

 <p>CERT Comprehensive Error Rate Testing</p>	<h1>CERT NEWSLETTER</h1>
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Affiliated Contractors (ACs) refers to Medicare Administrative Contractors (MACs), Carriers, DMERCs, and FIs. More extensive information on acronyms can be found on the Centers for Medicare website at <http://www.cms.hhs.gov/apps/acronyms/>

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Acute Care Inpatient Hospital Review Transitions

By: Sue Halperin and Gail Karge CDC Program Manager and Medical Records Manager

Effective April 1, 2008, the Comprehensive Error Rate Testing (CERT) program began reviewing Prospective Payment System (PPS) short- and long-term acute care inpatient hospital claims for improper payment measurement. This corresponds with the beginning of the November 2009 Medicare Fee-For-Service (FFS) improper payment report period.

Until recently, the Quality Improvement Organizations (QIOs) under the Hospital Payment Monitoring Program (HPMP) were tasked with these activities. The HPMP reviews were used to estimate national and state/jurisdictional paid claims error rates.

During the March 13, 2008, Hospital & Hospital Quality Open Door Forum call, CMS announced that the review workload is being shifted to Fiscal Intermediaries (FIs) and Medicare Administrative Contractors (MACs) for preventing improper payments and to CERT for measuring improper payments. The primary reason for the initiative is consistency and efficiency in reviews. Additionally, the inpatient hospital is currently the only bill type not being measured by CERT, or reviewed by FIs and MACs. This also allows QIOs to focus efforts on improving quality of care issues and maintaining quality improvement and provider assistance efforts. This transition aligns the oversight of acute care inpatient hospital claims with other FFS service types.

Beginning in the summer 2008, it is anticipated that the FIs/MACs will conduct most reviews and education aimed at preventing improper payments. Review of PPS inpatient hospital claims will be conducted using the existing CERT methodologies and procedures. The difference in approach between the CERT and HPMP programs means that new inpatient hospital-related statistics will not be comparable to previously published numbers, and we could see fluctuations in error rates. As illustrated in the table below, a comparison of the program issues and responsibilities are highlighted.

Issue	QIOs	CERT	FIs/MACs
Review Selection	Random	Random	Targeted
Level of physician involvement in review process	Review all claims where nonphysician reviewer identifies a problem with the claim	As needed for complex cases	As needed for complex cases
Use of coding experts	Mandatory	Mandatory	Mandatory
Reimbursement for photocopying medical records	Yes	No	No
Where to file initial appeal	QIO	FI/MAC	FI/MAC

Revised CERT Medical Record Request Letters

By: Gail Karge, RHIA, CPUR

CDC Medical Records Manager

The CERT Medical Record Request Letter is a fluid document. On a quarterly basis, the Medical Record Workgroup, with representatives from CMS, CRC, and CDC, meet and make updates or enhancements to the letters. These revisions to the letters can be based upon:

- Suggestions or feedback from the CERT community, which includes the Affiliated Contractors, Physician office, and/or medical facilities personnel
- Suggestions made by staff members of the CDC and/or the CRC review staff, and/or
- New CMS policies or clarification

Perhaps you have noticed some new changes that we have made to our CERT Medical Record Request Letters. Several of the changes were instructional in nature, added additional specific requested documents to two provider types, and renamed one of our letters. Specifically the changes were as follows:

- Changed language from “Please adhere to the following directions if you are mailing the requested letters” to “Please adhere to the following directions if you are mailing the requested records”
- Changed language from “Submit multiple medical records with the corresponding bar-coded cover sheet as separator pages” to “When submitting multiple records, place the corresponding bar-coded cover sheet in front of each record”
- Removed “No Fax Cover Sheet Needed” on bar-coded Medical Record Request Letter
- Added three additional documents requested for Inpatient Rehabilitation Facilities (IRF), such as:
 1. Preadmission screening/therapy assessment/PMR – Physical Medicine
 2. Rehabilitation consult prior to admission to the IRF
 3. Patient Assessment Instrument (PAI)
- Added a request for an additional document to the ESRD Facilities that reads, “Documentation for face-to-face ESRD-related physician visits. The documentation must support all services provided during the month covered by the code billed, starting with the first day of services billed and ending with the last day of services for the month”
- Renamed the title of the Tech Stop letter to read, “Request for Additional Documentation”

Please note that these changes were reflected in both the English and the Spanish versions of our letters. Copies of the current sample letters are available on the CERT Website: <http://www.certprovider.org>

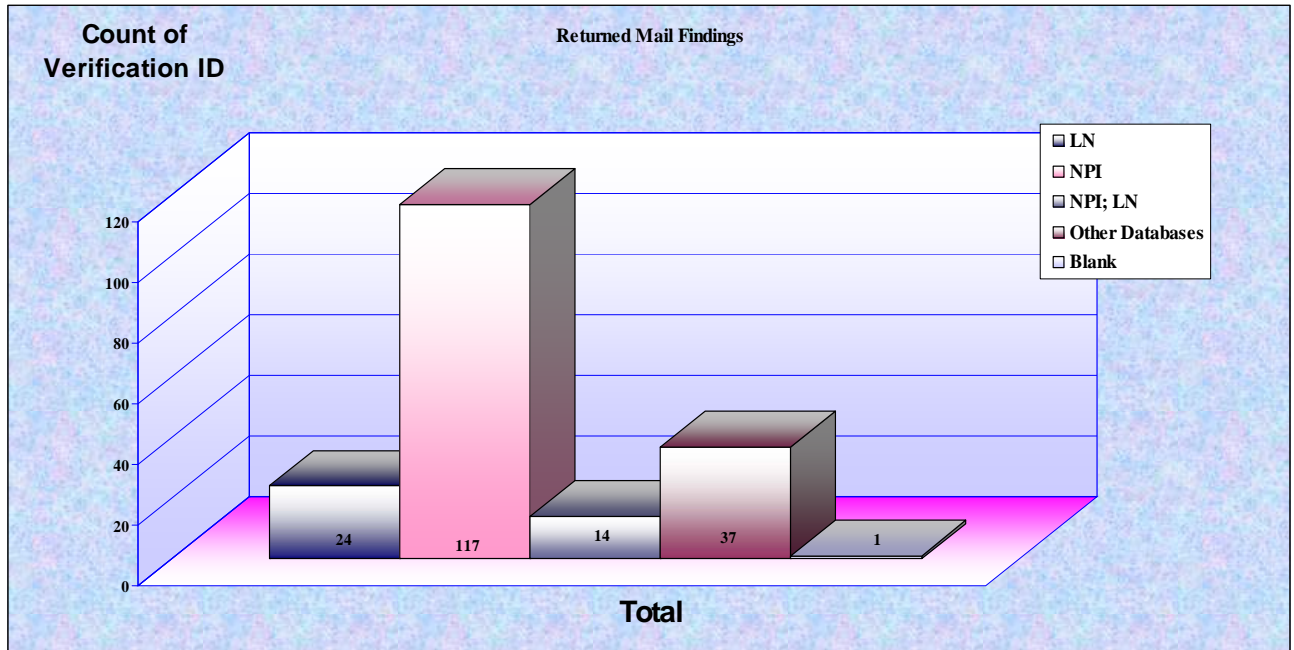
Getting Positive Returns on Returned Mail

By: Sue Halperin

CDC Program Manager

One of the main goals of the CDC is to request and receive medical records from providers for review by the CRC. The purpose of this particular goal is to reduce the provider non-response/no documentation rate in the CERT program by focusing on the task of requesting and receiving medical records. The CDC sends letters to providers requesting medical records; but, oftentimes, letters are returned because of an incorrect address. Due to the number of returned request letters within the last few months, the CDC decided to conduct its own internal study to determine the best methodology for finding and validating returned mail addresses. Placing the correct address label on the medical record request letter, would be more efficient, more cost effective, and more advantageous for lowering the error rate.

On December 14, 2007, the CDC began documenting its returned mail. The study concluded on February 12, 2008. Addresses on returned mail for 193 letters were entered and tracked. Two specific tools were used to search and validate the returned provider address: NPI Registry and LexisNexis. Other sources (databases) were sought only when the NPI Registry or LexisNexis tools provided no "hits". As illustrated in the graphic below, the most effective method for finding incorrect addresses on returned mail was through the use of the NPI Registry.



Of the 193 sampled returned mail findings, addresses were found using the following tools:

- 24 found using only LexisNexis (12%)
- 117 found using only the NPI Registry (61%)
- 14 found and verified using both the NPI Registry and LexisNexis (7%)
- 37 found through other sources (19%)
- 1 non-response (still pending provider/AC verification) (1%).

This constitutes a 99.5% overall success rate for the entire returned mail findings.

The **Other Databases** category was the most interesting result. This category included Internet searches as well as other database venues available. This category also included calling listings provided on the NPI Registry that eventually led to finding medical records housed at third-party locations. Of the 37 returned mail categorized as "Other Databases", 19 findings were references to NPI Registry third-party locations. Time spent to verify the returned mail findings, validated the use of the NPI Registry as the most efficient and most effective method for accurate address results.

The purpose of the CERT Newsletter is to provide for an exchange of information among the Centers for Medicare and Medicaid Services (CMS), the CERT Review Contractor (CRC), the CERT Documentation Contractor (CDC), Medicare Administrative Contractors (MACs), Affiliated Contractors (ACs) and Providers. The Newsletter is not intended to set CMS policy or replace CMS directives. The newsletter is published quarterly by CDC. Archived copies are available on the CERT Website: <http://www.certprovider.org>

Send in questions, suggestions, and/or articles for inclusion in the newsletter to gkarge@certcdc.com
Deadline for June issue is May 16, 2008.
