid (see screen shot below).

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Endpoint Type	Endpoint	Endpoint Description	Endpoint Use	Endpoint Content Type	Affiliation	Endpoint Location	Action
CONNECT URL	mercy48@hop-radiology-imaging-rls.org	Health Information Exchange (HIE)	Health Information Exchange (HIE)	CSV		852 Mangold St, Baltimore MD 21201-2505, US	

Navigation:

Step 2: To delete an Endpoint, click on the “Delete” icon in the “Action” column. The system will prompt the user; click “yes” to delete the Endpoint and add another 1. Note: Users can only delete Endpoints. They can’t modify any Endpoint.

Use cases

1. A new enrollment and registration request

- **Provider** - You must enter an agreement with an HIH to accept eMDR on their behalf. One of your authorized users must update the NPPES system with the HIH details.
- **HIH** - After getting a confirmation of the NPPES update you must send an eMDR enrollment request to esMD.
- **NOTE TO PROVIDERS:** The esMD application verifies NPPES daily to make sure the HIH is still enabled to get the eMDRs. The esMD application also exchanges successfully registered NPIs, on a daily basis with the RCs, to keep their records up to date.

2. Removal of an eMDR registered provider who doesn’t want ADRs electronically any more

- **Provider** - One of your authorized users must remove the HIH details from the NPPES system
- **HIH** - After getting a confirmation of the NPPES deletion, must send an eMDR remove request to esMD

3. Change from 1 HIH to the other (HIH1 to HIH2)

1. **Provider** - One of your authorized users must remove HIH1 and add HIH2 details in the NPPES system
2. **HIH1** - After getting a confirmation of the NPPES deletion, must send an eMDR remove request to esMD
3. **HIH2** - After getting a confirmation of the NPPES update, must send an eMDR enrollment request to esMD

4. Who Should Register the Endpoint Information in NPPES

All Providers or Provider Organizations who intend to get ADRs electronically, via esMD, as a pre-requisite need to register in NPPES.

- Use Case A (Individual Providers)

In the current process a physical ADR letter is delivered to the provider “A” with NPI 123X.

If they’re willing to get the ADRs electronically, then they must register in NPPES with the details of their Endpoint who will get the electronic ADRs on their behalf.

- Use Case B (Group Practices or Hospitals)

When a claim is submitted by a hospital or a group practice for a provider, our assumption is a physical ADR is sent to the group practice or hospital address and further gets dispersed to the intended provider via internal communication mechanism.

If the group practice or hospital is interested in getting ADRs electronically on behalf of their providers, then the group practice or hospital-specific NPI must be registered in NPES.

More Information

We issued CR 11003 to your MAC as the official instruction for this change. View the detailed provider education document attached to CR 11003.

Visit [esMD](#) for more information on this system.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
March 20, 2024	Added information about the implementation of a new feature to accept review outcome letters during October 2023 release.
March 06, 2023	We revised the article to link to CR 12894 to identify CERT, QIC and SMRC as new eMDR participants. We have also updated the language to mention that the HIH/provider can opt to become eMDR only providers.
January 16, 2020	We revised the article to link to CR 11141 at https://www.cms.gov/files/document/r2419OTN.pdf , which shows the effective date is now February 3, 2020. All other information remains the same.
August 26, 2019	We revised this article to reflect changes made to the eMDR registration screens within NPES. The article includes illustrations of the new screens that providers will have to complete in order to register to receive the eMDRs. In particular, the steps and screens relating to "Create new Endpoint Information in NPES" and "Delete an existing Endpoint Information in NPES" have been revised or added. A section discussing "Who should Register the endpoint information in NPES" was also added. The NPES updates result in no changes to the CR
April 17, 2019	We reissued this article to reflect an updated Change Request (CR) that added an MLN article attachment. The article is reissued to include the CR attachment (MLN article) in its entirety. The CR release date, transmittal number and link to the transmittal was also changed.
February 1, 2019	Initial article released.

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