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Comprehensive Error Rate Testing (CERT) Program Overview and Update CBT Script

Welcome to the WPS Medicare Mediasite Presentation entitled Comprehensive Error Rate Testing (CERT) Program Overview and Update.

This presentation is prepared for Medicare Part B coders, billers, practice management, and health care providers.

The Centers for Medicare & Medicaid Services (CMS) receives in excess of 2 billion claims per year from Medicare Fee-for-Service physicians, providers and suppliers. CMS developed the CERT program to produce a national Medicare Fee-for-Service error rate as required by the Improper Payment Information Act.

The CERT program calculates the error rate for Medicare claims submitted to Medicare contractors in order to improve the quality and accuracy of Medicare claims submission, processing, and payments.

To better measure the performance of the Medicare claims processing contractors and to gain insight into the causes of errors, CMS decided to calculate not only a national Medicare fee-for-service paid claims error rate, but also a provider compliance error rate. The results of the reviews are published in an annual report and in semi-annual updates.

WPS Medicare and CMS share a common goal to pay claims correctly the first time, every time.

There are different kinds of error rates calculated, based on the CERT process. The Paid Claims Error Rate is based on dollars paid after the Medicare contractor made its payment decision on the claim. This rate includes fully denied fee-for-service claims.

The paid claims error rate is the percentage of total dollars that all Medicare fee-for-service contractors erroneously paid or denied and is a good indicator of how claim errors in the Medicare fee-for-service program impact the trust fund.

The Provider Compliance Error rate is based on how the claims looked when they first arrived at the Medicare claims processing contractor before the contractor applied any edits or conducted any reviews.

CMS does not collect covered charge data from provider facilities that submit claims to Fiscal Intermediaries or A/B Medicare Administrative Contractors; therefore, current facility data is insufficient for calculating a provider compliance error rate.

The provider compliance error rate is a good indicator of how well the contractor is educating the provider community since it measures how well providers prepared claims for submission.

The CERT report may also describe other error rates to provide the most specific information available to target problem areas. Other error rates include error rates by specific contractor, by service type, and by provider type.

CMS calculates the Medicare fee-for-service error rate and estimates of improper claim payments using a methodology the Office of Inspector General (OIG) approved.



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To better understand the CERT program, it is helpful to be familiar with the CERT process.

The CERT post-pay medical review process begins at the Medicare claims processing contractors. After the claims have been processed, samples of claims are selected for CERT review. Due to sampling methodology, very few providers are subject to CERT review. The CERT Documentation Contractor then uses information from the claims processing contractor, like WPS Medicare, to request documentation from the provider who submitted the sampled claim.

Providers have up to 90 days from the initial record request to return the documentation to the CERT Documentation Contractor, but should do so as quickly as possible to avoid the need for subsequent requests.

The CERT contractor clinicians review claims and medical record documentation for compliance with Medicare coverage, coding and billing rules to determine if the claim was submitted and paid correctly. When performing these reviews, the CERT contractor follows Medicare regulations, billing instructions, National Coverage Determinations (NCDs), coverage provisions in interpretive manuals, and the respective Medicare claims processing contractor's Local Coverage Decisions (LCD).

Provider claims that are selected for CERT review are subject to potential post-pay payment denials, payment adjustments, or other administrative or legal actions depending upon the results of the review.

To collect additional information from the claims processing contractor, and /or to provide feedback on reviewed claims, the CERT contractor uses a secure CERT Claims Status Website. The claims processing contractor also has access to the secure CERT Claims Status Website and reviews CERT contractor feedback on reviewed claims to determine if they concur with CERT contractor findings.

If an underpayment determination is made, the CERT contractor enters feedback in the CERT Claims Status Website and notifies the claims processing contractor to initiate a payment for the difference between the amount paid on the initial claim and amount the CERT contractor determined to be correct, based on the review.

Based on CERT contractor feedback, if an overpayment determination is made, the claims processing contractor initiates an overpayment demand letter

Any provider is entitled to full appeal rights if he or she disagrees with a CERT error assessed by the CERT Review Contractor. Providers should submit the appeal request to the claims processing contractor and include documentation to support the appeal request.

The overpayment request letter sent by WPS Medicare includes the mailing address to which CERT error appeal requests should be sent.

In some situations, a provider may have additional documentation that was not sent or was not received by the CERT Documentation contractor within the 90-day timeframe. If a provider fails to respond timely to the CERT Documentation Contractor's request for medical records, CMS encourages the provider to send the "late" additional documentation to the CERT contractor for a second review.



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The claims processing contractor will be notified of the results and if warranted, an adjustment for the additional payment will be made to the provider. To avoid unnecessary denials, to save time, and to avoid the need for subsequent requests, providers should respond promptly to CERT Documentation Contractor requests for documentation.

It's important to note that the provider is responsible for the provision of medical records, even if they are housed elsewhere.

There are multiple types of errors that may be assessed during the CERT review process. Slide 8 lists some of those that are more common. The first two that are listed, no documentation errors and insufficient documentation errors, involve documentation and may be assessed when the documentation is not available, not returned on a timely basis, or not complete.

Some errors are assessed because Medicare made payment for services or treatment deemed not medically necessary based on Medicare guidelines or LCDs.

Incorrect coding errors typically include up-coding and down-coding, most often associated with Evaluation and Management, or E/M, services.

Other errors may include those claim submission errors associated with the Provider Compliance Error Rate, for example, use of an invalid procedure/modifier combination, use of the wrong patient Health Insurance Claim Number, or use of an inappropriate CPT code.

Anyone wishing to find more CERT program educational materials and/or access CERT reports for various reporting periods, can access a plethora of information at the Website addresses shown on slide 9.

The WPS Medicare Website also includes many educational tools about the CERT program. To view WPS Medicare Legacy or Jurisdiction 5 Provider CERT Web pages, please refer to one of the Website addresses shown on this slide.

For providers that have received a documentation request from the CERT Documentation Contractor, WPS Medicare is pleased to offer feedback on the CERT claim review findings.

To inquire about specific CERT claim review findings, send an e-mail to medicareadmin@wpsic.com, type "CERT Question" in the subject, and be sure to include your full name, telephone number, and Provider Identification Number or National Provider Identifier in the body of the e-mail.

I hope you have enjoyed this computer based training Mediasite presentation and that you find the information presented useful. Thank you for your attention.