

TO: ALL PROVIDERS

FROM: CAREFIRST OF MARYLAND INC., MEDICARE PART A

DATE: OCTOBER 22, 2004

**SUBJECT: COMPREHENSIVE ERROR RATE TESTING (CERT)
REQUIREMENTS FOR DOCUMENTATION ARE VITAL -
REVISED**

Note: Change in CERT Documentation Initial Request Letter from 45 days to 90 days (refer to <http://www.cms.hhs.gov/cert/> for sample letter the CERT contractor uses to request medical records).

The Comprehensive Error Rate Testing (CERT) program was initiated by the Centers for Medicare & Medicaid Services (CMS) to improve the processing and medical decision making involved with payment of Medicare claims. Under CERT, an independent contractor (AdvanceMed) will select a random sample of claims processed by each Medicare contractor. From the requested documentation, the clinical staff of AdvanceMed will determine the accuracy of the contractor's decision to pay or deny the claim.

During the AdvanceMed review process, one or more of your claims may be selected for review and you will be asked to provide medical record information. **If a claim is selected for review, it is critical that you send all appropriate and supportive documentation to the CERT Contractor to verify all services billed on each claim line.**

If the requested documentation is not sent to AdvanceMed timely or the documentation is insufficient to support payment of all services on the claim, the claim that is sampled will be counted as an error and the contractor is required to collect the overpayment. This is true regardless of whether or not that documentation is physically located with the provider who received the request. Insufficient documentation errors are frequently associated with lab tests, ESRD services, and skilled nursing facility services. Therefore, coordination with other providers/health care facilities to obtain the necessary medical record documentation for AdvanceMed is imperative. Services will continue to be denied and refunds requested when all medical record documentation is not received by AdvanceMed.

CMS has determined that many providers do not comply with these requests. Possible reasons are providers believe it is a HIPAA violation to send patient records to AdvanceMed.

Providing the requested documentation does not violate the minimum necessary provision of the HIPAA Privacy Rule and does not require beneficiary authorization.

Others are unaware of the process and/or fail to see the importance of cooperating in a timely fashion.

Because of the number of non-responding providers, CareFirst of MD, Inc. is attempting to educate the provider community about the CERT program, emphasizing the importance of providers responding to the CERT contractor's requests for medical records, and the consequences for not doing so.

Failure to comply with the request for the medical records will result in a referral to the Office of the Inspector General (OIG).

What constitutes sufficient medical record documentation for the CERT Contractor, AdvanceMed?

AdvanceMed's record request letter includes a list of medical record components that may need to be submitted. These include:

- Physician Progress Notes
- Physician Orders
- Nurses Notes
- Medication Records
- Graphic Reports
- Operative Reports
- Pathology Reports
- Consultant Notes
- All Lab Reports
- Diagnostic Test Results (regardless of where they are performed)
- History and Physical
- Certificate of Medical Necessity
- Skilled Nursing Facility Records including MDS
- Emergency Room Records
- Outpatient Hospital Records
- ESRD Records
- Itemized Full Bill

This is not an all-inclusive list. Please make sure to submit any additional medical record documentation (treatment plans, physical therapy progress notes, etc.) that substantiates each of the services billed to Medicare.

How serious is CMS about referring providers to the Office of Inspector General (OIG) who are not responsive to AdvanceMed's documentation requests?

Under the CERT Program, AdvanceMed is the CMS Program Safeguard contractor tasked with reviewing the supporting clinical documentation for Medicare services

rendered and billed. The failure to respond to record requests from AdvanceMed is a matter of very serious concern to CMS. Non-response errors account for over 50% of CERT errors today. Non-response errors, with respect to CERT, encompass situations where there was no response from the provider, as well as situations where the provider responded, but did not supply the requested medical record documentation. AdvanceMed makes up to 4 contacts via letter and up to 2 contacts via phone in an attempt to obtain the medical record documentation.

The 4th and final letter contains verbiage indicating "Failure to send the requested information may also result in a referral to the Medicare contractor fraud unit and to the Office of the Inspector General ..."

CMS has procedures in place to refer non-responders to the Office of the Inspector General. Please take this warning seriously. In order to prevent an error from being charged to the Medicare Program and a fraud and abuse or OIG referral from occurring, please respond to medical record requests from AdvanceMed by sending all of the requested information within 45 days of the initial request letter.

The following are the time frames which are allotted for providers to respond to each request as appropriate:

Initial request- 90 days

Second request- 25 days

Third request - 10 days

Final Request - Immediately

If the requested documentation is still not received by AdvanceMed after the fourth request, the Office of Inspector General (OIG), as directed by the Department of Health and Human Services (DHHS) will send out the OIG Final request to instruct the provider to forward the documentation directly to the CERT contractor. The OIG letter states "The requested documentation must be received within 10 days of the date of this letter. If it is not received within this time frame, action will be taken to deny and recover payment for all services billed on the claim. There will be no further notice prior to this action. Failure to send the requested information may also result in an on-site audit by the OIG or referral to the Medicare Contractor Fraud Unit."

Failure to comply with the OIG request may result in a denial and recovery of payments for all services provided on the dates in question under the Medicare program Section 1833 (e) Title XVIII of the Social Security Act. Title 42 of the Federal Regulations (CFR) Part 405, Section 371 (d) authorizes suspension of payment, without notice, for failure to furnish such information.

Where do providers send the requested documentation?

Do NOT send the documentation to CareFirst of MD Inc., Medicare Part A. Please follow the instructions in the AdvanceMed letter and attachments, and forward the requested information to AdvanceMed at the following address in a timely manner:

AdvanceMed/ A CSC Company
CERT Operations Center
1530 E. Parham Road
Richmond, VA 23238

If you have any questions you can contact our Provider Service line at 1-866-488-0545.

THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE FROM OUR WEBSITE AT www.marylandmedicare.com