

## Comprehensive Error Rate Testing (CERT) - Errors by Provider Type

CMS released the latest semi-annual Improper Medicare FFS Payments Report on November 15, 2006. This report produces error rates by contractor type, specific contractor, service type, or provider type, based on CERT claim review findings for the audit sample period.

In this, and future Communiqué articles, we will look further into the various error rate findings provided in this report. Our first area of focus is on improper payments by provider type.

As part of the CMS's analysis of CERT error findings, paid claims error rates and provider compliance error rates are generated based on provider types. The table below illustrates the top ten provider types, based on projected improper payments, for WPS in the November 2006 CERT report. The projected improper payments are calculated by multiplying the paid error rate in the audit sample for each provider type, by the total payment for all claims submitted (in the same period) by each provider type.

Rank	Provider Type	Paid Error Rate	Projected Improper Payments	Provider Compliance Error Rate
1	Internal Medicine	9.5%	\$91,327,520	16.9%
2	Cardiology	6.1%	\$44,972,743	14.1%
3	Family Practice	5.4%	\$30,580,354	12.1%
4	Orthopedic Surgery	5.6%	\$18,753,534	9.9%
5	Nephrology	12.1%	\$17,328,077	14.5%
6	Emergency Medicine	9.6%	\$17,184,736	14.4%
7	All Provider Types With Less Than 30 Lines	2.4%	\$13,620,842	18.5%
8	Chiropractic	10.3%	\$12,814,982	19.6%
9	Ophthalmology	2.6%	\$11,840,354	10.4%
10	Pulmonary Disease	7.5%	\$9,901,436	17.5%

Specific examples of CERT reviewer comments related to the above provider specialties, and all provider specialties contained in the November 2006 audit sample, can be found on our Website at <http://www.wpsmedicare.com/provider/cert.shtml> under "All Specialty Errors – updated November 2006"

It is important to be aware of the impact that all errors have on the error rates at both a carrier and a national level. Although we continue to make improvements in our CERT error rate, we must strive for further reductions. In order to accomplish this goal, it is crucial that providers in our jurisdiction comply with CERT requests for medical records

in a timely manner and submit documentation that supports the service(s) billed to Medicare, including the level of care and medical necessity.

For a complete copy of the November 2006 Improper Medicare FFS Payments Report referenced above, and past reports, please visit the CMS CERT Reports website at <http://www.cms.hhs.gov/CERT/CR/list.asp#TopOfPage>

If you have questions related to the CERT process or a specific CERT sampled claim, you may email us at [medicareadmin@wpsic.com](mailto:medicareadmin@wpsic.com). Be sure to include "CERT Question" in the subject line. Please also include your full name, telephone number, and Provider Identification Number (if available) in the body of the e-mail. This will assure a prompt and accurate reply to your question.

When e-mailing WPS Medicare, please do not include sensitive information. If your question pertains to a specific claim, include the Internal Control Number, not your patient's Medicare Health Insurance Claim Number.