



Targeted Probe and Educate (TPE) Ask-the-Contractor Teleconference (ACT)

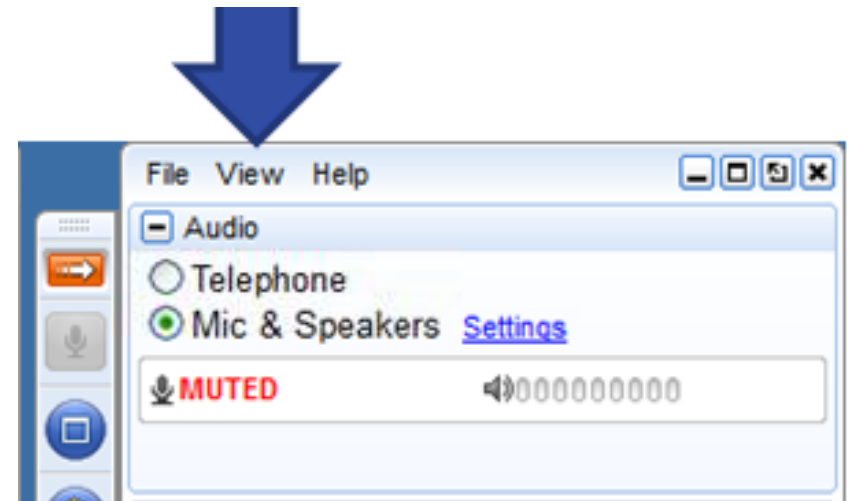
J15 Home Health & Hospice

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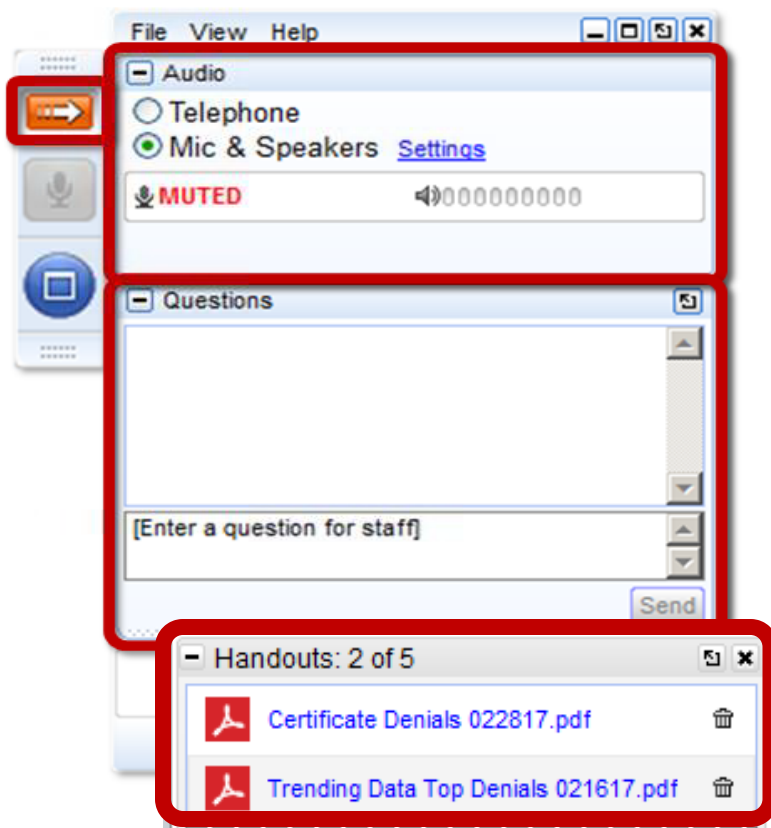


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Webinar Housekeeping



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Submit questions

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Handout

- Handouts and other related materials are available under the **Handouts** panel

Disclaimer

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference.

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Objectives

Define Targeted Probe and Educate (TPE)

Explain the purpose of TPE

Discuss the TPE process

Illustrate how to comply with TPE

Answer your TPE questions

TPE: Goal

When Medicare Claims are submitted accurately, everyone benefits.

CMS's Targeted Probe and Educate (TPE) program is designed to help providers and suppliers reduce claim denials and appeals through one-on-one help.

The goal: to help you quickly improve.

Medicare Administrative Contractors (MACs) work with you, in person, to identify errors and help you correct them.

Many common errors are simple – such as a missing Initial Plan of Care (POC)/Certification – and are easily corrected.

TPE: Background

CMS required Medicare Administrative Contractors (MACs) to pilot a *Probe & Educate* medical review strategy

- CMS selected the topic for review
- Required MAC to review EVERY provider who billed the chosen topic
- Observed favorable outcomes with educating providers and reducing improper payments

CMS expanded upon this concept by implementing *Targeted Probe & Educate*

- Replaces all current MAC medical record review programs
- Allows MAC to select review topics based on data analysis
- MAC focuses on non-compliant providers
- Changes made in the size of the probe and the way education is provided
- Includes a referral process to address continued non-compliance

TPE: Process

Beginning October 1, 2017, CGS implemented TPE

CGS identified services with the greatest risk of improper payment based on data analysis

- Services are posted on the *Medicare Review Activity Log*
<https://www.cgsmedicare.com/hhh/medreview/activitylog.html>
- Based on data, providers are selected for TPE review
- High denial rates or unusual billing practices
- Those who were on a previous medical record review program based on calculated error rates

How Do I Find the Activity Log??

myCGS Portal

Appeals/Redeterminations

Claims

CMS MLN Connects®

Customer Service

EDI

Education & Resources

Financial/Audit & Reimbursement

Forms

LCDs/Coverage

Medical Review

Targeted Probe and Educate (TPE) Process

Fact Sheets

Medical Policies

MR Activities

Medical Review Contractors

News and Publications


Probe Medical Reviews

Signatures


Home » Home Health & Hospice » Medical Review » Medical Review Information

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Medical Review




Medical Review Contractors




Probe Medical Reviews




News Publications




Signatures




Fact Sheets



Medical Policies

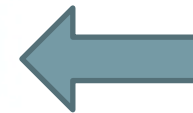


Targeted Probe and Educate Process



MR Activities

Updated: 01.22.18





Medical Review Activity Log

Below are the medical review Targeted Probe & Educate edits currently in place.

HOSPICE EDITS

Review Topic	Description	Review Type	Status
LOS with Non-Oncologic Diagnosis	This edit selects hospice providers who submitted claims with length of stay (LOS) >730 days and non-oncologic diagnosis code	Targeted Probe and Educate Prepayment Review	Active
LOS in LTC, NF or SNF	This edit selects hospice providers who submitted claims with HCPC codes Q5003 (Hospice care provided in nursing long term care facility (LTC) or non-skilled nursing facility (NF)) and Q5004 (Hospice care provided in skilled nursing facility (SNF)), for any non-oncologic diagnosis code and a length of stay greater than 180 days	Targeted Probe and Educate Prepayment Review	Active
GIP LOC	This edit selects hospice providers who submitted claims with revenue code 0656 greater than or equal to 7 days.	Targeted Probe and Educate Prepayment Review	Active
No response to ADR	This edit selects providers who fail to respond to ADRs (additional documentation requests)	Targeted Probe and Educate Prepayment Review	Active

HOME HEALTH EDITS

Review Topic	Description	Review Type	Status
Home Health Eligibility and Medical Necessity	This edit selects providers who submitted home health claims with errors as identified in HH probe and educate round 2.	Targeted Probe and Educate Prepayment Review	Active
LOS with Hypertension	This edit selects home health claims for providers who submitted diagnosis Hypertension and a length of stay greater than 120 days.	Targeted Probe and Educate Prepayment Review	Active
No response to ADR	This edit selects providers who fail to respond to ADRs (additional documentation requests)	Targeted Probe and Educate Prepayment Review	Active

Updated: 11.28.17

TPE: Process (cont.)

Provider is mailed a letter explaining the TPE process

- The reason for the review and type of claims selected
- Complying with the Additional Documentation Request (ADR)
 - Be sure to check Fiscal Intermediary Standard System/Direct Data Entry (FISS/DDE) for ADRs, https://www.cgsmedicare.com/hhh/medreview/adr_process.html
 - 20 – 40 claims are selected by CGS at random
 - Response must be received within 45 days
 - CGS has 30 days from the date of receipt to review the documentation and make a payment decision
 - After all claims in the probe are reviewed a letter is sent including specific findings of our review
 - The number of claims reviewed, allowed in full, denied in full or in part
 - Non-response to request for medical record documentation is considered an error
- Our offer to educate you on any errors found during the review
 - 1-on-1 education via webinar, teleconference, resources & etc.

Sample CGS TPE Letter

Dear Administrator:

As a Medicare Administrative Contractor (MAC), CGS Administrators, LLC is required by the Centers for Medicare and Medicaid Services (CMS) to analyze claims payment data in order to identify areas with the greatest risk of inappropriate program payment. CMS has authorized Jurisdiction 15 to conduct the Targeted Probe and Educate (TPE) review process.

You have been selected for Targeted Probe and Educate Review. The purpose of the claim review is to ensure documentation supports the reasonable and necessary criteria of the services billed and follows Medicare rules and regulations. Targeted Probe and Educate Review consists of up to three rounds of review. A Prepayment sample of 20-40 claims will be selected for review with each round.

You are receiving this letter because analysis of your billing data has indicated aberrancies that may suggest questionable billing practices.

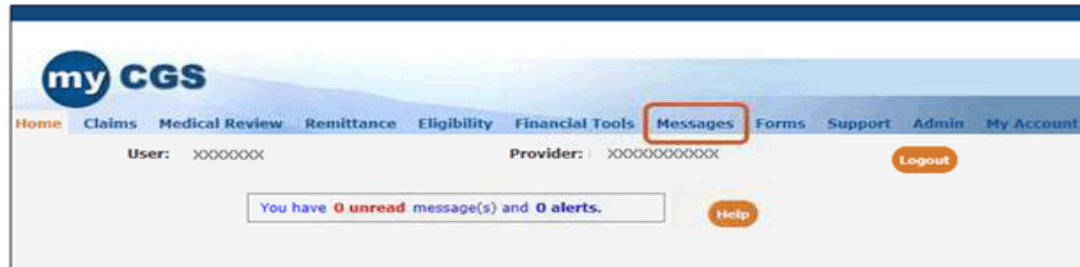
Attention myCGS Users: TPE Notification & Results Letters Now Available in the Portal

myCGS Users and Administrators will now see these TPE letters delivered to the “Messages” tab under your PTAN/NPI combination. To ensure you receive the notification, Users and Administrators will also be sent an email to the registered email address informing them of deliveries to the myCGS inbox.

Once you have successfully logged on to myCGS, a notification will display letting you know if you have any unread messages. To retrieve your messages select/click the **Messages** tab.

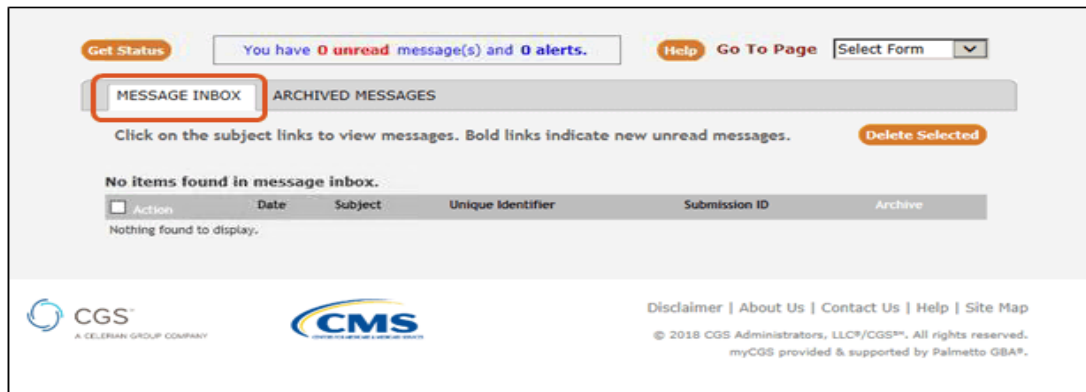
<https://www.cgsmedicare.com/articles/cope6615.html>

Attention myCGS Users: TPE Notification & Results Letters Now Available in the Portal



- Once you select the **Messages** tab, all messages (letters) will display under the **MESSAGE INBOX** tab. Bold links indicate new unread messages. In the example below, there were no items found in the message inbox.

NOTE: For Part A and home health and hospice providers, Additional Documentation Requests (ADRs) do not appear in myCGS. For Part B providers, medical review quarterly, pre-, and post-pay letters are available in myCGS. Refer to the article, [myCGS Green Mail – Medical Review Quarterly, Pre-, and Post-Pay Letters Now Available!](#) for additional information.



TPE: Process (cont.)

TPE consists of up to three rounds of review

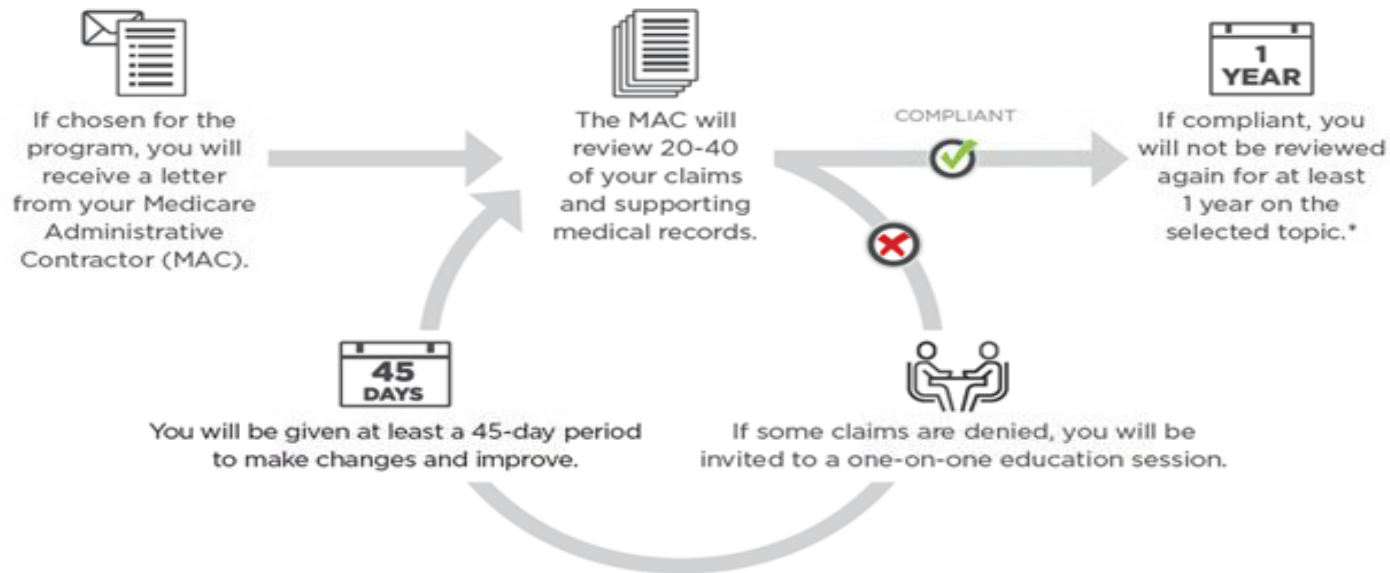
- Round one is the initial phase
- Education provided after each round
- Rounds two and three begin 45-56 days after education
 - Subsequent rounds suspended if improvement observed and error rate is below threshold (approx. 25%)

If no improvement observed after three rounds the provider is referred to CMS for additional actions, which may include:

- 100% pre-payment review
- Extrapolation
- Referral to Zone Program Integrity Contractor (ZPIC) or other contractors

TPE Flow

How does it work?



**MACs may conduct additional review if significant changes in provider billing are detected*

https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/What_Is_TPE-Infosheet.pdf

Common Claim Errors

What are some common claim errors?



The signature of the certifying physician was not included



Documentation does not meet medical necessity



Encounter notes did not support all elements of eligibility



Missing or incomplete initial certifications or recertification

TPE: Tips and Reminders

Watch for our email notification when the *Medical Review Activity Log* is updated, <https://www.cgsmedicare.com/hhh/medreview/activitylog.html>

Listing of services with greatest risk of improper payment

- A perfect opportunity for you to perform your OWN compliance checks!
- Generate your own Comparative Billing Report (CBR) via myCGS, https://www.cgsmedicare.com/hhh/education/materials/pdf/mycgs_comparative_billing_reports_hhh.pdf
- Non-responses to ADRs are considered ERRORS
- Request EDUCATION: J15HHPROBEANDEDUCATION@cgsadmin.com

TPE: Tips and Reminders (cont.)

Avoid delays – use myCGS to respond to MR ADRs,

<https://www.cgsmedicare.com/hhh/pubs/news/2015/0415/cope28413.html>

NEW ADR Timeliness Calculator,

https://www.cgsmedicare.com/medicare_dynamic/J15/adrcalc.asp

You may request a Redetermination if you disagree with the decision,

<https://www.cgsmedicare.com/hhh/appeals/index.html>

Submit your Redeterminations through myCGS!

https://www.cgsmedicare.com/pdf/hhh_mycgs_redetermination_requests.pdf

NEW Appeals Decision Tree,

https://www.cgsmedicare.com/hhh/appeals/decision_tree.html

TPE: Resources

Change Request 10249, <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R1919OTN.pdf>


CGS HHH TPE Web page, https://www.cgsmedicare.com/hhh/medreview/tpe_process.html

CGS TPE Frequently Asked Questions (FAQs), https://www.cgsmedicare.com/hhh/education/faqs/tpe_faqs.html

CMS TPE Web page, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Targeted-Probe-and-EducateTPE.html>

CMS TPE FAQs, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/TPE-QAs.pdf>

What About myCGS...Are You Using It?



Welcome to myCGS!


LOG IN

- > Log In
- > Forgot your password?
- > Log in help

Your password must be changed every 60 days. You are encouraged to log in at least once every 60 days. If you attempt to log in three times unsuccessfully, you will be locked out for 30 minutes.

Who Can Register for myCGS?
Jurisdiction 15 A/B MAC providers and billing companies.

Register for myCGS



We IMPACT Lives!


myCGS Capabilities

myCGS gives you access to claim status, beneficiary eligibility, MSP information, payment information, remittance advices and much more.


Enjoy the convenience and time saving benefits of myCGS! Register today!

Looking for Another Website?

- > CGS
- > Centers for Medicare & Medicaid Services (CMS)



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES



CGS
A CELERIAN GROUP COMPANY

An ISO 9001:2008 certified company

<https://www.cgsmedicare.com/mycgs/index.html>



EVALUATE OUR SERVICES!

The MAC Satisfaction Indicator (MSI) is the best way to share your opinions directly with CMS about your experience with us. This survey should only take about 10 minutes to complete. It helps us understand how we can better serve...



CGS®

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https://cfigroup.qualtrics.com/jfe/form/SV_0iaaiJ6oOWShLI?MAC_BRNC=16&MAC=J15-CGS

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Mac App Store



VISIT

our myCGS Web portal

<https://www.cgsmedicare.com/mycgs!>

CHECK

out our website!

<https://www.cgsmedicare.com!>

REGISTER

for our email notifications!

https://www.cgsmedicare.com/medicare_dynamic/ls/001.asp!

FOLLOW

our social media!

@PartACGS | @PartBCGS | HHHCGS

Find us on



ATTEND our events!

Part A - https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/parta_report.asp

Part B - https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/partb_report.asp

HHH - https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/HHH_Report.asp



Questions

CGS Provider Contact Center: 1.877.299.4500

Option 1: Customer Service

Option 2: Electronic Data Interchange (EDI)

Option 3: Provider Enrollment

Option 4: Overpayment Recover (OPR)