



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

CONTENTS

Post Office Box Addresses

Time is Money—Spending Time Solving Problems

Post Office Box Addresses

Today, many provider billing offices use a Post Office Box address as opposed to a street address. Many provider billing offices also serve as the central Point-of-Contact for CERT Medical Request Letters. Some billing offices are very efficient at servicing the CERT Medical Request Letters and some are not. When 4th Medical Request Letters (often called OIG Letters) need to be sent out from CDC, we are unable send requests as Certified Return Receipt Requested to a Post Office Box address because no one is there to sign for the request. This creates an added burden for CDC. It would be easier for CDC and the provider if Post Office Box addresses were not used or if the physical addresses for practicing providers were also included in the Resolution File which the AC sends to CRC.

Providers, for example, sometime wonder why they receive a third letter and have failed to receive a first Medical Request Letter and/or second Medical Request Letter. One explanation is that the Medical Request Letter went to a Post Office Box address and 1) was delayed in getting to the Medical Record Manager in charge of Medical Records, 2) the billing office could not locate the patient and/or patient's date of service, or 3) the billing office was not familiar with which practitioner's office performed the services for the patient.

CMS Change Request (CR) 5043, now circulating in draft within CMS and among its contractors, would require ACs to send a provider's physical address and billing address to CRC. Having the practice address of the provider who submitted the claim would help CDC, the ACs, and the providers in making timely and efficient requests and in receiving the medical record documentation. Please join us in support of this important CR and let's all do our part in helping to reduce the error rate.

Time is Money—Spending Time Solving Problems

"Time is Money." We have heard the saying many times, but have you ever focused on the true meaning behind the saying? Staff members in the Problem Resolution Office are very much aware of the amount of time needed to find solutions to cases sent through our system.

Here is case narrative to demonstrate one of the many unique problems resolved by CERT staff members. Following the narrative is a diagram showing a typical process for resolving a problem; the narrative and the diagram are not an exact match but reflect similar problems. This information provides the reader insight into the work of the Problem Resolution Office in conjunction with the Affiliated Contractors, with the staff at the main CERT office, and with the providers.

Recently, we received file information for a medical records request containing incorrect information. Several people, including Customer Service Representatives (CSRs), an Affiliated Contractor (AC), a staff member from the Problem Resolution Office (PRO) worked a combined total of more than two hours to discover the correct information. The case had some unique quirks to it (or at least we thought it would be unique) but later other cases with similar patterns of mistakes showed up. What follows is a summary of the case with the names changed.

We needed to request records for John Doe for the time period January 5 to January 15. The file showed that John Doe had been seen several times by provider Dr. L of the XXXXX facility in Waco, Texas.

The CSR called the facility in Waco and was told by the Medical Records Supervisor that a file existed for the patient but the date of service was for January 4 only. The Medical Record Supervisor agreed to send the medical records available.

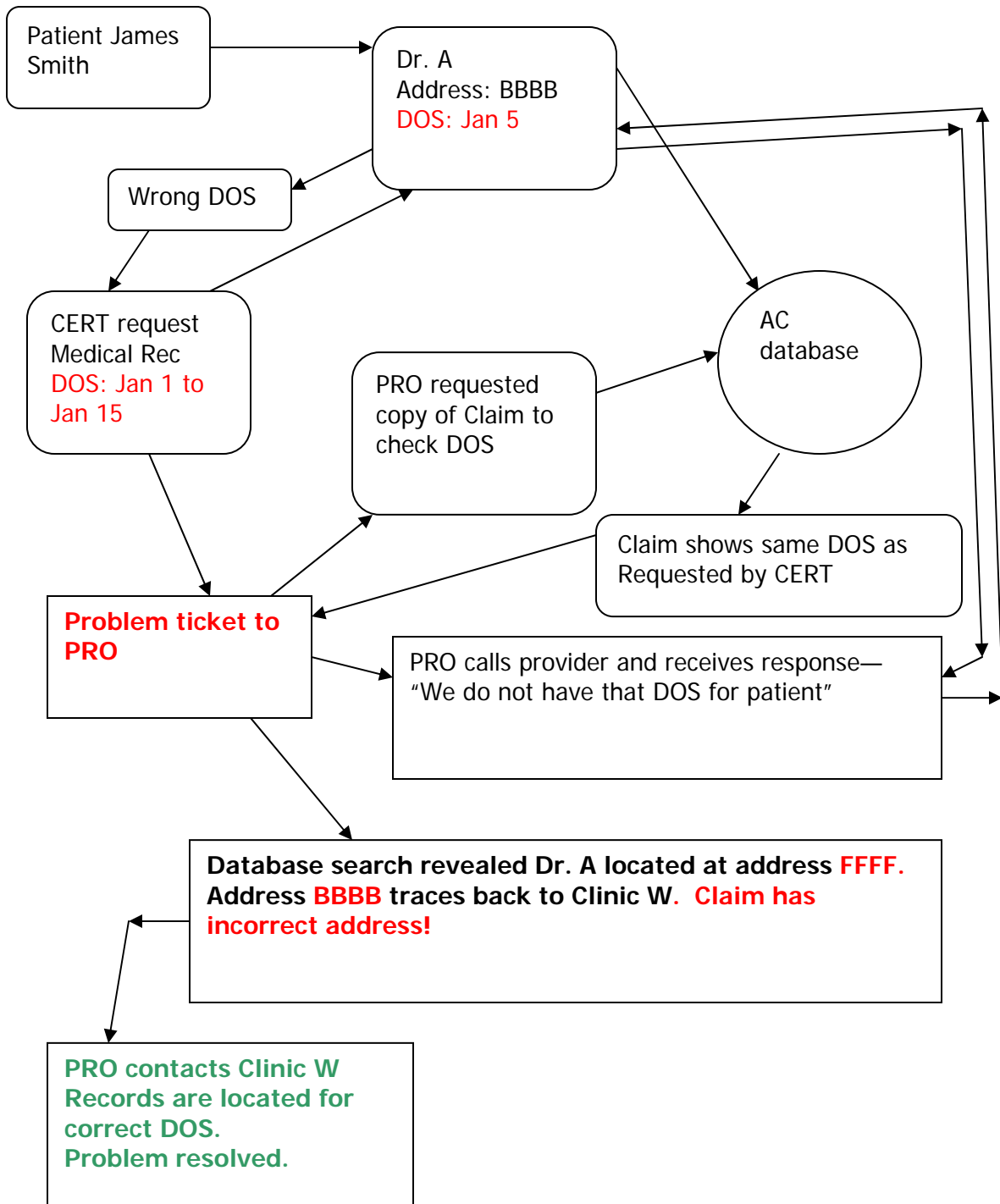
When the records arrived at CERT, a discrepancy was noted. The medical records came from a Dr. L at the National CCCC clinic in Waco, Texas but our database showed the provider as being the XXXXX Facility in Waco, Texas. The

address on the medical records matched our address for the National CCCC clinic. Within the doctor's description of the patient was brief mention of the XXXXX facility; the doctor said therapy sessions were available to the patient at that location and he was going to provide a prescription.

A CERT staff member called Dr. L's office and asked about the discrepancy. The staff member at Dr. L's office had no information about the other facility. An internet search for the XXXXX facility produced a different address than on Dr. L's materials. Next, the entire file was sent to the CERT Problem Resolution Office (PRO). The staff member from PRO called the Affiliated Carrier (AC) who agreed to look into the matter. The AC was able to contact the XXXXX facility and found that the patient was seen there on the dates of service for which CERT was requesting medical records. The provider said no CERT requests were ever received by the XXXXX facility but she would send in the needed medical records immediately.

Apparently, the original CERT medical record request letter went to Dr. L's office but the staff in his office did not bother to let CERT or the AC know that the letter was being sent to Dr. L's office in error. When the AC called the PRO staffer to inform her of the findings, the AC mentioned that the staff member at Dr. L's office thought it was funny that the entire event had happened.

We traced this case back to the resolution file which clearly shows the XXXXX facility as the provider of the services but also clearly includes Dr. L's address instead of the correct address. Where in the process did this occur? Human error during the entering of information in the original database is the most likely answer. If this were a one in a thousand case, it would not be a major problem. However, we are discovering many cases similar to this. And, every time we find a case with errors, we have to spend a great deal of time in resolution of the problem. This case demonstrates the need for educating providers to establish strict quality control oversight in the procedures for filing claims. Small mistakes lead to large investments in labor and time.



The above chart is meant to show an example of problem solving. Each case is unique and requires a variety of methods to find the proper information.

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), 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 are available on the CERT Website: <http://www.certprovider.org>

Send in questions, suggestions, and/or articles for inclusion in the newsletter to marylou@certcdc.com
Deadline for May 2006 issue is 26 April 2006.
