

## Review Entities 101

Presented by:  
Diana Burns, RN, CPC  
Rachel Webber, CPC  
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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)

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## **Medicare Administrative Contractor (MAC)**

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## **MAC Role**

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

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## **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

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# Part A Letter Example

**noridian** Medicare Solutions  
 Noridian Healthcare Solutions, LLC  
 P.O. Box 6713  
 Fargo, ND 58108-6713

Return Service Requested

66 6.7738 SP 2-240 SINGLE PIECE

|||||

Provider Name and Address

REPORT: 001      MEDICARE PART A - 01011      PROVIDER NUMBER: [REDACTED]  
 DATE: 7/12/17      ADDITIONAL DEVELOPMENT REQUEST      TYPE REQUEST: [REDACTED]  
 NPI: [REDACTED]      BILL TYPE: [REDACTED]

\*\*\*\*\*  
 \*\* DUE DATE: \*\*  
 \*\* 08/26/17 \*\*  
 \*\*\*\*\*

MACS ARE ACCEPTING SOLICITED DOCUMENTATION FROM PROVIDERS SENT VIA THE ELECTRONIC SUBMISSION OF MEDICAL DOCUMENTATION (ESMD) MECHANISM. SOLICITED LETTERS CAN BE ANY ADR LETTERS AND NOT SOLELY FOR MED REVIEW FOR MORE INFORMATION ABOUT ESMD, SEE WWW.CMS.GOV/ESMD. ADDITIONAL DOCUMENTATION IS NECESSARY FOR NORIDIAN TO REVIEW THIS CLAIM. PLEASE REFER TO THE ACCOMPANYING LIST FOR AN EXPLANATION OF THE REASON CODE AND THE DOCUMENTATION THAT IS REQUIRED. OMB CONTROL#: [REDACTED]

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# Part B Letter Example

**noridian** Medicare Solutions  
 Noridian Healthcare Solutions, LLC  
 P.O. Box 6713  
 Fargo, ND 58108-6713

Medicare Administrative Contractor

Return Service Requested

|||||

Provider Name and Address

DATE: 06/20/2017  
 ICN: [REDACTED]  
 HIC: [REDACTED]  
 ACCT: [REDACTED]  
 RE: [REDACTED]  
 NPI/PTAN: [REDACTED]  
 DOCUMENT # [REDACTED]

DEAR DOCTOR OR SUPPLIER

WE ARE PROCESSING A CLAIM FOR [REDACTED] RECEIVED ON [REDACTED], AND WE CANNOT COMPLETE THIS PROCESSING WITHOUT THE INFORMATION REQUESTED BELOW. PLEASE ANSWER EACH QUESTION AND RETURN THIS LETTER WITHIN 45 DAYS. WE APPRECIATE YOUR ASSISTANCE.

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## **Targeted Probe and Educate (TPE)**

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

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## **Appeal Denials**

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

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## **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

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## **Office of Inspector General (OIG)**

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## 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

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## Medicare Fraud Strike Force Locations



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## 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

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## Zone Program Integrity Contractor (ZPIC)

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## **ZPIC Objective**

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

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## **ZPIC Requests**

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

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## **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>

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## **Recovery Auditor**

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## **Recovery Auditor Objective**

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

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## **Types of Reviews**

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

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## Letter Example

The image shows a sample letter header. On the left is the CMS logo with the text 'CENTERS for MEDICARE & MEDICAID SERVICES'. On the right is the hdi logo with the text 'Health Data Insights', 'Claims Integrity Matters', and 'Region D Recovery Auditor (RA)'. Below the logos is a horizontal line containing the text 'Informational Letter'. Underneath this line, the text reads: 'Date', 'John Doe, Director Resource Management', 'ABC Hospital, Resource Management', '7501 Trinity Peak Lane', 'Las Vegas, NV 89128', and 'Dear Medicare Provider,'.

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## 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

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## Overpayment Determined - Disagree

	Discussion Period	Rebuttal	Redetermination
<b>Details</b>	<ul style="list-style-type: none"> <li>• Provide additional information</li> <li>• Recovery Auditor explains rationale</li> <li>• Letter sent with outcome</li> </ul>	<ul style="list-style-type: none"> <li>• Rare occasions</li> <li>• Provider submits statement and evidence of financial hardship</li> </ul>	<ul style="list-style-type: none"> <li>• Appeal form and documentation</li> <li>• Mail, fax, esMD, Noridian Medicare Portal</li> </ul>
<b>Contact</b>	Recovery Auditor	Noridian	Noridian
<b>Timeframe</b>	Day 1-40	Day 1-15	Day 1-120

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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

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# Comprehensive Error Rate Testing (CERT)

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## 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

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## 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

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## 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

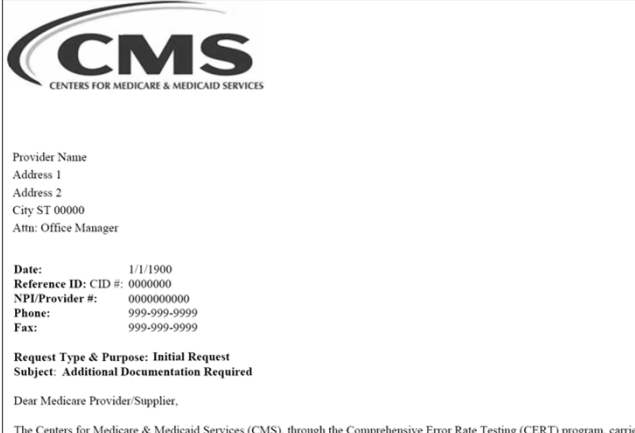
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## Program Process

- 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

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## Letter Samples



**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Provider Name  
Address 1  
Address 2  
City ST 00000  
Attn: Office Manager

**Date:** 1/1/1900  
**Reference ID: CID #:** 00000000  
**NPI/Provider #:** 0000000000  
**Phone:** 999-999-9999  
**Fax:** 999-999-9999

**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

<https://certprovider.admedcorp.com/Home/SampleRequestLetters>

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## Bar Coded Cover Sheet

PLACE THIS BARCODED COVER SHEET IN FRONT OF THE RECORD

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

<b>Due Date:</b>	1/1/1900	<b>Request Date:</b>	1/1/1900
<b>Medicare Part B Provider</b>		<b>Contractor Type:</b>	B
<b>Claim Control Number:</b>	CCN0000000000	<b>Date(s) of Service:</b>	1/1/1900 - 1/1/1900
<b>NPI/Provider Number:</b>	0000000000	<b>CID Number:</b>	0000000
<b>Contractor Number:</b>	99999	<b>Date of Birth:</b>	1/1/1900
<b>Patient Name:</b>	Patient Name	<b>Universe Date:</b>	1/1/1900
<b>Letter Sequence:</b>	Initial Request		

*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 date(s) 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

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## **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

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## Weight/Extrapolation System

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

[https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/Downloads/IntroductiontoCERT\\_January2016.pdf](https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/Downloads/IntroductiontoCERT_January2016.pdf)

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## 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

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## **CERT Resources**

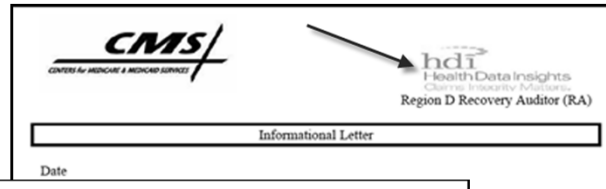
- MAC CERT websites
  - Noridian Healthcare Solutions:
    - Jurisdiction E <https://med.noridianmedicare.com/web/jeb/cert-reviews/cert>
    - Jurisdiction F <https://med.noridianmedicare.com/web/jfb/cert-reviews/cert>
- CERT Provider website
  - <https://certprovider.admedcorp.com>
    - Letter and contact schedules
    - Sample letters
    - FAQs

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## **Resources**

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## Know Your Requestor



**Date:** 1/1/1900  
**Reference ID: CID #:** 00000000  
**NPI/Provider #:** 0000000000  
**Phone:** 999-999-9999  
**Fax:** 999-999-9999

**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.<sup>1</sup> 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](http://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
  - [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MCRP\\_Booklet.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MCRP_Booklet.pdf)
- OIG Strategic Plan 2014-2018
  - <https://oig.hhs.gov/reports-and-publications/strategic-plan/index.asp>

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# Thank you!

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