04/07/2016

Home | About CMS | Newsroom | FAQs | Archive | 🚹 Share 🕗 Help 🕞 Print







Learn about your healthcare options

Medicare

Medicaid/CHIP

Medicare-Medicaid Coordination

Private

Innovation

Regulations &

Outreach & Education

Home > Research, Statistics, Data and Systems > Medicare Fee-for-Service Compliance Programs > Comprehensive Error Rate Testing (CERT) > Comprehensive Error Rate Testing (CERT)

Comprehensive Error Rate Testing (CERT)

Background

Information for Providers

CERT Reports

Additional Data

Comprehensive Error Rate Testing (CERT)

The Centers for Medicare & Medicaid Services (CMS) calculates the Medicare Fee-for-Service (FFS) improper payment rate through the Comprehensive Error Rate Testing (CERT) program. Each year, CERT evaluates a statistically valid random sample of claims to determine if they were paid properly under Medicare coverage, coding, and billing rules.

The fiscal year (FY) 2015 Medicare FFS program improper payment rate is 12.1 percent, representing \$43.3 billion in improper payments, compared to the FY 2014 improper payment rate of 12.7 percent or \$45.8 billion in improper payments (1). The table below outlines the improper payment rate and projected improper payment amount by claim type for FY 2015. The reporting period for this improper payment rate is July 1, 2013 -June 30, 2014.

Service Type	Improper Payment Rate	Improper Payment Amount (2)
Inpatient Hospitals	6.2%	\$7.0B
Durable Medical Equipment	39.9%	\$3.2B
Physician/Lab/Ambulance	12.7%	\$11.5B
Non-Inpatient Hospital Facilities	14.7%	\$21.7B
Overall	12.1%	\$43.3B

All public reports produced by the CERT program are available through the "CERT Reports" link on the section navigation tray to the left. The improper payment rate is released annually in the HHS AFR in the "Other Accompanying Information" section, which can be accessed through the HHS AFR link in the Related Links section at the bottom of this page.

- (1) The national overall and inpatient hospital improper payment rates are adjusted for the impact of Part A to B rebilling of denied inpatient claims.
- (2) Columns may not sum correctly due to rounding.

Downloads

Introduction to CERT [PDF, 570KB] 7

CERT Assignment of Error Categories January 2016 [PDF, 191KB]

Related Links

ICD-10

Health and Human Services' Annual Agency Financial Report (HHS AFR)

Improper Payments Elimination and Recovery Improvement Act of 2012

Improper Payments Elimination and Recovery Act of 2010

Improper Payments Information Act of 2002

The CMS Blog

CMS Fact Sheets

CMS Press Releases

Payment Accuracy

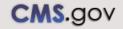
CMS on Twitter &

Page last Modified: 02/08/2016 11:28 AM

Help with File Formats and Plug-Ins

04/07/2016





A federal government website managed by the Centers for Medicare & Medicaid Services

7500 Security Boulevard, Baltimore, MD 21244



CMS & HHS Websites	Tools	Helpful Links	
Medicare.gov	Acronyms	Web Policies & Important Links	
MyMedicare.gov		Privacy Policy	Receive Email Updates
StopMedicareFraud.gov	Contacts	Plain Language	
Medicaid.gov	FAQs	Freedom of Information Act	
InsureKidsNow.gov	Glossary	No Fear Act	
HealthCare.gov	Archive	Nondiscrimination/Accessibility	
HHS.gov/Open		HHS.gov	
		Inspector General	
		USA.gov	
		Help with file formats & plug-ins	