

DME MAC

CERT Education Task Force

Collaborating for Medicare Program Improvement



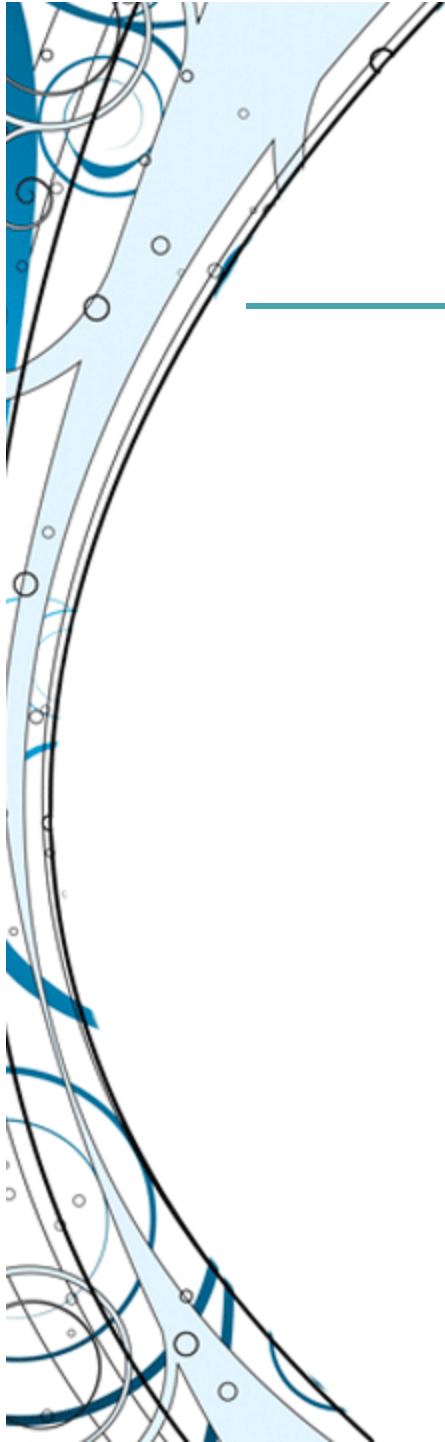
CIGNA Government Services

NHIC, Corp.
A CMS Contractor

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Shana Olshan
Division Director for the Division of Contractor Provider
Communications
Centers for Medicare & Medicaid Services



John Kelly
Communication Manager
CIGNA Government Services
Jurisdiction C



Purpose

The DME MAC CERT Education Task Force is a collaboration of all four DME MAC contractors. Our primary purpose is to centralize education specific to the CERT program and to present a single educational voice and message to suppliers throughout the United States. Our goal is to improve knowledge and performance related to the Comprehensive Error Rate Testing program on a national level.



Topics of Discussion

- CERT POE Task Force
- What is CERT?
- How is CERT Performed?
- Medical Records Requests
- Responding to CERT Requests
- CERT Appeals
- DME MAC Most Frequent Errors
- Recommendations
- Need More Information?



CERT POE Task Force

- Collaboration of all DME MAC contractors
- First multi-contractor educational effort on CERT
- Introduced to all Medicare contractors in October
- First education conducted at MedTrade Atlanta



What Is CERT?

Dawn Hermes

Provider Outreach and Education

National Government Services

Jurisdiction B



What Is CERT?

CMS implemented CERT to comply with the Improper Payment Information Act of 2002

- Improves claim submission, processing, and payment
- Results used to help develop supplier education materials
- CERT results are important to suppliers, contractors, and CMS
- The main objective is to protect the Medicare Trust Fund



How Is CERT Performed?

- **The CERT Documentation Contractor (CERT DC)**

- Lifecare Management Partners

- Initiates the CERT process by requesting medical records/documentation for a random sample of claims
- Provides a Web site for suppliers to update mailing information – suppliers can specify contact information for documentation requests
- When calling the CERT contractor to confirm updated contact information, please ensure to have your DME MAC Contractor number ready (For example: NHIC Jurisdiction A is 16003).
 - » Call Center: 1.888.779.7477
 - » Web site: www.certprovider.org



How Is CERT Performed?

- **The CERT Review Contractor (CRC)**
 - AdvanceMed
 - Reviews received documentation
 - Determines if paid correctly or if an error exists
 - Calculates error rates



Medical Records Requests

- Documentation requests, with official CMS logo, will contain:
 - A pull-list that identifies the beneficiary and requested medical records/claims attachments
 - Bar-coded cover sheets
 - include control numbers
 - correspond to each record identified on the pull-list
 - Instructions on
 - what documentation is needed, and
 - how to submit information to the CERT DC

CERT – 1st Request Letter



A Note to Physicians and Providers from Medicare Introducing The Comprehensive Error Rate Testing (CERT) Program

Test Provider
123 Long Lane
Baltimore MD, 21209

Dear Medicare Physician/Provider:

The Centers for Medicare & Medicaid Services (CMS), the federal Medicare agency, strives to pay claims accurately. The agency implemented a system to monitor the accuracy of payments - the Comprehensive Error Rate Testing (CERT) Program. We believe the CERT program will provide CMS and taxpayers with more useful information (such as an estimate of the improper payments made by Medicare) with fewer hassles for physicians, providers and their staff.

The CERT Review Contractor (CRC), located in Richmond, Virginia, is responsible for reviewing claims and producing national, contractor specific, provider type, and service specific paid claim error rates. The CERT Documentation Contractor (CDC), located in Annapolis Junction, Maryland, is responsible for medical record request and receipt, operating the call center, and imaging medical records.

The reason you are receiving this letter today is because the CERT Program has randomly selected one or more of your claims for review. You have a responsibility to provide documentation supporting the claims as soon as possible. Failure to produce the information will count as an error in the calculation of the CERT Program error rate and will result in the computation of an overpayment. Production of this information will not violate HIPAA.

Enclosed is a letter detailing the requested information and instructions for submitting medical records and documentation to the CDC in Maryland. Thank you for cooperating with us in this important project.

Sincerely,

A handwritten signature in black ink that reads "Jill Nicolaisen".

Jill Nicolaisen
CERT Government Task Leader
Program Integrity Group
Office of Financial Management

CERT Bar-Coded Sheet

PLACE THIS SHEET IN FRONT OF THE RECORD
(NO Fax Cover Sheet Needed)

**Medicare CERT Documentation Contractor
CMS 500-99-0019/0002 PSC CERT**

Medicare Part B Provider
Report Date: 03/14/05
Claim Control Number: 105049652722000 Contractor Type: Part B
Provider Number: 111 Service From/To: 01.05.05 - 01.05.05
Contractor Number #: 3 CID Number: 434077
Patient Name: Doe, Jane



Letter Sequence: Initial Letter
Universe Date: 02/21/05

The documents listed below may be required in support of a medical claim review. Please provide all of the pertinent medical records/documentation listed below and any additional documentation to support the above listed claim for the specified date (s) of service:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Original Initial evaluation | Physician orders for dates of service billed |
| Re-evaluation (PT/OT/ST) | Re-evaluations, when they have been performed |
| Discharge Note (Therapy progress reports) - 1 per each 90 treatment days or 1 per certification interval, whichever is less | For therapy services which exceed the therapy caps, the optional justification statement for services provided above the cap, where present |
| Initial Evaluation for Therapy Services | History and Physical (even if stored elsewhere) |
| Nurse's notes | Operative Reports |
| Therapy progress notes | Therapy Treatment logs (provide therapy minutes) |
| Treatment Notes, once per treatment day, to include: Total timed code treatment minutes, and total treatment time (in minutes) for the billed DOS. Documentation to support minimal services (CPT/JCPCS codes) billed | Procedure Notes |
| Post-operative Record | For therapy services provided prior to January 1, 2007, which exceeded the therapy cap, a copy of the contractor approval letter for therapy cap exception |
| Infused by | Anesthesia record |

Please copy both sides of each page and please DO NOT cut off page edges when copying. Please send the original copy of this bar coded cover sheet with a copy of the medical record documents noted above. The record documents must be with the original cover sheet in order to ensure proper validation of receipt by the CERT Documentation Office. Please fax documentation to: (240) 568-6222. If unable to fax documents, please send information to the address noted below.

PATIENT AUTHORIZATION NOT REQUIRED TO RESPOND TO THIS REQUEST
Providing medical records of Medicare patients to the Comprehensive Error Rate Testing (CERT) contractor is within the scope of compliance with the Health Insurance Portability and Accountability Act (HIPAA).

CERT Documentation Office
Attn: CID # 434077
9090 Junction Drive, Suite 9
Annapolis Junction, MD 20791

CERT Request Envelope

You should place high priority on responding timely to any request that you receive in this envelope.





DME MAC Most Frequent Errors

James Herren

Provider Outreach and Education

CIGNA Government Services

Jurisdiction C



Responding to CERT Requests

- Suppliers are responsible for obtaining records from external entities necessary to comply with CERT requests
 - External entities include, *but are not limited to*
 - Hospitals
 - Skilled Nursing Facilities (SNFs)
 - Referring/Prescribing Physician
 - Ensure a process is in place to guarantee you can respond within the specified timeframe, such as assigning a Point of Contact (POC)



Applicable Rules and Regulations

- Indications and Limitations of Coverage and/or Medical Necessity:

For any item to be covered by Medicare, it must:

- 1) be eligible for a defined Medicare benefit category,
- 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and
- 3) meet all other applicable Medicare statutory and regulatory requirements.



Applicable Rules and Regulations

- Documentation Requirements:

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider".



Responding to CERT Requests

- What medical records are necessary?
 - Ask yourself these questions
 - Does the item fit a Medicare benefit category?
 - Is the item statutorily excluded from coverage?
 - Is the item medically reasonable and necessary?
 - Is there documentation to support the item was provided?
 - Is there documentation to support frequency/quantity?
 - Is there documentation to support current medical need?
 - Is the item coded and billed correctly?
 - Do the medical records on hand support coverage requirements listed in any related LCD or NCD?



Responding to CERT Requests

- What medical records are necessary?
 - Ensure the medical records answer those questions by containing
 - Patient's diagnosis
 - Duration of patients condition
 - Clinical course
 - Nature and extent of functional limitation
 - Prognosis
 - Current need/use of the item
 - Frequency and/or quantity prescribed
 - Etc.



Responding to CERT Requests

- Disaster Attestation Form
 - In some unusual cases, documentation may have been destroyed due to a disaster, such as a fire, hurricane, etc.
 - In the event of such a disaster, a response is still required
 - Complete the Disaster Attestation Form and return with your Bar-Code sheet
 - May result in no error being called



Responding to CERT Requests

- **There are three ways to respond to a request from the CERT contractor:**
 - Fax: 1.240.568-6222 *Preferred Method*
 - Mail: CERT Documentation Office
Attn: CID # xxxxx
9090 Junction Dr, Suite 9, Annapolis, MD, 20701
 - CD: (using the same address as above)
 - Use Bar-coded page as cover sheet
 - Extension requests by phone only
 - 1.888.779.7477 or 1.301.957.2380



CERT Appeals

- Suppliers are entitled to an appeal of a CERT determination
 - Regular Medicare appeals guidelines apply
 - First level of appeal = Redetermination
 - 120 day time frame to submit request
 - Must submit appeal request in writing
 - Refer to DME MAC websites for instructions and applicable request forms



DME MAC Most Frequent Errors

- Oxygen
- Diabetic Supplies
- Power Mobility Devices/Wheelchairs
- Nebulizers & Drugs
- Enteral Nutrition
- Positive Airway Pressure (PAP) Devices & Supplies



Frequent Errors: Oxygen

Oxygen

- No physician medical records submitted for review
- No physician documentation to support
 - Long-term/continued use of oxygen for current service date
 - Beneficiary is using, needing, or benefiting from oxygen usage
 - Evaluation of the patient occurred prior to the initial prescription or recertification
- Saturation test level is not supported by physician medical records
- Physician order errors – Either not received, were invalid, or no legible physician identifier



Frequent Errors: Diabetic Supplies

Jody Whitten

Education Representative

Noridian Administrative Services

Jurisdiction D



Frequent Errors: Diabetic Supplies

Diabetic Supplies

- Physician order is incomplete or missing
- No beneficiary test log or other justification for test frequency
- No medical documentation to support reason the patient is testing above policy limits
- No physician medical records to support the diagnosis
- No documentation to show testing is as prescribed or beneficiary is not testing as prescribed (i.e. conflicting documentation)
- No legible physician identifier



Frequent Errors: PMDs/Wheelchairs

Power Mobility Devices / Wheelchairs

- No physician documentation of mobility limitations to support medical need for the equipment
- No physician documentation justifying the power option is needed over a manual wheelchair
- No physician face-to-face visit documented
- Patient is ambulatory and does not qualify for wheelchair/PMD



Frequent Errors: Nebulizers & Drugs

Denise Winsock
Provider Outreach and Education
NHIC
Jurisdiction A



Frequent Errors: Nebulizers & Drugs

Nebulizers & Drugs

- No physician documentation to support management of airway issues and current need
- No documentation to show beneficiary uses the nebulizer (is compliant with the physician orders)
- Documentation does not support medical need
- Documentation does not support continued need, types of medications, and/or frequency
- No valid physician order
- Order signed after the claim submission



Frequent Errors: Enteral Nutrition

Enteral Nutrition

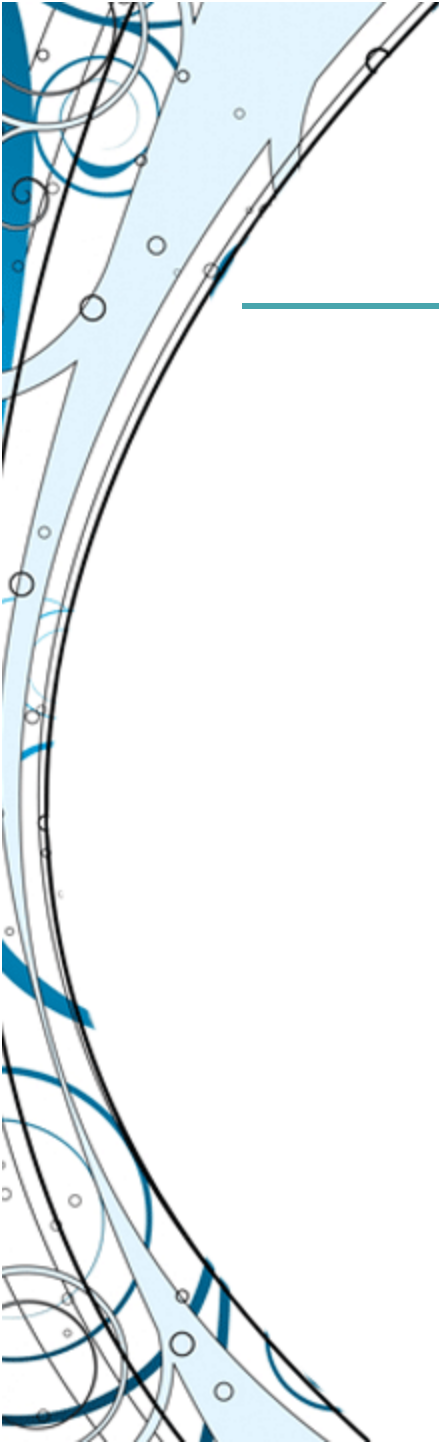
- No physician medical records were submitted for review
- No physician medical documentation to support
 - Medical need for enteral nutrition
 - Continued need based on current date of service
- No DME Information Form (DIF) submitted for review
 - (Note: DIF is required for enteral supplies)
- No physician order for the pump and/or supply kits



Frequent Errors: PAP & Supplies

Positive Airway Pressure (PAP) & Supplies

- No evidence that beneficiary is compliant with physician order
- No sleep study documentation
- No documentation of continued need or use
- No records of medical management of the patient
- No physician order or invalid order (such as not signed)



Amy Capece
PCSP & Outreach/Education Manager
NHIC
Jurisdiction A



Recommendations

- **For positive CERT results, Take Action!**

- Obtain all related medical records up front
 - Suggested Intake Form
 - Ensure the records are complete, legible, are signed, and contain both sides of each page
- Always respond to the 1st CERT request letter
- Ensure all medical records are accessible for a minimum of 7 years
- Update your contact information at: www.certprovider.org
 - For assistance in updating your contact information, call the CERT Documentation Contractor at: (301) 957-2380 (or) toll free 1-888-779-7477
 - When you call the CERT Documentation Contractor to confirm an information update/change, please be ready to provide your DME MAC Jurisdiction Contractor number



Need More Information?

- Jurisdiction A: NHIC
 - www.medicarenhic.com
 - Select DME MAC A
 - Select Events & Seminars
- Jurisdiction B: NGS
 - www.ngsmedicare.com
 - Select Durable Medical Equipment Supplier
 - Select Events Calendar



Need More Information?

- Jurisdiction C: CGS
 - www.cignagovernmentservices.com
 - Select DME MAC Jurisdiction C
 - Select Education
- Jurisdiction D: NAS
 - www.noridianmedicare.com
 - Under Durable Medical Equipment
 - Select Training/Events



Pre-submitted Questions

Questions



Pre-submitted Questions

Question: “What is the reason for the recent reviews?”

ANSWER: CMS and all Medicare contractors are tasked with reducing waste, fraud, and abuse of the program. Recent enhancements to the CERT program were implemented to increase review of claims to identify opportunities to educate and reduce errors which result in inappropriate payments. Increased Reviews provide CMS with information needed to monitor errors so, as stewards of the Medicare Trust Fund, they can decrease waste, fraud, and abuse.



Pre-submitted Questions

Question: “What key elements will the CERT contractors be addressing during a review?”

ANSWER: Documentation to support medical necessity and proof that the coverage criteria is met and appropriate code guidelines are followed.



Pre-submitted Questions

Question: “We have received requests for documentation that are not listed in the LCD. How do we deal with these?”

ANSWER: The Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider". It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.



Your Questions

- We will now open the lines for your questions
- Please identify yourself, your contractor, and ask your question.
- Please limit your questions only to today's CERT topic. All other questions should be directed to the Provider Contact Center for your specific jurisdiction.
- Questions related to LCD's and coverage determinations will be taken away for response by the DME MAC Medical Directors. All responses will be posted to all four DME MAC websites along with an encore of today's call.
- Please open the lines for questions.



CERT Coordinators by Contract

- Jurisdiction A: NHIC
 - Alina Jimenez at 213-593-6020 or alina.jimenez@hp.com
- Jurisdiction B: NGS
 - Dawn Hermes at 1.800.338.6101 or Clinical.Education@wellpoint.com
- Jurisdiction C: CGS
 - Brenda Normandia at 615.782.4485, brenda.normandia@cigna.com
- Jurisdiction D: NAS
 - Lynda Hanson at 701.433.3146 lyndahanson@noridian.com

Important Note: CERT Coordinators can only assist with information about sampled claims by the CERT Contractor and submission of documentation to the CERT Contractor process.



References

- CERT CD Customer Service: 888.779.7477 or 301.957.2380
- PDAC: 877.735.1326 - www.dmepdac.com
- www.certprovider.org (Disaster Attestation)

Website references:

- Internet Only Manual (IOM) – 100-8, Ch. 4 section 26.1
- Program Integrity Manual (PIM) 100-8, Ch. 5 section 5.7