

 <p>CERT Comprehensive Error Rate Testing</p>	<h1>CERT NEWSLETTER</h1>
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Affiliated Contractors (ACs) refers to Carriers, DMERCs, and FIs. More extensive information on acronyms can be found on the Centers for Medicare website at <http://www.cms.hhs.gov/apps/acronyms/>

*Holiday Greetings
Best Wishes for the New Year*

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Quality Control at CDC

Quality Control of medical record documentation is a very important function at CDC. Three Quality Control Screening Specialists (QCSSs) review all previously requested provider medical record documents that come to CDC

via U. S. Postal mail or via fax. Their job is to ensure that the medical record documentation is complete, documents are legible, documents have not been cut or no parts of the document are missing, the set of documents relate to only one beneficiary, etc. If all medical record documentation is complete, QCSSs release a web services message to nurse reviewers at CRC in Richmond, Virginia for their review of the claim.

It might be useful to take a look at an average day's inventory for 1 QCSS:

1. Receipt of 300 unique pieces of mail or faxes per day consisting of hundreds to thousands of pages
2. 280 of the 300 are complete and immediately sent to CRC nurse reviewers
3. Of the 20 unique incomplete records, 70% involve handwritten or typed comments "not my patient" or "wrong date of service"
4. 30 % involve illegible pages, cut off documents, etc.
5. Billing offices are very good at identifying the treatment facility and location to recover imperfect documents and the phone number for the Medical Record Department
6. 15% of the Billing offices have immediate access to medical records whereas 85% will direct the QCSS to the Medical Record Department
7. Delays in sending the complete and/or correct medical record documents generally occur in the Medical Record Department

Please remember that previous CDC studies have shown that approximately 95 % of first responses of "not my patient" and/or "wrong date of service" are INCORRECT. Most of these incorrect responses emanate from the Medical Record Departments or Copying Centers.

CDC's Hierarchy of Addresses

For Calendar Year 2007, it is likely that 2 out of 5 providers will change their address, phone number, and/or point-of-contact for medical record information. This is based upon past experience. With so many changes, CDC has a hierarchy of address information that we store in our Provider Address File. Medical Request Letters are sent out based upon this hierarchy as follows:

1. Address/Phone Number/Points-of-Contact submitted by ACs

2. Address/Phone Number/Points-of-Contact submitted by CDC's Call Service Representatives (CSRs)
3. Address/Phone Number/Points-of-Contact submitted by providers
4. Address/Phone Number/Points-of-Contact submitted in the Provider Address File (PAF)
5. Address/Phone Number/Points-of-Contact on record as last known contact information

Therefore, CDC's computer system is programmed to look for this hierarchy of addresses to print the most recently submitted address on the provider medical request letters.

Beginning in 2007, the CERT newsletter will be published on a quarterly basis. Look for the first newsletter in March 2007.

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 March 2007 issue is 16 February.
