



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/>

Holiday Greetings  
Best Wishes for the New Year

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## Further Reduction in Number of Improper Medicare Claims Payments; a Joint Effort

By: Jill Nicolaisen

CMS CERT Project Lead

On behalf of CMS and the CERT Contractors, we would like to extend our thanks for your continued efforts in reducing the improper Medicare claims payments. As evidenced in the findings of the November Annual Report of the Improper Medicare Fee-for-Service Payments Report there has been a further decline of improper Medicare claims payments from 14.2 percent in 1996, to 4.4 percent in 2006, to 3.9 percent in 2007. We will need to continue our efforts during this next year. Under the Government Performance and Results Act, CMS aims to further reduce the percent of improper payments under Medicare FFS to 3.8% by November 2008. We appreciate your commitment to billing and paying claims right the first time. More information regarding the November 2007 report can be found at <http://www.cms.hhs.gov/cert>

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## Documentation Faxed to CDC

By: Gail Karge, RHIA, CPUR      CERT CDC Program Manager/ISO Quality Coordinator

Important Considerations when faxing documents to the CDC:

1. Make sure that your fax was successfully transmitted by verifying your confirmation on your end.
2. We send confirmation of the receipts of faxes whenever possible. The fax confirmation however, does not attest to the quality of the record nor does it guarantee the quality, legibility, or completeness of the documentation received via fax.
3. Fax confirmation will only be sent after the CDC Quality Assurance person releases the document to QC and it is posted to the repository. All documentation received is subject to a QC process. When the documentation is incomplete (missing pages) or illegible, the CDC contacts the provider to obtain better information. In some cases, we have to repeat this process multiple times to get the necessary documents.
4. CDC is not able to fax a confirmation in the following situations:
  - If you have a block on your fax number
  - If the phone number has an extension. It is possible that the confirmation will go to the main number, but may never make it to the proper party
  - Line noise or bad connections
  - If color fax is being sent, color faxing is not supported by our modems
  - If the local phone company lines are down
  - If one of CDC's modems is malfunctioning
  - CDC modems are set to respond after 2 rings, so if your fax machine hangs up after 2 rings, we would not get the fax
  - Your fax machine is busy or not set to receive

5. CDC encourages you to call for assistance whenever you have any questions or problems in providing documentation (301) 957-2380. Please have the CID of the claim in question available when you call.

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### Illegible Record Request Letters

By: Pat Rodriguez, MBA, RHIA      CERT CDC Deputy Director/Medical Record Manager

We have received a few phone calls here at the CERT CDC from providers stating that request letters faxed to them through our Fax server appear distorted. Providers should immediately call the CERT CDC call center at (301) 957-2380 to speak to a Customer Service Representative (CSR) so a new letter can be faxed, using an alternative fax machine; or the letter can also be mailed.

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### Toll Free Number; Another Option for Providers

By: Gail Karge, RHIA, CPUR      CERT CDC Program Manager/ISO Quality Coordinator

From time to time, we receive feedback from providers that they do not have access to long distance. Therefore, when they contact us, they incur costs that can be a financial burden especially on those smaller providers. To assist our providers overcome this barrier, we are now offering a toll free number. This number is for voice only and not for faxes. The new number is (888) 779-7477. Providers can also continue to use the long distance number of (301) 957-2380.

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### Instructions Regarding Placement of Bar Coded Cover Sheets

By: Gail Karge, RHIA, CPUR      CERT CDC Program Manager/ISO Quality Coordinator

The CDC would like to clarify the instructions for submitting requested medical records/documentation specifically regarding the placement of the bar coded cover sheets. We have noticed that some providers are copying the bar coded cover sheets and placing multiple copies on the chart to serve as dividers in the submitted medical record. When submitting multiple records, place the corresponding bar coded cover sheet in front of each patient's medical record. In order to help eliminate this confusion, we will be changing our language in the instructions for submitting requested medical records/documentation letter.

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### CDC's Hierarchy of Addresses

By: Gail Karge, RHIA, CPUR      CERT CDC Program Manager/ISO Quality Coordinator

For Calendar Year 2008, it is likely that 2 out of 5 providers will change their address, phone number, and/or point-of-contact for medical record information. This is based upon past experience. With so many changes, CDC has a hierarchy of address information that we store in our Provider Address File. Medical Request Letters are sent out based upon this hierarchy as follows:

1. Address/Phone Number/Points-of-Contact submitted by Carriers, Fiscal Intermediaries or Medicare Administrative Contractors (MACs)
2. Address/Phone Number/Points-of-Contact submitted by CDC's Call Service Representatives
3. Address/Phone Number/Points-of-Contact submitted by provider(includes NPI information)
4. Address/Phone Number/Points-of-Contact submitted in the Provider Address File (PAF)
5. Address/Phone Number/Points-of-Contact on record as last known contact information

Therefore, CDC's computer system is programmed to look for this hierarchy of addresses to print the most recently submitted address on the provider medical request letters.

## Obstacle: Something That Impedes Progress or Achievement

(An analysis of no response CIDs older than 75 days)

By: Christine Daley, PI

CERT CDC Problem Resolution Specialist

Each week the Problem Resolution Office (PRO) receives a list of CIDs that are outstanding by 75 or more days. PRO Staff members attempt to contact the providers for each of those CIDs in the hope of acquiring the long overdue medical records. A variety of obstacles or barriers slow this work down. In an attempt to highlight the nature of these obstacles, we decided to present a brief analysis based on a typical list. By sharing the most common difficulties, we hope to encourage everyone to work together in resolving these issues for more expedient processing of medical records in the CERT program.

During the week of November 26, 2007, a total of 134 CIDs were followed up by the Problem Resolution Office staff to contact providers and to acquire requested medical records. The table below demonstrates the top problems that are encountered.

### Obstacles Preventing Receipt of Medical Records

Obstacle	% Total Impacted N=134
1. Calls made leaving messages to obtain the records and requesting return calls with no contact	45%
2. Possible fraudulent providers who have had fraud referrals sent to contractors Benefit Integrity Unit	19%
3. Possible fraudulent providers for whom we are in the process of writing fraud referrals	13%
4. CERT is awaiting response from AC for assistance	12%
5. CERT awaiting response from the Provider to obtain medical records	7%

Note: Records received comprised the remaining 4%

The above analysis clearly reveals the main obstacle in acquiring medical records from providers: the inability to speak directly to the Point of Contact (POC) at the provider's office. This lack of contact is not through lack of effort. Each of the providers for the CIDs in Item #1 have been called repeatedly with messages left for the POC and have had numerous copies of the medical record request letters mailed and/or faxed. This category includes providers for whom we have correct addresses and phone numbers; however, many of these providers fail to return calls or to respond to repeated faxes/mailings. A smaller portion of this category includes providers for whom we have incorrect phone numbers and/or addresses when the process of contact begins. Once we track down the correct numbers to call, we again leave messages that are seldom returned. Once the addresses are correct, repeated mailings also fail to bring in the needed responses.

Problem Resolution Office staff members are searching for ways to overcome this major obstacle in acquiring requested medical records. Sometimes being aware of **obstacles** is half the battle. Perhaps bringing this to the attention of many will help reduce the current number of CIDs with no documentation, which is a primary goal at CDC. We hope this analysis will help highlight areas of improvement throughout the program. Working together, we can do better.

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### Update on National Provider Identifier (NPI)

By: Gail Karge, RHIA, CPUR

CDC Program Manager/ISO Quality Coordinator

CDC continues to receive NPI addresses for DME and Part B providers. We have experienced a delay in receiving Part A providers due to a programming glitch outside of CDC's control that is currently being corrected. We anticipate receiving Part A addresses soon. We would like to thank all the providers for furnishing this important information.

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***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](mailto:gkarge@certcdc.com)  
Deadline for March issue is February 15, 2008.

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