

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11336	Date: April 7, 2022
	Change Request 12646

SUBJECT: Request for Read-Only Access to the CMS Shared Systems for the Comprehensive Error Rate Testing (CERT) Review Contractor (RC)

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services (CMS) estimates the Medicare Fee-for-Service (FFS) program improper payment rate through the Comprehensive Error Rate Testing (CERT) program. Each year, the CERT program Review Contractor (RC) reviews a statistically valid random stratified sample of Medicare FFS claims to determine if they were paid properly under Medicare coverage, coding and payment rules. CMS has contracted with NCI Information Systems Inc., as the RC for the CERT program. The CERT RC is requesting read-only access to the CMS Shared Systems - Fiscal Intermediary Shared System (FISS), Multi-Carrier System (MCS), and Viable Information Processing System (ViPS) Medicare System (VMS). Currently, the CERT RC has an effective model to perform post payment medical review; however, it has limited access to the amount of historical and relevant provider/supplier information needed to perform analysis of claims in specific circumstances. A more effective model for the CERT RC includes read-only access to the CMS Shared Systems, allowing for enhanced collaboration and communication with the MACs and providing access to information facilitating a more complete medical record review for Medicare FFS claims for Part A, Part B, and Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) programs.

EFFECTIVE DATE: July 11, 2022

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

IMPLEMENTATION DATE: July 11, 2022

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.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

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:

One Time Notification

Attachment - One-Time Notification

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EFFECTIVE DATE: July 11, 2022

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I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) estimates the Medicare Fee-for-Service (FFS) program improper payment rate through the Comprehensive Error Rate Testing (CERT) program. Each year, the CERT program Review Contractor (RC) reviews a statistically valid random stratified sample of Medicare FFS claims to determine if they were paid properly under Medicare coverage, coding and payment rules. CMS has contracted with NCI Information Systems Inc., as the RC for the CERT program. The CERT RC is requesting read-only access to the CMS Shared Systems - Fiscal Intermediary Shared System (FISS), Multi-Carrier System (MCS), and Viable Information Processing System (ViPS) Medicare System (VMS). Currently, the CERT RC has an effective model to perform post payment medical review; however, it has limited access to the amount of historical and relevant provider/supplier information needed to perform complete analysis of claims in specific circumstances. A more effective model for the CERT RC includes read-only access to the CMS Shared Systems, allowing for enhanced collaboration and communication with the MACs and providing access to information facilitating a more complete medical record review for Medicare FFS claims for Part A, Part B, and Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) programs.

Benefits of allowing the CERT RC read-only access to the CMS Shared Systems include:

- Improved claim research;
- Enhanced ability to accurately see how a claim was processed, as well as historical billing of same/similar items;
- Improved ability to train staff on the payment platforms;
- Enriched access to provider address files that may contain “other” addresses which the CERT RC could use to reduce no documentation errors;
- Improved identification of provider claim cancellation and claims in appeal status;
- Improved understanding of MAC claim denials due to automated edits.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	access to their respective systems, if, or when, requested. Note: While all MACS are selected, responsibility will be situational (e.g., DME MACs with VMS would be responsible for training CERT RC users for VMS, A/B MACs for FISS, etc).										
12646.6.1	Noridian Healthcare Solutions, LLC shall make itself available to provide the initial user training for the CERT RC users for read-only access to the Shared Systems.	X	X		X					CERT	
12646.6.2	The CERT RC shall coordinate with Noridian Healthcare Solutions, LLC to complete the initial user training for read-only access to the Shared Systems.	X	X		X					CERT	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	None										

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

V. CONTACTS

Pre-Implementation Contact(s): Lisa Yaider, 410-786-0008 or lisa.yaider1@cms.hhs.gov , Kristen Liberto, 410-786-5611 or kristen.liberto@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0