



CERT Newsletter

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Affiliated Contractors (ACs) refers to Carriers, DMERCs, and FIs.

Why Does CDC Care About Denied Claims?

Ever wonder why CDC requests medical record documentation for claims denied by ACs? CDC is responsible for requesting medical record documentation in support of all claims chosen for review by the random sample program at CMS. Even denied claims have to be reviewed by CRC to ensure the denial was proper.

TEAMWORK PAYS OFF

The Cert Documentation Contractor (CDC) commends the excellent work by the transition partners in reducing the no documentation error rate. As of 8 June 2005, we have achieved a zero error rate. We currently have three denied claims (claims with zero dollar balance) but those do not count as no documentation errors against the transition partners, CRC, and CDC.

As a TEAM, we can maintain a reduced no documentation error rate. Thank you to our first transition partners: HGSA PA, Palmetto GBA Region C, Cahaba GBA Iowa, AdminaStar, CIGNA, and TriCenturion.

THANK YOU

The purpose of the CERT Newsletter is to provide an exchange of information among CMS, CERT Review Contractor (CRC), CERT Documentation Contractor (CDC), Affiliated Contractors (ACs) and Providers. The Newsletter is not intended to set CMS policy or replace CMS directives. The newsletter is published monthly by CDC. Archived copies will soon be available on the CERT Confidential Website at:

<http://www.cms.hhs.gov/cert/program.asp>

Articles and Questions for publication may be submitted by email to marylou@certcdc.com.

CDC Accelerates Contractor Transition Schedule

Timeline for Requesting Records	Affiliated Contractors
September 30, 2004 Contract Award	
March 14, 2005	HGSA PA, Palmetto GBA Region C, Cahaba GBA Iowa
April 4, 2005	All DMERCs
June/July, 2005	All Carriers
August/September, 2005	All FIs

CDC began requesting and receiving medical records from the remaining DMERC providers: AdminaStar, CIGNA, and TriCenturion on 4 April, 2005. CDC will begin requesting and receiving medical records from all Carriers in June 2005. The specific date will be announced later.

Point of Contact Information Missing

Approximately 99 percent of the Provider Address File records have no point of contact listed for the provider.

Provider points of contact are very important in identification of the person the CDC needs to contact to request the medical record documentation in support of the claim.

Last month a major pharmacy chain disclosed that one staff member is the point of contact for 1,850 (individual pharmacies) store-owned pharmacies. In another case, a person called the CDC announcing she was the point of contact for 1,800 doctors.

In the absence of this information, the CDC Call Center Representatives (CSRs) call the only available phone number they can find and often hear, "This is not our patient," or "We do not have the patient's medical record at this address," or something to that effect.

If we have the correct point of contact for the provider's office--then provider, AC, and the CDC staff time can be used more efficiently.

Greater Need For Accurate Provider Addresses, Phone Numbers, Fax Numbers, and Email Addresses

The CERT Documentation Contractor (CDC) continues to find a 40 percent error rate in provider addresses, phone numbers, and fax numbers. Searching for correct information consumes a large amount of staff time.

Please ensure that provider addresses contain correct address, phone and fax numbers of the location of the medical record documentation. Names and email addresses for the points of contact should be included.

This month or next month at the latest, providers can log into a provider address website at www.certprovider.org and make corrections to their address, phone and fax numbers, and email addresses. Any provider who wishes to update information now, please email the PRO staff members (see next article for addresses).

Problem Resolution Office (PRO)

The Problem Resolution Office (PRO) is part of the CDC devoted to solving problems as quickly as possible. Tasks include searching for updated addresses and phone numbers of providers, contacting providers and transition partners to discover the correct locations of medical records, and reviewing cases involving missing documents, unknown providers, providers who have gone out of business, and/or providers who submit incorrect or potential fraudulent claims. The primary task for PRO is to reduce the no documentation error rate by resolving issues.

An important element in the PRO's work is the teamwork between the PRO staff and the transition partner staff members. The excellent cooperation from the transition partners makes the work more efficient and more effective.

Each transition partner has provided PRO staff members with the "best way" to ask for help. Some partners prefer to have the Claim Control Number (CCN); others can find information through the Health Insurance Claim (HIC) number more easily. PRO staff members are keeping track and making use of these methods to simplify the information request process. Any additional hints or ideas are always welcomed by the PRO staff members.

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Send in questions, suggestions, and/or articles for inclusion in the newsletter to marylou@certcdc.com

Deadline for July issue
27 June 2005