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)
Medicare Administrative Contractor (MAC)

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

Part B Letter Example

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/](https://oig.hhs.gov/)
  - Report fraud
  - View reports and publications
  - Compliance

**Medicare Fraud Strike Force Locations**

**OIG Resources**
- OIG Letterhead
- Website: [https://oig.hhs.gov/](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 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>Details</th>
<th>Discussion Period</th>
<th>Refusal</th>
<th>Redetermination</th>
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<tbody>
<tr>
<td>• Provide additional information</td>
<td>• Recovery Auditor explains rationale</td>
<td>• Provider submits statement and evidence of financial hardship</td>
<td>• Appeal form and documentation</td>
</tr>
<tr>
<td>• Letter sent with outcome</td>
<td></td>
<td></td>
<td>• Mail, fax, eHDSI, Noridian Medicare Portal</td>
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<table>
<thead>
<tr>
<th>Context</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>Recovery Auditor</td>
<td>Noridian</td>
</tr>
<tr>
<td></td>
<td>Day 1-40</td>
</tr>
<tr>
<td></td>
<td>Day 1-65</td>
</tr>
<tr>
<td></td>
<td>Day 1-120</td>
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Recovery Auditor Resources

- Noridian website: https://med.noridianmedicare.com/web/jab/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://certtool.AdMedCorp.com/Home/SampleRequestLetters

**Bar Coded Cover Sheet**

PLACE THIS BARCODED COVER SHEET IN FRONT OF THE RECORD
Responding to CERT Request

- Include:
  - Bar coded cover sheet
  - Pertinent medical records
- Submission
  - Mail
  - Fax
  - esMD
  - Encrypted CD
- Billing providers must support claim billed

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/eb/cert/reviews/cert](https://med.noridianmedicare.com/web/eb/cert/reviews/cert)
    - Jurisdiction F [https://med.noridianmedicare.com/web/f/cert/reviews/cert](https://med.noridianmedicare.com/web/f/cert/reviews/cert)
- CERT Provider website
  - [https://certprovider.admedcorp.com](https://certprovider.admedcorp.com)
  - Letter and contact schedules
  - Sample letters
  - FAQs
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
Sources

- Medicare Claim Review Programs
- OIG Strategic Plan 2014-2018

Thank you!