

<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 743</b>	<b>Date: September 8, 2017</b>
	<b>Change Request 10242</b>

**This Transmittal is no longer sensitive/controversial and is being re-communicated November 8, 2017. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.**

**SUBJECT: Comprehensive Error Rate Testing (CERT) Program Dispute Process**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to update Chapter 12 of Pub. 100-08 with instructions on how the Medicare Administrative Contractors (MACs) should file a dispute in situations in which they do not agree with the final CERT review contractor decision on a claim.

**EFFECTIVE DATE: October 10, 2017**

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

**IMPLEMENTATION DATE: October 10, 2017**

*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/Table of Contents
R	12/12.3/12.3.3/12.3.3.3.1/ Disputing a CERT Decision

**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: 743	Date: September 8, 2017	Change Request: 10242
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## I. GENERAL INFORMATION

**A. Background:** The Comprehensive Error Rate Testing (CERT) program has a process in place which allows the MACs to dispute claims in which they do not agree with the final decision made by the CERT review contractor. The Centers for Medicare & Medicaid Services (CMS) provided instruction to the CERT review contractor on changes to be made to the existing process in order for the process to be more formal.

**B. Policy:** There are no statutory or regulatory policies that impact this CR.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10242.1	In order for a claim to be escalated to the CMS dispute panel for review, the MAC shall provide a detailed rationale, via the appropriate field in the CERT Claims Status website, as to why the claim remains in dispute.	X	X	X	X					

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

#### IV. SUPPORTING INFORMATION

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

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Sarah Bochenick, 410-786-2882 or sarah.bochenick@cms.hhs.gov

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

#### VI. 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.743, Issued: 09-08-17.)*

### Transmittals for Chapter 12

*12.3.3.3.1- Disputing a CERT Decision*

### ***12.3.3.3.1-Disputing a CERT Decision***

***(Rev. 743; Issued: 09-08-17; Effective: 10- 10-17; Implementation: 10-10-17:)***

*A dispute may be filed in situations in which the MAC does not agree with the final CERT review contractor decision on a claim. The MAC shall indicate the disputed claim on the CERT Claims Status website (CSW) via the feedback process in accordance with this section. Using the appropriate field in the CSW, the MAC shall enter a statement that explains the rationale for filing the dispute. Once a MAC files a dispute on a claim, they should not enter any feedback information on that claim since it will be removed from the feedback batch. The CERT review contractor will conduct a re-review of the disputed claim and issue a new comment via the CERT CSW. If the MAC does not agree with the re-review decision or new reviewer comment, the MAC has the option to escalate the dispute to CMS in the next feedback cycle. The MAC must provide a detailed rationale, via the appropriate field in the CSW, as to why the claims remains in dispute. The CMS dispute panel shall use the medical record, CERT review contractor comments, and MAC comments/rationales to review the disputed claim. The CERT review contractor shall notify the MAC of the CMS dispute panel final decision by way of the CSW. The CMS dispute panel decision will appear as a new reviewer comment, and the claim will appear in the new feedback/change in status cycle.*

*Each MAC is allowed to file one disputed claim per month on or before the last day of each month. Should the MAC choose not to submit a dispute in a given month, the unused opportunity does not carry over to the following month.*

*When an appeal has been entered for a disputed claim, the MAC shall notify the CERT review contractor immediately in order to halt the dispute process.*