



Related MLN Matters Article #: SE0526

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Centers for Medicare & Medicaid Services (CMS) Comprehensive Error Rate Testing (CERT) Program - The Importance of Complying with Requests for Claim Documentation

Keywords

SE0526, CERT, HIPAA, Overpayment, Documentation, Error Rate Testing

Provider Types Affected

Medicare Fee-for-Service (FFS) physicians, providers, suppliers

Key Points

- The Government Performance and Results Act of 1993 established performance measurement standards for Federal agencies.
- CMS established the CERT program in November 2003 to measure and improve the quality and accuracy of Medicare claims submission, processing and payment.
- The results of these reviews are used to characterize and quantify local, regional and national error rate patterns.
- CMS calculates a national paid claims error rate, a contractor specific error rate, services processed error rate, and a provider compliance error rate.
- The CMS methodology includes the following actions:
 - Randomly selecting a sample of claims submitted in a specific calendar year;
 - Requesting medical records from providers who submitted the claims;
 - Reviewing the claims and medical records to see if the claims complied with the Medicare coverage, coding and billing rules; and
 - Treating the claims as errors and sending the providers overpayment letters when they fail to submit the requested documentation.
- The 2004 national gross paid claims error rate was 10.1 percent.

- A portion of this error rate was due to providers not sending requested supporting documentation to the designated CERT contractor.
- Medicare FFS physicians, providers, and suppliers must provide documentation and medical records that support their claims for covered Medicare services to the designated CERT contractor upon request.
- If Medicare FFS physicians, providers, and suppliers fail to submit documentation, the claim will be considered an error and will receive a demand letter requesting refund of payment received for the "erroneous" claim.
- CMS's research has shown that providers do not comply with the requests for information because:
 - They believe it is a violation of the Health Insurance Portability and Accountability Act (HIPAA) to send patient records to the designated CERT contractor; or
 - They are unaware of the CERT process, and they may not appreciate the importance of cooperating in a timely fashion.
- If FFS physicians, providers, and suppliers receive a letter from CMS regarding a CERT medical review they should do the following:
 - Respond promptly by submitting the requested supporting documentation within the time frame outlined in the request.
 - Include any additional material that supports the service(s) billed to the Medicare program.
 - Make sure their address files and telephone numbers that are on file with their carrier or fiscal intermediary are accurate to ensure that CERT documentation requests are received and allow time to respond timely.
 - Remember that they do not need to obtain additional beneficiary authorization to forward medical records to the designated CERT contractor.
- In an effort to assist Medicare physicians, providers, and suppliers with CERT compliance, CMS has several resources available to explain the CERT process and how provider's responsiveness is in everyone's best interest:
 - CERT Web page (<http://www.cms.hhs.gov/cert>);
 - CERT Newsletters (<http://www.certprovider.org/newsletters.aspx>); and
 - A designated telephone number for Medicare physicians, providers and suppliers for general information and questions regarding the CERT initiative — (804) 864-9940.

Important Links

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0526.pdf> on the CMS website.