



Comprehensive Error Rate Testing (CERT) Update

**NGS Advisory Group
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Acronyms

CERT	Comprehensive Error Rate Testing
CDC	CERT Documentation Contractor
CRC	CERT Review Contractor
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
CR	Change Request
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
IOM	Internet-Only Manual
IV	Intravenous Therapy



Acronyms

MAC	Medicare Administrative Contractor
MDS	Minimum Data Set
MLN	Medicare Learning Network
MPFS	Medicare Physician Fee Schedule
NCD	National Coverage Determination
LCD	Local Coverage Determination
OT	Occupational Therapy
PT	Physical Therapy
RAC	Recovery Audit Contractor
RUG	Resource Utilization Group
SNF	Skilled Nursing Facility
ST	Speech Therapy



CERT Contractors

- CERT Documentation Contractor
 - The CERT Documentation Contractor, located in Maryland, is responsible for requesting and obtaining documentation to support the payments for the selected claims
- CERT Review Contractor (CRC)
 - The CRC, located in Virginia, is responsible for reviewing the submitted documentation to determine if Medicare payment was supported

CERT Process

- Randomly select sample of claims from all Medicare contractors
- Request medical records from the billing provider by letter, phone and fax
- Review claims along with medical records to see if the documentation supports all services billed
- Determine if the claim or service is processed correctly and is in compliance with all of Medicare policies, procedures and guidelines

CERT Process

- If the records sent to CERT do not support what was billed to Medicare
 - The CERT contractor will request the Medicare contractor to process adjustments to make the necessary corrections to the billing or deny the services billed
 - Medicare will send an overpayment letter to the provider
 - With some cases an additional contact to the Compliance or Patient Accounts provider staff will be made with an additional letter. This letter contains more details – reason for billing correction or denial and appeal process
 - Details will also be available on the claims remarks screen in the FISS claims processing system

CERT Process

- The CERT findings are used for data analysis and possible additional review of claims and medical records by the Medicare and/or the RAC contractors
- Data analysis and additional reviews will help to determine the type of education or intervention required for the services found in error by the CERT program to prevent future errors and reduce the error rate

CERT Appeal

- If you disagree with the CERT decision or have additional information to support the original payment, you have full appeal rights
- You will have five levels of appeal available to you

CERT Appeal

- The original medical records that were sent to the CERT Documentation Contractor will be sent to the appeals department
- You only need to send in the Request For Redetermination Form (CMS20027) and any additional information that will aid your appeal

CERT Appeal

- You may appeal through the FI or Medicare Administrative Contractor (MAC) within 120 days of the date the adjustment was processed
- Additional appeal information available at www.NGSMedicare.com
 - Choose region then link "Go To Home Page"
 - "Review Process"
 - "Appeals"
 - Scroll to "Redetermination Request"



"Levels of Appeal and the Appeals Process"

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CERT Findings for Hospice Services

Hospice Reminder when Medicare claims are audited and medical records are requested.

- From current findings:
 - Support the need for terminal care with certification signed and dated by physician and medical documentation
 - support a decline in clinical status, increased physiologic impairment of functional status, or dependence on assistance for two or more activities of daily living
- From past findings:
 - Support medical necessity of inpatient hospital stays
 - Progress notes for each visit billed

*Adjustment to take back payment if incomplete record



Current CERT Findings for Hospice Services

- Examples of records that could help support need for terminal care and inpatient stays:

- History and physical
- Hospital discharge summary
- Physician and non-physician progress notes
- M.D. orders
- Treatment plan (certified by M.D./with M.D. signature)
- Certification signed and dated by physician
- Diagnostics and procedure reports
- Medication Administration Records (MAR)

Submitting Documentation to CERT

- It is not a violation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule
- CERT's preferred method of submitting records is via fax at: 240-568-6222
- Place a copy of the Bar code cover sheet or provider letterhead with CID # on top of all medical records, each time you send records to CERT

Overnight Mail Option

- Address:

CERT Documentation Contractor
Attn CID #: XXXXXX
Suite 9
9090 Junction Drive
Annapolis Junction, MD 20701

Additional Resources

- www.cms.gov/cert
 - CERT information and CERT published reports
- www.NGSMedicare.com/
 - Review Process/Comprehensive Error Rate Testing or Appeals
 - CERT Articles, CERT information, Appeals information
- www.certprovider.com
 - CERT newsletters, CERT sample letters and provider address directory for change or update to CERT contact information

Additional Resources

- For updates to medical record request contact information
- CERT Documentation Center
 - www.certprovider.com
 - Toll free number: 888-779-7477



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Thank You!

