

# EMDI Home



Electronic Medical Documentation Interoperability Collaboration Website

## Provider to Provider Interoperability



EMDI's primary objective is to achieve Provider-to-Provider interoperability by initiating the Electronic Medical Documentation Interoperability (**EMDI**) program. EMDI intends to automate and standardize the electronic communication process to improve data quality, reduce administrative burden, reduce errors, and minimize improper payments. This program fills the gaps in the current standards to achieve an increased level of interoperability among providers and encourages the establishment of EMDI pilots. [Read More](#)

## Provider to Payer Interoperability



As CMS continues to investigate additional capabilities of electronic submission of medical documentation, a pilot group of Health Information Handlers (HIHs) and Medicare Review Contractors have begun to accept electronic submissions from providers as part of the first phase of the CMS Electronic Submission of Medical Documentation (**esMD**) Program. [Read More](#)

**Please Note:** CMS has completed and closed EMDI pilot programs. Any new pilot applications will not be accepted. Providers, Document Transfer Vendors, EHRs, and Health IT systems willing to implement provider-to-provider interoperability can find documentation, resources, and reference pilot findings on [EMDI Collaboration Website](#) and HL7 FHIR based [Post-Acute Order \(PAO\) \(DME-Orders\) Implementation guide](#). For further guidance on involvement in other interoperability initiative, please visit '[Other Related Interoperability Initiatives](#)' section.

This space will no longer be updated as of 01/17/2021. Contact Information: [onc-jira-questions@healthit.gov](mailto:onc-jira-questions@healthit.gov)

EMDI Program Overview

The Centers for Medicare & Medicaid Services (CMS) Electronic Medical Documentation Interoperability (EMDI) program supports the [Office of the National Coordinator for Health Information Technology \(ONC\)](#) standards and interoperability programs. EMDI facilitates and expands the secure electronic exchange of health information among organizations in accordance with nationally recognized standards.

### The EMDI Program aims to:

1. Reduce administrative burden for providers
2. Increase interoperability among systems and organizations across the public and private sectors
3. Improve provider-to-provider communication



Figure 1: EMDI Areas of Focus Infographic

## EMDI FAQs

### The EMDI Program

EMDI stakeholders include but are not limited to:

- Hospitals
- Physicians
- Clinics
- Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) organizations
- Home Health Agencies (HHA)
- Laboratories
- Document Transfer Vendors like:
  - Health Information Handlers (HIH)
  - Health Information Service Providers (HISP)
  - Health Information Exchanges (HIE)
- Interface Vendors like:
  - Electronic Health Records (EHR) Vendors
  - Electronic Medical Record (EMR) Vendors

Organizations who participate in the EMDI program will have the opportunity to receive recognition on the [EMDI Collaboration Website](#), the [ONC Interoperability Proving Grounds](#) website and the [ONC Tech Labs Standards Coordination](#) website.

EMDI Participants have the ability to participate in various workgroups and pilot initiatives to collaborate with other healthcare organizations. We encourage all organizations to collaborate with each other in order to achieve interoperability.

## Pilots and Workgroups

### Workgroups:

- DME Clinical Template Workgroup
- [EMDI Workgroup](#)

### Pilots:

To see a full list of the EMDI pilots, visit the [EMDI Pilots](#) page.

Each pilot is expected to implement the three EMDI Provider-to-Provider use cases. Pilots are expected to collaborate during the initiation, active, and completion phases of the pilot. Pilot goals will be established during the initiation phase to identify the pilot timeline, transport mechanisms, and order of use case adoption. Each pilot goal will be reviewed and approved by the EMDI team and CMS before the active phase can be initiated. The pilot will be considered complete once each pilot organization has achieved the pilot goal.

EMDI workgroups and pilot discussions are held on a monthly basis. Workgroups meet at least once a month to report any status updates since the previous discussion. Pilot discussions are initiated once the pilot participants have been identified and the participants have determined the frequency of meetings and discussions.

## EMDI Measures

The EMDI team designed the measures tool to determine the success of the pilot. In order to track overall efficiencies, it is essential to track metrics for each workflow. The questions are designed to gather metrics for each suggested use case workflow that will be captured pre and post pilot implementation. The measures are quantitative as well as qualitative. This metrics comparison can measure success of a pilot and, in turn, of the suggested use case workflow.

Filling out the Q&A online is designed to require no more than 10 to 15 minutes of your time; however, there is a possibility that some of the answers may not be readily available and you may have to contact additional participants in your pilot to gather the approximate numbers. The EMDI measures tool remains open for pilot participants for approximately 3 months, giving them additional time to collect data.

The EMDI measures tool is designed and administered in a secure CMS approved survey tool. In addition to that, each pilot will receive a link and a separate email with a password to access the tool. All data collected will only be accessible to the EMDI contractor and CMS. The data will be used by CMS for data analysis purposes. The intent of the measures is to determine the success of the EMDI pilot and showcase the success story in a research/white paper format.

Each pilot participant will have 3 months from the time of receiving the link and the password to complete the EMDI measures. This will allow ample time for the participant to review the questions, ask questions, determine the answers, and submit them through the measures tool online. If the pilot participant is not able to submit the measures on time, the EMDI team is happy to work with them to identify barriers faced for collecting the metrics and discover solutions that can aid in collection of the metrics. The EMDI team is flexible to work with each pilot participant to gather the answers needed for their workflow.

The EMDI measures tool will be open for each pilot participant for three months from the time they receive the link and password. During this time period the participants can submit and resubmit the answers as they deem appropriate. Once the deadline has passed, the EMDI team will close the link, after which the pilot participant will not be able to update or change their answers. If pilot participants can capture additional data for measures after the submission deadline, they can work with the EMDI team to enable the tool for another submission. For questions about this process, please email the EMDI team at [EMDI\\_TEAM@scopeinfotechinc.com](mailto:EMDI_TEAM@scopeinfotechinc.com).

The EMDI team requests that each pilot submit one measure set for their pilot implementation. Each pilot group will consist of a pilot lead and other participants fulfilling the workflow of the EMDI use case(s). Pilot participants include service ordering providers, EHRs, document transfer vendors, health IT vendors, and service rendering providers. For each combined measure set, the pilot participants must work with each other to capture the data. The pilot lead can take the initiative to submit the measures through the link provided by EMDI team. The EMDI team is available as a resource to guide the pilot participant(s) through this process.

It is perfectly normal for a pilot lead not to have access to all the answers in the first instance. The questions require coordination between all pilot participants in order to answer different aspects of the measures. If there are certain metrics that require further data gathering, they can skip the question and come back later. The EMDI team encourages the pilot participants to answer all the questions pertaining to their selected pilot use cases. The use case questions that are not applicable to their pilot can be skipped.

There is NO incentive associated with the EMDI measures tool. This is a voluntary program and answers to the measures tool are also collected voluntarily on an at will basis.

The measures assist with evaluating a provider's workflow before and after they implement an EMDI pilot. This evaluation will help providers clearly identify improvements, challenges, and barriers. It will also demonstrate how interoperability can automate the provider's workflow, which will make their workflow less burdensome. More specifically, the measures will gather data that focus on the reduction of resources, ordering time, and claim resubmissions.

Participating in a pilot automatically qualifies you to participate in the EMDI measures. The EMDI participants are encouraged to submit measures as a precondition to move to the next piloting phase.

## EMDI Document FAQs

The EMDI Participation Request Sheet allows various healthcare organizations the opportunity to participate in the Electronic Medical Documentation Interoperability (EMDI) program. This is not a legally binding agreement and is to be used to outline the program guidelines and expectations for participation. All organizations are expected to complete the EMDI Participation Request Sheet before they participate in the EMDI pilot program.

**If you are interested in participating in EMDI, please download the [EMDI Participation Request Sheet](#), complete the appropriate fields and email it to [EMDI\\_Team@scopeinfotechinc.com](mailto:EMDI_Team@scopeinfotechinc.com)**

The EMDI Implementation Guide is intended for healthcare providers and stakeholders who are interested in participating in the EMDI program. These organizations should have the capability to build the architecture and the supporting infrastructure necessary for interoperability. The primary intended audiences are healthcare providers, such as hospitals, physicians, Home Health Agency (HHA) services, Durable Medical Equipment, Prosthetic, Orthotic, & Supplies (DMEPOS), labs, comprehensive primary care networks such as Comprehensive Primary Care Plus (CPC+), and virtual physician networks. Other audiences include:

- Document transfer vendors, such as Health Information Handlers (HIH), Health Information Service providers (HISP), and clearinghouses.
- Interface Vendors, such as Electronic Health Records (EHR) and document management system vendors.
- Other payers, such as Medicaid State Agencies and commercial payers.
- IT vendors involved in facilitating the physician's digital signature on medical record documents.
- Suppliers and ambulance providers

## Additional Resources

### Suggested Resources:

- [CMS.gov](#)
  - [Electronic Medical Documentation Interoperability \(EMDI\)](#)
  - [Electronic Submission of Medical Documentation \(esMD\)](#)
  - [eClinical Templates](#)
  - [CMS eHealth Programs](#)
- **Office of the National Coordinator for Health Information Technology (ONC HealthIT)**
  - [Interoperability Proving Grounds \(IPG\)](#)
  - [Interoperability Standards Advisory \(ISA\)](#)