



Comprehensive Error Rate Testing (CERT) Educational Teleconference

Part A and RHHI

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Acronyms

CDC	CERT Documentation Contractor
CERT	Comprehensive Error Rate Testing
CMS	Centers for Medicare & Medicaid Services
CRC	CERT Review Contractor
HIPAA	Health Insurance Portability and Accountability Act
ICD-9-CM	International Classification of Diseases, Clinical Modification, 9th Revision
IOM	Internet-Only Manual
IV	Intravenous
MAC	Medicare Administrative Contractor
PPS	Prospective Payment System
RUG	Resource Utilization Group
SNF	Skilled Nursing Facility

Today's Agenda

- **CERT Background**
- **CERT Process**
- **CERT Goals**
- **Common Errors/Trends**
- **Helpful Hints**
- **Review questions submitted for today's conference**

CERT Background

- **Established in November 2003**
- **Determine a National Error Rate**
- **“Pay it right”**
- **Measure and improve the quality and accuracy**
- **Local, Regional and National Error Rate patterns**

CERT Contractors

CERT Documentation Contractor (CDC)

- The CDC, located in Maryland, is responsible for requesting and obtaining documentation to support the payments for the selected claims.

CERT Review Contractor (CRC)

- The CRC, located in Virginia, is responsible for reviewing the submitted documentation to determine if Medicare payment was supported.

CERT Process

- Randomly select sample of claims
- Request medical records from the billing provider
- Review claims along with medical records
- Determine if the claim or service is processed correctly
- Appeal Rights

CERT Appeal

NHIC, Corp. would like to encourage you to appeal if you disagree with the CERT decision or have additional information to support the original payment.

- You will have five levels of appeal available to you.
- Medical records that were sent to CERT Documentation Contractor will be sent to the appeals department.
- You only need to send in the request form (CMS20027) and any additional information that will aid your appeal.
- You may appeal through the Medicare Administrative Contractor (MAC) within 120 days of the date the adjustment was processed.
- Additional information is available at www.MedicareNHIC.com, J14 MAC Part A, Payment Support, Appeals.

CERT Appeal Address

Mail Request to:

Redetermination NHIC, Corp.

Medicare Part A Appeals

P.O. Box 9202

Hingham, Massachusetts 02044

Goals

CMS Goals for CERT

- Reduce National Medicare Fee For Service Paid Claims Error Rate
- Decrease Contractor Specific Paid Claims Error Rate

NHIC Goals for Providers

- Reduce unnecessary denials

CMS and NHIC Medicare Services Paid Claims Error Rate

CMS Payment Error Rate for 2009 for all contractors and all service types – 7.8%

NHIC estimates Part A J14 regions as a whole achieved a Paid Claims Error Rate for the November 2009 reporting period of 2.95% (Claims received 04/01/2008-03/31/2009).

Part A Bill Types With Most Dollars in Error

Hospital Outpatient – 13X

- Over 48% of error rate

Skilled Nursing Facilities Inpatient – 21X

- Over 27% of error rate

Critical Access Hospital – 85X

- Over 12% of error rate

Hospital Other, Part B – 14X

- Over 4% of error rate

SNF Inpatient Part B – 22X

- Almost 3% of error rate

Current CERT Findings for Hospitals

Services denied or coding changed

Adjustments processed to retract or correct reimbursement

Inpatient Prospective Payment System (PPS) Stays

- Services denied at inpatient level of care
 - Can be rendered in an Outpatient or Observation room setting
- International Classification of Diseases, Clinical Modification, 9th Revision (ICD-9-CM) diagnoses and procedure coding corrections
- Skilled Nursing Facilities (SNFs) required to request records from hospitals when the Minimum Data Set (MDS) Lookback Period is during the inpatient hospital stay
 - CMS Internet-only Manual (IOM), Publication 100-08, *Medicare Program Integrity Manual*, Chapter 6, Section 6.1.3

Current CERT Findings for Hospitals Outpatient

Additional record requests or Adjustments to retract payment

Labs and Diagnostic Procedures

- Missing MD order
 - Requisition forms – missing MD signature
 - Order or requisition – with illegible signature
 - need document with physician typed name and signature prepared by the physician or the Compliance Officer
- Providers with electronic ordering system
 - CERT is requesting one copy per provider of the protocol that describes that the system is entered by the MD with an ID and password
- Missing progress notes to support physician intent and medical necessity

Current CERT Findings for SNF

SNF Inpatient Services

**Resource utilization group (RUG) coding changed
Adjustments processed to correct reimbursement**

- For the MDS lookback periods some records not submitted to support the RUG level billed
 - » Intravenous (IV) and Medication administration records
 - » Therapy treatment logs including number of minutes
 - » CMS IOM, Publication 100-08, *Medicare Program Integrity Manual*, Chapter 6, Section 6.1.3

Important Notes

- **Please be sure documentation submitted is legible along with a legible physician signature or service will be denied**
- **Please submit records for all dates of service on the claim**
- **Please ensure that the medical records submitted provide proof that the service was rendered and justification to support the medical necessity**

Suggested Documentation for Physical Therapy Services

- **Initial/Re-evaluations**
- **Treatment Plan/Plan of Care (M.D. Certified)**
- **Treatment logs/notes (include treatment time for timed modalities)**

Suggested Documentation Labs, Diagnostics, Therapeutic

Lab, Diagnostic and Therapeutic Procedures need one of the following showing physician intent and medical necessity:

- Order or requisition form with physician signature and diagnoses that necessitate the services rendered
- Physician progress note of visit in which procedure was ordered or the visit following the test procedures showing physician's signature and medical necessity
- An electronic mail by the treating physician/practitioner or his/her office to the testing facility (include diagnoses)
- Screen print of electronic request by the physician (for shared electronic ordering system)

Suggested Documentation Labs, Diagnostics, Therapeutic Services cont'd

For hardcopy orders, requisitions or physician progress notes - need signature verification

- Send document with physician typed name and signature
 - This should be prepared by Compliance Officer or Physician

With electronic system requests, also include diagnoses and one of the following:

- Evidence of physician entry into the request system with individual logon ID and password such as audit trail that proves the doctor entered the request for services electronically
- Copy of your protocol with requirement of physician logon ID and password to order the tests or procedures (Protocol can be sent once per provider.)

Submitting Documentation

- Not a violation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule
- Preferred method of submitting records if via fax #240-568-6222
- Bar code cover sheet/CID #

Overnight Mail Option

Address:

CERT Documentation Contractor
Attn CID #: XXXXXX
Suite 9
9090 Junction Drive
Annapolis Junction, MD 20701

For updates to medical record request contact information:

CERT Documentation Center
Toll free number: 888-779-7477

Additional Resources

www.cms.hhs.gov/cert

- CERT information and CERT published reports

www.medicarenhic.com\J14 MAC Part A\Payment support

- CERT Articles, CERT information, Appeals information

www.certprovider.org

- CERT newsletters, CERT sample letters and provider address directory
- to change or update the CERT contact information

Additional Resources Cont.

Clinical Provider Outreach and Education/CERT

Toll Free Line

- 800-338-6101

Email

- EastClinicalEducation@wellpoint.com

Final Reminder

- If you bill it – you must be able to support it
- No records = no \$\$
- All CERT determinations have appeal rights
- CERT data may be used as a Medical Review flag

Thank You!

Assessment Forms for today's call:

www.medicarenhic.com

Click on J14 Part A

Scroll down to "Education"

Click on "Educational Programs"

Click on "J14 MAC Part A Assessment Form"

Tests and Attendance

Please be sure to send in via fax :

- Pre and Post tests
 - Can include any further questions
- Attendance sheets

Please submit by February 10, 2010

Fax # 513-852-4207

Attention: Lucia Maloof

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<http://www.medicarenhic.com/index.shtml>

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