



Comprehensive Error Rate Testing (CERT)

Computer Based Training

Agenda

- **Overview**
 - Background
 - What is “CERT”?
 - Why CERT was implemented
- **Record requests**
- **Documentation Tips**
- **Provider Tips**
- **Resources**

Objectives

- **To better understand:**
 - **Why there is a Comprehensive Error Rate Testing program**
 - **Who is responsible for collecting the data**
 - **How to respond to records requests**
 - **Review results and how they will be used to reduce the error rate**

Background

- **The Government Performance and Results Act of 1993 set performance measurement standards for Federal agencies.**
 - **Prior to CERT, the Office of the Inspector General calculated an annual national error rate using a relatively small claim sample**
- **CMS established the Comprehensive Error Rate Testing (CERT) program in 2000.**
 - **Provides a much more accurate and detailed view of errors**
 - **CERT reviews approximately 2000 claims per contractor annually**

Background

- **HIPAA allowed CMS to contract with entities other than Medicare Carriers and Fiscal Intermediaries to perform program safeguard activities**
 - **Program Safeguard Contractors (PSC)**
- **CMS awarded a Program Safeguard Contractor (PSC) scope of work for CERT reviews**

What is “CERT”?

- **In order to better measure the performance of the Carriers, DMERCs and Fiscal Intermediaries, CMS elected to calculate a provider compliance error rate and a services processed error rate, in addition to the national paid claims error rate**
 - **Randomly select a sample of submitted claims**
 - **Request medical records for those claims**
 - **Review both the claim and medical records to ensure Medicare compliance**
 - **If documentation is not received, review is based on available information and processed accordingly**

CERT Expectations

- **The results of the CERT reviews will provide:**
 - **National paid claim error rate**
 - **Contractor paid claim error rates**
 - **Benefit Category paid claim error rates**
 - **Provider Specific paid claim error rates**

CERT Benefits

- **All errors are treated equally**
 - **Whether they result in overpayment or underpayment**
- **Provider education will be based in part on CERT audit findings**
 - **Training focused on specific issues**
 - **Identifying problem areas will allow claims to pay correctly the first time**
- **Clear and consistent standards for medical review**

Question

Am I violating HIPAA privacy provisions if I submit information to CERT?

No. HIPAA permits disclosure of personal health information to carry out treatment, payment or health care operations. The CERT Documentation Contractor performs health care operations as a business associate of CMS with respect to the HIPAA Privacy Rule and does not require beneficiary authorization.

Question

How will I know that my claim has been selected to be reviewed by CERT?

You will receive a request for documentation from the CERT Documentation Contractor in Annapolis Junction, Maryland, unless your claim required submission of documentation to Wisconsin Physicians Service or was subjected to any prepayment review claims processing edits.

Record Requests

- **CERT Documentation Contractor (CDC) will issue all CERT requests for medical records**
 - **CDC will call provider prior to sending initial letter**
 - **Request letter includes a “pull list” of patients to be reviewed**
 - **Sorted alphabetically by last name**
 - **Letter also includes a bar-coded cover sheet for each claim requested**
 - **Includes control numbers that correspond to each record identified on the “pull list”**



A Note to Physicians and Providers from Medicare

Introducing The Comprehensive Error Rate Testing (CERT) Program

Dr. Joe Doe
10 Security Blvd
Suite 10
Baltimore, MD 12345

Dear Medicare Physician/Provider:

The Centers for Medicare & Medicaid Services (CMS), the federal Medicare agency, strives to pay claims accurately. The agency implemented a system to monitor the accuracy of payments- the Comprehensive Error Rate Testing Program (CERT). We believe the CERT program will provide CMS and taxpayers with more useful information (such as an estimate of the improper payments made by Medicare) with fewer hassles for physicians, providers and their staff.

Since the implementation of the CERT program, the CERT Contractor, located in Richmond, VA, has requested medical records, reviewed claims, and produced national, contractor specific, provider type, and benefit category specific paid claim error rates. CMS has decided to streamline the record request and receipt process by contracting with a CERT Contractor, located in Annapolis Junction, MD, to support the claims review process.

During the transition period when the CERT Contractor in Maryland assumes the responsibility for requesting medical records and documentation for the claims review process performed by the CERT Contractor in Virginia, you may receive letters from one or the other contractor requesting additional information. The CERT new request letters are improved with more specificity in terms of the information needed to conduct the review.

The reason you are receiving this letter today is because the CERT program has randomly selected one or more of your claims for review. You have a responsibility to provide documentation supporting the claims as soon as possible. Failure to produce the information will count as an error in the calculation of the CERT program error rate and will result in the computation of an

Record Requests

- **FAX all documentation to:**
 - **(240) 568-6222**
 - Preferred method
- **Also may mail to:**
 - CERT Documentation Office**
 - Attn CID#: xxxxx**
 - 9090 Junction Drive, Suite 9**
 - Annapolis Junction, MD 20701**

Contact CERT Documentation Office at (301) 957-2380 if you are unable to FAX the medical information.

Record Requests

- **Send all documentation to support medical necessity**
- **All documentation should be legible**
- **Complete and include bar-coded cover sheet for each record**
 - **Write the CERT Documentation Contractor's Claim Identification Number (CID) at the top of each page of documentation if bar-coded cover sheet is not available**

Record Requests

- All records must be received by the CERT Documentation Contractor *within the time-frame specified in the initial request letter*
- Failure to submit medical documentation will result in a denial and recovery of payment
- If documentation is obtained after the time-frame set by CERT, you can still submit medical records to the CERT Operations Center for consideration

Question

What happens after CERT makes a claims payment determination?

All CERT claim findings are reported to Wisconsin Physicians Service. Based on the review, we will make the appropriate adjustment to the claim.

Contractor Responsibilities

- **It is the responsibility of WPS, as your Fiscal Intermediary to:**
 - **Recover overpayments identified by CERT**
 - **Process appeals of CERT determinations**
 - **Conduct provider education and training**
 - **Implement an error rate reduction plan**

Non-Response

- **Non-response to medical records requests was higher than expected**
 - **CMS requires us, as a Medicare contractor, to contact providers who do not respond to the CERT Documentation Contractor's requests**
 - **Non-response results in denial of service**
 - **Claims that have been previously paid will be denied and the money taken back**

Question

Can claims denied by CERT be appealed by the provider or the beneficiary?

Yes. All claims denied by CERT can be appealed by the provider or beneficiary. Appeals should be made with us, your Medicare contractor that processed the original claim. Non-response and insufficient documentation determinations should be sent to CERT.

Appeal Requests

- Appeals for determinations other than denials for non-response or insufficient documentation should be submitted WPS Medicare for processing
 - The provider is responsible for submitting **ALL** documentation to support the denied service at the time of the Appeal request
- Please forward your Appeal request to:
Wisconsin Physicians Service
South 6th Floor Medicare Claims Appeals
Box 1602
Omaha, NE 68101
(866) 734-1519

Appeal Requests

- **Appeal requests will be returned if any of this information is missing:**
 - **Beneficiary name**
 - **Medicare Health Insurance Claim (HIC) number**
 - **Name and address of provider of service**
 - **Date of initial determination**
 - **Date of Service for which the initial determination was issued**
 - **Which item (s), if any, and/or services(s) are at issue in the appeal**
 - **Signature of the appellant**
 - **Date of signature**

Appeal Requests

- **The Claims Appeals Department highly recommends the following information to be included in the Appeal request:**
 - **Provider facility name with contact information**
 - **Provider facility phone number**
 - **Appeals requests submitted on provider letterhead**

Question

Will the CERT Medical Review staff use the same guidelines to review my claims as WPS who initially processed my claim?

Yes. CERT's Medical Review staff has all of our existing Local Coverage Determinations (LCDs) that we have adopted, as well as the processing guidelines and automated edits built into our systems.

Documentation Tips

- **Respond timely to record requests from the CERT Documentation Contractor**
 - **Documentation should be submitted within the time-frame specified in the request letter**
- **Include all documentation to support services**
- **Documentation should be legible and accurate**
- **Develop and implement a plan to respond to CERT documentation requests**

Documentation Tips

- **Complete and return the bar-coded Medical Records/Claim Attachment Cover Sheet**
 - A cover sheet should be attached to each set of documentation
- **The documentation must be held with a clip or rubber band to ensure proper validation of receipt**
 - *No staples should be used*

Provider Tips

- **Develop a plan to respond to CERT requests**
 - **Maintain a record of all CERT requests**
 - **Document the date request was received**
 - **Document the date documentation was sent to the CERT Documentation Contractor**
 - **Retain copies of all documentation submitted**
 - **Send all clinical documentation for the dates of service requested**
 - **CERT will send requests to the provider address in contractor files**
 - **Ensure that CERT has a current address on file for your facility**
 - **www.certprovider.org**

Provider Tips

- **Educate appropriate staff members about what to expect from CERT**
 - **Ensure they are aware of the CERT program**
 - **Designate staff to coordinate CERT request receipt and response process**
 - **Ensure communication between staff receiving requests and staff responsible for gathering the information**
 - **Coordinate with billing company if necessary**

Provider Tips

- **Providers can help reduce claims error rates by:**
 - **Staying current on billing and coding guidelines**
 - **Keeping informed of the latest Medicare changes**
 - **Creating agreements with record holders to ensure timely submission of records**
 - **Notifying WPS of any address changes**

Summary

- **Documentation requests from the CERT Documentation Contractor should be treated in the same manner as requests from WPS Medicare**
 - **Records should support medical necessity**
 - **Documentation should be clear, legible and accurate**
 - **Must be sent timely**
 - **Submitting records not a HIPAA violation**
 - **Non-response will result in denial of claim**
 - **All CERT determinations may be appealed**

Resources

- **CERT Documentation Contractor Customer Support**
 - (301) 957-2380
- **CMS web page**
 - www.cms.hhs.gov/cert
 - www.cms.hhs.gov/providers
- **WPS Medicare**
 - www.wpsmedicare.com

This program is presented for informational purposes only. The current Medicare regulations will prevail.

**Thank you, you have completed
the CBT.**

**Would you like to take a 10 question
knowledge check?**

Yes, let's get started.

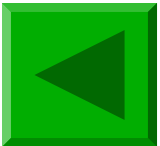
No, please take me back to
WPS Medicare's Provider
Homepage.

I do not need to get signed authorization from the beneficiary before I can send any medical documentation to CERT.

True

False

Sorry, please try again.



**That's correct, the answer is
true.**

Medical documentation requested by CERT should be sent to WPS for review.

True

False

**That's correct, the answer is
false.**

Participation in the CERT program is voluntary, and I am under no obligation to submit the requested documentation.

True

False

**That's correct, the answer is
false.**

Medical documentation must be submitted to the CERT Operations Center within the time-frame indicated in the initial request letter.

True

False

**That's correct, the answer is
true.**

Non-response and insufficient documentation determination appeals should be submitted to the CERT Documentation Contractor.

True

False

**That's correct, the answer is
true.**

Appeals of CERT determinations must be submitted to the CERT Operations Center within 120 days of the initial determination.

True

False

**That's correct, that answer is
false.**

The CERT contractor has all existing Local Coverage Determinations that are utilized by WPS.

True

False

**That's correct, that answer is
true.**

Providers who do not respond to CERT requests are automatically referred to the Medicare Integrity contractor.

True

False

**That's correct, that answer is
false.**

Requests for documentation from all Medicare contractors, including the CERT Documentation Contractor, should be responded to timely to ensure compliance with the Medicare program.

True

False

**That's correct, that answer is
true.**

Documentation should support medical necessity for each service line submitted on the claim.

True

False

**That's correct, that answer is
true.**

Thank you, you have completed the Knowledge Check.

Would you like to take another CBT?

Yes, let's get started.

No, please take me back to
WPS Medicare's Provider
Homepage.