Introduction

Good afternoon and welcome to the Jurisdiction B Durable Medical Equipment Medicare Administrative Contractor (DME MAC) Targeted Probe and Educate (TPE) Ask-the-Contractor Teleconference (ACT) call. This call is being hosted by the DME Provider Outreach and Education (POE) team for Jurisdiction B. My name is Terri Shoup-Zych and I am a Provider Outreach & Education Sr. Analyst with Jurisdiction B. Also on the call this afternoon are members of the CGS DME Medical Review department. For this particular ACT call, we ask that you keep your questions strictly to the topic of TPE.

TPE

I would like to provide some background information regarding TPE prior to opening the call for your questions. TPE began as a pilot program for two DME MACs in mid-2017 and the Centers for Medicare & Medicaid Services (CMS) took the audit strategy nationwide in October 2017 as an avenue to improve the claims payment error rate and reduce the number of appealed claims. Jurisdiction B was one of the two DME MACs that CMS piloted with prior to launching nationwide so we have been conducting the TPE program since July 2017.

First, the TPE audit strategy is supplier-specific which is the “targeted” aspect of the program. CGS Medical Review staff utilizes data analysis to determine who is selected for the TPE program. Data analysis includes items that have a high Comprehensive Error Rate Testing (CERT) error rate, a supplier’s billing patterns and their previous wide spread review history. These factors, as well as others, assist in determining which suppliers are chosen. Once a supplier is selected, a TPE probe notification letter will be sent to that supplier informing them of the particular Provider Transaction Access Number (PTAN) and Healthcare Common Procedure Coding System (HCPCS) code that has been selected. The letter will also contain the contact information for the CGS Medical Review nurse case manager for this probe. Once the notification letter is received, the supplier can contact the nurse case manager to identify a point of contact at the supplier’s office. The supplier point of contact will work directly with the nurse case manager through the entire TPE process to answer any questions they may have about the claims selected for the particular round or any policy coverage questions that arise. The nurse case manager will also attempt call the supplier to introduce themselves after the notification letter has been sent.

The next step in the process is the “probe” in which CGS will request and obtain documentation for 20-40 claims and conduct pre-pay reviews on them. The supplier will be expected to submit documentation to CGS within 45 days of receiving the Additional Documentation Request (ADR) letters.

Once the claim reviews are complete, a probe results letter will be sent outlining the findings as well as a detailed analysis of the medical record reviews of the claims selected for that round. The supplier should then contact the nurse case manager and schedule a call to review the probe results. During the call, the nurse case manager will discuss any trends or issues they noticed during the claim audits and inform the supplier of the next steps. Depending on the final results, the supplier may be excluded from audits for up to one year but keep in mind they would only be excluded based on their PTAN and the HCPCS code that was audited. They would not be excluded from all TPE audits. The supplier may be selected for another round of audits depending on the errors identified during the first round. The next round will begin 45 days after the educational conference call, allowing the supplier an opportunity to identify the errors and improve their processes for the next round. If after three rounds no substantial improvements are made, CGS will conduct an evaluation of the three previous rounds to determine the next steps which can include a referral to CMS. If a supplier is referred to CMS, potential corrective actions can include a referral to the Zone Program Integrity Contractor (ZPIC) or Recovery Audit Contractor (RAC) contractor, 100% prepay review, or an extrapolation.

Jurisdiction B is currently conducting data analysis across all HCPCs codes. The current policies that are being reviewed within the TPE program include Continuous Positive Airway Pressure (CPAP), diabetic supplies, immunosuppressive drugs, knee orthoses, manual wheelchairs, nebulizer drugs, oxygen, spinal orthoses, surgical dressings and urological supplies. We will continue to do data analysis to determine if other policies will be added but at this time, the ones I listed are the ones being reviewed.

I would like to remind everyone that the TPE program does not change the normal Appeals process. If you have questions regarding the TPE audit or the policy you were audited on, you would contact your nurse case manager. If you feel your claim was denied in error or you do not agree with the claim determination, you would follow the normal appeals process and file a Redetermination.

We have a page dedicated to TPE on our website which is https://www.cgsmedicare.com. Choose Jurisdiction B, then click on “Medical Review” in the left hand column and then click on “Targeted Probe and Educate.” CMS also has information as well as flowcharts for TPE which are available at the links you see on the slide.
MAC Satisfaction Indicator

The last item I want to touch on is our MAC Satisfaction Indicator (MSI) survey. The 2018 MSI survey was just released yesterday and is now available for you to take. This is a CMS initiated survey and this allows you, the supplier, the opportunity to rate your Medicare contractor. The survey is only available for a limited time so we encourage you to take it right away. Each Medicare contractor has a different survey so if you happen to bill both Jurisdiction B and Jurisdiction C, even though both contracts are with CGS, you would have two separate surveys you could complete to rate each contractor individually.

Conclusion

We do have today’s presentation available for you to download. Click on the handouts section of your Go-To-Webinar panel and you can download it from there.

As we prepare to take your questions, please note that we will only take questions over the telephone as this call is being recorded for transcription purposes. Also, as a reminder, please keep your questions to today’s topic of TPE. If you have other questions, you will need to contact Customer Service at 1.866.590.6727.

To raise your hand and ask a question, click on the icon of the hand in your Go-To-Webinar toolbar. Then, we will announce you and unmute your individual line so that you may ask your question. Also remember that no specific claim information or beneficiary’s Protected Health Information (PHI) should be verbalized. We will pause for just a moment so that you can prepare to ask your questions.

Question and Answer Section

Amanda: We have a question on what the time frame is between when we receive the letter (the first time we are going on TPE) and the phone call from the case manager advising we were selected for TPE.

Ed: This is Ed Knapp; I’m the Medical Review Manager. Once we mail the letter, the case manager will typically contact the supplier within a week. Sometimes, it may be difficult to find a contact person. We do look at any history we may have with that supplier to see if we previously identified a contact person.

Amanda’s Co-Worker: Ed, in a lot of cases we are getting a phone call and the letter has not been mailed yet. We are asking the case manager and they say it will be mailed. In some cases, we have not been able to get a copy of the letter.

Ed: We do mail the letters to the same address we are sending the documentation request letters to. You should be receiving the letter at the same address. Sometimes, if we call within a day or two of sending the letter it could be in transit at that time.

Amanda’s Co-Worker: In many cases, we have not and we are pretty certain that we are not losing them so we are trying to figure out where the gap is. We even received a letter last week that said it was sent out in March 2017. TPE was not even in existence yet.

Ed: We did have TPE going on in 2017 in Jurisdiction B. My suggestion would be to work with your case manager and if you feel they have not provided the answer, ask them to escalate it to his/her manager and we will take a look at it.

Amanda: We bill for over a hundred locations. Do you have anything on your website where we could check out PTANs and cross-reference with your list, especially if we are not getting these letters or phone calls?

Ed: We are currently working on myCGS enhancements and I can definitely get a note to the team that is working on that. Right now, we don’t have anything in place where a supplier can look up an individual PTAN to see if it has been selected for TPE.

Amanda’s Co-Worker: I have another question. In the case of replacement oxygen, the patient got an oxygen concentrator months ago. Now, a replacement has been delivered and billed. Are replacements being pulled for audit?

Ed: We are looking for first claims only on particular items. If it is a first month’s rental then we will look at that. If it is a first month’s claim for that oxygen series, we will be looking at that.

Amanda’s Co-Worker: In the case of the replacement, what are you looking for in support? Are you looking for the medical records in the testing documentation that was delivered five years ago before the initial concentrator was started, or are you looking for something specifically within the few months prior to the delivery of the replacement?

Ed: This call is limited to the TPE process so I would suggest you reach out to the case manager for that particular review and ask them that question or you could send that question to our Provider Outreach Department.

Amanda: We have reached out to our case managers and we get different answers depending on who you talk to.

Ed: Ask any of the case managers to reach out to me directly then and I can follow-up on those questions.

Amanda: Thank you.

Lisa: Do you know what you are going to be looking at for TPE Surgical Dressings? Is it specific codes or is it documentation?

Ed: Once you have been identified for a Surgical Dressing review, you will receive a notification letter. In that letter, it will identify the specific HCPCS codes that have been identified for that particular review.

Lisa: So you are not looking at one particular code at this point?

Ed: We will notify you about the HCPCS codes in the letter.

Luciano: I have a TPE letter dated 2/1/18 and I have yet to receive an ADR. Is there a certain window of time I should be expecting to receive ADRs?

Ed: It depends on the billing pattern for that particular item. I’m not sure which item is being reviewed.

To raise your hand and ask a question, click on the icon of the hand in your Go-To-Webinar toolbar. Then, we will announce you and unmute your individual line so that you may ask your question. Also remember that no specific claim information or beneficiary’s Protected Health Information (PHI) should be verbalized. We will pause for just a moment so that you can prepare to ask your questions.

Ed: This is Ed Knapp; I’m the Medical Review Manager. Once we mail the letter, the case manager will typically contact the supplier within a week. Sometimes, it may be difficult to find a contact person. We do look at any history we may have with that supplier to see if we previously identified a contact person.
Luciano: It is for A4253. We are a competitive bid supplier and we send tons of these out every day so it can't be because we are not billing them.

Ed: I would suggest you follow up with that case manager to see if any ADRs have been sent out for that particular HCPCS code.

Luciano: I will do that. Also, what is considered the compliant pass/fail ratio out of the 20 to 40 claims you will be reviewing?

Ed: The denial error rate along with the types of denials are used to determine if a supplier qualifies for exclusion from TPE or will move onto the next probe round.

Luciano: OK. In deciding when to go to Round 2, will the TPE auditor take into consideration the appeals process? From past experience, I have received denials that are not necessarily correct. For example, I'll get denials saying our detailed written order was not signed and it was. I have to send it to Redeterminations and I still receive a denial. When I explain this in the appeal letter and it gets to the Qualified Independent Contractor (QIC), it finally gets paid. We have a 95% pass ratio at the QIC for CGS denials so will that be considered with the appeals to increase our pass/fail ratio?

Ed: As we go through subsequent rounds, we do take appeals into consideration.

Evelyn: I just wanted to clarify something. You stated that if a claim was denied in the first round and then sent to Redetermination and approved, our ratio number would be affected positively. Is that correct?

Ed: We won't change the error rate from the previous review but we will take into account appeals as we go through subsequent rounds.

Evelyn: I'm not sure what that means then. If it is not going to affect the error rate, how are you going to take it into consideration?

Ed: We will look at the claims that are being overturned in subsequent rounds to see why they are being overturned. We will conduct an analysis on that and based on the results will determine how to factor it in to our decision/process.

Evelyn: OK. My next question is regarding Round 2. Once we receive the results letter for Round 1 and we are notified we are going to the next round, can you explain the process to me in regards to the time frame? Since these TPE letters are not on your website, they go to our address that is registered with you. It is a lock box. They process the letters and scan them to us. That can take up to two weeks for us to get the letter. I feel these other suppliers' pain when they say they are not getting their letters. Our dilemma is that we are not able to access that information online. For Round 2, the letter will be sent to our lock box and say it is dated today (the 14th), I might not get it until the 28th. How does that affect the five day time frame you need to call in, etc.?

Ed: We are proactively reaching out at the beginning of the process to identify a contact person for that supplier. As you are working through the process, if you have any questions about a particular policy or claim reach out to the case manager. When we are sending out the results letters, that case manager nurse will be contacting you to set up a time for an educational phone call to go over results of that particular probe. An important aspect of this process is that there is a case manager available to provide that individualized education and to work with you through the entire process.

Evelyn: Right and my case manager is phenomenal. I want to get the letter and go over the denials, check my paperwork, and figure out what is not meeting up with the guidelines, etc. I'm still not clear when the five days starts. Is it from the date of the letter? Once again, I may not get it for two weeks.

Ed: As I said, the case manager will be contacting you once the letter has been sent and to set up the phone call for the educational piece of that review for the previous probe. All the information we are sending in the letter is also available on CGS Wizard. You can work with your case manager about the CCNs that have been selected. You can look up all those denials on the CGS Wizard.

Amanda: When we get the initial notification that a location is going onto the TPE process, how long from when we receive notification do the ADR letters start getting pulled?

Ed: That depends on the individual billing pattern for that particular item. We will notify you by sending a letter and will also give you a phone call. It really depends on the billing pattern for that item.

Amanda: How about after we get them from Round 1 to Round 2, what is the grace period between the two?

Ed: We allow a 45-day time period between the rounds. That gives us the opportunity to provide you with education and then you will have 45 days to look at your processes, etc. and look at any changes within that time period before Round 2 starts.

Amanda: My next question is for the patient specifically once they are an oxygen patient and we believe we have everything we need, where do they go if they are denied if they are a competitive bid patient? If we are the only one that won the competitive bid and they can't get oxygen from us, where are they supposed to go?

Ed: These questions are limited to the TPE process. For that question, I would refer you to the Provider Outreach and Education Department and they can provide you with a follow-up answer.

Amanda: My next question is for these TPE locations that we have, is it okay that we give out the nurse's names that are managing the cases to the patients so they can contact them with any questions? Or, can they contact you?

Ed: The names and contact information of our nurse case managers are provided in an effort to provide one to one assistance and education to the suppliers, not the beneficiaries.
Melissa: On TPE for a reasonable useful lifetime (RUL) reset, what documentation besides proof of delivery would Medical Review look for?

Ed: Again, for policy-specific information I would ask you to speak directly to the nurse case manager you have been working with for that particular review or you can email the Provider Outreach Department.

Terri/CGS: Just a reminder while we are waiting for more questions, if you would like a copy of today’s presentation which provides links to our website, the CMS website, and contains the links for the MAC Satisfaction Survey, please make sure that you download the presentation from your GTW panel prior to the end of this call. Once the webinar has been closed, the presentation will no longer be available. Be sure to go into the handout section of your webinar panel to download it. Once again, we will be publishing a transcript of today’s call and it should be on our website within the next few weeks. We will send a ListServ to announce that as well.

Amanda: When we are notified on the first TPE round, do you do a pre-emptive call and education with the locations just to clarify what the qualifications for each piece of equipment?

Ed: When we reach out initially, we are identifying a nurse case manager and their role really is to provide direct education for that specific supplier’s questions about a location. Any questions you may have about the probe, policies, etc., we encourage you to reach out to that case manager for help.

Amanda: Are they required to do the training as soon as we get the notification? Do they have to get with us to set up a call with the locations to actually go over the expectations and qualifications, etc.?

Ed: The initial call is designed to identify a contact person for that individual supplier. If you have questions, you can ask them at that time. Once we send out those letters, we are calling those supplier locations to identify a contact person.

Amanda: I don’t think you understand what I am asking. Once we get the first round letter, can we set up a webinar to go over the TPE process, the qualifications for oxygen, and maybe some expectations or questions that we might have about reasons why we are failing the audit before we get the audit in the nurse’s hands?

Ed: We have not historically done that. What we have done is provide education at the case manager level. We have not done it via a webinar, etc., but if you have questions about a previous audit, you could ask that case manager to look up that information.

Amanda: But we don’t have any previous audits yet. They haven’t pulled any of the ADR letters for the TPE part of it. How can we ask questions if they haven’t been pulled yet?

Ed: After the initial call, that would be the time to ask the nurse case manager those questions.

Michael/CGS: Amanda, this is Michael Hanna. You can also use the CGS Wizard to download an Excel spreadsheet for that particular NPI and take a look at the type of denials you received back when the Jurisdiction B Medical Review Team were doing widespread pre-pay reviews for your example (oxygen) to see where the errors fell at that point in time. You will have some historical guidance there that might help you plan for any TPE audit as well.

Luciano: I was previously told that there was no defined error rate that a supplier would need to meet to avoid going to a second round. However, I do want to ask what types of denials would be weighted heavier in making that decision? Obviously, medical necessity would be the highest but would same or similar be ignored or have some sort of weight to it when deciding when a supplier needs to go to a second round in the TPE audit?

Ed: Some of the considerations we would take into account would be the reasonable and necessary criteria, the types of documentation, where we are the seeing the errors, etc. In terms of same or similar items, we would take those into account when doing our analysis and not necessarily weigh them as heavily as reasonable and necessary, etc. It really depends on the types of denials and what they were for. That is why it is important to work with the case managers. Once those claims have been identified, they can do a thorough analysis of why they are being denied.

Luciano: Is it possible for me to rebut an unfavorable determination when I can point out why the determination might be applied incorrectly? Or, does it have to go through the Redetermination process? In other words, if I get a denial because they are stating that I didn’t have an identification number linking my tracking and delivery information when, in fact, it is there, can I point out to the nurse that it is right there and have them overturn that decision? Or, would it have to go through the appeals process?

Ed: There is formalized appeals process and I encourage everyone to go through that. If you have a question about a particular denial, I would encourage you to work with that individual case manager nurse.

Luciano: Can the case manager overturn it without it going through the appeals process because you had previously stated that favorable Redeterminations and Reconsiderations would not directly impact our original error rate?

Ed: If you have questions about a particular denial, I would encourage you to work with the case manager.

Kimberly: I have three questions. First, a lot of our denials are regarding the GA Modifier and that we are either (a) billing the customer or (b) billing a secondary insurance. Is that going to affect us when we send documentation for an ABN that would be considered a win rather than a loss?

Ed: I would encourage you to send the proper documentation along with the properly formatted ABN.

Kimberly: Medicare would not pay for it if we didn’t have the proper ABN. Would that be considered a win or a loss?
Ed: Whatever documentation you have, I would send it in. If you have a properly formatted ABN that would be something we would take into consideration in our analysis.

Kimberly: Second question; We have multiple PTANs, might we be hit with multiple audits for multiple PTANs at the same time or do you take that into consideration as well?

Ed: It is possible to have more than one PTAN if you have multiple PTANs under review for a particular HCPCS code or for different HCPCS codes. It depends on what our data analysis shows. We do take into consideration the volume of reviews at a particular time but it really depends on the data.

Kimberly: Let me be sure I understand. Even if you are only auditing one PTAN and you are auditing it for the E1390, can you audit the same PTAN for E0601 or are you just doing one HCPCS code per PTAN?

Ed: It could be multiple HCPCS codes per PTAN or it could be the same HCPCS code for multiple PTANs.

Kimberly: OK. Last question...is it possible that we might miss this audit completely or is everyone going to be subject to these audits?

Ed: We are continually doing data analysis to identify suppliers so it is an ongoing process. Just because you haven’t been picked doesn’t mean you won’t be picked in the future.

Amanda: If we have a location that is on TPE, what is the percentage improvement rate that we need to get off TPE?

Ed: We look at a multitude of factors, one of which is the error rate.

Amanda: So, we could pass at 90% and still be left on TPE?

Ed: Again, we take multiple factors into consideration.

Amanda: What are the other factors you take into consideration?

Ed: The types of errors we see, any previous education we have had with that supplier, and what the data is showing us, etc.

Tiffany: When we have round 1 and have to go to round 2, are you pulling round 2 audit documents by date of service or by claim date?

Ed: Once you have completed round 1, we will have that educational phone call to go over the results of that review. There will be a 45 day time period before we start round 2. These are currently on a pre-pay basis so it is being determined by the date the claim was submitted.

Tiffany: Here’s the concern. If we are going by claim date, the documents that may be pulled in round 2 are documents that were obtained in the processes from physician medical records documentation. We all know there is no standard of practice there. Maybe the documentation for those face-to-face visits is lacking. If you are doing claim received date versus date of service, you could be auditing the same issues and same problems without us having a chance to re-educate and change physician charting practices. If it is date of service driven, we would be able to document that within that time period between round 1 and round 2 that we had a chance to get to the physician and re-educate. Doing a claim date is very problematic. I don’t expect in a true performance improvement program that you are going to see the measures or improvements that you want when you are not doing it from the date of change forward.

Ed: I understand your concern. I have heard that previously. I can say that we have had a high rate of suppliers that are going onto exclusion, which means they have completed round 1, have had their reviews and are being excluded from pre-paid reviews for approximately a year. But, I have heard that concern before.

Tiffany: I understand that 68% are going on to round 2. I’m concerned that 68% aren’t successful and that percent will re-audit that same document information. Some of it will get fixed because it is not all physician charting issues and I understand that. But especially the physician side of stuff, I have strong concerns about the validity of being able to make those changes that quickly. The reality is that they are hard to change.

Ed: It is an ongoing process. We are in Jurisdiction B starting round 2 and this is something we will be looking at going forward. It has not been an issue to this point.

Tiffany: My concern is that it is new to region B. We weren’t in the first group that went through TPE and I don’t know what other regions are seeing in being able to change physician practices. I just know from working with physicians that they are a hard nut to crack and a hard change to make. My concerns are that you are doing it by claim date versus date of service and only having 45 days to make that change, will this provide an unfair area.

Ed: Jurisdiction B was one of the initial pilot programs for TPE. That started in July. Jurisdiction B is actually ahead of the process in Jurisdiction C.

Tiffany: That’s not what we heard at the Region B meeting.

Ed: TPE has been in process in Jurisdiction B for a longer period of time than in Jurisdiction C.

Tiffany: We were under the impression quite the opposite of that. We will get clarification but we still have the issue of service date versus claim date. Thanks.

Kimberly: If we have not received any TPE audit requests at this point. Is that something we should be concerned about or not?

Ed: Once we send the probe notification letters, the case managers contact the suppliers directly. There are two ways to notify suppliers that they have been selected for the TPE program.

Kimberly: We have five locations and we do a lot of Medicare billing so if we have not received a letter or call at this point, is it not something we should be concerned about?

Ed: If you have not received any letters or calls, you have not been selected for TPE yet.
Luciano: What is the time period for the exemption were we to pass to the first or second round of TPE? Is that to the end of the year or 365 days?

Ed: One year from the date of the exemption.

Luciano: So if you are selected for TPE in November and you pass, you are only good until end of December?

Ed: It would be one year from when you get the probe results letter so it would be 365 days from the date of that letter.

**Ending**

Terri: We do not have any more questions in the queue. I would like to thank everyone for joining us this afternoon. We appreciate you taking time out of your busy day. I would also like to thank Ed Knapp from Medical Review for joining us today to assist with questions. Thanks also to Michael for running the technical portion of our call.

We will have a transcript of our call today published on the CGS website within the next few weeks. We will also have a ListServ message sent once the transcript is available.

Thank you to everyone for joining us. Have a good day.

*Note:* Some responses were edited for clarity.