



A CELERIAN GROUP COMPANY

## Navigating The Process: Targeted Probe and Educate(TPE)

---

**Length: 10:12**

**Date Recorded: 04.26.2018**

The Targeted Probe and Educate strategy was implemented on October 1, 2017. After conducting successful probe and educate projects related to short inpatient hospital stays and home health services, CMS expanded this approach to all MAC reviews.

It is the goal of CMS to create opportunities for increased one to one provider education resulting in decreased denials.

There have been no changes to Medicare policies or the review process, which involves a request for additional documentation, submission of the documentation within the 45 day timeframe, and review of the documentation.

What has changed is that widespread edits will no longer be conducted, which involved review of claims for all providers submitting claims meeting certain parameters. MACs will only review those providers that are identified through data analysis as outliers. We will discuss further what defines an outlier.

If selected, a sample of 20-40 claims will be reviewed.

When the review sample is completed, if your error rate is below the established error threshold, your data will be monitored and no further review conducted on this topic for at least 1 year. The error rate threshold will be communicated to you in your notification letter.

When the review sample is completed, if your error rate is above the threshold, you will receive an 1:1 educational session to assist with a detailed understanding of the root cause of the errors. After the educational session is complete, a second round of review will be conducted for a sample of 20-40 claims.

If your error rate continues above threshold after round 2, a 1:1 educational session to assist with a detailed understanding of the root cause of the errors. After the educational session is complete, a third round of review will be conducted for a sample of 20-40 claims.

If error rate continues above threshold after round 3, the provider will be referred to CMS for recommendation of further action. Action may include 100% prepay review, extrapolation, referral to another review contractor such as Recovery Auditor, etc.

Review focus areas are determined by the MAC Improper Payment Review Strategy. MACs develop a strategy, which is approved by CMS, identifying areas of focus specific to the jurisdiction. Data analysis and other studies and reviews conducted by the Office of Inspector General (OIG) and other contractors is used in the development of the unique jurisdiction strategy.



CMS may also direct the MAC to review specific services.

Providers are selected for review based on data analysis showing utilization outliers and/ or outlier billing trends or patterns among peers.

### **How Will You Be Notified of Selection for Review?**

Providers will receive a letter with specific information regarding the reason for selection for review along with a summary of the review process and educational resources.

### **How and When Can Education be Requested?**

Education can be requested at any time in the process. Providers can request education whether or not they are on TPE.

CGS encourages providers to reach out with questions. Providers can call our Provider Contact Center or email Medical Review directly with an educational request using the appropriate service mailbox.

### **How Quickly Will Claims be Reviewed?**

Claims are reviewed within 30 days of receipt of the documentation for pre-pay probes and 60 days of receipt of the documentation for post-pay probes.

### **What Happens if I Forgot to Include a Document with Submission ?**

If you forget to include documentation in your original submission packet, contact us as soon as possible for direction on how to get the documentation to our reviewers for consideration. A nurse reviewer may also reach out to you if documentation is found to be missing during the review process. The goal of TPE is to make every effort to prevent denial of the claim.

### **What Happens after Completion of the 20-40 Claim Sample Review?**

After the sample of claims have been reviewed, you will receive a letter detailing the results of the review. Each letter will identify all of the claims reviewed and the review outcome along with the root cause of the errors. The error/denial rate will also be included in the letter.

There are two ways to reflect errors. A payment error rate and a claims error rate. The payment error rate is calculated by dividing the denied payment amount by the total payment amount. The claims error rate is calculated by dividing the number of claims denied by the total number of claims reviewed.

It should be noted that error rates are not adjusted based on appeal outcomes.

### **How Can you Avoid TPE?**

As a provider, take advantage of the resources and information on the CGS and CMS website. CGS makes comparative billing reports available to providers through the portal. A provider can run a report for a specific time period showing billing patterns against others in the jurisdiction. This information can be used to conduct self-audits and identify opportunities for education.

Providers are also encouraged to sign up for list serv notifications to stay abreast if policy and regulatory changes and updates.

Providers are also encourage to take advantage of educational offers whether or not they are on TPE. CGS offers webinars, one to one education, and has educational articles and self-service resources available on the website and portal.

As previously mentioned, CGS makes comparative billing reports available to providers through the portal. A provider can run a report for a specific time period showing billing patterns against others in the jurisdiction. This information can be used to conduct self-audits and identify opportunities for education. Providers can also request a comparative billing report by contacting the provider contact center.

To request a CBR via the portal , follow these steps:

- **Step 1:** Once you are logged into myCGS, select the FORMS tab.

- **Step 2:** From the 'Select a Topic' drop-down menu, click the 'Medical Review' option.
- **Step 3:** From the 'Select a Type' drop-down menu, click the 'CBR' option.
- **Step 4:** Click on the 'CBR: CBR-J15-A', CBR-J15-B, or CBR-J15, HHH' link to view the request form. Once the form loads, you will find some information pre-populated with identifying information for your PTAN/NPI.
- **Step 5:** From the 'Date Range' drop-down menu, select the 3-month timespan for which you would like to receive data. Click the 'Submit' button.

Providers can sign up to receive notifications from CGS as well as the CMS website directly. Specific areas of interest can be defined.

Current or upcoming medical review activity is posted on the website under MR Activities. Visiting the site frequently to check for new review focus areas is encouraged.

Medical Review shares current review activity on the website. This page is updated as review topics close, become active, or are pending implementation of an edit.

Here are a few helpful hints to assist with navigating the TPE process:

- When responding to an additional documentation request, CGS asks that you place your request letter on top of your documentation submission package to assist with ensuring that your documentation is directed to Medical Review.
- It is imperative that you submit your documentation within 45 days. This assists with avoiding a denial for non-receipt of medical record documentation and assists with expediting the completion of your review sample.
- Finally, if signatures are illegible or difficult to read, send a signature log or attestation with your documentation to prevent denial or review delay.

We hope that you have found this video helpful in navigating the targeted probe and educate process. Please take advantage of the educational resources available on our website. We also encourage you to contact us with questions or educational requests at any time.

For more information, please access these resources.

It is the goal of CGS to assist with easing your navigation of the Targeted Probe and Educate process. We hope that you have found this information useful and look forward to continuing to partner with our provider community to reduce and avoid denials.

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

### **Additional Documentation Requests (ADRs): What to Send**

- <https://www.cgsmedicare.com/parta/pubs/news/2014/1114/cope27374.html>
- <https://www.cgsmedicare.com/partb/pubs/news/2014/1114/cope27375.html>

### **Targeted Probe and Educate Frequently Asked Questions**

- [https://www.cgsmedicare.com/parta/faqs/tpe\\_faqs.html](https://www.cgsmedicare.com/parta/faqs/tpe_faqs.html)
- [https://www.cgsmedicare.com/partb/faqs/tpe\\_faqs.html](https://www.cgsmedicare.com/partb/faqs/tpe_faqs.html)