

CIGNA

Moderator: Veronica Chavez
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Operator: Ladies and gentlemen, thank you very much for standing by and welcome to the Ask the Contractor call covering CERT. Today's call is being recorded.

At this time, I'd like to turn things over to Veronica Chavez. Please go ahead.

Veronica Chavez: Good afternoon and welcome to today's Ask the Contractor Teleconference covering the Comprehensive Error Rate Testing or CERT Program. My name is Veronica Chavez and I am with the Provider Outreach and Education team for Jurisdiction C DME MAC, CIGNA Government Services. I'm pleased to be joined by (Joy Quernemoen), also with the Provider Outreach and Education team.

I would also like to take a moment to introduce the Jurisdiction C CERT coordinator, Brenda Normandia. Brenda performs several functions to support the CERT process, including providing information to suppliers, reviewing and responding to errors, and tracking over payments and appeals.

I would like to thank you for your participation in today's call. We value your attendance, questions and feedback on these calls, which help us identify issues that are important to you so we may better meet your needs.

Please be aware that this call is being recorded. The minutes from this call will be posted on the CIGNA Government Web site. At the end of the introductory presentation, we will open the lines to take your questions specific to CERT. Now, please keep in mind that if you do have a claim specific issue, then you must contact the Customer Service Department at 866-270-4909.

Now, our primary focus today is the CERT Program, and its importance to you. Being able to define and understand the CERT Program will ultimately help you recognize errors that generate CERT audits and how to avoid them. Also, learning this information will help you prevent future errors and decrease costly mistakes. It's not uncommon as we conduct education throughout Jurisdiction C to hear the question, what is CERT.

The Center for Medicare and Medicaid Services or CMS created the CERT Program based on instructions from the Government Performance and Results Act of 1993. It is the mission of the CERT contractor to measure and reduce paid claim error rates. This is done by randomly selecting claims from all medical contractors for documentation audits. It is CMS's belief that the providers and contractors should work together to avoid CERT errors.

Requests for documentation are mailed to the same address on file for suppliers at the National Supplier Clearinghouse or the NSC. If documentation is maintained at a different location or if you have a specific contact that CERT should reach with these requests or if you need to verify that your address is correct, you can access the CERT Web site and update the information. The CERT Web site is www.certprovider.org. You can also view sample CERT letters and certain newsletters on this Web site.

In the event that you are selected for a CERT audit, it is easy to distinguish a CERT request from other audit requests that you may receive. A CERT request will be on CMS letterhead. It will

include a barcode sheet, which you must return with your documentation, and it will all come in an oversized orange envelope.

So the next question we often hear is, how, as a supplier, do I ensure I'm ready for a CERT audit and how does CIGNA Government Services help. Now, preparing for an audit can be done in three easy steps. The first step is to implement an intake procedure to ensure the service is medically necessary and that you have access to all the supporting documentation. You can do this by customizing the CGS's suggested intake form to meet your business needs. This form was assigned based on typical beneficiary file requirements and helps to get the needed information prior to providing the service or item.

You can also implement the use of the CGS documentation checklist provided by the Medical Review Department. We currently have a total of 19 checklists, and some of those include Glucose Monitors and Supplies; Group 1 and Group 2 Pressure Reducing Support Surfaces; Power Mobility Devices Group 1, 2, and 3; Manual Wheelchairs; and Oxygen. These forms are located in the Forms and Medical Review section of our Web site. The Web site is www.cignagovernmentservices.com.

Now, the second step is that prior to submitting your claims to the DME MAC, verify that the service is coded and build correctly. To assist you with the CMS 1500 form, Provider Outreach and Education developed a Completing the CMS 1500 Form Online Education Course Module. This module provides you with in-depth instructions on completing the CMS 1500 Form, which will help you with your initial claim submission.

We also recommend using the Durable Medical Equipment Coding System tool located on the Pricing, Data Analysis and Coding Contractor, or PDAC, Web site. This tool is an excellent resource for coding information, as it will help you locate the proper HCPCS code for the item you are providing. The PDAC Web site is www.dmepdac.com.

The third step is that you always respond to an audit request quickly and completely. Make sure the related documentation medically justifies the service provided. Also, follow the CERT instructions carefully in regards to where, when and how to forward the documentation to the CERT contractor.

Following these steps may help you avoid an overpayment request, may improve your ability to respond to potential audits, and may lessen the chances of additional audits. To assist you in responding timely to CERT requests, CIGNA Government Services actively contacts suppliers to offer assistance. If you have not responded after the first of up to four letters from the CERT contractor, you will most likely receive a call from the CERT coordinator. This courtesy call from the CERT coordinator will ensure that you have received the CERT request and she can answer any questions you may have regarding the requested documentation.

Now (Joy Quernemoen) will go ahead and continue with the CERT overview.

(Joy Quernemoen): The last question we often hear is what if the beneficiary's physician will not provide me, the supplier, with a copy of the related medical documentation. The Jurisdiction C Medical Director, Dr. Robert Hoover created a letter that can be used in the event that you are having trouble obtaining the needed documentation from the beneficiary's physician.

This letter explains to the physician that the suppliers are their partner in providing care for the beneficiary. It also informs the physician that payment will not be made for the needed service if they do not provide the corresponding medical record and that it could result in the beneficiary having to cover the cost of the service himself.

And lastly, the letter informs the physician that it is a Federal requirement to provide this information and that it is in keeping with HIPAA Privacy Rule. If the physician continues to be

uncooperative, after sending this letter, you may have to resort to contacting the beneficiary to aid you in this matter.

In some unusual cases, documentation may have been destroyed due to a disaster, such as fire, hurricane, etcetera. For these cases, the Disaster Attestation Letter must be completed. It can be found on the CERT Web site, www.certprovider.org, complete the form and send it to the CERT contractor in response to their request. If you do not respond at all, it's automatically in error. If you send the Disaster Attestation Letter, this could result in no error being called.

Now, twice a month the CERT contractor sends a file to CIGNA Government Services that includes all the claims found to be in error. CIGNA then adjusts the claims based on whether the error resulted in no overpayment or underpayment. The provider will receive a remittance notice for each adjustment whether it is correcting an overpayment or an underpayment. CIGNA also requests refunds on errors that resulted in overpayment.

If an error is not found after the claim is reviewed by the CERT contractor, no response will be sent to the provider. If you disagree with an error and feel it was filed incorrectly, the decision may be appealed. All appeals for CERT initiated denials are processed through CIGNA.

Suppliers have the same appeal rights for CERT-initiated denials as they do for denials initiated through CIGNA Government Services.

When requesting a redetermination, be specific why you feel the denial is incorrect. Send additional documentation and medical records that may be available to support the medical need for the item or items denied. Please note that if the error was called due to minor omissions such as the KX modifier was missing, a redetermination must be submitted and not a reopening request.

In closing, CERT quite simply comes down to obtaining and retaining all necessary documentations, coding and filing your claim correctly and responding to CERT requests in a timely manner. Ensuring that you are thorough in completing these steps would help to eliminate an overpayment request and potentially further CERT review.

If you'd like to learn more about the CERT process specifically, please visit the CGS Web site at cignagovernmentservices.com and complete the CERT Online Education Center Module. This OEC module and others provide you the flexibility you need.

For example, access OEC modules 24 hours a day and 7 days a week, which allows you to complete the course at your leisure. There are also (instructions that will) provide you with the close captioning feature. So if you haven't already, please visit our Web site and complete the OEC's relevant to your line of business, we're sure you will find them informative.

Another great resource is the CGS CERT Claim Identifier Tool. This tool was designed to aid Medicare suppliers in obtaining the results of their CERT review. You may search the database by using the CID that was provided to you by the CERT documentation contractor or the CDC. You can access the CID tool by going to our Web site, again, at cignagovernmentservices.com, DME MAC Jurisdiction C link, and under Tools you will find the CERT link. Also under claims processing, CGS has a CERT-dedicated page, where you can access all the CERT-related information and tools.

Now, before we move on to the question-and-answer portion of today's call, I would first like to update you on upcoming education from your Provider Outreach and Education team. Some of our coming events include the Medicare Survival Guide Workshop this coming Monday, May 18th, in Richmond, Virginia. On June 11, 2009, we have a unique workshop for our suppliers in the Nashville area and on June 24, 2009, of course, in Baton Rouge, Louisiana.

We are also adding additional Webinars to our calendar, which will allow more providers to attend our online education event. This month, for example, we are offering Webinars on oxygen, Medicare 101, 102, modifiers, documentation requirements, reopening and appeals, and the last week of May we'll be dedicated to wheelchairs. So stay tuned to our ListServ messages for announcements on these and other upcoming events.

We would also like to thank you, our Jurisdiction C customers, for increasing registration in our ListServ. If you or your staff are not registered for our ListServ, we encourage you to do so. The ListServ will provide you with immediate updates on all DME Medicare information, including Medicare publications, important updates, workshops, Webinars, and medical review information.

We will now open the lines for the question-and-answer portion of the call. As a reminder, please limit your questions to those pertaining to the CERT process. We will not be able to answer questions pertaining to individual claim issues. Please contact our provider contact center at 866-270-4909 to resolve those questions. Also please limit your questions to one per supplier so that we may address as many callers as possible.

Operator: Ladies and gentlemen, if you have any questions at time, simply press star 1 on your telephone keypad and you will be placed into the queue. Just a quick note, that you will hear a pre-recorded voice prompt on your line that indicates when you can go ahead with your question. So again, it is star 1 if you have any questions at this time, please.

No questions at the moment. However, I'll remind everyone that it is star, then 1 if you have any questions, please. And we do have one question holding now. The line is open.

(Katie Pletcher): Hi, this is (Katie Pletcher) with Gentiva Healthcare in Atlanta. And my question was about the CERT Identifier Tool. How long does it take for a CERT result to appear there? I'm

looking for a result from a CERT request that we submitted the first week of March and there still isn't anything there.

(Veronica Chavez): We do recommend that you check that approximately every – about every 2 weeks. That's usually when it's updated. How old is your request, or is it a general...?

(Katie Pretcher): We submitted it the first week of March.

(Veronica Chavez): Brenda, can you add anything to that?

Brenda Normandia: Yes. If you just submitted your request to the CERT, if you just sent your document ((inaudible)) in the first week of March, it would not be on the Identifier as of yet. What happens when the CERT actually goes through this documentation, they will go through it, see what is there, what is missing, and it goes through several different steps before the final outcome.

If you do not find – if they actually send an error on that particular batch of documentation and they send an error to us, then it will be posted on that site as soon as we get that error, which is approximately every 2 weeks – or we can't really break it down to twice a month because of the simple fact that sometimes it rolls over. So about every 2 weeks we will go out there and update with what they have recently sent to us. And if nothing shows up after a certain period of time and you don't get us, the first thing you're going to do is get an overpayment letter from us. And once you get that overpayment letter, then you know that that should be out there on the Web. And then if it's not and you have any questions, then contact me here at CIGNA and I'll go out and see at what stage it's at with the CERT.

(Katie Pretcher): So there is not a time frame that you guys have that you work within to try to get a response or to get a completion of a CERT.

Brenda Normandia: No, no. The CERT is basically in control of the helm here. They are the ones that are going to – they are going to make their decision. When they make their decision, then there is nothing that we can even do to expedite it.

(Katie Pretcher): OK.

(Veronica Chavez): Thank you for your question.

Operator: We will go to the next question now. Please go ahead, your line is open.

Female: I believe my question was actually answered inside of that first question.

(Veronica Chavez): OK.

Female: All right, thank you.

(Veronica Chavez): Thank you.

Operator: All right. We'll move to the next question in line. Go ahead, please.

Female: I was wondering can you direct me to exactly where you can see the results from the CERT audits.

(Veronica Chavez): When you go to the Web site cignagovernmentservices.com, you're going to click on the Jurisdiction C tab. And then once you get in there, it's going to be in the middle section. It's split up into three columns. It is in the middle column and it's at the bottom of the column. And it's going to say, CID Finder Tool.

Female: And is that something you have to register or once or once you get...?

(Veronica Chavez): No, ma'am. All you need to see is CID number that – or the case number that you have – I believe it's like seven or eight numbers, and you use that number to find the information.

Female: OK, thank you.

Brenda Normandia: Your CID number is six digits.

(Veronica Chavez): Thank you, Brenda.

Brenda Normandia: You're welcome.

Female: Thank you.

(Veronica Chavez): Thank you.

Operator: We have one more question and we will go to that question now. Go ahead, please.

(Shelley): Hi, my name is (Shelley). I have a question about – I had received a CERT and they requested documentation from the physician office. And I guess my question is in detail, if I get all the documentation from that office visit and if we're looking, let's say, at a CPAP E0601 and the physician did not mention in his – in that visit anything about the CPAP therapy, how can I determine – because that's what you're looking for, to see how the therapy – is they're still using the therapy. But how do I make the physician understand that each time they see that patient that they have to document in their note on that specific therapy that we're providing, because they see so many patients?

(Veronica Chavez): Brenda, can you answer the question?

Brenda Normandia: Yes, yes. Shelley, what we are being faced with right now, and this is with all of the contractors, is the CERT request for specific documentation to be in every single physician's office visit. And we know that that's not even what we would call logical. If the patient is going in to the physician because they've got a sore throat, there would be no reason for that doctor to indicate that they are still using their CPAP machine.

(Shelley): Right, right, right.

Brenda Normandia: This is one of the things that the medical directors are currently discussing with CMS and the OIG to see if we can bring them back to the LCD's that actually you comply with your LCD. My suggestion to you at this point is if you run up on this type of a thing – and I see every time I go out and look at those errors, I see the same thing out there. If you do see that, then my suggestion is you send all of the current documentation that you have and you take that and send it to redetermination here at CIGNA. Your appeal rights begin immediately once you get that overpayment letter. Once it's denied, you've got an appeal. So that's what we're suggesting that you do. As far as making the doctor write that in his notes, we know you can't do that.

(Shelley): Right.

Brenda Normandia: And that's something that the medical directors – they are addressing that issue now. So when they are going to get a response from CMS regarding it, we don't know. But -

(Shelley): OK. I even had – CERT, they even contacted the physician. They called her just to confirm. And again, there was a – this was specific to an oxygen patient that was set up. And when we received the order at our office, it was quite specific, but they didn't keep it in their dictation. So when I go back to the notes, I mean, I have the fax that the physician sent to me on the order

form for oxygen, the saturation was this on this date, set up 2 liters continuous. But then when the CERT had requested information to the physician, she didn't – it was a whole different date than what she had faxed over to me in her record. So when you look at it, it was just – if they don't dictate it, I guess it's not in their record, because they're paperless. So that's what I was struggling with this on this last one.

Brenda Normandia: Yes. And there is a lot of struggling going on, especially where the oxygen comes into play, because a lot of your beneficiaries have been on oxygen therapy for 15 or 20 years.

(Shelley): Yes, right, right.

Brenda Normandia: And you know there is nothing in the LCD. There is no LCD requirement for periodic reassessment or any beneficiary that has been re-certified. However, what I have always suggested is, we know that they are going to hit us with this. And it's not just you; it's all different providers out there. They are hitting them with the same thing. They are wanting current documentation that proves the continued need for the oxygen therapy. So when you send your information and send everything that you have from the physician and then all your notes as to where – you know you've actually went out and made your home visit.

(Shelley): And...

Brenda Normandia: So this is ((inaudible)) thing that you can get to support that you know the beneficiary is still on oxygen. That's what you send to redetermination.

(Shelley): And what if the order that comes in for oxygen comes in at 86% on this date, but the physician actually reflected something different in their dictation? Is that going to come back to me because...?

Brenda Normandia: Possibly. What they're going to actually do is they're going to ask you for the actual test result.

(Shelley): And I mean, the test result would only be what the nurse might write down from...

Brenda Normandia: No, no. Once they do this testing, there is actually – you have the actual oximetry test or the ABG testing that actually gives them the O2 levels and the SAT levels and what have you. It's just like any other lab report. So if you've got conflicting information from what that doctor put on the CMN and what that doctor actually has sent to the CERT in his progress notes, then that's what they are going to ask you for, is that laboratory work.

(Shelley): But how do I get – when they check the pulse oximetry, it's not hard – the only hard copy is the one with the memory that they will do overnight. But when it's a spot check or a 6-minute walk, they don't actually – a lot of the doctors' offices don't have the oximeters that have memory to print out. So it's them documenting in their – or dictating the results so there is no actual hard copy that I can even give.

Brenda Normandia: And something like this may – you may go further than redeterminations with it.

(Shelley): That's where I'm at right now. I've got the...

Brenda Normandia: You are in redetermination?

(Shelley): I'm not in – I immediately sent because I knew I had everything there, but I can't control what the doctor dictates. So I sent it all to redetermination. This has been probably 3 weeks – 2 at least.

Brenda Normandia: Yes. I make out like a longer period of time, but – redetermination happens to affirm that decision based on what you sent, take it to them quick. OK? You keep claiming that letter because there is a point in time when they are actually going out there and looking at all of the history to support that claim. OK?

(Shelley): And when I – it looks like that they recouped that money already on one of my RAs...

Brenda Normandia: Yes, they will.

(Shelley): ... but then I received a letter from Medicare that wants me to – that wants to correct an overpayment amount. So, do you send this in while I'm waiting?

Brenda Normandia: Not if they have actually already recouped it.

(Shelley): It looks like they had already recouped that money and now I have another letter that says it's an overpayment letter.

Brenda Normandia: Give me a call, (Shelley), and that way we can get the CID number and all of that. And I'll look at it and see what stage it's in.

(Shelley): Oh, perfect.

Brenda Normandia: We will see what's actually going on with it and where we need to go from there. I'll remember this first.

Veronica Chavez: Thank you for your question, (Shelley).

(Shelley): I'm sorry?

Veronica Chavez: Thank you for your questions.

(Shelley): Thank you. What is the direct number again?

Brenda Normandia: 615-734-4233.

(Shelley): Thank you so much.

Veronica Chavez: Thank you for your questions.

(Shelley): Thank you.

Operator: Veronica, no other question is holding at the moment.

Veronica Chavez: I'd like to remind everyone if you have any questions, this is the time to ask. We do have, Brenda Normandia, our CERT coordinator for CIGNA Government Services assisting us in answering questions.

Operator: And again, those instructions are pressing star 1 if you have any questions, please. It looks like we have one more – two more questions now. So we'll go to the first one. Your line is open.

Female: Hi, can you hear me?

Veronica Chavez: Yes, I can.

Female: I have a question. It's more like a general question. Do you guys have any Webinars for the doctors, like just for DME? Because it seems like we have quite a bit problem and difficulties to get doctors to cooperate with us to provide medical records or anything that we need.

Veronica Chavez: We do have Webinars as far as for states that are within CIGNA Government Services Part B, and they do educate on that. As far as the other states, they would have to check with those specific jurisdictions.

Female: Because I have a couple doctors, every time we send and request for a medical record, they come back and they complain back on that. They say, how come we are the only company that request for medical records and – like, nobody else ask for it.

Veronica Chavez: Again, this is when where you would probably provide that letter from our Medical Director, Dr. Hoover, where it says that this is an audit, it's from CMS, and this contractor is requesting this information. And they are to provide you with that information.

Female: I did fax it. Couple doctors even want to charge me, some want to charge \$25 and want to charge \$100. And I sent the letter to them and they really don't care. They still come back saying that, OK, if you want it, you need to send me a check.

Veronica Chavez: Well, the letter does state at the bottom that they are not to charge you for that...

Female: Right, yes.

Veronica Chavez: it does have a header from CMS. You can show them the letter that you received from the CERT contractor. If the beneficiary can help you in any way, that would be another thing. You may also contact your local or regional CMS office, an association or maybe even a congressional office.

Female: OK, OK. Hopefully that would solve the problem in the future. I don't want to go that far. But it's just sometimes there is nothing that I can do. I give them everything that I can and I'm asking everything that I need them and even get the patient to cooperate, to call the doctor too. And sometime we go with the patient to the doctor's office to see if we can get what we need and they – sometime and just we can't go any further.

Veronica Chavez: Thank you for your questions.

Operator: We'll go to the next question.

Female: Hi. This is a general question. When do you expect to have Webinars on appeals, first, second, third and even the highest level of appeals?

Veronica Chavez: We do have some – I believe we just had two for appeals and reopenings last week. They do talk about the second and third levels. They just touch the basics on that. It's not really anything extensive. – they do go over redeterminations because of course CIGNA Government Services reviews the redeterminations. But that would probably be it.

Female: OK. So if it has to go to the Administrative Law Judge now, where would I get information? Or do you have – who would hold Webinars on that?

Veronica Chavez: To be honest, I would not know if they would hold Webinars since that is something that is through CMS. Any information regarding those would probably be on CMS Web site and also in our Supplier Manual Chapter 13.

Female: OK.

Veronica Chavez: If you probably just do a search for ALJ or reconsiderations, then you should be able to get more information on that.

Female: All right. Thank you.

Veronica Chavez: Thank you.

Operator: We have one more question at the moment. We'll go to that question now.

Veronica Chavez: Thank you.

Female: I have a general question. And I'm just wondering how long you have to turn that information in to CERT once you've been given the request? I mean, is that by fax or e-mail?

Veronica Chavez: The letter that you receive will give you the deadline. We don't have specifics on how long they give you. It will also give you a fax number and address to send it to. You can send that information again by fax. If you have a lot of documentation, you can mail that. Or you can save on a CD in PDF format or .TIF format and mail that in.

Female: OK. That's what I was wondering. Thank you.

Veronica Chavez: Thank you.

Operator: Once again, Veronica, we've reached the point where we have no questions in the roster.

Veronica Chavez: Again, if anybody has any questions please go ahead and follow the instructions and we will take your questions.

Operator: And again, that's star 1 for questions.

Veronica Chavez: Thank you.

Operator: We have one more question that's just come in. The line is open. Go ahead, please.

Female: I just have one additional question. Have you seen an increase in the CERT requests over the past 6 months?

Veronica Chavez: You mean, as far as redeterminations or just requests? The requests – or the way they pull the claims is random. I'm not sure if I understand your question?

Brenda Normandia: I'm not really sure what your question is as for, have we seen an increase with the CERT. Can you be more specific as to what you're actually asking us?

Female: I just have noticed, in the past 6 months, an increase in fraud and abuse, and the fact that I see more on CERT today than I have in the last 2 or 3 or maybe even 4 years. So I was just wondering if this is something that has been increased in the last 6 months or is this just a continual thing that has gone on.

Brenda Normandia: No, it's not really an increase. What has happened is that they have changed their way of actually looking at your claims. And so this is one of the things that I've discussed earlier. You know our medical directors that are out there trying to figure out you know OK, what is it you're going to require of our providers. So that's the reason you may be seeing an increase, but they do not select any particular provider in order to look at their claim or any particular category. These are all randomly selected claims.

But as far as the CERT error rate, yes, it is on the increase. And the reason that it is on this increase through all of the carriers is because of the way that CERT has changed their method of looking at these claims. Things that were not asked for before, they are now asking for.

Female: OK. That's what I was wondering. Thank you.

Veronica Chavez: Thank you for your questions.

Operator: And again, star 1 for any questions, please.

Veronica Chavez: Again, if anybody has any questions, we'd like to remind you that Brenda Normandia is on the line, she is the CERT coordinator for CIGNA Government Services. So if you have any questions, we'd be glad to answer them for you.

Operator: At this point, Veronica, no one else has signaled.

Veronica Chavez: Thank you. Well, I guess this concludes our ACT call for today. Our next ACT call will be held on June 17 and it will concentrate on recent Medicare updates. Again, I'd like to thank everyone for joining us today.

(Veronica Chavez): Thank you.

Operator: That will conclude today's teleconference. Again, thank you for joining us, everyone. Have a good day.

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