

# Medical Review Program and Targeted Probe and Educate

## Medical Review Operations

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# Agenda

- **Goal of MR Program**
- **TPE Overview**
- **TPE Top Easily Curable Calls**
- **Questions**

## **Medical Review Program**

**Designed to reduce/prevent improper payments by preventing payment of claims that do not comply with Medicare's coverage, coding, payment and billing policies.**

# Targeted Probe and Educate Overview



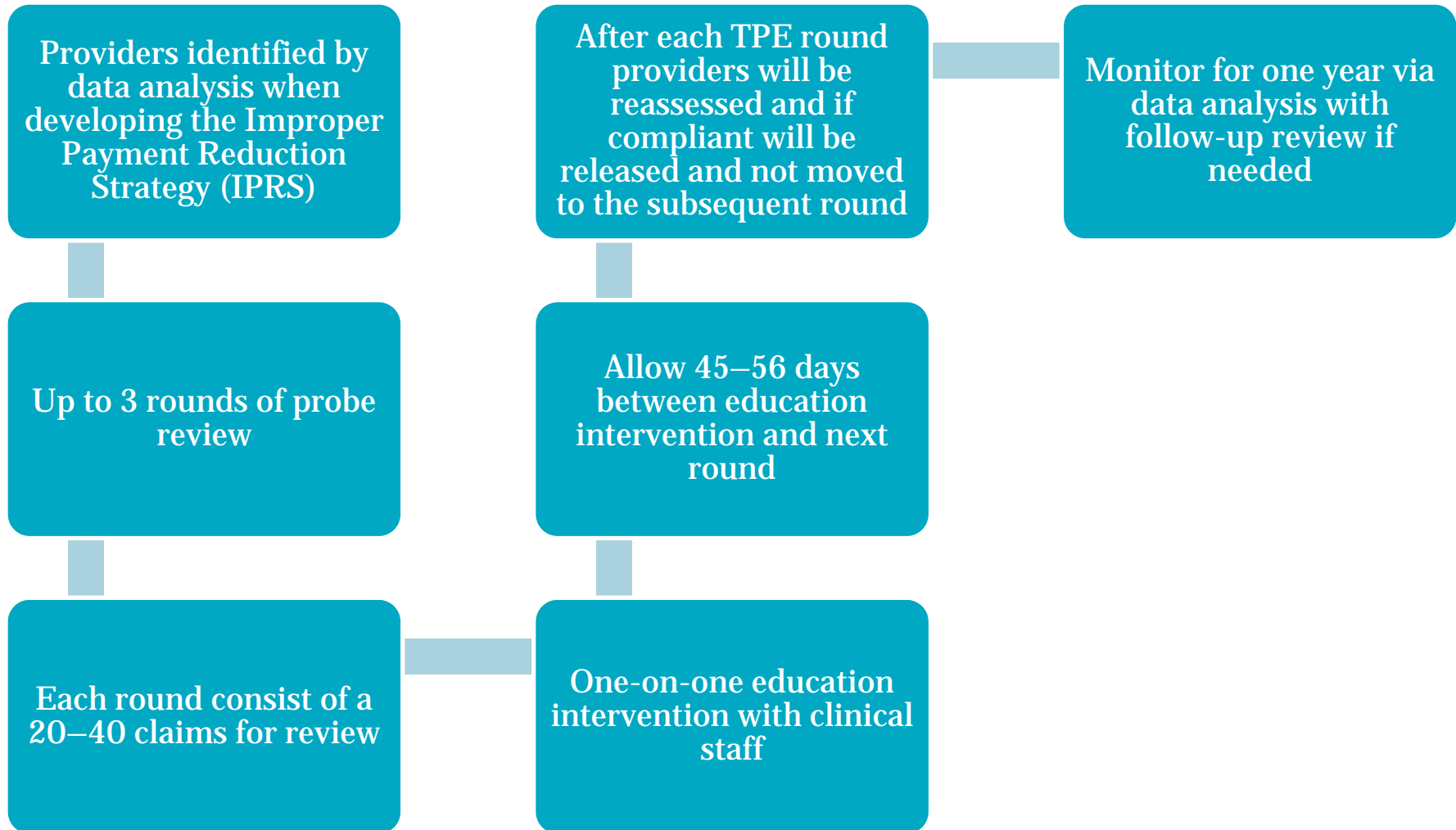
## **TPE Background**

- Targeted Probe and Educate (TPE) began as a pilot program in June of 2016
- Developed from the Inpatient as well as HH Probe and Educate models
  - Prior models included participation of all providers with smaller review samples
  - Current TPE model providers are selected based on data analysis and probe reviews are conducted for 20–40 claims
- Previous success was demonstrated by:
  - Decreased appeals
  - Increased acceptance of provider education

## **TPE Purpose**

- The purpose of TPE is to:
  - Reduce appeals
  - Decrease provider burden
  - Improve the medical review and education process

## Targeted Probe and Educate Process



## Provider Notification

- Please ensure the process for routing this information to the person(s) who should receive the notification is timely and effective
- If selected for TPE, the provider will receive a notification letter outlining reason for review
  - **Notice of Review — Targeted Probe and Education**
  - Letter will be addressed to the **Medicare Provider or Compliance Officer**



## Provider Notification

- The interaction between the reviewer and the provider is a key component of the TPE model
- The notification letter will contain a form for providers to designate a point of contact (POC) for the reviewer to contact by phone for any education calls
  - **This form should be returned with the ADR response**

NPI			
PTAN			
Group/Practice Name			
Provider Name			
Contact Name			
Title			
Contact Number			
Hours of Availability		Time Zone	<input type="checkbox"/> Pacific <input type="checkbox"/> Mountain <input type="checkbox"/> Central <input type="checkbox"/> Eastern

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## Results and Education

**During** the probe review, the reviewer **may** contact the designated POC for any **missing** information or to provide education on a specific claim or issue identified. If you have submitted a complete documentation package, or no education requirement was identified during the probe, the reviewer will not contact you during the probe.

**Some examples of missing documentation most frequently requiring contact, may include (but are not limited to) :**

## **Results and Education — Part A**

- **Part A Outpatient Therapy**
  - Missing certification
  - Missing progress notes
  - Missing initial evaluation
  - Missing plan of care
  - Missing total therapy minutes
- **Part A Denosumab (Prolia)**
  - Missing Physician's Orders
- **Part A DRG 885 Psychoses**
  - Missing valid certification
  - Missing initial psychiatric evaluation
  - Missing valid recertification

## **Results and Education — Part B**

- **Ambulance (emergent)**
  - Missing signature from beneficiary and receiving facility
- **Ambulance (non-emergent)**
  - Missing clinical documentation
  - Missing Physician Certification Statement (PCS)
  - Missing signature from beneficiary and receiving facility
- **Evaluation and Management**
  - Missing documentation, including no documentation, partial documentation or incorrect DOS or type of documentation received

## Results and Education — Hospice

- **Hospice**
  - No Hospice Election Statement
  - No or incorrect certification for DOS billed
  - Missing face-to-face
  - Missing POC
  - No physician's narrative
  - No POC/interdisciplinary doc for DOS billed
  - Missing documentation to support the level of care billed:
    - **Rev code 0652** — Continuous Care
    - **Rev code 0655** — Inpatient Respite Care
    - **Rev code 0656** — General Inpatient Care

## **Results and Education – Home Health**

Examples of missing documentation may include (but is not limited to) the items listed below:

- Documentation (e.g., visit notes)
- Face-to-face
- Plan of care (POC)
- Supplemental orders
- Therapy goals
- Asking for a signature attestation for missing signatures that could be resolved

## Results and Education – RRB

- **Radiology**
  - Missing documentation in a timely manner
  - Missing physician's order
  - Rendering provider is not the same as the billing provider
  - Documentation was not provided
  
- **Ambulance**
  - Missing documentation in a timely manner
  - Documentation was not provided
  - Documentation missing beneficiary/representative signature
  - Documentation deemed illegible
  
- **Evaluation and Management**
  - Missing documentation in a timely manner
  - Documentation was not provided
  - Billing provider is not the same as the rendering provider of claim
  - Documentation deemed illegible

## Results and Education

- Upon **completion** of the 20–40 claim sample, Medical Review will provide you written notification to include your results
  - This letter will include the number of claims reviewed, the number of claims allowed in full, the number of claims denied in full or in part and education on the results
- **After** the written notification has been issued, the **Reviewer or Clinical Educator** will contact you to schedule a 1:1 educational session via teleconference regarding any errors noted during the claim review



## Auto Denial/No Response Errors Requested Records not Submitted

### To Prevent:

- Monitor your claim status on Direct Data Entry (DDE). If the claim is in status/location SB6001, the claim has been selected for review and records must be submitted (**Part A and HHH only**).
- To ensure you are receiving Additional Documentation Requests (ADR), please ensure you update enrollment with any address changes promptly
- For your convenience, all providers enrolled in **eServices** will automatically receive the ADR by **eDelivery**
  - Palmetto GBA's eServices is an internet-based, provider self-service secure application
  - Palmetto GBA's goal is to give the provider secure and fast access to their Medicare information seamlessly via our website through the eServices application
  - **eServices User Guide can be access at**  
<https://www.palmettogba.com/eServicesUserGuide>

## **Auto Denial/No Response Errors Requested Records not Submitted (continued)**

- Aim to submit medical records within 30 days of the ADR date. The ADR date is in the upper left corner of the ADR request. The claim will auto deny by the system on day 46.
- Gather all information needed for the claim and submit it all at one time
- Attach a copy of the ADR request to each individual claim
- If responding to multiple ADRs, separate each response and attach a copy of the ADR to each individual set of medical records. Ensure each set of medical records is bound securely so the submitted documentation is not detached or lost.
- If mailing, please return the medical records to the address on the ADR. Be sure to include the appropriate mail code. This ensures your responses are promptly routed to the Medical Review Department.

## **Common TPE Questions and Answers**

### **Examples of data analysis that may trigger selection for TPE?**

- Data is analyzed to identify services that have a high payment error probability and/or present the greatest risk
- These services may be identified via previous review activity conducted by the MAC, the CERT contractor, the OIG and other CMS contractors
- Once the services are identified, additional data analysis includes (but is not limited to) establishing a baseline to identify unusual trends such as provider's rank against peers and changes in utilization over time

## **Common TPE Questions and Answers**

### **When were the first TPE notification letters mailed?**

- Initial TPE notification letters were mailed back in October 2017
- As new providers and topics are identified, additional notifications are mailed
- TPE probes and rounds are specific to a provider and each provider is treated independently

## **Common TPE Questions and Answers**

### **Who conducts the TPE reviews?**

- Registered Nurses
- Certified Coders
- Physical Therapists

## **Common TPE Questions and Answers**

### **What is the process to appeal a TPE denial?**

- The appeals process has not changed due to TPE
- If you have a review determination during TPE that results in a claim denial, we encourage you to review the medical records you submitted, and if you disagree with that determination, you should follow the established appeals process

## Common TPE Questions and Answers

### Is there a documented threshold to determine if the provider should move to the next round?

- Each MAC evaluates the TPE probe claim denial or charge denial rate against an established threshold at the conclusion of each probe round
- Providers with error rates that exceed the established threshold may be progressed to the next round
  - This information is communicated to the provider via the probe results information that all providers are issued at the conclusion of the 20-40 claim review for each probe
- Prior to the start of the next TPE probe round, all **completed** appeals and reopens are considered prior to transitioning a provider to the next probe. If the new claim and charge denial rates are 20% or less, a new TPE results letter will be issued and the provider will be removed from progressing to the next probe.

## **Common TPE Questions and Answers**

### **Who should participate in the 1:1 education?**

- There are no requirements for who should participate
- Anyone the organization chooses to participate in the call is welcome
- Recommend including participant(s) that can benefit from the education and can facilitate implementation of any necessary changes



# QUESTIONS?



## Resources

- CMS IOM : <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>
  - 100-08 Medicare Program Integrity Manual Chapter 3
- CR 10249: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R1919OTN.pdf>
- TPE Flowchart: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/TPE-Pilot-Flow-chart06-20-17v9-final.pdf>
- Palmetto GBA JJ Part A:  
<https://www.palmettogba.com/palmetto/providers.nsf/docsr/Providers~JJ%20Part%20A~Medical%20Review>
- Palmetto GBA JJ Part B:  
<https://www.palmettogba.com/palmetto/providers.nsf/docsr/Providers~JJ%20Part%20B~Medical%20Review>
- Palmetto GBA JM Part A:  
<https://www.palmettogba.com/palmetto/providers.nsf/docsCat/Providers~JM%20Part%20A~Medical%20Review>
- Palmetto GBA JM Part B:  
<https://www.palmettogba.com/palmetto/providers.nsf/docsCat/Providers~JM%20Part%20B~Medical%20Review>
- Palmetto GBA JM HHH:  
<https://www.palmettogba.com/palmetto/providers.nsf/docsCat/Providers~JM%20Home%20Health%20and%20Hospice~Medical%20Review>
- Palmetto GBA RRB:  
<https://www.palmettogba.com/palmetto/providers.nsf/docsCat/Providers~Railroad%20Medicare~Medical%20Review>