

TO: All Providers

FROM: CareFirst of Maryland, Inc.

DATE: April 8, 2004

SUBJECT: Requirement for Carriers, Durable Medical Equipment Regional Carriers (DMERCs), Fiscal Intermediaries (FIs), and Full Program Safeguard Contractors (PSCs) to Encourage Providers to Submit Medical Records to the Comprehensive Error Rate Testing (CERT) Contractor for Use in the November 2004 Improper Medicare Fee-For-Service (FFS) Payments Report

The CERT contractor reviews approximately 120,000 randomly selected claims and corresponding medical records (when available) each year. However, providers oftentimes fail to submit the requested medical records to the CERT contractor. These providers, known as non-responders, contribute significantly to the Medicare FFS error rate. In an effort to reduce the error rate, CMS is issuing this bulletin to require Carriers, DMERCs, FIs and full PSCs to contact the billing providers under their jurisdiction who were selected for the November 2004 report and have failed to respond to the CERT request for medical records and to encourage them to submit the needed record(s) to the CERT contractor.

Medicare Contractors:

- Shall contact all providers who have failed to submit medical records within 30 days of a request and encourage them to submit the requested records to the CERT contractor (these providers are known as ‘non-responders’),
- May contact any provider who has failed to submit medical records within 20 days of the CERT contractor’s request and encourage them to submit the requested records to the CERT contractor (these providers are known as ‘tardy providers’),
- Shall NOT contact any provider selected for CERT review until 20 days after the CERT contractor’s initial request for a medical record.

Although Medicare Contractors must contact all non-responders, Contractors shall prioritize communications by first contacting those providers who submitted high dollar claims and those who non-responded most frequently.

Medicare Contractors will make at least one telephone contact to providers. Contacting providers requires speaking with an individual who has access to medical records for a given provider. CMS requires at least one phone contact with each provider because there is no way to ensure that a letter or fax will reach the correct recipient without such a contact. Thus, phone calls and visits to providers are perceived as more effective than sending letters or faxes, while a combination of tactics would be most effective. When contacting the provider, if they agree to submit the medical records to the CERT contractor, the Medicare Contractor shall ask the provider to include the barcode sheet with the copy. If they no longer have the barcode sheet,

the Medicare Contractor shall ask the provider to write the Claim Identification Number (CID) on the top of the medical record. Medicare Contractors shall inform providers that they may fax medical records to 804-864-9980. If providers wish to speak with someone at the CERT contractor, they can call 804-864-9940 to speak with a customer service representative.

Medicare Contractors must refer recalcitrant providers with claims in question of \$40 or more (based on Medicare final allowed amount) for an individual billing provider PIN to the regional Office of Inspector General (OIG).

The \$40 threshold is based on an aggregate dollar value of a claim for a non-responder. Contractors shall aggregate the Medicare final allowed amount of all 2003 claims from a non-responder to determine if the \$40 threshold has been met.

The effective/implementation date for this bulletin is April 30, 2004.

THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. ALL BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE AT NO COST FROM OUR WEB SITE AT www.marylandmedicare.com

Questions regarding this bulletin should be directed to the provider relations department at (866) 488-0545.

