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## *Reminder to Providers to Supply Information to Medicare's Comprehensive Error Rate Testing (CERT) Program*

### Provider Types Affected

All Medicare providers.

### Provider Action Needed

Providers are reminded that they must comply with requests from Medicare contractors for medical records needed for the CERT program.

### Background

The CERT program produces national, contractor-specific, and service-specific paid claim error rates, as well as a provider compliance error rate. The paid claim error rate is a measure of the extent to which the Medicare program is paying claims correctly. The provider compliance error rate is a measure of the extent to which providers are submitting claims correctly. The program uses independent reviewers to review representative random samples of Medicare claims (including both paid claims and denied claims) to ensure that the decision was appropriate.

The CERT process begins at the Affiliated Contractor (AC) -- your Medicare carrier or intermediary processing site -- where claims have entered the Medicare claims processing system. The CERT contractor randomly selects and extracts claims from the claims processing system each day. The CERT contractor obtains medical records from providers (or from the AC, if the AC had previously subjected the claim to manual medical review).

The CERT contractor requests medical records from providers in a written format, including a checklist of the types of documentation required. In addition, the CERT contractor follows up on written requests with phone calls to providers. Providers must submit documentation to the CERT Operations Center via fax or by mail at the number/address specified in the *Additional Information* section below.

Although providers are required to send documentation to support claims as part of the CERT process, many providers do not comply with this requirement. Providers may believe that it is a HIPAA violation to send patient records to CERT, they may not understand the CERT process, or they may not understand the importance of sending documentation in a timely fashion. It is, however, important to respond in a

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timely fashion to CERT requests and to provide the CERT contractor with all applicable medical records used to support a sampled claim.

If providers do not respond to initial CERT requests for medical records, they will receive up to four letters and three phone calls from the CERT contractor. Providers who fail to submit medical documentation to the CERT contractor should expect to receive overpayment demand letters from their AC, as services for which there is no documentation are interpreted as services not rendered.

### Additional Information

The fax numbers for the CERT contractor are:

804-864-3268;

804-864-9940; and

804-864-9979.

You can also mail documentation to:

AdvanceMed  
CERT Operations Center  
1530 E. Parham Road  
Richmond, VA 23228

If you have questions regarding this process, please contact your carrier or intermediary at their toll-free number, which may be found at:

<http://www.cms.hhs.gov/medlearn/tollnums.asp>

To learn more about the CERT program, you can view the manual instructions issued to your carrier/intermediary under CR 2976 by visiting:

[http://www.cms.hhs.gov/manuals/pm\\_trans/R67PI.pdf](http://www.cms.hhs.gov/manuals/pm_trans/R67PI.pdf)

Recently, CMS issued additional clarifications (CR3229) to your carrier/intermediary. To view these clarifications, visit:

[http://www.cms.hhs.gov/manuals/pm\\_trans/R77PI.pdf](http://www.cms.hhs.gov/manuals/pm_trans/R77PI.pdf)

To find future CERT manual instructions issued to your carrier/intermediary, visit:

[http://www.cms.hhs.gov/manuals/108\\_pim/pim83c12.pdf](http://www.cms.hhs.gov/manuals/108_pim/pim83c12.pdf)

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