How the Centers for Medicare and Medicaid’s Targeted Probe and Educate (TPE) Program Can Support Your Organization’s Compliance Program

Health Care Compliance Association
Compliance Institute
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Topics:

• What is CMS’s Targeted Probe and Educate (TPE) Program

• How TPE can help reduce claim denials and appeals

• How to utilize the education resources available to you

• How TPE audits can be incorporated into your organizations auditing and monitoring program
What is CMS’s TPE Program?

• Focused medical reviews by Medicare Administrative Contractors (MACs)

• Focuses on:
  • specific providers/suppliers that bill a particular item or service
  • providers/suppliers who have the highest claim denial rates
  • providers/suppliers who have billing practices that vary significantly from their peers

How Does the TPE Program Work?

- If chosen for the program, you will receive a letter from your Medicare Administrative Contractor (MAC).
- The MAC will review 20-40 of your claims and supporting medical records.
- You will be given at least a 45-day period to make changes and improve.
- If some claims are denied, you will be invited to a one-on-one education session.
- If compliant, you will not be reviewed again for at least 1 year on the selected topic.*
How Does the TPE Program Work?

• TPE involves the review of 20-40 claims per provider/supplier, per item or service, each review is referred to as a round
• Providers/suppliers has a total of up to three rounds of review
• After each round, providers/suppliers are sent a letter and are offered individualized education based on the results of their reviews
• Providers/suppliers are offered individualized education during a round to avoid similar errors later in the process
• Failure to improve after 3 rounds of education sessions will be referred to CMS for next steps

What are the Common Claims Errors Identified in TPE Audits?

• Missing signature
• Encounter notes did not support all elements of eligibility
• Documentation does not meet medical necessity
• Missing or incomplete initial certifications or recertifications
How the TPE Program Can Help Reduce Denials & Appeals?

- Through one-one help during claim reviews and at the end of a round of claim reviews
- Providers/Suppliers improve internal education programs about Medicare policies

How are TPE Program Education Sessions Delivered?

- Usually via teleconference or webinar
- MAC staff will walk thru errors
- Providers/suppliers have opportunity to ask questions about claims and CMS associated policies
Preparing Providers

• Review internal data analytics of Providers
• Develop communication plan
• Meet with your medical staff leaders
• Educate your providers regarding the TPE process
• A provider/supplier can be included in multiple probes at the same time
  • Multiple NPIs
  • Submit claims for more than one service
• Identified thru data analytics those who are pose potential risk to Medicare trust fund &/or who vary significantly from their peers

TPE Audits and Your Organizations Auditing & Monitoring Program

• Review your current Compliance Auditing & Monitoring Program
  • Corrective Action Plans
  • Internal controls
  • Policies and procedures
• Review your MACs TPE Program reports
• Review the OIG Work Plan topics
• Review your organizations denial data
Discuss How to Plan for TPE Audits

Plan A

Plan B

Plan C

Plan for the TPE Audits

- Proactively communicate about the TPE Program
  - Sample letter to be on the lookout for
- Determine who is the contact person for your organization with MAC for TPE Audits for your company
- Determine who is going to track the TPE audits (receipt all the way through closure)
- Determine who is going to respond to the medical record requests
- Determine if your organization will perform an internal record review
  - Which department?
- Establish a communication for each round of TPE Audits?
- Who will create the education plan for Providers/suppliers?
- Who will provide the education to all Providers/suppliers?
- Who will track the education?
- Do you perform internal data analytics on subject of TPE audit?
- Are TPE Audits included in your Compliance Committee discussions?
- Are new policies and procedures necessary?
TPE Audits and MACs

MACs vary based on jurisdiction and the type of Medicare provider or supplier and item or service billed to Medicare. Refer to the MAC websites regarding which providers or suppliers, services, and items will be subject to TPE audits and medical reviews:

- Wisconsin Physician Services (WPS) (Jurisdiction 8 and 5 Part A and B MAC)
- Noridian (Jurisdiction E Part A and B MAC)
- National Government Services (NGS) (Jurisdiction K and 6 Part A and B and Home Health & Hospice MAC)
- CGS (Jurisdiction 15 Home Health & Hospice, Part A and B MAC and CGS Jurisdiction B and C DME MAC)
- Palmetto (Jurisdiction M Part A and B and Home Health & Hospice MAC)
- Novitas is conducting TPE reviews of home health care providers, inpatient rehabilitation facilities, comprehensive outpatient rehabilitation facilities (CORFs), skilled nursing facilities (SNFs), hospitals, hospices, physicians and physician groups
- First Coast Service Options (FCSO) (Jurisdiction N Part A and B MAC)
- Wisconsin Physician Services (WPS) (Jurisdiction 8 and 5 Part A and B MAC)
- Noridian (Jurisdiction E Part A and B MAC)
- National Government Services (NGS) (Jurisdiction K and 6 Part A and B and Home Health & Hospice MAC)
- CGS (Jurisdiction 15 Home Health & Hospice, Part A and B MAC and CGS Jurisdiction B and C DME MAC)
- Palmetto (Jurisdiction M Part A and B and Home Health & Hospice MAC)
- First Coast Service Options (FCSO) (Jurisdiction N Part A and B MAC)
Novitas Solutions Sample Notification Letter

Dear Compliance Officer:

In order to fulfill our contractual obligation with the Centers for Medicare & Medicaid Services (CMS), Novitas Solutions, Inc., your Jurisdiction L Medicare Administrative Contractor (MAC), performs reviews in accordance with the CMS instruction. CMS has authorized Jurisdiction L to conduct the Targeted Probe and Educate (TPE) review process. The TPE review process includes three rounds of a repayment probe review with education. If there are continued high denials after three rounds, Novitas Solutions, Inc. will refer the provider/supplier to CMS for additional action, which may include 100% prepay review, extrapolation, referral to a Recovery Auditor, etc. Note: discontinuation of review may occur at any time if appropriate improvement is achieved during the review process.

This letter serves as notification of the TPE process and to notify you of the initiation of the 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.

Reason for Review

Novitas Solutions, Inc., your Part A MAC, is tasked with preventing inappropriate Medicare payments which is accomplished through provider education, training, and the medical review of claims. Novitas Solutions, Inc. performs data analysis on a regular basis on all providers that it services to assure compliance with Medicare requirements. Based on routine data analysis, Novitas Solutions, Inc. has identified a potential aberrancy with your facility in regards to G0277 - HBO Therapy.

For claims billed for HCPCS G0277 - HBO with service dates between xx/xx/xxxx and xx/xx/xxxx, your facility billed __ claims for __ benefit payments for __. Based on an OIG hospital audit findings as well as our previous claim review experience, this is a high area for incorrect billing and your facility will be included in the 1st round of Targeted Probe and Educate.

A sample of 20 randomly selected claims are chosen to determine if a provider is billing and coding according to Medicare guidelines and to ensure services are reasonable and medically necessary.

Action: Additional Documentation

Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request.

Novitas Solutions Sample Notification Letter

Action: Additional Documentation

Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. Providers/suppliers are required to send supporting medical record to Novitas Solutions, Inc. when they are requested.

Providing medical records of Medicare patients to Novitas Solutions, Inc. does not violate the Health Insurance Portability and Accountability Act (HIPAA). Patient authorization is not required to respond to this request.

If the requested documentation is not returned within 45 days, the claim will be denied due to lack of documentation which will contribute to your error rate. It is your responsibility as a provider to provide the requested documentation within the allotted time frame.

Additionally, all providers/suppliers must respond to the Additional Documentation Request (ADR). MACs have the option to refer to the Recovery Audit Contractor (RAC) or Zone Program Integrity Contractor (ZPIC)/Unified Program Integrity Contractor (UPIC) as a result. Novitas Solutions, Inc. will review your claim within 30 days. After all claims selected for the probe are reviewed, you will receive a letter that includes specific findings of our review.

When:

Please do not send any documentation at this time. Your facility will be notified with an ADR letter on each claim selected for review. This letter will include a list of specific elements needed to support the service on review. Please ensure the process for routing these documents to the person(s) responsible for submission is timely and effective.

Inform your staff responsible for receiving the ADR letters and submitting the required documentation for this review. Authorization for the release of this information is included in Code of Federal Regulations reference 42 CFR 411.24(a), 424.50(a)(6) and 44 USC 3101.

Instructions once ADR received:

The documentation submitted for this review must be a copy of the patient’s medical record for each encounter clearly identified for each requested beneficiary and the date of service. Providers/suppliers are responsible for obtaining supporting documentation from third parties (hospitals, nursing homes, suppliers, etc.).
Novitas Solutions Sample Notification Letter

When submitting medical review records via fax or mail, the Document Control Number (DCN) specific cover sheet must be placed face up and on top of its corresponding medical documentation.

- Providers/suppliers must pay the cost of providing this documentation; it cannot be billed to CMS or Novitas Solutions, Inc.
- CMS encourages providers/suppliers to respond quickly.
- Please do not include Power of Attorney, Living Wills, or Correspondence.
- During this review period and at all times, in order to receive payment, providers/suppliers must continue to submit claims for all services performed on a beneficiary.

The ADR will request the following documentation for services rendered:
1. Please submit a mandatory Advanced Beneficiary Notice (ABN) if issued
2. Signed physician orders
3. History of present illness to include clinical documentation of diagnosis; symptoms supporting the medical necessity of services (including, if applicable, wound grade classification per Wagner Scale)
4. HBO progress notes (including measurable signs of healing)
5. HBO Treatment Log with documented length of treatment time
6. Results of all testing/services billed
7. Documentation of physician attendance and supervision of HBO therapy
8. Itemized bill

Submission Methods:

You are responsible for providing documentation for the services identified for the timeframe specified on the ADR which will be mailed to your facility for the beneficiaries that are included in this review. When submitting medical records, the first page of the ADR must be placed face up and on top of its corresponding medical documentation. It would be beneficial if you submit the documentation for all the identified claims at one time to my attention by one of the following methods:

- **Novitasphere:** If you are already enrolled in Novitasphere, you may submit your documentation through the portal. If you are not enrolled, please see the attached flyer to enroll today.
- **FAX:** Providers now have the option of submitting medical records that do not exceed 200 pages to our office via fax. If you choose this option, please fax the first page of the Additional Development Request (ADR) with the supporting medical records to the following fax number: 1-877-639-5479
- **esMD:** Novitas Solutions, Inc. accepts solicited documentation from providers via Electronic Submission of Medical Documentation (esMD) mechanism. For information about esMD, see www.cms.gov/esMD.
- **CD/DVD:** Imaged medical documentation files on CD/DVD may be mailed by any means: U.S. Postal Service, Commercial, Courier or Express Mail. If you choose to send documentation on a password protected CD/DVD, the password may be sent via Secure Email to: SECURITY@novitas-solutions.com.
- **Mail:** Providers still have the option to mail the medical records. To ensure proper receipt of your documents, please make sure to address your letters to one of the addresses below.

<table>
<thead>
<tr>
<th>USPS</th>
<th>Commercial/Courier/Express Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Reviewer</strong>&lt;br&gt;Medical Review – Part A&lt;br&gt;Novitas Solutions, Inc.&lt;br&gt;Post Office Box 2385&lt;br&gt; Mechanicsburg, PA 17055-1829</td>
<td><strong>Clinical Reviewer</strong>&lt;br&gt;Medical Review – Part A&lt;br&gt;Novitas Solutions, Inc.&lt;br&gt;2020 Technology Parkway&lt;br&gt; Mechanicsburg, PA 17055</td>
</tr>
</tbody>
</table>
Novitas Solutions Sample Notification Letter

Consequences:
If the requested information has not been received within 45 days of the date on the ADR mailed to your facility, Novitas Solutions, Inc. will initiate claim adjustments or overpayment recoupment actions for these undocumented services.

Education:
Upon completion of the claim sample, the nurse reviewer will contact you to schedule a 1:1 educational session regarding any errors noted during the claim review. Novitas Solutions Inc. offers webinars, which are web-based presentations using internet technology. If your office does not have internet capabilities, a traditional teleconference will be offered. We can offer other methods of direct communication if these methods are not convenient. Medical Review will also provide you written notification at the end of the review to include your results. This letter will include the number of claims reviewed, the number of claims allowed in full, the number of claims denied in full or in part and limited education on the results.

In Closing:
Thank you for your participation with this review. Please contact referencing the case number above upon receipt of this letter to provide the name of a contact person, if not already communicated, or with any questions regarding the information in this letter.

Questions:
If you have any additional questions regarding this request, please contact me at ___ or via postal mail at the following:

USPS:
Clinical Reviewer
Medical Review – Part A
Novitas Solutions, Inc.
Post Office Box 3385
Mechanicsburg, PA 17055-1829

Sincerely,
Clinical Reviewer
MAC Jurisdiction 3.
Medical Review Part A
Novitas Solutions, Inc

cc: Dr. Patterson, Vice President & Contract Medical Director

Dr. Hayes, Contract Medical Director

enc:

1. Novitas Portal Information (Novitaspere)
2. Documentation Checklist
3. TPE Process Flowchart
Novitas Solutions Sample Notification Letter

Targeted Probe & Educate

Round 1
- Select Topics/Providers for Targeted Review Based Upon Data Analyst
- If Round 1: Probe 20-40 Claims Per Provider/Supplier
- Education - Can Occur intra-Probe
- Round 2: Do Provider have time to improve?
- No
- Yes
- Round 3: Do Provider have time to improve?
- No
- Yes
- MAC Shall Refer the Provider to CMS for Possible Further Action**

Sample Letter from CMS after TPE Audits
**Medical Record Review Results**

- **Targeted Probe and Education (TPE) Reviews** - Noridian reviews used to help improve a supplier’s claim payment error rate and reduce the volume of appeals through claim review and education.
- **Service Specific Post-Payment Reviews** - Noridian has no current active Post-Payment Reviews.
- **Service Specific Pre-Payment Reviews** - Noridian has no current active Service Specific Pre-Payment Reviews.

<table>
<thead>
<tr>
<th>Review Criteria</th>
<th>Current Error Rate</th>
<th>Current Review Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ankle Foot/Knee-Ankle-Post Orthosis (AKAO) TPE Reviews</td>
<td>34%</td>
<td>• View Results</td>
</tr>
<tr>
<td>Diabetic Supplies TPE Reviews</td>
<td>64%</td>
<td>• View Results</td>
</tr>
<tr>
<td>Enteral Nutrition TPE Reviews</td>
<td>69%</td>
<td>• View Results</td>
</tr>
<tr>
<td>Hospital Bed TPE Reviews</td>
<td>72%</td>
<td>• View Results</td>
</tr>
<tr>
<td>Immunosuppressive Drug TPE Reviews</td>
<td>34%</td>
<td>• View Results</td>
</tr>
<tr>
<td>Knee Orthosis TPE Reviews</td>
<td>61%</td>
<td>• View Results</td>
</tr>
<tr>
<td>Manual Wheelchairs TPE Reviews</td>
<td>29%</td>
<td>• View Results</td>
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### Medicare Administrative Contractors (MACs)

As of October 2017

<table>
<thead>
<tr>
<th>MAC Jurisdiction</th>
<th>Processes Part A &amp; Part B Claims for the following states:</th>
<th>MAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>DME B</td>
<td>Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin</td>
<td>CGS Administrators, LLC</td>
</tr>
<tr>
<td>DME C</td>
<td>Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, Puerto Rico, U.S. Virgin Islands</td>
<td>CGS Administrators, LLC</td>
</tr>
<tr>
<td>DME D</td>
<td>Alaska, Arizona, California, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, American Samoa, Guam, Northern Mariana Islands</td>
<td>Noridian Healthcare Solutions, LLC</td>
</tr>
<tr>
<td>5</td>
<td>Iowa, Kansas, Missouri, Nebraska</td>
<td>Wisconsin Physicians Service Government Health Administrators</td>
</tr>
<tr>
<td>6</td>
<td>Illinois, Minnesota, Wisconsin</td>
<td>National Government Services, Inc.</td>
</tr>
<tr>
<td><strong>Fire H for the following states:</strong> Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Michigan, Minnesota, Nevada, New Jersey, New York, Northern Mariana Islands, Oregon, Puerto Rico, US Virgin Islands, Wisconsin and Washington</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Indiana, Michigan</td>
<td>Wisconsin Physicians Service Government Health Administrators</td>
</tr>
</tbody>
</table>

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### WPS

**Claim Review**

**Guides and Resources**

**News and Updates**

**Forms**

**Need help?**

- General questions about Claim Review
  - **(866) 518-3385**
  - 7:00 am to 5:00 pm CT M-F

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**Targeted Probe and Educate Topics**

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### Jurisdictions: 38A, 38B, 38B, 38B

CMS has authorized WPS GHA to conduct the Targeted Probe and Educate (TPE) review process. This is a required process for providers identified by Medical Review. The TPE review process incurs three rounds of prepayment or post-payment probe review with education. If high denial rates continue after three rounds of review, WPS GHA will refer the provider and results to CMS. CMS will determine any additional action, which may include but is not limited to extrapolation, referral to the Unified Payment Integrity Contractor (UPIC), and/or referral to the Recovery Audit Contractor (RAC).

Providers/Suppliers can expect:

- WPS GHA will notify providers/Suppliers in writing of their selection for the topic or CPT code under review, the data reasons for selection and the review process.
- Provider/Supplier reviews will consist of up to three rounds of prepayment or post-payment TPE claim review. WPS GHA will select the topics for review and the providers to be reviewed based on our current data analysis procedures outlines in CMS Internet-Only Manual (IOM), Publication 100-06, Medicare Program Integrity Manual, Chapter 7.
- WPS GHA may refer providers/Suppliers to RAC or UPIC if providers do not respond to ADR requests and submit the requested documentation to WPS GHA.
- If needed, education will be offered to the provider/Supplier throughout the TPE process. Additionally, at the end of each round of claim review WPS GHA will notify the provider/Supplier in writing of the results and offer education on identified errors. Providers/Suppliers with
Resources


https://med.noridianmedicare.com/web/jdme/cert-review/mr/review-results
