CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 800	Date: June 15, 2018
	Change Request 10778

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

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update Chapter 12 in Pub. 100-08 with details on no response and insufficient documentation errors in the Comprehensive Error Rate Testing (CERT) program.

EFFECTIVE DATE: July 17, 2018
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 17, 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.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	12/Table of Contents
R	12/12.3/12.3.8/Handling Non-Responders and Insufficient Responses to Additional Documentation Requests

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

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I.   GENERAL INFORMATION

A.   Background: The CERT program has processes in place for reporting no response and insufficient documentation errors to the Medicare Administrative Contractors (MACs). This CR provides information to the MACs on actions they may take for these types of errors.

B.   Policy: There are 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	
10778.1	The MACs shall be aware of the updated guidance to the CERT review contractor in chapter 12 of the Pub. 100-08.	X	X	X	X					
10778.2	For claims with Error Code 99, the MACs should proceed at their discretion by doing one of the following: a. Contact those providers who have failed to submit medical records and encourage them to submit the	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	requested records to the CERT review contractor for review. The MACs should allow feedback to roll over as long as they are working with the provider to obtain documentation and/or CERT is reviewing the claim; b. Complete MAC feedback, prior to entering an appeal, in accordance with section 12.3.3.3 of chapter 12 in Pub. 100-08 and collect the overpayment immediately in accordance with section 12.3.4 of chapter 12 in Pub. 100-08; or c. Collect the overpayment within 10 business days of the deadline for entering final MAC feedback.									
10778.3	For claims with Error Code 21 that are posted under the MAC feedback section of the CSW, the MACs should reach out to the providers/supplier	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	s and submit the requested documentation to the CERT review contractor.									

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.

X-Ref Requirement Number	Recommendations or other supporting information:

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.800, Issued: 06-15-18)

Transmittals for Chapter 12

12.3.8. – *Handling* Non-Responders and *Insufficient Responses to Additional* Documentation Requests *(ADR)*
(Rev.800, Issued: 06-15-18; Effective: 07-17-18; Implementation: 07-17-18)

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

A. *Additional Documentation Requests*

The CERT review contractor sends the additional documentation request (ADR) to the billing provider and/or supplier. If the CERT review contractor determines that documentation is missing or insufficient to make a determination on a claim, a subsequent ADR may be sent to the billing provider and /or supplier, the ordering/referring provider, or a third-party, as appropriate.

1. *Handling* Non-Responders

If no response is received within the allotted time of 75 days, the CERT review contractor shall find the claim in error and assign Error Code 99 to the claim. These claims are posted to the Claims Status website (CSW) on the 76th day from the date the first request letter was sent. *In addition, claims with Error Code 99 will appear in the next MAC feedback batch.*

For claims with Error Code 99, the MACs may proceed at their discretion by doing one of the following:

> a. Contact those providers who have failed to submit medical records and encourage them to submit the requested records to the CERT review contractor for review. *The MACs should allow feedback to roll over as long as they are working with the provider to obtain documentation and/or CERT is reviewing the claim;*
>
> b. *Complete MAC feedback, prior to entering an appeal, in accordance with section 12.3.3.3 of this chapter and* collect the overpayment immediately in accordance with section 12.3.4 *of this chapter*; or
>
> c. *Collect the overpayment within 10 business days of the deadline for entering final MAC feedback.*

The MAC shall not contact any provider and/or supplier selected for CERT review until *30* days after the CERT first ADR has been reported on the CSW. The MAC may contact the third party and encourage them to send the needed medical record documentation to the CERT review contractor. When contacting the provider *and/or supplier,* the MAC shall remind *them* to include the barcoded cover sheet included with the CERT request or the CERT claim identification number at the top of the medical record. *The MAC can download a barcoded cover sheet from the CSW if needed.*

2. *Handling Insufficient Responses*

If the documentation submitted is inadequate to support payment for the service/item billed, or if the CERT review contractor could not conclude that the billed service/item was actually provided, was provided at the level billed, and/or was medically necessary, then the claim is considered to be an error due to insufficient documentation. Insufficient documentation errors are assigned an Error Code 21.

Claims that receive an Error Code 21 will be posted under the MAC feedback section of the CSW. MACs should reach out to the providers/suppliers to submit the requested documentation to the CERT review contractor.

B. *Documentation* Request Letters

When requesting medical records from providers, suppliers, and/or third parties, the CERT review contractor uses the CMS approved request letters, found at *https://certprovider.admedcorp.com/*. The CERT review contractor also sends the request letters in Spanish to providers in Puerto Rico and upon request to providers in other regions.