



**MEDICARE  
PART A INTERMEDIARY**  
Kansas

**MEDICARE  
PART B CARRIER**  
Kansas, Nebraska and  
Northwest Missouri

## **Comprehensive Error Rate Testing (CERT)**

**Please give this to your Medical Records Director**

The Centers for Medicare & Medicaid Services (CMS) requires Medicare Contractors both the Fiscal Intermediary and **CERT** to review a sample of claims submitted to verify services billed are covered and are reasonable and necessary.

### **Key Points**

Providers must comply with requests from Medicare contractors by supplying medical records needed for the **CERT** program. Submitting records to the **CERT** contractor is not a HIPAA violation. The most important requirement is sending documentation in a timely fashion. Submit all applicable medical records used to support a service(s) billed.

### **Providers have 90 days to submit records**

Providers failing to comply with a **CERT** request will receive up to **four letters and three phone calls** from the **CERT** contractor and it may result in receiving an overpayment demand letter.

**If all records are not submitted as requested, your claim may be denied. It is of utmost importance that your Medical Records Department personnel understand what records need to be supplied and how this could affect denials to your facility.**

**Samples of documentation requests are listed at [www.kansasmedicare.com](http://www.kansasmedicare.com), Medical Review – Articles by staff.**

If **CERT** does not receive your records, the non-receipt will be considered an error and consequently **denied by CERT**. The denial determination will be submitted to the Carrier. **This will result in recovery from you of dollars already paid to you by the Medicare contractor who processed your claim.**

Providers must submit documentation to the **CERT Operations Center** via fax or by mail at the following number/address:

**Fax numbers are: 804-864-3268 - 804-864-9940 - 804-864-9979**

### **Address is:**

**CERT Operations Center  
1530 Parham Road  
Richmond, VA 23228**

A sample of this letter can be found at:

<http://www.cms.hhs.gov/cert/PartAContractor1stSample.pdf>

A Physician's office may request records from the hospital to support their records request to the need for services he/she provided. **Providing the requested documentation does not violate the minimum necessary provision of the HIPAA Privacy Rule and does not require beneficiary authorization.**

**CERT** selects claims for review randomly. If you receive a request for records, a list of beneficiaries (pull-list) sorted alphabetically by patient surname will be requested. A bar-coded cover sheet will include control numbers, which correspond to each record identified on the pull-list. Complete directions for each review will be identified with the request. Complete copies should include specific records to support the services on the claim(s) identified on the pull-list. Please make sure all copies are complete, legible, and contain both sides of each page, including the page edges. Include all applicable documentation as indicated on the request. **CERT** is under contract with the CMS to determine the national, contractor specific, benefit category and provider type paid claim error rate. It evaluates our performance and capability for paying you the right amount, for the right service, the first time.