

Do the Right Thing!

**Leading a Federally Qualified Health
Center's Response to a Medicare
Targeted Probe & Educate (TPE) Audit**

10/28/19

1

HCCA Clinical Practice Compliance Conference

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2

2

What are Federally Qualified Health Centers (FQHCs)?

- ▶ **Community-based and patient-directed organizations that deliver comprehensive, culturally competent, high quality primary health care services**
- ▶ **“FQHC” is a Medicare/Medicaid designation administered by CMS**

3

3

What are Federally Qualified Health Centers (FQHCs)?

- ▶ **FQHCs must comply with federal rules that pertain to the Health Center Program as authorized in Section 330 of the Public Health Service Act (42 U.S.C. Section 254b)**
- ▶ **FQHCs serve more than 28 million people (1 in 12 nationwide), including one in three persons living in poverty in the U.S.**

4

4

March 2, 2018

- ▶ **Have you ever received a magenta-colored envelope in your mailbox at work, addressed to the Compliance Officer?**
- ▶ **Specifically, a magenta-colored envelope with a return address from your regional Medicare Administrative Contractor (MAC)?**

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March 2, 2018



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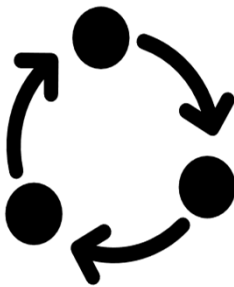
“What the TPE?”

- ▶ **T = Targeted**
- ▶ **P = Probe**
- ▶ **E = Educate**
- ▶ **Our FQHC had been selected for a TPE review, focusing on Behavioral Health claims**

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What is a TPE Review?



- ▶ **TPE involves a review of 20 – 40 Medicare claims selected by the regional MAC**

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Is the TPE a Random Audit Process?

- ▶ **No, the TPE is not a random audit process**
- ▶ **TPE reviews focus on providers who have high claim denial rates or who have billing practices that vary significantly from their peers**

9

9

The TPE Process: Round 1

- ▶ **The MAC flagged forty (40) of our BH encounters with a TPE code**
- ▶ **We downloaded each encounter from our EHR (Epic)**
- ▶ **We downloaded the treatment plan that preceded the patient's date of service**

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The TPE Process: Round 1

- ▶ **Each encounter and treatment plan was reviewed by the Director of Behavioral Health, the VP of Clinical Affairs, and the Compliance Officer**
- ▶ **For each encounter in the sample, we downloaded a copy of the rendering provider's license from CT's Department of Public Health**

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11

The TPE Process: Round 1

- ▶ **This information was submitted securely, using the MAC's secure portal**
- ▶ **And then we waited for the results...**

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Results from Round 1

The Payment Error Rate = 79.94%



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Results from Round 1

- ▶ **The Payment Error Rate: 34/40 (79.94%)**
 - ▶ **The majority (76%) of these encounters were denied due to the MAC's determination that the individualized treatment plans did not state the type, amount, frequency, and duration of services to be furnished.**

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Results from Round 1

- ▶ **The Payment Error Rate: 34/40 (79.94%)**
 - ▶ **In addition, 15% were denied due to the rendering provider not being a Medicare “core practitioner”**

15

15

Follow-up to Round 1

- ▶ **A webinar was held with the MAC’s TPE Review Team on 07/12/18**
- ▶ **Our inter-disciplinary team: The BH Director, VP of Finance, VP of Clinical Affairs, Compliance Officer, Director of Revenue Services & Billing, and the Medicare Billing Coder**

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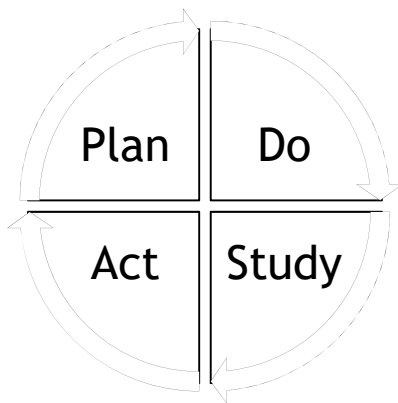
Follow-up to Round 1

- ▶ **On 07/12/18, the MAC's Review Team stated that most BH denials that are seen in TPE reviews are based on missing components of treatment plans**
- ▶ **We were informed that Round 2 would begin on or after 08/27/18**
- ▶ **Round 2's cohort would be based on the date of claim submission, not the DOS**

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Next Steps following Round 1

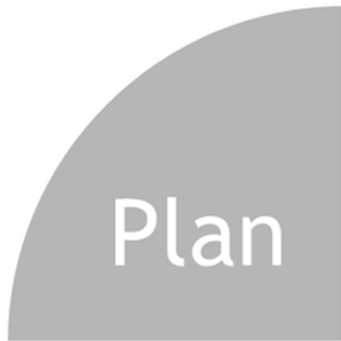


- ▶ **Plan: What exactly are we going to do?**
- ▶ **Do: When and how will we do it?**
- ▶ **Study: What are our results?**
- ▶ **Act: What changes will we make?**

18

18

Next Steps following Round 1



- ▶ **Develop a Treatment Plan template to address the type, amount, frequency, & duration of BH services**

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Next Steps following Round 1



- ▶ **The BH Team met to review and discuss the documentation template**

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Next Steps following Round 1



- ▶ **The BH Team implemented use of the new documentation template for treatment plans**

21

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Next Steps following Round 1



- ▶ **BH providers who are not Medicare approved core practitioners can no longer serve our Medicare enrollees**

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Next Steps following Round 1



- ▶ **Medicare enrolled patients were no longer booked for group visits**

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Next Steps following Round 1



- ▶ **Our Open Encounters report was produced on a weekly basis, so that any open BH encounters could be billed prior to 08/27/18**

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Round 2



Study

- ▶ **Prior to the upload, each encounter & treatment plan was reviewed by the Director of Behavioral Health, the VP of Clinical Affairs, and the Compliance Officer**

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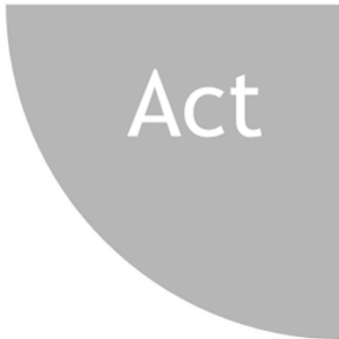
Results from Round 2

- ▶ **The Payment Error Rate = Zero Percent!**
- ▶ **The MAC determined that a Third Round would not be necessary**

26

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Internal Follow-up to Round 2



- ▶ **An internal audit has been launched during Q-3 of CY 2019 to ensure that there's been no slippage**

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Internal Follow-up to Round 2



- ▶ **An internal audit will be repeated during Q-1 of CY 2020, because a new BH module will be launched in Epic during October 2019**

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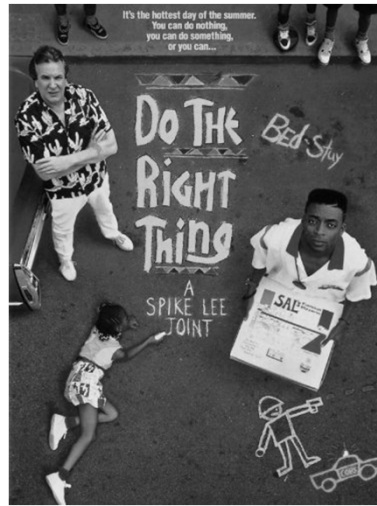
28

**Thank you for
your
participation!**

**Any
questions?**

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29