



The logo for CGS Video Education, with 'CGS' in large, blue, outlined letters and 'VIDEO EDUCATION' in smaller, blue, outlined letters below it. The background is a blue and white wavy pattern.	<p><b>Title:</b> Comprehensive Error Rate Testing <b>Length:</b> 7:16 <b>Recorded:</b> 15 October 2011 <b>Host:</b> Scott White <b>Contract:</b> DME Jurisdiction C <b>Format:</b> Windows Media Player</p>
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## Comprehensive Error Rate Testing

Hello!

My name is Scott White and I am a member of the Provider Outreach and Education (POE) team at CGS.

The purpose of this education is to assist you in understanding the Comprehensive Error Rate Testing, or CERT program.

The education provided in this module, will answer the following questions:

Why was the CERT program created? What are the roles and responsibilities of the Centers for Medicare and Medicaid Services (CMS), CERT contractors, DME suppliers and CGS as the Jurisdiction C DME MAC?

Let's start with the purpose of the CERT program and CMS' role.

CMS created the CERT program to produce a national Medicare fee-for-service error rate to comply with the Improper Payment Elimination and Recovery Act. The focus of the Act is to improve the accuracy and integrity of federal payments. CMS also made a commitment to Congress to reduce the claim payment error rate.

The CERT contractors were selected by CMS and their function is to independently review the accuracy of claim payments made by Medicare contractors. The CERT contractors randomly select a sample of paid claims submitted by suppliers and request medical and administrative records associated with the items billed.

Now there are two separate CERT contractors.

Livanta is the CERT Documentation Contractor, or CDC. The CDC initiates the CERT process by selecting a random sample of claims. The CDC is also responsible for contacting suppliers to explain the CERT program and sending the written documentation request letters. Once the CDC receives the requested documentation, they track the documents, scan them into a secure electronic retrieval system, and forward the submitted information to the CERT Review Contractor.

Advance Med is the CERT Review Contractor, or CRC. The CRC is responsible for objectively reviewing the selected claims and associated documentation to ensure payment was appropriate. A thorough review is conducted of the medical records for compliance with Medicare coverage, coding, and billing rules. Now to guarantee the claims and documentation are given full consideration, the CRC staff includes nurses, physicians, and other qualified healthcare practitioners.

Now let's discuss the responsibilities of DME suppliers.

When a supplier receives a request for records from the CERT, they have 75 days from the date of the letter to fax or mail the requested documentation. Suppliers should respond to all requests made by the CERT to avoid a recoupment of payments.

The request will include the specific beneficiary and related services needed for the supplier to access the appropriate file; a bar-coded cover sheet, which must be returned with each record request; instructions explaining the CERT Program; a list of documentation requested, and; how and where to submit the documentation

CMS considers it the responsibility of the suppliers and physicians to communicate with one another in establishing the medical need for the services ordered and to share relevant documentation.

CMS also considers it the responsibility of suppliers to obtain and retain documentation of the medical need and forward the information to the appropriate contractor in a timely manner. Suppliers are strongly encouraged to implement a thorough intake procedure at the time of patient intake to aid in a timely response to the CERT.

When contemplating the approach to a CERT request, suppliers should consider the following questions: Is the service statutorily excluded from coverage based on the Local Coverage Determination, or LCD and/or the National Coverage Determination, or NCD? Is the service medically reasonable and necessary based on the LCD and/or the NCD? Is there documentation on file to support the medical necessity based on the LCD and/or NCD? Is there documentation to support the service that was performed? And is the service coded and billed correctly?

It important for suppliers to respond to CERT requests because the repercussions could be detrimental.

By not responding, suppliers run the risk of experiencing: automatic claim denials, offsets from future claims, referrals to the Zone Program Integrity Contractors, or ZPICs, revocation of NPI numbers, exclusion from participation in the Medicare program, fines, penalties, and in extreme circumstances, a potential jail sentence.

If no errors are found through the CERT review then suppliers will receive no additional correspondence. When payment errors are detected by the CERT contractor, CGS becomes engaged in the process by issuing an overpayment letter to the impacted supplier.

So lastly, let's review CGS' role as the Jurisdiction C DME MAC contractor.

Now to recap, the CERT contractors' goal is to review the accuracy of claim payments made by CGS to DME suppliers. With that being said, one of CGS' main responsibilities is educating DME suppliers about the CERT program. CGS conducts monthly webinars. The webinar offerings are often based on trends and errors identified through the CERT process and a general CERT summary is incorporated into each webinar that is hosted.

CGS has also created a number of tools to assist DME suppliers in obtaining documentation and responding to CERT audit requests.

Some of the tools are: a suggested intake form, policy specific documentation checklists, a "Dear Physicians" letter, created and signed by the Jurisdiction C Medical Director, Dr. Robert Hoover.

These tools are available on the CGS website, along with the CERT Claim Identifier Tool which allows suppliers to monitor the progress of their CERT reviews. The web address to access the tools will be displayed for you.

Based on the outcomes of CERT review, CGS is also responsible for submitting an Error Rate Reduction Plan, or ERRP, to CMS.

The ERRP targets medical necessity errors and outlines the planned actions for CGS to: refine error rate measurement processes, improve system edits, and update coverage policies and manuals.

Finally, suppliers are entitled to an appeal of CERT decisions. The first level to appeal a decision made by the CERT contractor is through Redeterminations. Jurisdiction C Redeterminations are the responsibility of CGS. An independent review is conducted and a decision is rendered based on the documentation submitted to the CERT contractors along with any additional documentation submitted at the time of the redetermination request.

Thank you so much for joining me for today's education. Be sure to check out the education section of the CGS website which is [cgsmedicare.com](http://cgsmedicare.com) for upcoming events and information. Thank you very much.