

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-08 Medicare Program Integrity</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal: 12959</b>	<b>Date: November 14, 2024</b>
	<b>Change Request 13842</b>

**SUBJECT: Revisions to Chapter 12 (The Comprehensive Error Rate Testing (CERT) Program) of Publication (Pub.) 100-08 (Medicare Program Integrity Manual)**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to revise sections 12.9 (Annual Improper Payment Reduction Strategy (IPRS)) and 12.13 (Administrative Relief to Damaged Areas from a Disaster) in Chapter 12 (The CERT Program) of Pub. 100-08.

**EFFECTIVE DATE: December 17, 2024**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: December 17, 2024**

***Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.***

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	12/ 12.9/Annual Improper Payment Reduction Strategy (IPRS)
R	12/ 12.13/Administrative Relief to Damaged Areas from a Disaster

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

Pub. 100-08	Transmittal: 12959	Date: November 14, 2024	Change Request: 13842
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**II. GENERAL INFORMATION**

**A. Background:** The purpose of this CR is to revise sections 12.9 (Annual Improper Payment Reduction Strategy (IPRS)) and 12.13 (Administrative Relief to Damaged Areas from a Disaster) in Chapter 12 (The CERT Program) of Pub. 100-08. The revisions include:

- Deleted duplicative information regarding MAC IPRS.
- Added clarification regarding administrative relief when documentation has been received by the CERT review contractor.

**B. Policy:** This CR does not involve any legislative or regulatory policy.

**III. BUSINESS REQUIREMENTS TABLE**

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Num ber	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared-System Maintainers				Oth er
		A	B	HH H		FI SS	M CS	V MS	C W F	
1384 2.1	The contractor shall be aware of r evisions made to Chapter 12 of Pub. 100- 08, applicable to this CR.	X	X	X	X					
1384 2.2	The contractor shall be aware that instructions for Annual Improper Payment Reduction Strategy are available in Pub. 100-08 Medicare Program Integrity Manual, Chapter 7, section 7.1.	X	X	X	X					
1384 2.3	The contractor shall be aware that if at any time documentation is received from the provider or	X	X	X	X					

Num ber	Requirement	Responsibility								
		A/B MAC			D ME  M AC	Shared-System Maintainers				Oth er
		A	B	HH H		FI SS	M CS	V MS	C W F	
	supplier for claims impacted by administrative relief, the CERT review contractor will proceed with review.									

#### IV. PROVIDER EDUCATION

None

**Impacted Contractors:** None

#### V. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information:**N/A

#### VI. CONTACTS

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VII. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# **Medicare Program Integrity Manual**

## **Chapter 12 – The Comprehensive Error Rate Testing Program**

**Table of Contents**  
*(Rev. 12959; Issued: 11-14-24)*

**Transmittals for Chapter 12**

## **12.9 – Annual Improper Payment Reduction Strategy (IPRS)**

*(Rev. 12959; Issued: 11-14-24; Effective:12-17-24; Implementation: 12-17-24)*

See Pub 100-08 Medicare Program Integrity Manual, Chapter 7, section 7.1 for specific instructions on the IPRS.

## **12.13 – Administrative Relief to Damaged Areas from a Disaster**

*(Rev. 12959; Issued: 11-14-24; Effective:12-17-24; Implementation: 12-17-24)*

This section applies to Medicare Administrative Contractors (MACs) and Comprehensive Error Rate Testing (CERT) as indicated.

### **A. General**

In the event of a disaster, the CERT program shall grant temporary administrative relief to any affected providers and suppliers. The administrative relief available to the CERT program is discussed below.

### **B. Definition of a Disaster**

A disaster is defined as any natural or man-made catastrophe (e.g., hurricane, tornado, earthquake, volcanic eruption, mudslide, snowstorm, tsunami, terrorist attack, bombing, fire, flood, explosion, etc.) which causes damage of sufficient severity and magnitude to partially or completely destroy medical records and associated documentation that could be requested by the CERT review contractor in the course of medical review, interrupt normal mail service (including US Postal delivery, overnight parcel delivery services, etc.), and/or otherwise significantly limit the provider or supplier's daily operations. A disaster may be widespread and impact multiple structures (e.g., a regional flood) or isolated and impact a single site only (e.g., water main failure).

A provider or supplier must submit a disaster attestation (available on the CERT public website <https://c3hub.certrc.cms.gov/> and upon request) when the documentation requested to support a claim has been wholly or partially destroyed in a disaster. The CERT review contractor shall accept an attestation that no medical records exist due to a disaster.

### **C. Administrative Relief**

Once a disaster has been declared, CMS will notify the CERT review contractor to grant temporary administrative relief to those providers or suppliers in areas that have been declared a disaster by the Secretary of the Department of Health and Human Services. Please refer to the CMS Emergency Response and Recovery website at <https://www.cms.gov/about-cms/what-we-do/emergency-response> for information on current and past emergencies.

The CERT review contractor shall apply administrative relief along with flexibilities and waivers related to medical review at the direction of CMS. The administrative relief is to be granted to affected providers and suppliers in accordance with the following guidelines:

- The CERT review contractor shall not send any additional documentation requests (ADRs) *or* attempt telephone calls to request medical documentation on claims, as directed by CMS, to providers and suppliers affected by the disaster as determined by locations listed on the CMS Emergency Response and Recovery website or as determined by CMS. This administrative relief starts on the date the disaster is effective.

- Administrative relief does not include claims that have completed CERT review before the administrative relief began.
- Administrative relief is applied to entities when the physical location or mailing address of the provider or supplier is in the area impacted by the disaster.
- *If at any time documentation is received from the provider or supplier for claims impacted by administrative relief, the CERT review contractor will proceed with review.*

The MACs may obtain a list of claims impacted by administrative relief in the Claims Status Section on the C3HUB.