



Affiliated Contractors (ACs) refers to Medicare Administrative Contractors (MACs), 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/>

CONTENTS

Not My Patient/Wrong Date of Service: An Opportunity for Improvement

Medical Record Request Letter Changes

Quality of Images: Questions and Answers

Guidelines for Faxing Documents to CDC

Not My Patient/Wrong Date of Service: An Opportunity for Improvement

Quality Control in locating the medical record is a very important function at the CDC. Our CSRs continue to experience obstacles in reaching the right location where the provider's medical records are located. "Not my patient" and/or "Wrong date of service" can typically account for up to 90 calls per day. The process of final location might take approximately 30 minutes per call as compared to a 4-minute call when the medical record location is correct.

There are some potential root causes of the above obstacles such as:

- Location of Care (where the service was performed) may be incorrectly submitted on the bill
- Accuracy of input of the performing provider field on the bill
- Medical records not stored at the location of the billing provider
- Physician Office provider may not have copies of the medical record when the services he/she provided were at the hospital or clinic setting

We need the providers help in ensuring the patient name, date of service, and other information provided on the claim are accurate and that the medical record documentation is available at the provider's office or through their billing service.

Medical Record Request Letter Changes

The CDC has made a few changes to our Medical Record Request Letters. In an effort to decrease phone inquiries from providers regarding reimbursement and patient authorization requirements, the following statements are now **bolded** in the Medical Record Request Letter:

- **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).
- **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.**

The CERT Medical Record Workgroup, comprised of representatives from CMS, CRC and CDC, has also refined the list of documents requested from providers. This is an ongoing process whereby we update and/or delete outdated provider specific medical documents.

Quality of Images: Questions and Answers

The CDC received some questions after our last Newsletter release regarding our article on Quality of Images. In an attempt to increase communication, this follow-up article is being published in a question and answer format for both the AC and the provider community.

1. Question: Should the providers send hardcopy records?

Answer: The preferable mode of transmission is fax, but we ask that a quality review of the documents be performed prior to faxing to assure the original document will fax in high quality.

2. Question: If providers are using forms that are grayed, colored or highlighted, should the provider drop to hard copy?

Answer: Again, the preferred method of receipt is fax of legible documentation. One should remember that if it doesn't copy well, it doesn't fax well.

3. Question: If documents are in legal size paper, does CERT want those sent in on legal size paper, and if so can legal size be scanned by the equipment CDC is using?

Answer: CDC can accommodate and image legal sized paper. The faxes are routed to a fax server and are printed in the format in which they are submitted.

4. Question: How can we know if a document is faxed crookedly and when this occurs is the provider being contacted in those instances?

Answer: If the document comes in illegible, CDC does contact the provider to obtain legible documents.

5. Question: Can you provide us with any other suggestions to assure legibility?

Answer: Try making a photocopy of the document. If the photocopy is clear, it is likely that the fax will be clear. Another important consideration is that highlighting, blacks out on the fax machine. One solution might be to minimize or introduce alternative types of forms within your institution or practice. This approach would also help in preparing for the transition to an electronic medical record.

Please feel free to pass this information along to those outside copying services and lab facilities for their information and support.

Guidelines for Faxing Documents to CDC

This article appeared in the August 2005 CERT Newsletter. Although approximately two years have passed, the information is still applicable. We hope that providers find it helpful and realize that simple steps can be taken to assure high resolution of faxed documents.

Most documents received via fax are in black or dark letters on white background paper. These documents are normally legible when received by CDC's fax system from senders with fax machines that use one of the commonly available fax resolution modes, such as "normal" or "fine". However, especially for documents containing small fonts, the recommended mode of resolution for faxing in most of these black and white documents should be "fine". The resolution modes on most fax machines can easily be changed at the time of faxing by a button usually labeled "resolution" that is easily accessible near the other buttons on top of the machine. Note that on most fax machines, the button will not function or change resolutions unless the documents to be faxed has first been inserted.

Documents containing either light colored or light grey text or text embedded within background in shades of gray or color should be faxed using a resolution mode of "photo", alternatively referred to as "gray scale". This mode is available via the same "resolution" button mentioned above. This mode may not be available on all fax machines.

Article Reprinted from August 2005 CERT Newsletter

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), Medicare Administrative Contractors (MACs), Affiliated Contractors (ACs) and Providers. The Newsletter is not intended to set CMS policy or replace CMS directives. The newsletter is published quarterly 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 gkarge@certcdc.com
Deadline for September 2007 issue is 17 August.
