



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/>

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Change in CDC Call Center Hours

The CDC Call Center Hours of operation are now from 8:00 a.m. to 6:00 p.m. EST.

CERT Manual Revision – Beneficiary Claims Submitted to ACs

Beneficiaries on occasion submit claims directly to ACs. If a beneficiary submitted claim in the CERT sample was paid by the AC, then the AC is responsible for securing the appropriate medical record documentation from the beneficiary and submitting that medical record documentation to the CDC. It is not the responsibility of CDC to send Medical Request Letters to beneficiaries requesting the medical record documentation. If the AC fails to send the medical record documentation to the CDC, the claim will be scored a "No documentation Error." Reference: CERT Review Manual, Section 3.9

Reminder for ACs and Providers

The CDC is beginning to see an increase in provider data with incorrect addresses and phone numbers. We have identified approximately nine ACs and will be contacting them in the near future. This causes request letters to be misdirected and extends the response time in obtaining the records. We encourage the ACs to routinely update provider addresses and phone numbers in the CDC CERT portal, or for providers to update their addresses and phone numbers in the provider public website at <http://www.certprovider.org>
Thanks for your continued support!

Legible Documentation Increases Efficiencies **By Ellen Cartwright, Medical Review Manager**

In order to provide documentation that supports the services that are billed and readily offer legible and complete records, the provider can assist the process of medical review by reviewing the following problem situations related to imaging records from fax copies that are sent to the CERT Documentation Contractors:

- Medical records with any color of a grey or dark color will totally obscure or mostly obscure any lettering or numeric figures in the colored area. Examples are lab results that are highlighted, certain templates for documentation highlights, and EKG rhythm strips, reports, pictures, and other graphics that have grey or other colors in them.
- Records that have been produced from microfiche or already copied that can produce a slightly double image after repeated copying.
- Larger than 11X 8 paper scanned and reduced in size cause a loss in pixels and thereby reduce the readability of the image.

- Faxed records that are put in crooked end up with missing portions of the record on image.
- Copies of copies will decrease the quality of the image
- Certain types of paper (bond weight) that do not copy or fax as well due to the thinness or thickness of the paper.
- Carbon paper faxed does not image well

By recognizing these factors when you fax medical record information, the provider greatly increases the amount of quality imaged records. The time spent in preparing the faxing documentation will be well worth it when there are considerably reduced contact requests for the information again due to unreadable or poorly readable images.

Increasing Efficiencies Through the Use of Information Technology: CERT Electronic Request and Response Project

The President's April 2004 directive for widespread adoption of interoperable electronic health records (EHR) by 2014 has sparked collaborations throughout the United States. Organizations in both the public and private sectors are forming partnerships and coalitions to act on this important initiative.

In responding to this movement, the CDC/CRC/CMS and National Government Services (NGS), formerly Empire Medicare Services, have been working collaboratively to develop and test the use of electronic medical record documentation requests and responses between the CDC and the provider community. Currently the providers can either fax or mail the requested medical record documents. This future technology will enable the provider to electronically receive the CDC medical record requests and transmit the requested medical record documents through a secure portal. This portal would be a web-based solution that providers could use with simple internet access and imaged medical documents.

In order to bring this project to fruition, we realize there are possible obstacles that will need to be overcome; however, we also recognize the vast opportunities in the future using information technology. Listed below are a few of those perceived barriers and potential opportunities:

Potential Barriers

- Development of the portal
- Meet CMS' high security standards for online access to protected health information (PHI)
- Provider's electronic health record (EHR) readiness currently in various phases

- Prevalence of use of EHR systems in physician offices, hospitals and other health care delivery settings
- Provider's availability of broadband internet access
- Provider resistance to change
- Proficiency level of providers
- Provider high set up cost

Potential Opportunities

- HIPAA Compliant
- Paperless environment
- Eliminate cost of mailing – by providers and CERT
- Increase efficiencies
- Immediate turnaround times
- Increased legibility of images
- Overall cost savings to contract
- Available 24/7 via internet
- Enhance communication of patient information
- Reduce phone calls – communicate via emails
- Consistent with Paperwork Reduction Act
- Sharing electronic health information securely while protecting patient privacy
- Moving toward the President's directive for widespread adoption of interoperable EHR

Stay tuned for future articles on development activities.

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
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