Review Entities 101

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Agenda

• Review entities
  – Medicare Administrative Contractor (MAC)
  – Office of Inspector General (OIG)
  – Zone Program Integrity Contractor (ZPIC)
  – Recovery Auditor
  – Comprehensive Error Rate Testing (CERT)
MAC Role

• Noridian Healthcare Solutions
  – Process claims
  – Enrollment
  – Redeterminations
  – Educate
  – Establish Location Coverage Determinations (LCDs)
  – Respond to inquiries
  – Review medical records

MAC Medical Review

• Pre and post payment
  – Service-specific
    • Multiple providers for certain code
  – Automated
    • Edits in claims processing system
  – Medical Record Review
    • Clinical judgement of records
  – Non-Medical Record Review
    • Determination without clinical review
Part A Letter Example

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Part B Letter Example

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Targeted Probe and Educate (TPE)

- Review Model- all MACs participating
- Probe reviews
- Individualized education
- Up to three rounds

Appeal Denials

- Submission
  - Fax, Mail, Portal, esMD
- Include
  - Form
  - All supporting documentation
- Time limit
  - 120 days from original determination
Noridian Medical Review Resources

- Jurisdiction E:  
  https://med.noridianmedicare.com/web/jeb/cert-reviews
- Jurisdiction F:  
  https://med.noridianmedicare.com/web/jeb/cert-reviews
- Visit your MAC website

Office of Inspector General (OIG)
OIG Objective

- Fights waste, fraud, abuse
- State False Claims Act Reviews
- Medicare Fraud Strike Force
- Website: https://oig.hhs.gov/
  - Report fraud
  - View reports and publications
  - Compliance

Medicare Fraud Strike Force Locations
OIG Resources

• OIG Letterhead

  DEPARTMENT OF HEALTH AND HUMAN SERVICES
  OFFICE OF INSPECTOR GENERAL
  WASHINGTON, DC 20201

• Website
  – https://oig.hhs.gov/
  – Register for email updates

Zone Program Integrity Contractor (ZPIC)
ZPIC Objective

- Investigate suspected fraud, waste and abuse
  - Medical review
  - Data analysis
  - Identify need for administrative actions
  - Refer cases to law enforcement

ZPIC Requests

- SafeGuard Services – Jurisdiction E
- AdvanceMed – Jurisdiction F
- Letter with request
  - Timeline
  - Contact information
ZPIC Resources

• Noridian Websites
  – Jurisdiction E: https://med.noridianmedicare.com/web/jeb/cert-reviews/zpic
  – Jurisdiction F: https://med.noridianmedicare.com/web/jfb/cert-reviews/zpic

Recovery Auditor
Recovery Auditor Objective

- Identify improper Medicare payments
- Health Data Insights (HDI)
- “New issue review” process
- No review of claim previously reviewed

Types of Reviews

- Automated
  - No medical records
- Semi-Automated
  - Option to submit records
- Complex
  - Medical records required
Letter Example

Overpayment Determined - Agree

- Immediate Offset Request
  - Include demand letter
- Mail check to Noridian
- Allow offset on Day 41
  - Interest accrues 31 days from demand letter date
Overpayment Determined - Disagree

<table>
<thead>
<tr>
<th></th>
<th>Discussion Period</th>
<th>Rebuttal</th>
<th>Redetermination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Details</td>
<td>• Provide additional information</td>
<td>• Rare occasions • Provider submits statement and evidence of financial hardship</td>
<td>• Appeal form and documentation • Mail, fax, esMD, Noridian Medicare Portal</td>
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<tr>
<td></td>
<td>• Recovery Auditor explains rationale</td>
<td></td>
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<tr>
<td></td>
<td>• Letter sent with outcome</td>
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<tr>
<td>Contact</td>
<td>Recovery Auditor</td>
<td>Noridian</td>
<td>Noridian</td>
</tr>
<tr>
<td>Timeframe</td>
<td>Day 1-40</td>
<td>Day 1-15</td>
<td>Day 1-120</td>
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Recovery Auditor Resources

- Noridian website: https://med.noridianmedicare.com/web/jeb/cert-reviews/rac
- Recovery Auditor website: https://racinfo.healthdatainsights.com
  - Discussion form
  - List of issues
  - FAQs
Comprehensive Error Rate Testing (CERT)

CERT History

- Medicare FFS improper payment rate
  - First measured in 1996
- Office of Inspector General (OIG)
  - Responsible from 1996 to 2002
  - Original sample size: ~6,000 claims
  - Sample size too small to produce rates
- Centers for Medicare & Medicaid Services (CMS)
  - Responsible from 2003 to present
  - Increased sample size per OIG recommendation
Current Program

• CMS implements CERT Program (2003)
  – Measures improper payments in the FFS program
  – Complied with Improper Payments Information Act (IPIA) of 2002, as amended by the Improper Payments Elimination and Recovery Improvement Act (IPERIA) of 2012
• CERT Sample
  – Stratified random sample of ~50,000 claims (A/B and DME)
  – Allows CMS to calculate an expansive rate to reflect all claims processed

Contractors Involved in CERT

• CERT is made up of two contractors
  – AdvanceMed: completes the reviews
  – The Lewin Group: statistical contractor
• Medicare Administrative Contractor (MAC)
  – Adjudicate claims based on CERT reviews
  – Analyze trends
  – Educate providers on findings identified
  – Assist the CERT contractor
    • Request additional documentation from providers
Program Process

• CERT Selection & Review of Sample
  – Records are requested from billing provider
  – Independent medical review contractor (AdvanceMed)

• Validates all Medicare coverage, coding, and billing rules
  – Criteria not met or insufficient records

• Calculates annual Medicare FFS improper payment rate
  – This is not an indication of fraud

Letter Samples

https://certprovider.admedcorp.com/Home/SampleRequestLetters
Bar Coded Cover Sheet

PLACE THIS BARCODED COVER SHEET IN FRONT OF THE RECORD

Medicare CERT Review Contractor
GS-00F-263CA CERT

Due Date: 1/1/1990
Medicare Part B Provider Request Date: 1/1/1990
Claim Control Number: CCN000000000 Contractor Type: B
NPI Provider Number: 0000000000 Date(s) of Service: 1/1/1990 - 1/1/1990
Contractor Number: 99999 CID Number: 0000000
Patient Name: Patient Name Date of Birth: 1/1/1990
Letter Sequence: Initial Request Universe Date: 1/1/1990

Providers and suppliers are required to maintain documentation supporting the submission of Medicare claims and to submit this documentation upon request. The documents listed in the following chart may be needed to support Medicare payment of the claim with the dates of service specified above. Please provide all of the pertinent medical records/documentation and any additional documentation needed to support this claim. If any pertinent documentation is missing, incomplete, or requires explanation, please include this information in the comments section.

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Responding to CERT Request

• Include:
  – Bar coded cover sheet
  – Pertinent medical records

• Submission
  – Mail
  – Fax
  – esMD
  – Encrypted CD

• Billing providers must support claim billed

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Timeline

• 45 days to respond
• Additional contacts within 75 days
• No beneficiary authorization needed
• Photocopy each complete, legible record

Appeal CERT Denials

• Submission
  – Fax, Mail, Portal, esMD
• Include
  – Form
  – All supporting documentation
• Time limit
  – 120 days from determination
• Overturned determination will drop from CERT improper payment rate
Weight/Extrapolation System

• Rate calculated by Statistical Contractor
• Uses statistical weighting
• Extrapolates total universe
• Estimates improper payments
• Extrapolations are **NOT** recoupment amounts


Calculations of Error Rates

• CMS **calculates error rates** by reviewing claims that providers submitted during specific reporting period
• Error rates include:
  – Specific Contractor
  – Service Type
  – Provider Types
• Error Rates released annually
CERT Resources

- MAC CERT websites
  - Noridian Healthcare Solutions:
    - Jurisdiction E https://med.noridianmedicare.com/web/jeb/cert-reviews/cert
    - Jurisdiction F https://med.noridianmedicare.com/web/jfb/cert-reviews/cert

- CERT Provider website
  - https://certprovider.admedcorp.com
    - Letter and contact schedules
    - Sample letters
    - FAQs

Resources
Know Your Requestor

Date: 1/1/1960
Reference ID: CED #: 0000000
NPI/Provider #: 0000000
Phone: 999-999-0999
Fax: 999-999-0999

Request Type & Purpose: Initial Request
Subject: Additional Documentation Required

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS), through the Comprehensive Error Rate Testing (CERT) program, carries out the task of requesting, receiving, and reviewing medical records. The CERT program reviews selected Medicare A, B and DME claims and produces annual improper payment rates. For more information regarding the CERT program, please visit www.cms.gov/CERT.

Reason for Selection

The CMS CERT program has randomly selected one or more of your Medicare claims for review.

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Documentation

• Invalid/insufficient documentation results in denial and overpayment
  – Road blocks for billing entities
• Utilize MAC Resources
  – Noridian Healthcare Solutions:
    • Documentation Checklists
      – Noridian website / Browse by Topic / Documentation Requirements

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Sources

• Medicare Claim Review Programs

• OIG Strategic Plan 2014-2018

Thank you!