



The Comprehensive Error Rate Testing (CERT) Program
Medical Record Request Letter
DRG LETTER

TestAttnname
TestProviderName
TestAddress1
TestAddress2
TestCity, TestState TestZipCode
Fax: TestFaxnum

Date: 5/20/2011

Dear Medicare Physician/Provider:

The Centers for Medicare & Medicaid Services (CMS), the federal Medicare agency, strives to pay claims accurately. CMS implemented a system to monitor and improve the accuracy of Medicare payments to physicians and other providers - the Comprehensive Error Rate Testing (CERT) program. The CERT Review Contractor, located in Richmond, Virginia, is responsible for reviewing claims and producing paid claim error rates. The CERT Documentation Contractor, located in Annapolis Junction, Maryland, is responsible for requesting and receiving medical records and making the records available to the CERT Review Contractor.

You are receiving this letter because the CERT program has randomly selected one or more of your claims for review. In accordance with § 1833 of the Social Security Act, you must provide medical record documentation to support claims for Medicare services upon request. It is your responsibility to obtain additional supporting documentation from a third party (hospital, nursing home, etc.), as necessary. Please provide the requested documentation as soon as possible. A response is required from you even if records for the sampled beneficiary for the dates of service listed cannot be provided.

Providing medical records of Medicare patients to the CERT contractor does not violate the Health Insurance Portability and Accountability Act (HIPAA). Patient authorization is not required to respond to this request.

Your response is due on TestDueDate. If you fail to produce the requested information by this date, the CERT contractors will assume the services on the claim were not rendered and your local Medicare contractor will initiate claims adjustments and/or overpayment recoupment actions for these undocumented services.

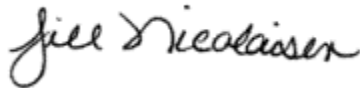
Specific information and instructions pertaining to the sampled claim and returning requested documents are shown on the following pages of this letter. **Please include the bar coded cover sheet with your submission.**

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.

Should you have questions about this request, please call the CERT Documentation Office at (888) 779-7477 or (301) 957-2380. For more information regarding the CERT program, please visit www.cms.hhs.gov/CERT.

Thank you for your cooperation and prompt attention in this important project.

Sincerely,



Jill Nicolaisen
CERT Government Task Leader
Centers for Medicare & Medicaid Services
Provider Compliance Group
Office of Financial Management
Enclosures

Instructions for Submitting Requested Medical Records/Documentation

IMPORTANT INFORMATION:

- Medicare requires that medical record entries for services provided/ordered be authenticated by the author. The method used shall be a hand written or an electronic signature. Stamp signatures are **NOT** acceptable. Patient identification, date of service, and provider of the service should be clearly identified on the submitted documentation. Providers are encouraged to review their documentation prior to submission, to ensure that all services and orders are signed appropriately.
- **The documentation you submit in response to this request should comply with these requirements. This may require you to contact the hospital or other facility where you provided the service and obtain your signed progress notes, plan of care, discharge summary, etc.**
- If there is any question of the legibility of a signature in your documentation, you may submit an attestation statement in your response. In order to be considered valid for Medicare medical review purposes, an attestation statement must be signed and dated by the author of the medical record entry and must contain sufficient information to identify the beneficiary. For an example of an acceptable signature attestation statement, please visit <https://www.certprovider.com>.
- If the signature requirements are not met, CERT will conduct the review without considering the documentation with the missing or illegible signature. This could lead CERT to determine that the medical necessity for the service billed has not been substantiated.

THE PREFERRED METHOD OF DELIVERY IS BY FAX OR CD. IF A CD IS SENT, IT MUST CONTAIN ONLY IMAGES IN TIFF OR PDF FORMAT.

FAX Instructions

1. Send the **specific documents listed on the Bar Coded Cover Sheet** that may be required to support the services of each claim identified on the Claim Information sheet.
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. Include a fax coversheet with a call back name and number
4. Make sure all pages are complete, legible, and include both sides and page edges where applicable.
5. If you experience problems with transmission, contact the CERT Documentation Office at (888) 779-7477 or (301) 957-2380.

CERT Documentation Office FAX Number (240) 568-6222

Mailing Instructions

1. Send the **specific documents listed on the Bar Coded Cover Sheet** that may be required to support the services on the claim identified on the Claim Information sheet.
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 the CERT Documentation Office at the address found below.

CERT Documentation Office
Attn CID #: 963145
9090 Junction Drive, Suite 9
Annapolis Junction, MD 20701

FAX (240) 568-6222
PH (888)779-7477 or (301) 957-2380

NOTE: Beginning in the Spring of 2011, CERT will begin accepting documentation from providers sent via the Electronic Submission of Medical Documentation (esMD) mechanism. For more information about esMD, see www.cms.gov/esMD.

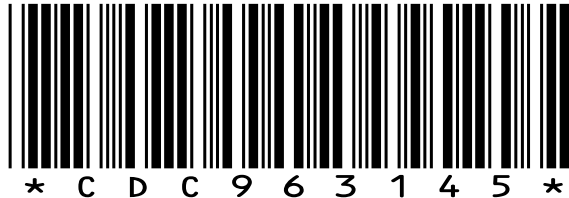
PLACE THIS BAR CODED COVER SHEET IN FRONT OF THE RECORD

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

Due Date: TestDueDate

Medicare Part A Provider
Request Date: TestRequestDate

| | | | |
|-----------------------|--|----------------------------|---------------------------|
| Claim Control Number: | TestCCn | Contractor Type: | Part A |
| NPI/Provider Number: | TestBillingNPI | Date(s) of Service: | TestFromDate - TestToDate |
| Contractor Number #: | TestContractorID | HIC Number: | TestHicnum |
| Patient Name: | TestBeneficiaryLastName, TestBeneficiaryname | CID Number: | 963145 |
| Patient Number: | TestPAN | Medical Record Number: | TestMRN |
| Date of Birth: | TestBeneficiaryDOB | | |



Letter Sequence: Initial Letter
Universe Date: TestUniverseDate

PLEASE SEND THE FULL INPATIENT MEDICAL RECORD FOR THE SPECIFIED FROM AND TO DATE OF SERVICE. ALSO INCLUDE ANY ADVANCED BENEFICIARY NOTICE (ABN) ISSUED TO THE BENEFICIARY DURING THE HOSPITALIZED STAY.

CERT Documentation Office - Attn: CID # 963145, 9090 Junction Drive, Suite 9, Annapolis Junction, MD 20701
FAX (240) 568-6222 PH (888)779-7477 or (301) 957-2380