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Medicare Minute - Performance Improvement Plans

Length: 6:14

Date Recorded: 10.15.2021

Hello and welcome to another edition of Medicare Minute. I'm Dr. Robert Hoover, medical director at CGS Administrators, the Jurisdictions B and C DME MAC. With the reintroduction of TPE, I thought I'd take this opportunity to talk with you again about performance improvement plans or PIPs. PIPs are a critical component of the education incorporated into the TPE process. And we get a lot of questions about PIPs, so I hope this video will help you understand the importance of this critical educational tool.

But first let's start with the goal of TPE. As noted in my Medicare Minute segment on TPE, TPE is all about education, with a goal of reducing or eliminating claim errors. The key word here is education. How can you tell if someone has really learned something? One of the classic ways to assess whether or not someone has learned something is to ask them "Tell me your understanding of what you just heard." You probably had a teacher at some point ask you that question. That's what we're doing with a performance improvement plan.

Asking for a Performance Improvement Plan as part of TPE corrective actions isn't punishment for claim errors. It's an educational exercise intended to help you evaluate your work processes, determine root causes for errors, and serve as a guide to improve your business practices.

A thorough, well-thought out performance improvement plan should help answer two key questions for CGS, and more importantly, should answer them for you as well.

First, did you understand the educational information about claim denials presented by the Medical Review clinicians? And

Two, with that understanding, can you develop a plan for addressing claim errors?

Which brings me to one of the often asked questions about PIPs – Is a PIP required when TPE results qualify a supplier for exclusion?

Recall that a supplier is granted a one year exclusion from future TPE claim review when there are no errors, or very few errors, in the TPE claim sample. A PIP is not required if there are no errors; however, CGS does ask for a PIP if the supplier has errors, even if the supplier is eligible for exclusion. Why is that?

It goes back to process improvement. If you have the opportunity to eliminate waste and errors by examining your claim submission processes, why not take advantage of that opportunity? This is especially true if you have the free resource of CGS and its clinicians who will help you with every step in the process. Who knows, maybe the error you address with your therapeutic shoes and inserts claims might resolve errors that you are having with your blood glucose monitor supply claims as well. So even addressing just those 3-4 claims with errors could be beneficial to your overall claim error reduction strategy.



Now let's turn to the elements of a performance improvement plan.

On your screen now you'll see the key elements of a PIP. I think of this in terms of 3 "W's" - Who, What, and When.

Who will be the point of contact for your company? It should be someone with enough authority to drive the changes necessary to reduce errors and take responsibility for making sure all outlined actions are completed.

What errors were outlined by CGS in the results letter, and how are you going to correct them? This can be a simple statement for each type of denial, but regardless of the number, it should reflect your understanding of each problem identified in the claim review. These should be concrete, measurable goals and include the interventions you plan to take.

When will you get each task completed? We all know some tasks might be easy, some might take a little longer, for instance, things that require changes in an electronic form or complex business processes. And that's okay, as long as you're committed to making the changes.

The main point is this: Just because you're asked to complete a Performance Improvement Plans doesn't mean you're being punished by the CGS clinicians who are working your TPE case. A PIP is just a tool, a tool that we use collaboratively. I'll say that again. It's a tool that we use collaboratively, with you, to assess educational understanding.

What do I mean by collaboratively? You don't have to do the PIP by yourself. You've heard me say several times that TPE is a collaborative, educational process between you and CGS. We provide lots of resources on our web site to help you in development of the PIP. Those resources, including a sample PIP template, are located on the JB and JC websites. Navigate your internet browser to www.cgsmedicare.com and pick your jurisdiction from the menu at the top of the page. Once you're on the JB or JC website, select Forms/Guidelines/Checklists in the left-hand menu and then scroll down to Forms under Medical Review.

And don't forget your TPE Point of Contact. Our MR clinicians are a valuable resource to provide feedback, both while you're developing your plan and following its submission.

That does it for this edition of Medicare Minute. I'm Dr. Robert Hoover. Thank you for watching and have a nice day!