



**A Note to Physicians and Providers from Medicare**  
***Introducing The Comprehensive Error Rate Testing (CERT) Program***

TestAttnname  
TestProviderName  
TestAddress1  
TestAddress2  
TestCity, TestState TestZipCode  
Fax: TestFaxnum

Dear Medicare Physician/Provider:

The Centers for Medicare & Medicaid Services (CMS), the federal Medicare agency, strives to pay claims accurately. The agency implemented a system to monitor the accuracy of payments - the Comprehensive Error Rate Testing (CERT) Program. We believe the CERT program will provide CMS and taxpayers with more useful information (such as an estimate of the improper payments made by Medicare) with fewer hassles for physicians, providers and their staff.

The CERT Review Contractor (CRC), located in Richmond, Virginia, is responsible for reviewing claims and producing national, contractor specific, provider type, and service specific paid claim error rates. The CERT Documentation Contractor (CDC), located in Annapolis Junction, Maryland, is responsible for medical record request and receipt, operating the call center, and imaging medical records.

The reason you are receiving this letter today is because the CERT Program has randomly selected one or more of your claims for review. You have a responsibility to provide documentation supporting the claims as soon as possible. Failure to produce the information will count as an error in the calculation of the CERT Program error rate and will result in the computation of an overpayment. Production of this information will not violate HIPAA.

Enclosed is a letter detailing the requested information and instructions for submitting medical records and documentation to the CDC in Maryland. For more information regarding the CERT contract please visit [www.cms.hhs.gov/CERT/](http://www.cms.hhs.gov/CERT/). Thank you for cooperating with us in this important project.

Sincerely,

/s/  
Jill Nicolaisen  
CERT Government Task Leader  
Centers for Medicare & Medicaid Services  
Program Integrity Group  
Office of Financial Management



DRG LETTER

CENTERS FOR MEDICARE & MEDICAID SERVICES

**RE: CERT - INITIAL REQUEST FOR MEDICAL RECORDS**  
NPI/Provider #: TestBillingNPI  
CID #: 811170

**Due Date: 10/28/2008**

**Dear Doctor/Medicare Provider:**

This request for medical records/documentation is sent to you under a federally mandated program to monitor and improve the **accuracy of Medicare payments** to physicians and other providers. This request for medical records is the result of a random selection of billing records. **Your response is required** even if records for the sampled beneficiary dates of service cannot be provided. In accordance with 42 U.S.C. 1320C-5 (a) (3) and 1833 of the Social Security Act, as a Medicare provider, you must provide documentation and medical records to the CERT contractor upon request to support claims for Medicare services. It is your responsibility to obtain additional supporting documentation from a third party (hospital, nursing home, etc.), as necessary. Providing medical records of Medicare patients to the Comprehensive Error Rate Testing (CERT) contractor is within the scope of compliance with the Health Insurance Portability and Accountability Act (HIPAA).

The purpose of the CERT program is to determine the national, contractor specific, service type and provider type paid claim error rates. We are requesting medical record documentation regarding the claim identified on the enclosed Bar coded cover sheet. A bar coded cover sheet is included in this packet with a control number that corresponds to the record. Please send the full inpatient medical record for the specified date of service.

In order to expedite the receipt and processing of your medical records/documentation, please submit no later than **10/28/2008** including the bar coded cover sheet. Should you require additional time or if you are unsure about what documentation needs to be submitted to fully comply with this request, please call the CERT Documentation Office at (888) 779-7477 or (301) 957-2380

Thank you for your cooperation and prompt attention in this matter.

Sincerely yours,

/s/  
Douglas Crouch  
Program Director  
CERT Documentation Contractor  
Enclosures



## **Instructions for Submitting Requested Medical Records/Documentation**

**The preferred method for receipt of medical records/documentation is via FAX to:**

**(240) 568-6222**

Your cooperation in FAXING the specified documents as soon as possible is greatly appreciated. Should you require additional time to fill this request for medical records/documentation, please call the CDC Documentation Office at (888) 779-7477 or (301) 957-2380 to get an extension to the due date.

Please adhere to the following directions when faxing:

1. Please send the full inpatient medical record for the specified date of service.
2. Place the bar coded cover sheet in front of the medical records/documentation being submitted for review. When submitting multiple records, place the corresponding bar-coded cover sheet in front of each record.
3. Please make sure all pages are complete, legible, and include both sides and page edges where applicable.

**If unable to FAX document, please contact CERT Documentation Office** at (888) 779-7477 or (301) 957-2380.

Please adhere to the following directions if you are mailing the requested records:

1. Please send the full inpatient medical record for the specified date of service.
2. Photocopy each record. Please make sure all copies are complete and legible; include both sides of each page, including page edges.
3. Place the bar coded cover sheet in front of the medical records/documentation being submitted for review. When submitting multiple records, place the corresponding bar-coded cover sheet in front of each record. Mail medical record documentation to:

CERT Documentation Office  
Attn CID #: 811170  
9090 Junction Drive, Suite 9  
Annapolis Junction, MD 20701

Due to the volume of pages contained in some medical records, you may also submit the requested records electronically on a CD. This CD must contain all images in TIFF or PDF format and may only contain image files.

***We are not authorized to reimburse providers/suppliers for the cost of medical record duplication or mailing. If you use a photocopy service, please ensure that the service does not invoice the CERT Contractor.***

If the requested information is not received within this time period, CERT CDC will assume the services on the claim were not rendered. Your local Medicare contractor will pursue overpayment recoupment for these undocumented services.

**PLACE THIS SHEET IN FRONT OF THE RECORD**

**Medicare CERT Documentation Contractor  
CMS 500-99-0019/0002 PSC CERT**

Medicare Part A Provider

Report Date:

09/28/08

Claim Control Number: TestCCn

NPI/Provider Number: TestBillingNPI

Contractor Number #: 00308

Patient Name: TestBeneficiaryLastName, TestBeneficiaryname

Patient Number: TestPAN

Patient Date of Birth: 09/17/32

Contractor Type: Part A

Service From/To: 08/07/08 - 08/07/08

HIC Number: TestHicnum

CID Number: 811170

Medical Record Number: TestMRN



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Letter Sequence: Initial Letter

Universe Date: 08/22/08

**PLEASE SEND THE FULL INPATIENT MEDICAL RECORD FOR THE SPECIFIED DATE OF SERVICE.**

Please copy both sides of each page and please DO NOT cut off page edges when copying. Please send the original copy of this bar coded cover sheet with a copy of the entire medical record. The **entire medical record** must be with the original cover sheet in order to ensure proper validation of receipt by the CERT Documentation Office. Please fax documentation to :(240) 568-6222 or you may submit the requested records electronically on a CD. This CD must contain all images in TIFF or PDF format and may only contain image files. If you chose to mail the requested medical record, please mail to the address noted below.

***PATIENT AUTHORIZATION NOT REQUIRED TO RESPOND TO THIS REQUEST***

Providing medical records of Medicare patients to the Comprehensive Error Rate Testing (CERT) contractor is within the scope of compliance with the Health Insurance Portability and Accountability Act (HIPAA).

**CERT Documentation Office  
Attn: CID # 811170  
9090 Junction Drive, Suite 9  
Annapolis Junction, MD 20701**