

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-08 Medicare Program Integrity</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 766</b>	<b>Date: February 2, 2018</b>
	<b>Change Request 10442</b>

**SUBJECT: Comprehensive Error Rate Testing (CERT) Updates to Chapter 12 of Pub. 100-08**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to update various sections in Chapter 12 of Pub. 100-08 based on updates related to CERT.

**EFFECTIVE DATE: March 2, 2018**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: March 2, 2018**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	12/Table of Content
R	12/12.3.3/12.3.3.2/12.3.3.2.1/MAC Responsibility After Workload Transition
R	12/12.3.9/Late Documentation Received by the CERT Review Contractor
N	12/12.3.12/Administrative Relief to Damaged Areas from a Disaster

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

<b>Pub. 100-08</b>	<b>Transmittal: 766</b>	<b>Date: February 2, 2018</b>	<b>Change Request: 10442</b>
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## I. GENERAL INFORMATION

**A. Background:** This CR updates various sections in Chapter 12 of Pub. 100-08.

**B. Policy:** There is no legislative or regulatory policies associated with this CR.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10442.1	MACs shall be aware of the updated guidance to the CERT review contractor in chapter 12 of Pub. 100-08.	X	X	X	X					

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

## IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
	N/A

**Section B: All other recommendations and supporting information: N/A**

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Nannette Lofts, 410-786-7658 or Nannette.Lofts@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VI. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# **Medicare Program Integrity Manual**

## **Chapter 12 – The Comprehensive Error Rate Testing Program**

**Table of Contents**  
*(Rev. 766, Issued: 02-02-18)*

### **Transmittals for Chapter 12**

*12.3.12 –Administrative Relief to Damaged Areas From Disasters*

#### **12.3.3.2.1 - MAC Responsibility After Workload Transition**

*(Rev.766, Issued: 02-2-02-18, Effective: 03-02-18, Implementation: 03-02-18)*

When the workload transitions from one MAC to another, the MAC that assumes the workload shall follow-up on no documentation claims, MAC feedback, appeals, and all other efforts needed to produce an accurate improper payment rate.

The assuming MAC shall not have access to the data until the individual workload has transitioned, unless otherwise negotiated with the outgoing MAC *or approved by CMS*.

For CERT reporting purposes, any error will be assigned to the MAC that was responsible for the workload at the time the claim was processed.

#### **12.3.9- - Late Documentation Received by the CERT Review Contractor**

*(Rev.766, Issued: 02-2-02-18, Effective: 03-02-18, Implementation: 03-02-18)*

This section applies to Medicare Administrative Contractors (MACs) and Comprehensive Error Rate Testing (CERT) as indicated.

If documentation is not received within 75 days of the initial request, the claim is scored as a no-documentation error.

If the CERT review contractor receives late documentation before the claim is posted on the *Claims Status website (CSW)*, the CERT review contractor will review the late documentation and score the *claim* appropriately. If the CERT review contractor receives late documentation after the claim has been posted on the *CSW*, the CERT review contractor will check the appeals section of the *CSW* to see if the provider has appealed the denial. If the provider appealed the CERT-initiated denial, the CERT review contractor will not review the late documentation. If the provider did not appeal the *CERT-initiated* denial, the CERT review contractor will review the late documentation and score the claim appropriately. If the late documentation is received in time to complete review before the cutoff date for the report, it will be included in that year's improper payment rate calculation.

The MAC shall notify the provider of the change in denial reason. These cases are listed on the change in status section of the *CSW*.

#### **12.3.12 Administrative Relief to Damaged Areas From A Disaster**

*(Rev.766, Issued: 02-2-02-18, Effective: 03-02-18, Implementation: 03-02-18)*

*This section applies to Medicare Administrative Contractors (MACs) and Comprehensive Error Rate Testing (CERT) as indicated.*

##### **A. General**

*In the event of a disaster, the CERT program shall grant temporary administrative relief to any affected providers and suppliers. The administrative relief available to the CERT program is discussed below.*

##### **B. Definition of a Disaster**

*A disaster is defined as any natural or man-made catastrophe (e.g., hurricane, tornado, earthquake, volcanic eruption, mudslide, snowstorm, tsunami, terrorist attack, bombing, fire, flood, explosion, etc.) which causes damage of sufficient severity and magnitude to partially or completely destroy medical records*

*and associated documentation that could be requested by CERT in the course of medical review, interrupt normal mail service (including US Postal delivery, overnight parcel delivery services, etc.), and/or otherwise significantly limit the provider or supplier's daily operations.*

### ***C. Administrative Relief***

*Once a disaster has been declared, CMS will notify the CERT review contractor to grant temporary administrative relief to those providers or suppliers in areas that have been declared a disaster by CMS (refer to the CMS Emergency Response and Recovery website) and the Federal Emergency Management Agency (FEMA).*

*The administrative relief is to be granted to affected providers and suppliers in accordance with the following guidelines:*

- The CERT review contractor shall not send any additional documentation request (ADR) letters, attempt telephone calls to request medical documentation, or finalize review decisions on claims for at least 30 calendar days to providers and suppliers affected by the disaster as determined by locations listed on the CMS Emergency Response and Recovery website or as determined by CMS. This administrative relief starts on the date the disaster is effective.*
- The CERT review contractor shall not send any ADR letters, attempt telephone contact to request medical documentation, or finalize medical review decisions on claims for at least 60 calendar days to providers and suppliers affected by the disaster as determined by locations that fall within the FEMA designated disaster areas. The administrative relief starts on the date the disaster is declared.*
- Administrative relief does not include claims that have completed CERT review or assigned an error code 99 as a non-response claim before the administrative relief began.*
- Administrative relief is applied to entities when the physical location or mailing address of the provider or supplier is in the area impacted by the disaster.*

*The claims from impacted areas will not display on the CERT Claim Status website (CSW). A provider or supplier must submit a disaster attestation (available on the CERT Public website and upon request) when the documentation requested to support a claim has been wholly or partially destroyed in a disaster. CERT shall accept an attestation that no medical records exist due to a disaster.*