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)

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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
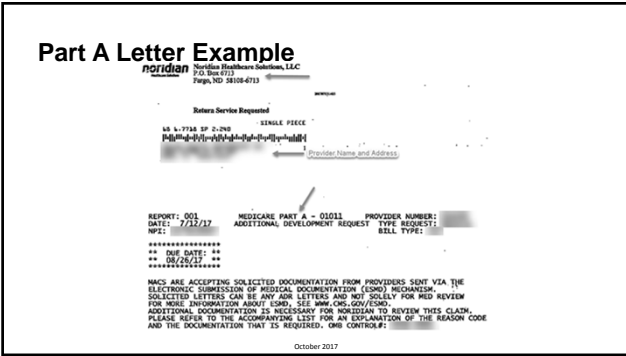   - Determination without clinical review

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Part A Letter Example

Part B Letter Example
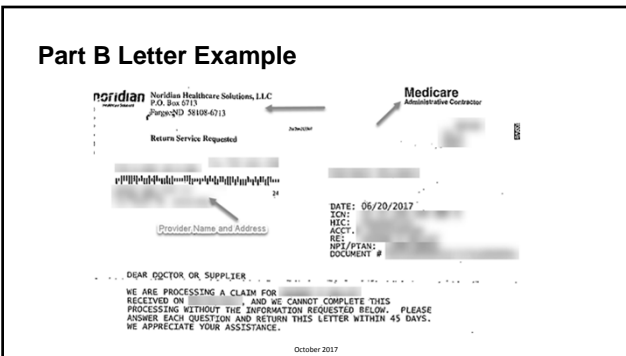
Targeted Probe and Educate (TPE)

- 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

- 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
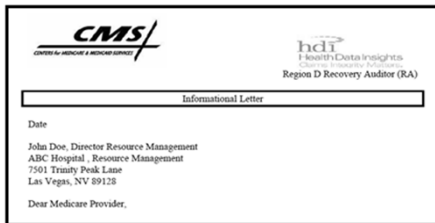- Complex
  – Medical records required

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Letter Example

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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
Details	• Provide additional information • Recovery Auditor explains rationale • Letter sent with outcome	• Rare occasions • Provider submits statement and evidence of financial hardship	• Appeal form and documentation • Mail, fax, esMD, Noridian Medicare Portal
Contact	Recovery Auditor	Noridian	Noridian
Timeframe	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
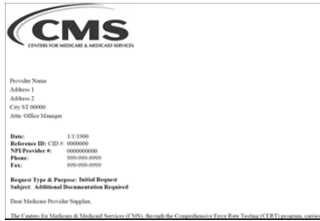

https://certprovider.admedcorp.com/Home/SampleRequestLetters

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Bar Coded Cover Sheet

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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

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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

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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
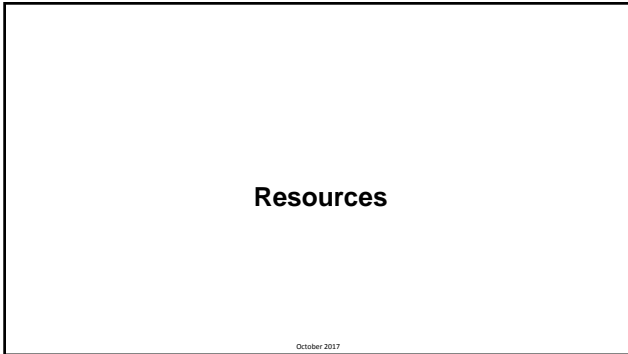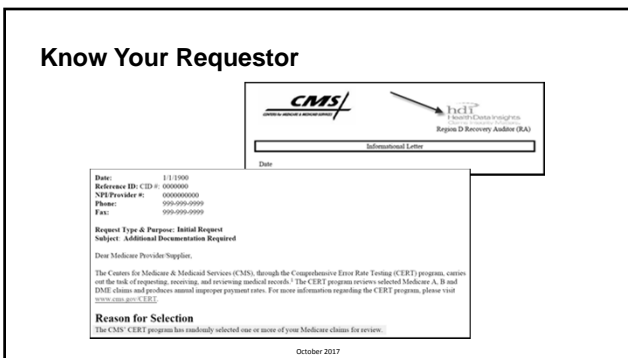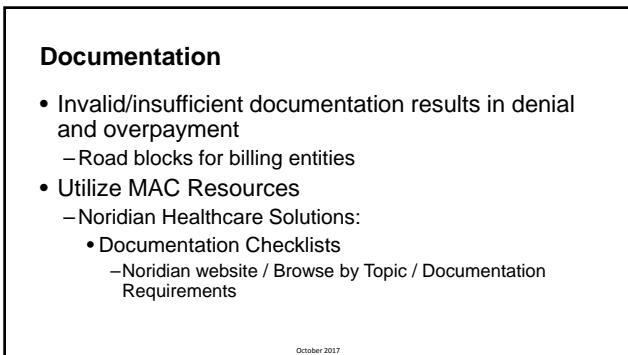
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Sources

- Medicare Claim Review Programs
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MCRP_Booklet.pdf
- 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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