



Affiliated Contractors (ACs) refers to Carriers, DMERCs, and FIs.

CONTENTS

From Everyone at CERT CDC

Questions and Answers From Providers and ACs

Call Center Problem Tickets

CDC Updated Call Center Operations Process

Seasons Greetings!

Everyone at CERT CDC wishes you a beautiful, peaceful, and safe holiday season.

Merry Christmas

Cheery Kwanza

Happy Hannukah

Happy Ramadan

Best Wishes for the Winter Solstice

Questions and Answers:

This column is published to share emailed questions from providers and ACs. Since many people may have the same questions, we are providing answers here. Send questions for the newsletter to marylou@certcdc.com

Question: (From a provider)-- I am inquiring about information on CERT medical record requests--when we send the copies of the information into CERT operations for review, I never know what the "findings" are, does "CERT" send out anything to let providers and/or ACs know the outcome of the review?

Answer: We (the CERT Documentation Contractor) image and store the medical record information you provide to medical record requests. The information is then forwarded to the CRC (CERT Review Contractor) nurses for claim determination. Twice a month, ACs are notified of all CERT review decisions. ACs only notify providers when a CERT review disagreed with the AC payment of the claim. Generally, reviews are completed within 3.5 months of receipt of the medical record. Providers can ask CDC customer services personnel if a claim has completed review and this information can be given to providers. CDC customer services personnel can not communicate the results of a CERT medical to a provider. All appeals for a CERT medical review should be filed with the AC. The appeals process for CERT denials is the same as any other denial made by the AC.

Question: (From an AC)-- Why do you keep requesting copies of original claims from us? Don't you already have this information?

Answer: Our Customer Service Representatives (CSRs) call providers to verify addresses and phone numbers so we can send the medical record requests to the correct providers. A high number of providers have been telling us that the patient records we are requesting are for people who are not their patients. As part of the research to resolve this issue, we routinely request information from the ACs concerning the original claims.

The information available to CRC and CDC is an extract of the information available in the AC claim processing system, it is not a complete record of the information available on the claim as submitted. Some information that is helpful to the CERT is available on the claim but is not currently furnished to the CERT contract. The CERT team is working with the CMS Change Management process to obtain some of these additional fields. However, it is our understanding that some information available on the submitted claim (the signature of provider of service or supplier, or his/her representative and the exact address where the service was performed) is not carried in the claim processing system, therefore the CDC will have to continue to contact the AC to obtain this information.

When our Problem Resolution Office (PRO) specialists have examined original materials, they have found information in the claims providing more complete and precise contact information than in the database. Although this may seem like an inconvenience to the ACs, this is one more way for all of us to help cut down the “no doc” errors.

Call Center Problem Tickets

Our Customer Service Representatives (CSRs) in the CERT call center contact hundreds of providers each day to verify provider addresses and phone numbers. The call is also an opportunity to inform providers that CERT will be sending request letters for medical records on specific patients. A recent analysis of these calls shows providers telling the CSRs “that is not our patient or wrong date of service” in 76% of the requests but this percentage inaccurately represents the true status of requests. To clarify the issue, we decided to do some deeper research into sample calls.

One of our Problem Resolution Office (PRO) specialists selected approximately 30 “problem” calls in the “not our patient” category and 20 calls from a related problem category—“wrong date of service”(DOS). The specialist examined each problem by comparing information, concerning the medical request, in our database with information from each provider and with the original claim as filed with the Affiliated Contractor (AC). Of the samples examined, only one medical record request had an incorrect provider number.

An overwhelming majority of the problem cases were resolved by confirming the accuracy of the medical record request with the matching data in the original claim. Reasons for providers indicating “not our patient” and/or “wrong date of service” included the following:

- Time Gaps: patient records not yet available for recent patient visits, records not yet filed
- Provider Error: person taking call from CSR provided incorrect information
- Multiple facilities and multiple doctors: providers often have multiple locations with a variety of doctors treating patients. We might have a correct provider phone number but that number may not connect us to the person who has access to the medical records. For example: Dr. Smith treats patients in the emergency room of Mercy Hospital. Dr. Smith’s office submits Medicare claims for the patient showing Dr. Smith as the provider. However, when our CSR calls the doctor’s office, the office staff does not have access to the medical records because the records are housed at the hospital.

Other problem cases were not completely resolved since original claims were not always available for review. Several ACs reported that claims were filed electronically and paid automatically indicating that the information on the patient or DOS was only available through the provider and not contained within the ACs’ databases. This issue needs to be examined in more detail.

As we continue our analysis of the problem tickets, we may find additional reasons for the provider responses of “not our patient” or “not the DOS.” This limited study of the problems allowed us to understand where and how mistakes and omissions occur.

Here is a partial list of CIDs reviewed:

CID	Results of Review
518065	Correct provider/wrong dept and number
558314	Claims shows this is correct patient
552532	Claim shows this is correct patient and provider-- patient in alternate location
554284	Claim shows this patient was seen at this facility
524580	DOS is correct but records at different address

546221 DOS on claim matches Med Rec request

523827 Records received from provider after delay

558144 Provider does have patient--records not yet available

550866 claim shows this should go to provider# MM6823
Our medical request listed provider #MM2836

556500 Claim shows this provider did provide services to this patient
AC is trying to retrieve docs from facility

558812 Patient was seen at facility

526335 Correct provider # but at alternate facility

558898 Provider number correct--patient seen at alternate facility

546338 Claim shows correct provider for patient

549482 Claim shows right facility but wrong provider

555015 Claim shows this patient was at this facility

546338 Claim shows this patient was at this facility

561832 Claim shows correct patient--alternate facility

521890 Claim shows patient was seen at alternate facility-same provider

561897 Claim shows patient was seen

533743 Claims shows same DOS as medical request--requested again
Documents received

550610 Claim shows DOS is correct

CDC Updated Call Center Operations Process

The CDC Call Center CSRs place calls to providers prior to sending letters requesting medical records in order to verify phone and fax numbers and mailing addresses. Previously the CDC Call Center Operations Process included a second call 15 days after the first call. Many providers have complained saying this time period is too brief. Therefore, we have changed the 15 day call to day 30. CMS agreed to this change. This should reduce the strain on provider offices.

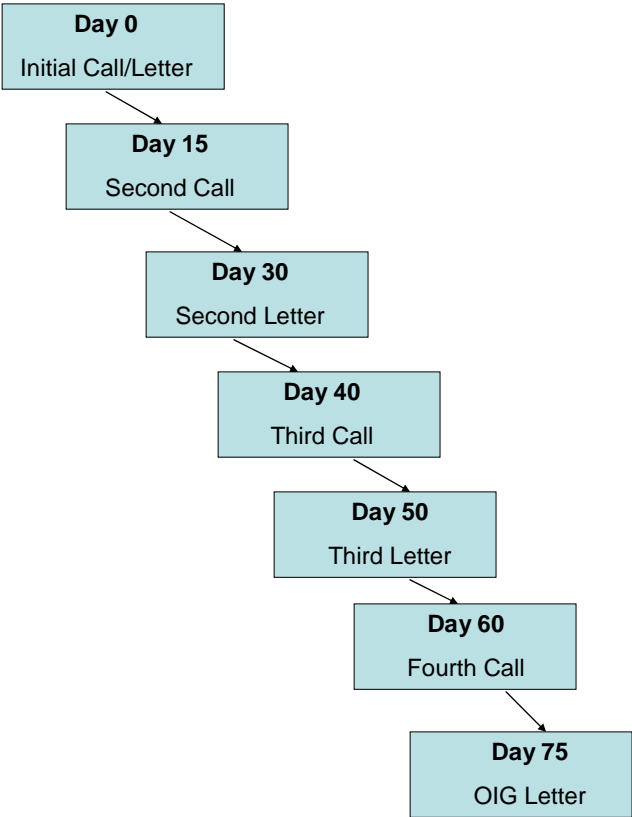
A chart comparing the old process to the new is attached to the newsletter.

The purpose of the CERT Newsletter is to provide for an exchange of information among the Centers for Medicare and Medicaid Services (CMS), the CERT Review Contractor (CRC), the CERT Documentation Contractor (CDC), Affiliated Contractors (ACs) and Providers. The Newsletter is not intended to set CMS policy or replace CMS directives. The newsletter is published monthly by CDC. Archived copies are available on the CERT Website: <http://www.certprovider.org>

Send in questions, suggestions, and/or articles for inclusion in the newsletter to marylou@certcdc.com
Deadline for January issue is December 30.

CDC Updated Call Center Operations Process

Old CERT CDC Call Center Ops Process



New CERT CDC Proposed Call Center Ops Process

