

## **External Communication: Resources**

UNITED GOVERNMENT SERVICES, LLC

### **United Government Services, LLC**

- **Web site: [www.ugsmedicare.com](http://www.ugsmedicare.com)**
  - **Provider Tab**
    - **Hot Topics**
    - **Medicare Memo**
    - **Medical Review**
    - **Appeals**
    - **LCD's**
  - **CERT**
  - **Provider Education**
    - **Manuals/Training Documents**

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http://ugsmedicare.com/

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Home Persons with Medicare Providers CERT Provider Education & Training

**What's New** See All

- [Brown Bag Training Session- Therapy Documentation Guidelines Based on CR 4364, Transmittal 47, April 11, 2006](#)
- [MM4219 - 2006 Oncology Demonstration Project](#)
- [SE0619 - Instructions for Provider Notification Regarding Streamlined Drug Coverage Materials for Health Care Professionals, a New Fact Sheet and Script for Recent Audio Conference](#)
- [MM4397 - Correction to Application of Temporary 5 Percent Payment Increase for Home Health Services Furnished in a Rural Area for One Year Under the Home Health Prospective Payment System \(HH PPS\)](#)
- [MM4360 - April 2006 Outpatient Prospective Payment System Code Editor \(OPPS OCE\) Specifications Version 7.1](#)
- [MM4359 - April 2006 Non-Outpatient Prospective Payment System Outpatient Code Editor \(Non-OPPS OCE\) Specifications Version 21.2](#)
- [MM4101 - Repeat Tests for Automated Multi-Channel Chemistries for End Stage Renal Disease \(ESRD\) Beneficiaries](#)

**Therapy Cap Procedures**

**UGS at a Glance**

- [EDI](#)
- [HIPAA](#)
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- [Training Manuals](#)
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- [Medicare Secondary Payer](#)
- [Supplier and Vendor Information](#)
- [UGS Web Site Tutorial](#)

Sign Up here for Automatic E-mail Updates.

**Provider Community Education and Training** See All

http://ugsmedicare.com/providers/providers.asp

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**Providers**

**Providers**

Welcome to the new United Government Services, LLC web site. The web site was redesigned in order be compliant with CMS Requirements for Section 508. Section 508 was required by the government to federal agencies and federal contractors to ensure accessibility to all users, including those with special needs.

[Medicare Contractor Provider Satisfaction Survey](#) | [CMS' Medicare Contractor Provider Satisfaction Survey](#)

**If you have additional comments that you would like to send to the Centers for Medicare & Medicaid Services (CMS) directly, below is a contact list of the three CMS Regional Offices that UGS deals with.**

**Region IX (San Francisco)**

Contact Name: *Julia Cohen*  
Centers for Medicare & Medicaid Services  
75 Hawthorne Street, 6th floor  
San Francisco, California 94105

**Region V (Chicago)**

Contact Name: *Kathie Wood*  
Centers for Medicare & Medicaid Services  
233 N. Michigan Ave. Suite 600  
Chicago, Illinois 60601

**Region II (Philadelphia)**

**"Provider" Tab**

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"CERT" Tab

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**CERT (Comprehensive Error Rate Testing)**

**WHAT IS "CERT"?**

CERT is the Comprehensive Error Rate Testing program, instituted by the Centers for Medicare and Medicaid Services (CMS). CERT monitors the accuracy of Medicare payments of claims submitted to Fiscal Intermediaries (FIs), carriers, & DMERCs. A separate program, the Hospital Payment Monitoring Program (HPMP) is responsible for monitoring payments to inpatient acute care hospitals.

CERT calculates error rates and estimates improper claim payments using a methodology approved by the Office of the Inspector General (OIG). The CERT methodology includes:

- Randomly selecting a sample of claims submitted to Carriers, DMERCs, and FIs to Medicare during a specific year
- Requesting medical records from the providers who submitted the claims
- Reviewing the claims and medical records for compliance with Medicare coverage, coding, and billing rules
- Scoring claims as errors when the providers failed to submit documentation
- Sending providers overpayment letters/notices or making adjustments for claims that were overpaid or underpaid.

Please note that the CERT Program is independent from any medical review conducted by UGS, LLC.

*(Page Last Modified 03/13/06)*

**CERT**

- [CERT Home Page](#)
- [Who Performs CERT?](#)
- [Responding to Documentation Requests - Documentation Checklist](#)
- [HIPAA Compliance](#)
- [Samples of CERT Request Letters](#)
- [CERT Denials](#)
- [What If My Records Were Destroyed?](#)
- [Update Provider Contact Information](#)
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"Provider Education and Training" Tab

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- [PCOM Minutes](#)
- [FAQs from PCOM Meetings](#)
- Anyone who wishes to become a member of these committees may e-mail your request to: [Juliette.Chenian@ugswlp.com](mailto:Juliette.Chenian@ugswlp.com)

**Training Manuals**

- [Acronyms and Abbreviations](#)
- [Rural Health Clinic Manual](#)
- [Swing Bed Training Material](#)
- [Skilled Nursing Manual](#)
- [Hospital Manual](#)
- [Critical Access Hospital](#)
- [FQHC Manual](#)
- [Home Health Manual](#)
- [Hospice Manual](#)
- [FISS DDE Manual](#)
- [Inpatient Psychiatric Facility PPS](#)
- [Outpatient Rehabilitation Facilities \(CORE\)](#)
- [Comprehensive Outpatient Rehabilitation Facilities \(CORE\)](#)
- [Community Mental Health Center \(CMCH\)](#)
- [End State Renal Disease \(ESRD\)](#)
- [Additional Development Request from Medical Review](#)
- [Outpatient Services Educational Update on Physical Therapy, Occupational Therapy, and Speech Pathology](#)

# CMS Web Site

- **On-line Manual System**
  - CMS Quarterly Provider Updates
- **Medicare Coverage Database**
  - Search NCD's, LCD's, Articles
- **MedLearn**
- **Open Door Forums**
- **Beneficiary Notice Initiative**
- **Specialty Information**
  - Therapy Services
  - SNF PPS
  - IRF PPS

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The screenshot shows a web browser window displaying the CMS website. The address bar shows the URL <http://www.cms.hhs.gov/manuals/>. The page header includes the U.S. Department of Health & Human Services logo and the CMS logo. The main navigation menu includes links for Home, Medicare, Medicaid, SCHIP, About CMS, Regulations & Guidance, Research, Statistics, Data & Systems, Outreach & Education, and Tools. The breadcrumb trail indicates the current location: CMS Home > Regulations and Guidance > Manuals > Overview.

The main content area is titled "Overview" and contains the following text: "The CMS Online Manual System is used by CMS program components, partners, contractors, and State Survey Agencies to administer CMS programs. It offers day-to-day operating instructions, policies, and procedures based on statutes and regulations, guidelines, models, and directives. In 2003, we transformed the CMS Program Manuals into a web user-friendly presentation and renamed it the CMS Online Manual System."

There are several sections on the page:

- Downloads:** "There are no Downloads"
- Related Links Inside CMS:** Includes links for "CMS Transmittals" and "Medicare Modernization Update (MMU)". The link "Quarterly Provider Updates (QPU)" is circled in red.
- Related Links Outside CMS:** Includes a link for "CMS Forms".

On the right side, there are two sections:

- Browse By Audience:** Includes links for "Provider Center" and "Partner Center".
- Browse By Subject:** Includes links for "Medicare Coverage", "American Indian/Alaska Native", and "More ...".

On the left side, there is a sidebar with a search box and a list of manual categories: "Manuals", "Overview", "New Updates to the IOM", "Internet-Only Manuals", and "Paper-Based Manuals". The "Internet-Only Manuals" link is circled in red.

http://www.cms.hhs.gov/center/coverage.asp

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on the overall process. If you are in the Medicare Coverage Database includes indexes to local and national policy information and supports searches of a compilation of both national and local coverage determinations based on various criteria.

This page also includes links to related claims processing, payment and program integrity.

**Important Links**

**Coverage Process**

- [Overview](#)
- [Medicare Modernization Act \(MMA\) Coverage Flowchart](#)
- [How to Request an NCD](#)
- [Medicare Coverage Advisory Committee](#)
- [Council on Technology and Innovation](#)

**Coverage Database**

- [Overview](#)
- [Search](#)
- [Indexes](#)
- [National Coverage Analyses](#)
- [National Coverage Determinations](#)
- [Laboratory NCDs Only](#)
- [Technology Assessments](#)

**Coverage Guidance Documents**

- [Overview](#)
- [Guidance Documents](#)
- [Federal Register Notice: Procedure for Producing Guidance Documents](#)

**Facilities/Other Coverage**

- [Overview](#)
- [Mobility Assistive Equipment](#) (includes wheelchairs)
- [Medicare Coverage of Erythropoietin](#)
- [Medicare Approved Facilities](#)
- [ICD Registry](#)
- [Clinical Trials](#)
- [Lab NCDs](#)

**Communication**

- [Public Comments](#)
- [Email Subscription](#)
- [Reports](#)
- [Glossary](#)

**Related Instructions**

- [Medicare NCD Manual](#)
- [Section 1861 of The Act](#)
- [Medicare Benefit Policy Manual](#)
- [Medicare Claims Processing Manual](#)
- [Medicare Program Integrity Manual](#)
- [Program Transmittals](#)

U.S. Department of Health & Human Services | www.hhs.gov

**CMS** Centers for Medicare & Medicaid Services

**Medicare Coverage Database** | coverage home | help | basket

Search | Indexes | Reports | Download

Have the document ID? Use the ID Search

**note:** Documents that have an Ending Date or Revision Ending Date older than two years are stored in the archive database, please visit the [Archive Site](#).

1 What do you want to search for? [reset criteria](#)

National Coverage  Local Coverage

Articles

Policies (LMRP/LCD)

[View coverage descriptions](#)

2 Enter required search criteria

Geographic area OR Contractor:

http://www.cms.hhs.gov/MLNGenInfo/

U.S. Department of Health & Human Services www.hhs.gov

**CMS** Centers for Medicare & Medicaid Services

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CMS Home > Outreach and Education > Medlearn Network - General Information > Overview

### Medlearn Network - General Information

Overview



Welcome to the Medicare Learning Network (MLN) – your destination for educational information for Medicare fee-for-service providers. Located in the Centers for Medicare & Medicaid Services (CMS), the Medicare Learning Network is a brand name for official CMS national provider education products designed to promote national consistency of Medicare provider information developed for CMS initiatives. The Network plays a key role in furthering the Agency's culture of responsiveness. Most importantly, we are here to help you!

Medicare providers are often faced with uncertainty when it comes to keeping up with changes in Medicare policy. This is especially true since the passage of the Medicare Modernization Act—one of the most sweeping changes to affect the Medicare Program in its history. While policies are communicated through different media and by various parties, it is still hard to determine "How does this apply to me?" The Medicare Learning Network aims to solve that problem by providing a variety of training and educational materials that break down Medicare policy into plain language with actionable tips to use in your day-to-day work.

**Browse By Audience**

- Provider Center
- Partner Center
- More ...

**Browse By Subject**

- Medicare Coverage
- American Indian/Alaska Native
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http://new.cms.hhs.gov/OpenDoorForums/

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### Open Door Forums

Overview

The "Open Door Forums" provide an opportunity for live dialogue between CMS and the provider community at large, in order to understand and then help find solutions to contemporary program issues. Such issues may already exist or may be just developing within the various patient care settings impacted by agency regulations. Provider forum participants learn from each other's discussions, uncover useful clarifications regarding the different rules and instructions associated with coverage, coding, and payment, and generally become more of an asset to their office or facility's well being. The forums also proactively engage beneficiary advocates – in discussions of the opportunities and challenges associated with supporting access, improving medical outcomes, lowering costs, and improving quality within our programs.

Following the enactment of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (commonly referred to as the Medicare Modernization Act, or MMA), CMS has continued to increase the opportunities for the healthcare community at large to interact with the agency and also with its Regional Offices. Educational and training events held by CMS throughout the country are enhancing the successful implementation of the many provisions found in the MMA that will positively impact the lives of our Medicare, Medicaid and SCHIP beneficiaries.

The Open Door Forums will continue to serve as one of the many ways for the agency and our healthcare partners to advance our combined goal of delivering quality healthcare for our nation's seniors and beneficiaries with disabilities. While the forums are sometimes utilized to provide an informal and candid discussion of recently proposed regulations or draft guidance, they remain intended in all circumstances to be a complementary

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http://new.cms.hhs.gov/BNI/

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CMS Home > Medicare > Beneficiary Notices Initiative (BNI) > Overview

### Beneficiary Notices Initiative (BNI) Overview

**Please Note: For Medicare Prescription Drug Coverage Notices - see below under "Related Links Inside CMS."**

#### Beneficiary Notices Initiative

Both Medicare beneficiaries and providers have certain rights and protections related to financial liability under the Fee-for-Service (FFS) Medicare and the Medicare Advantage (MA) Programs. These financial liability and appeal rights and protections are communicated to beneficiaries through notices given by providers.

**Use the navigation tool on the left side of this page to link to the following financial liability notices and their instructions:**

- FFS General Use and Laboratory Advance Beneficiary Notices (FFS ABN-G and ABN-L)
- FFS Home Health Advance Beneficiary Notice (FFS HHABN)
- FFS Skilled Nursing Facility Advance Beneficiary Notice (FFS SNFABN) and SNF Denial Letters
- FFS Hospital-Issued Notice of Noncoverage (FFS HINNs)
- FFS Expedited Determination Notices for Home Health Agencies, Skilled Nursing Facility, Hospice and Comprehensive Outpatient Rehabilitation Facility (FFS ED Notices)
- MA Denial Notices (MA Denial Notices)

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http://new.cms.hhs.gov/TherapyServices/01\_overview.asp#TopOfPage

U.S. Department of Health & Human Services www.hhs.gov

Centers for Medicare & Medicaid Services

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CMS Home > Medicare > Therapy Services > Overview

### Therapy Services Overview

Medicare Part B provides coverage for many types of therapy services. This document serves as a guide to direct professionals to additional resources regarding rehabilitation therapy services, coverage requirements, payment systems, and points of contact for further information.

**HIGHLIGHTS:** The most recent topics of interest to those who provide services to Medicare Part B patients are:

- Outpatient therapy policies were modified in the Medicare Benefit Policy Manual chapter 15 sections 220 and 230. A Power Point Presentation on these changes is available.
- Therapy Caps Status - CR 4115 modified the Medicare Claims Processing Manual Chapter 5 to implement financial limits on therapy services on January 1, 2006. A Power Point presentation is available for a summary of the outpatient therapy caps.
- The Therapy Code list - CR 4226 modified Chapter 5, Section 20, of the Medicare Claims Processing Manual to describe changes to, and billing instructions for, payment policies for rehabilitation therapy services, including physical therapy, occupational therapy, and speech-language pathology. It also updates, for 2006, the list of HCPCS/CPT codes that sometimes and always describe therapy services and their associated policy. An accompanying Medlearn Matters article will soon be available.
- Medicare's Correct Coding Initiative (CCI) Edits now apply to providers who furnish Part B therapy services - A special edition Medlearn Matters article, SE0545, describes the application of the CCI edits to providers who bill to fiscal

**Browse By Audience**

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http://www.cms.hhs.gov/SNFPPS/

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CMS Home > Medicare > Skilled Nursing Facilities PPS > Overview

### Skilled Nursing Facilities PPS Overview

Section 4432(a) of the Balanced Budget Act (BBA) of 1997 modified how payment is made for Medicare skilled nursing facility (SNF) services. Effective with cost reporting periods beginning on or after July 1, 1998, SNFs are no longer paid on a reasonable cost basis or through low volume prospectively determined rates, but rather on the basis of a prospective payment system (PPS). The PPS payment rates are adjusted for case mix and geographic variation in wages and cover all costs of furnishing covered SNF services (routine, ancillary, and capital-related costs).

NEW Implementing instructions regarding payment and related issues can be found in sections 2831 and 2837 of the Provider Reimbursement Manual.

Implementing instructions relating to coverage and physician certification/recertification are forthcoming and are not included in these sections.

The Balanced Budget Act of 1997 mandates the implementation of a **per diem** prospective payment system (PPS) for skilled nursing facilities (SNFs) covering **all** costs (routine, ancillary and capital) related to the services furnished to beneficiaries under Part A of the Medicare program. Major elements of the system include:

- **Rates:** Federal rates are set using allowable costs from FY 1995 cost reports. The rates also include an estimate of the cost of services which, prior to July 1, 1998, had been paid under Part B but furnished to SNF residents during a Part A covered

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http://www.cms.hhs.gov/InpatientRehabFacPPS/

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CMS Home > Medicare > Inpatient Rehabilitation Facility PPS > Overview

### Inpatient Rehabilitation Facility PPS Overview

Section 4421 of the Balanced Budget Act of 1997 (Public Law 105-33), as amended by section 125 of the Medicare, Medicaid, and SCHIP (State Children's Health Insurance Program) Balanced Budget Refinement Act of 1999 (Public Law 106-113), and by section 305 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (Public Law 106-554), authorizes the implementation of a per discharge prospective payment system (PPS), through section 1886(j) of the Social Security Act, for inpatient rehabilitation hospitals and rehabilitation units - referred to as inpatient rehabilitation facilities (IRFs). The IRF PPS will utilize information from a patient assessment instrument (IRF PAI) to classify patients into distinct groups based on clinical characteristics and expected resource needs. Separate payments are calculated for each group, including the application of case and facility level adjustments.

**Downloads**

There are no Downloads

**Related Links Inside CMS**

- Electronic Billing & EDI Transactions
- Regulations & Guidance
- Medlearn Matters Articles
- HIPPS Codes

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**AND MORE!.....**  
**Don't Be Afraid - Explore!**

**Use the "search" functions**

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