



Targeted Probe and Educate Checklist

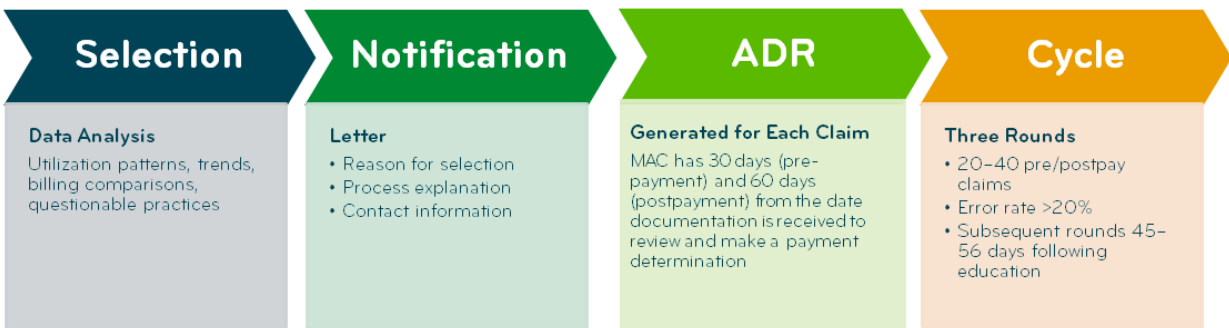
Providers selected for a Targeted Probe and Educate (TPE) audit will receive a Notice of Review (TPE notification letter) via the United States Postal Service (USPS), Electronic Submission of Medical Documentation (esMD), or Palmetto GBA eServices Portal. Receipt of the TPE notification letter is dependent upon the delivery method chosen by the provider. If the chosen method is USPS, the letter is mailed to the Medical Review Correspondence Address (MRCA) on file, if available. If an MRCA is not available, the notification letter is mailed to the physical address on file for the provider. An Additional Documentation Request (ADR) for each claim included within the TPE sample will be delivered to the provider via the applicable letter delivery preferences. Providers selecting Direct Data Exchange (DDE) as their ADR delivery method should review ADRs via DDE. This is the beginning of the TPE checklist process for each facility/office/agency.

1.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Received Notification Letter
2.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Reason for Selection Identified
3.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Process Explained
4.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ADR Response Cover Sheet Obtained
5.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	TPE Round Identified (Initial or Subsequent)
6.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ADR Received (FISS, eServices , USPS, exMD, DDE)
7.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ADR Response Due Date Identified via ADR Calculator
8.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Claim Dates of Service (DOS) Identified
9.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Medical Record Documentation Collected for DOS requested
10.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ADR Response Cover Sheet Completed
11.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ADR Response Cover Sheet Placed on Top of Medical Record
12.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Original ADR Placed on Top of Cover Sheet
13.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Reviewed for Medical Necessity
14.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Reviewed for Correct DOS
15.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Reviewed for Signatures
16.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Includes the Plan of Care
17.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Includes Progress/Visit Notes (as appropriate)
18.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Includes Physician Orders (as appropriate)
19.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Includes Medication Administration Records (as appropriate)
20.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Includes Medical Records from Outside (third party) Agencies Specific to the DOS requested (as appropriate)
21.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Includes a Face-to-Face Encounter (as appropriate)

22.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Includes Certification/Re-certification statements and signatures (as appropriate)
23.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Supports Eligibility for Medicare Services/Supplies
24.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Supports Billing
25.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation is for the appropriate patient/beneficiary
26.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation is legible
27.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Includes PECOS Validation for all Physicians/Non-Physician Practitioners Providing Services within the DOS Identified
28.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Includes Evaluations/Re-Evaluations for all Therapy Services (as appropriate)
29.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Includes the Patient/Beneficiary Name on Each Page
30.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Includes Identifiable Signatures with Credentials
31.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Documentation Includes Signature Logs
32.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	All Staples, Paperclips, Binder Clips, Sticky Notes, and Rubber Bands are Removed from Medical Record
33.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Pages of the Medical Record are Not Folded, Cut Off, or Crinkled from Copying, Printing, Faxing
34.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Highlighter is Not Utilized Anywhere in the Medical Record
35.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Both Sides of Double-Sided Pages in the Medical Record are Copied
36.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Medical Record is Paginated (Numbered and in Order)
37.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	All Pages are Copied as One PDF per ADR (Single/Individual Files)
38.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Medical Record Documentation Reviewed by Compliance Officer
39.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Medical Record Documentation Reviewed by Chief Nursing Officer
40.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Medical Record Documentation Reviewed by Quality Manager/Staff
41.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Agency/Office/Facility Point of Contact is Identified for Questions and/or Inquiries Regarding each Medical Record Requested
42.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Each Individual Medical Record has been Submitted in Response to its ADR within 45 Days
43.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	All Records Submitted utilizing the preferred Method Palmetto GBA eServices Portal or esMD Portal

44.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	TPE Results Letter Received
45.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Reasons for Denials Reviewed
46.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Payment and Claims Error Rates Reviewed
47.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Release or Retention from TPE Process Identified
48.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	One-on-One Education with Palmetto GBA Medical Review Staff Arranged (Date and Time Obtained)
49.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Education with Palmetto GBA Medical Review Staff Completed
50.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Additional Round of TPE Required
51.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Provider Referred to CMS

At this point in the process, when an additional round of TPE is required, the provider should identify what round they are moving in to and print another blank checklist. Subsequent rounds of TPE will follow when error rates exceed 20%.



ADR and TPE Resources

For further information regarding ADRs and TPE, please refer to the following articles and checklists:

- [The Targeted Probe and Educate Program](#)
- [Access TPE Letters Electronically Job Aid \(PDF\)](#)
- [Jurisdiction J Part A — Medical Review Webpage](#)
- [Jurisdiction J Part B — Medical Review Webpage](#)
- [Jurisdiction M Part A — Medical Review Webpage](#)
- [Jurisdiction M Part B — Medical Review Webpage](#)
- [Jurisdiction M HHH – Medical Review Webpage](#)
- Medical Review ADR Response Cover Sheet
 - [Jurisdiction J Part A \(PDF\)](#)
 - [Jurisdiction J Part B \(PDF\)](#)

- [Jurisdiction M Part A](#) (PDF)
 - [Jurisdiction M Part B](#) (PDF)
- [Medical Review Program and Targeted Probe and Educate](#) (PDF)
- Targeted Probe and Educate
 - [Jurisdiction J Part A Webpage](#)
 - [Jurisdiction J Part B Webpage](#)
 - [Jurisdiction M Part A Webpage](#)
 - [Jurisdiction M Part B Webpage](#)
 - [Jurisdiction M HHH Webpages](#)
- [Targeted Probe and Educate Video](#)
- Targeted Probe & Educate Process Module
 - [Jurisdiction J Part A](#)
 - [Jurisdiction J Part B](#)
 - [Jurisdiction M Part A](#)
 - [Jurisdiction M Part B](#)
 - [Jurisdiction M HHH](#)
- [Additional Documentation Request](#)
- [CMS Publication 100-08, Medicare Program Integrity Manual, Chapter 3](#) (PDF)
- [Improving the Medicare Claims Review Process](#) (PDF)
- [Medical Review and Education](#)
- [Provider Enrollment, Chain, and Ownership System](#)
- [Targeted Probe and Educate](#)
- [Targeted Probe and Educate \(TPE\) Q & A's](#) (PDF)
- [Welcome to the Medicare Provider Enrollment, Chain, and Ownership System \(PECOS\)](#)