

TO: ALL PROVIDERS

FROM: CAREFIRST OF MARYLAND INC., MEDICARE PART A

DATE: MAY 26, 2004

SUBJECT: Comprehensive Error Rate Testing (CERT)

What is CERT?

CERT is a program implemented by the Centers for Medicare and Medicaid Services (CMS) to improve the processing and medical decision making involved with payment of Medicare claims. It became effective August 2000.

Who is the CERT contractor?

The CERT contractor is AdvanceMed of Richmond, Virginia.

How will the review be conducted?

AdvanceMed will select a random sample of claims processed by each Medicare contractor. AdvanceMed's medical review staff (which includes nurses, physicians, and other qualified healthcare practitioners) then verifies that the contractor's payment of the claims was accurate and based on sound policy.

What is the provider's role in CERT?

On a monthly basis, AdvanceMed will request a small sample of claims. **Providers whose claims are sampled will be asked during the course of the review to provide information for AdvanceMed staff to verify services billed were delivered, medically necessary, and appropriately processed. It is imperative that the provider submits this information to AdvanceMed in a timely manner.**

What documentation may be requested by AdvanceMed?

Examples of documentation that AdvanceMed may request include —

- History and Physical Notes
- Physician's Orders
- Certificate of Necessity
- Physician's Progress Notes
- Nurses' Notes
- Medications Records
- Graphic Reports
- Operative Reports
- Pathology Reports
- Consultant Notes
- All Lab Reports
- Emergency Room Records
- Diagnostic Test Results (Regardless of where performed)
- Outpatient Hospital Records
- ESRD Records
- Skilled Nursing Facility Records Including MDS
- Itemized Full Bill

How will a provider know if documentation is needed by AdvanceMed?

AdvanceMed will send a written request for medical records. The request will include a list sorted alphabetically by patient surname; bar-coded cover sheets that include control numbers, which correspond to each record identified on the list; and a list of requested documents.

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

What if the provider does not respond to the request for documentation?

Failure to respond to a request for documentation will result in the denial of the service(s). If documentation is not submitted to AdvanceMed for review, CareFirst of MD, Inc., Medicare Part A will deny the service(s) with **reason code 56900**. The denied claim must be appealed to CareFirst of MD, Inc., Medicare Part A through the normal appeals process described in the [Appeals Fact Sheet](#). ([How to Appeal a Claim document](#))

What if the provider does not send all requested documentation?

Insufficient documentation will result in the denial of the service(s). CareFirst of MD, Inc., Medicare Part A will deny the service(s) with **reason code 54018**. The denied claim must be appealed to CareFirst of MD, Inc. through the normal appeals process described in the [Appeals Fact Sheet](#). ([How to Appeal a Claim document](#))

How can providers avoid 56900 denials?

Providers must submit requested documentation within the allotted time frame. Providers are strongly encouraged to contact CareFirst of MD Inc., Medicare Part A Provider Relations Department **to verify that the mailing address and contact information on file for your facility is correct**. It is also very important to have someone track AdvanceMed requests and respond as soon as possible.

How can providers avoid 54018 denials?

Submitting **ALL** requested documentation in a timely manner is the key to avoiding 54018 denials. The information is medically reviewed to ensure that the services are paid correctly in compliance with Medicare guidelines.

How will the CERT findings be used?

CMS will use the AdvanceMed findings to determine underlying reasons for errors in claims payments or denials and to implement appropriate corrective actions aimed toward improvements in the accuracy of claims payment and claims processing systems.

How can providers assist in reducing the claims payment error rate?

The majority of errors identified by the CERT contractor are due to providers submitting insufficient or no documentation for review. **It is imperative that**

the requested information be submitted timely and completely.

Where can providers find additional information about the CERT program?

Additional information about the CERT program can be found on www.marylandmedicare.com under CERT program.

How can providers contact AdvanceMed?

Providers may contact AdvanceMed at—

AdvanceMed/ A CSC Company
CERT Operations Center
1530 E. Parham Road
Richmond, VA 23238
Phone: (804) 264-1778
Fax: (804) 264-3268

If you have any questions you can contact our Provider Service line at 1-866-0488-0545.

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 AT NO-COST FROM OUR WEBSITE AT www.marylandmedicare.com