

Targeted Probe and Educate

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Objective

To gain an understanding of the targeted probe and educate review processes including documentation timeframes, record requests and where to find helpful resources to assist with record preparation.

Today's Presenters

Provider Outreach and Education Consultants

- Gail Toussaint
- Jean Roberts, RN, BSN, CPC





Agenda

Targeted Probe and Educate

Record Preparation and Submission

FISS DDE

NGSConnex Secure Portal

References and Resources

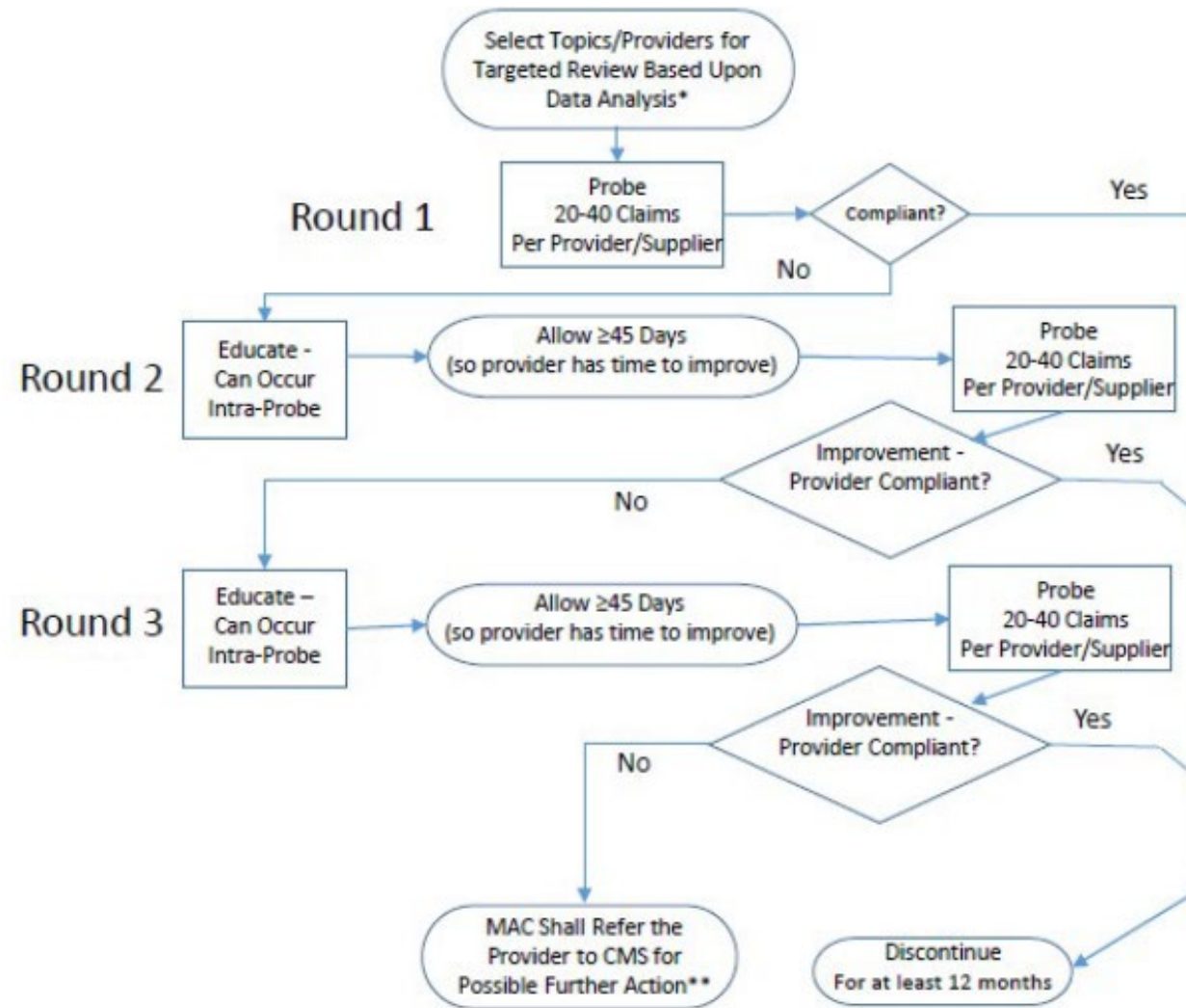
The background is a solid dark blue. On the right side, there are large, overlapping, semi-transparent blue geometric shapes, including a large 'S' or 'R' curve. In the bottom-left corner, there is a pattern of small, light blue dots arranged in a grid-like fashion.

Targeted Probe and Educate

Medical Review TPE History

- TPE process became effective 10/1/2017
 - All lines of business
- TPE History
 - Demonstration projects for inpatient services and home health
 - Proven successful in lowering providers payment error rates
 - The TPE model changed some of the process but does not affect policy and procedures

Targeted Probe and Educate



Targeted Probe and Educate Process

Round 1 Initial Probe	Round 2	Round 3	CMS Referral for Corrective Action
Provider notification	ADRs: 45-56 days after education	ADRs: 45-56 days after education	Extrapolation
ADR request	Validation	Validation	Referral to UPIC or RAC
Validation	Calculation	Calculation	100% prepayment review
Calculation	Review results letter	Review results letter	List not all-inclusive
Review results letter	One-on-one education	Referral (if applicable)	
One-on-one education		One-on-one education	

Initial TPE Probe (Round 1)

- During the initial probe providers can expect
 - Provider Notice of Review – TPE includes
 - ✓ Reason for review
 - ✓ Prepayment TPE: Do not send any documentation in response to this notification
 - Prepayment facility/office will be notified via ADR letter on each claim selected for review
 - ✓ Post Payment TPE: Send documentation for each claim listed in letter
 - ✓ Nonresponders may be referred to the RAC or UPIC
 - ✓ The clinical team reviews documentation within 30 days (prepayment) or 60 days (post payment) of receipt
 - ✓ NGS Case Management will make contact for one-on-one education upon completion of review
 - Automated reviews and prior authorizations are not part of the TPE program

Additional Rounds of Review

- TPE consists of three rounds, if the provider continues to have a high payment error rate above 15 percent
 - Round 1 – Initial Probe
 - Round 2
 - Round 3
- Additional rounds of review will include
 - Detailed Review Results letter
 - One-on-one education with NGS Case Management after each round of review
 - Additional development request approximately 45–56 days after the education is complete
 - ✓ ADR for DOS beginning on/after 45 days

How Is the PER Calculated?

- Prepayment

- Total dollar amount of the services billed in error as determined by MR case management divided by the total dollar amount of the services originally billed for the services under review

- Postpayment

- Total dollar amount of the services paid in error as determined by MR case management divided by the total dollar amount of services paid that are subject to an MR/case management documentation request

CMS Referral

- After three rounds of review and continued noncompliance (demonstrated by high denial rates) CMS may instruct the MAC to take additional action which may include
 - Extrapolation
 - Referral to UPIC
 - Referral to the Recovery Audit Contractor
 - 100 percent prepay review

Documentation Request

■ Probe

- ADR identifying provider claims
 - ✓ Provider notification letter will advise your agency of how many claims will be requested
- Provider has 45 days (based on ADR date) to respond to the contractor with medical records
 - ✓ This includes mail time and contractor processing time to a medical review location
 - ✓ Highly recommend sending documentation within 35--40 days
 - An internal best practice
 - ✓ Failure to respond to ADR counts as an error and impacts overall payment error rate

Calculations

- Case Management will calculate the provider's payment error rate based on determination made during medical review
 - Nonresponses are included in the calculation
- Payment error rates (PERs) will not be adjusted based on the outcomes of the appeals process
 - Additional documentation is often received at the time of appeal that was not available at the initial medical review level
 - This is not a change from current medical review process

Detailed Provider Results Letter

- Detailed results letter at the conclusion of each round will include
 - Outline the TPE process
 - Reason for denials including the Medicare regulations
 - Denial rates (PER)
 - Release or retention from medical review
 - ✓ PER of less than 15 percent is required to be released from additional rounds of review
 - One-on-one education information
- Read the letter in its entirety for important information regarding additional rounds of review and the appeals process

TPE: Common Questions

- If I appeal a TPE finding and it is overturned, does this impact my denial rate?
 - Note: NGS typically receives documentation for appeal that was not received during TPE
 - Payment error rates are not adjusted based on the outcomes of the appeals process
 - Appeal results would be taken into consideration in subsequent TPE rounds
 - If referred to CMS, CMS takes appeal results into consideration when determining need for additional action

TPE: Common Questions

- Are previous review results used to determine who will be included in the TPE process?
 - Providers are selected for TPE based on data analysis
 - CMS encourages MACs to use all available sources of data, such as billing and utilization patterns

TPE: Common Questions

- What happens if there are errors found in the claims that are reviewed?
 - Provider will be sent a letter detailing the results of the review and offer a one-on-one education session
 - MACs may educate providers throughout the TPE review process, when easily curable errors are identified

TPE: Common Questions

- What can providers expect during a one-on-one education session?
 - During a one-on-one education session (usually held via teleconference), NGS Case Management will educate on review findings focusing on the denials identified during the review process
 - The provider will have the opportunity to ask questions regarding their claims as well as policies that apply to the service reviewed

TPE: Common Questions

- Is education furnished each round provider specific or general education given to all providers?
 - Educational sessions are specific to each provider and developed based on the review findings from the current round of review

TPE: Common Questions

- If an additional round of review is required, when will it start?
 - Claims with dates of service no earlier than 45 days after the date education was provided for previous round
 - ✓ Allows providers time to make changes based on education received
 - If one-on-one education is refused or not scheduled by provider, subsequent review round will occur on claims with dates of service no earlier than 45 days from date of receipt on the Review Results Letter

TPE: Common Questions

- Can providers be included in multiple TPE probes at the same time?
 - Yes, if a provider has multiple PTANs/NPIs, each NPI could be subject to TPE review
 - Additionally, if a provider submits claims to Medicare for more than one service, each service may be subject to a separate probe

Did You Know?

- TPE education via one-on-one session
 - Request education via email within two weeks from the date on your Result Letter
 - Recommended attendees
 - ✓ Representatives from clinical, billing, finance areas, and any additional staff you believe would benefit from attending
 - Recommended pre-education session preparation
 - ✓ Be informed on denial reasons and research full denial rationales
 - ✓ Ensure all participants have access to the Results Letter and spreadsheet with claim details

Provider Action: Contact Information

- Ensure that you have the correct mailing address in PECOS
- Ensure that your records are sent to the correct NGS address
- Once notified of impending review, ensure that you provide a POC to NGS
 - Include contact name, email address, and telephone number

Provider Action: Contact Information

- Ensure you have updated contact information
 - Subject line: “Contact Information for _ Case Number and your provider (PTAN) number”
 - In the body of the email (addresses on next slide)
 - ✓ Name of contact person
 - ✓ Phone number
 - ✓ Fax number
 - ✓ Email address

Provider Action: Contact Information

- Send your POC information to Medical Review and reach out to NGS Case Management staff at any point during the TPE process
 - J6 Part A: J6ACasemanagement@ElevanceHealth.com
 - JK: Part A: JKACasemanagement@ElevanceHealth.com
 - J6 Part B: J6BCasemanagement@ElevanceHealth.com
 - JK Part B: JKBCasemanagement@ElevanceHealth.com

Provider Action: Contact Information

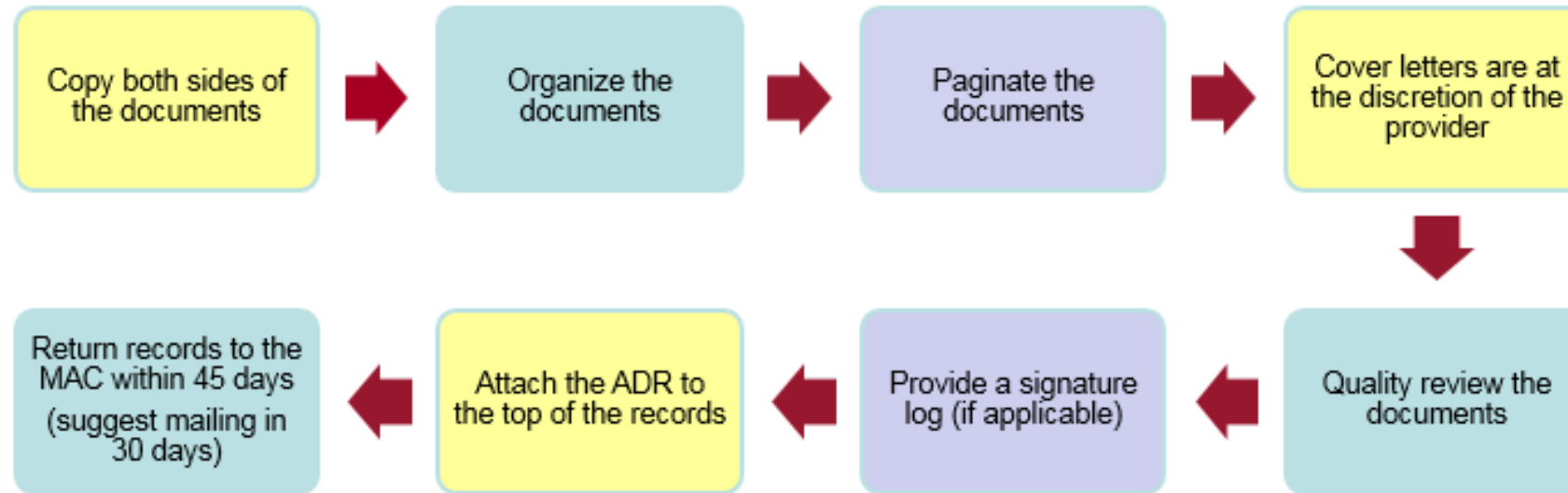
- Medical Review correspondence is sent to either the “Pay To” or the “Practice Location” address
- To ensure receipt of MR letters and ADRs you can change your for Medical Review correspondence address in PECOS
 - NGS Part A article
 - ✓ [Education tab > Help and FAQs > Medical Review](#)
 - NGS Part B article
 - ✓ [Education tab > Help and FAQs > Medical Review](#)

NGS Part B YouTube Video

- Part B YouTube Video [Part B Medical Review Focus: Updating your Contacts to Prepare for Success](#)

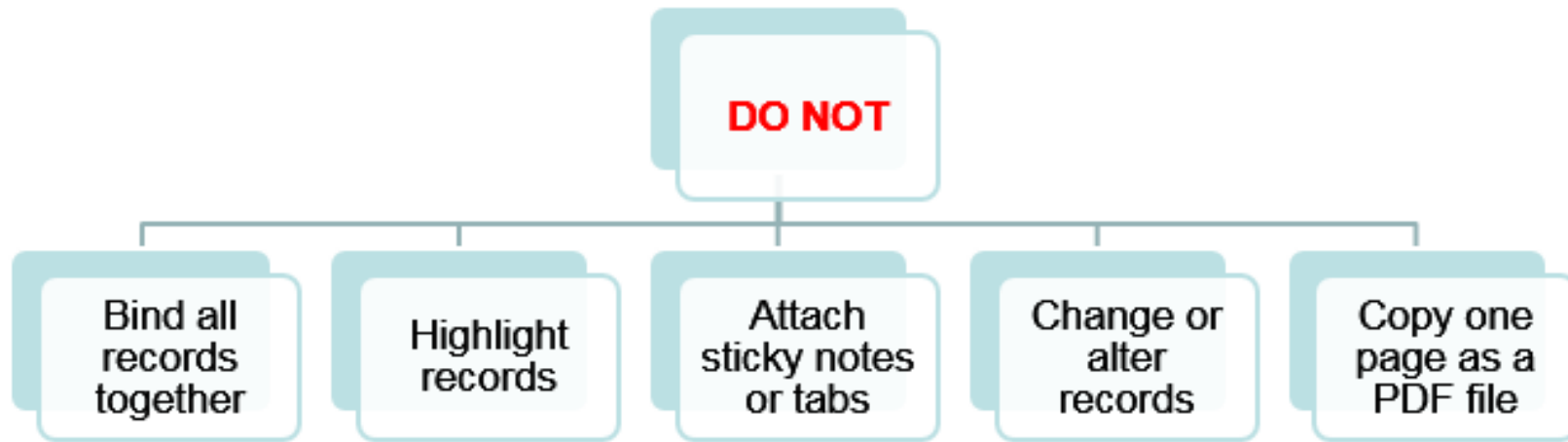
Record Preparation and Submission

Preparing Your Documentation



Note: NGSConnex is the preferred medical records submission method!

Preparing Your Documentation



Helpful Tips

- Speak to whomever handles your mail to watch for and act quickly upon receipt of correspondence from NGS (contains notification letter)
 - NGS Review Results Letter is sent in a pink envelope
- Designate someone at your facility/practice location to handle these requests
 - ADR provides method to submit contact person
- If you do not see ADRs within one month of the notification letter use the email address in the letter to contact us
 - ADRs might be going to a different address

Helpful Tips

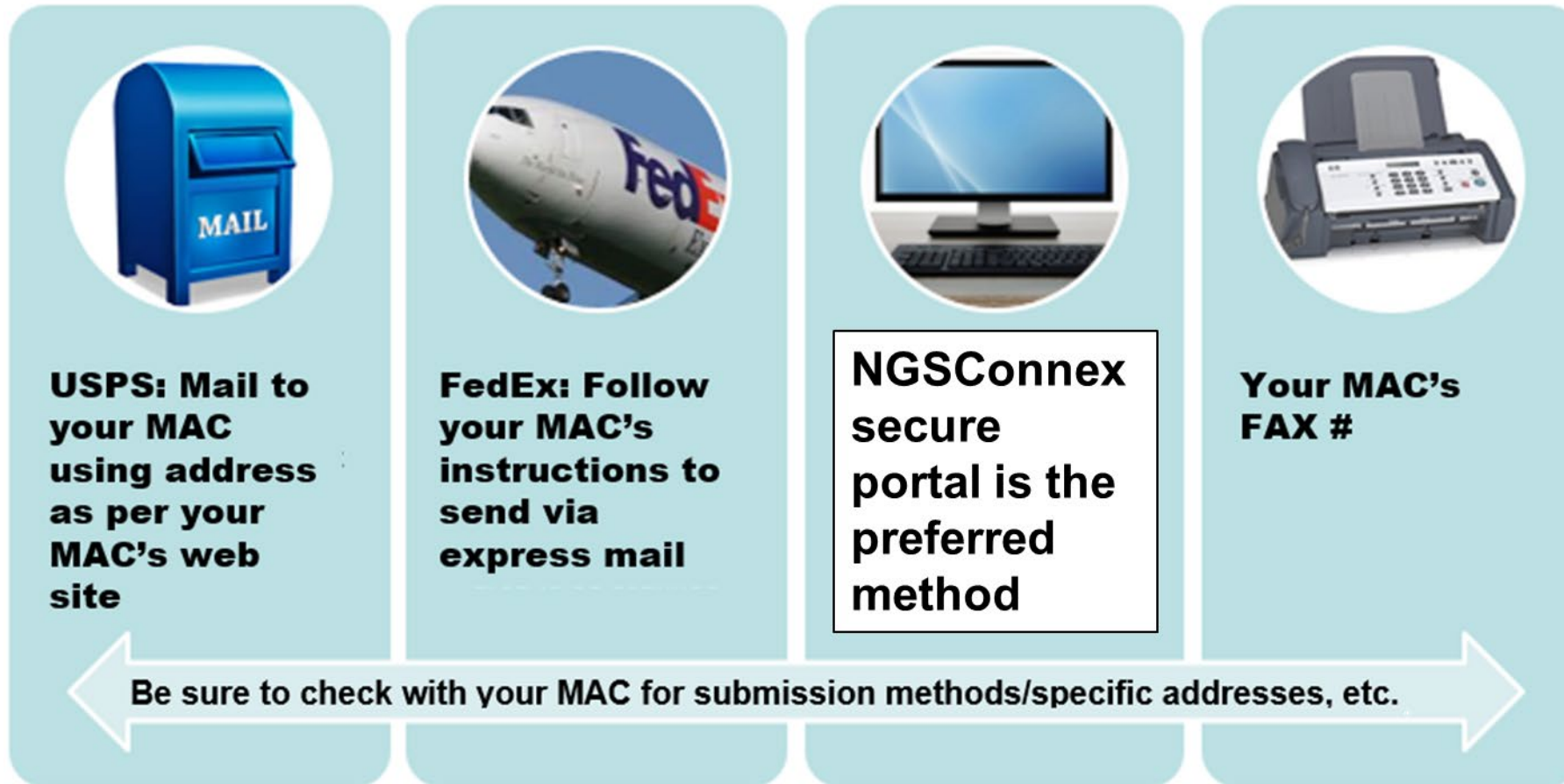
- Follow directions in notification letter to provide point of contact for future TPE correspondence
 - Name
 - Email address
 - Phone number
- Ask a clinician to check the records to ensure correct documentation is submitted
- Review Results Letter provides an email address to correspond with to set up your individualized education session

Ensure Timely Response To ADR

- Responding to an ADR

- Avoid claim processing delays
 - ✓ Respond in complete/timely manner
 - ✓ CMS allows 45 days from the date of the ADR
 - NGS recommends responding within 35-40 days
 - NGS ADR Response Timeline Calculator
 - NGS Medicare.com > Resources > Tools & Calculators > [ADR Response Timeline](#)
 - ✓ Send each response separately and attach a copy of corresponding ADR
 - ✓ Include all records necessary to support the services for the dates requested
- Failure to respond to ADR counts as an error and impacts overall payment error rate

How to Submit Medical Records to Your MAC



Responding to an ADR Using FISS DDE (Applies to Part A)

Additional Documentation Request

System issues an ADR

- Claims suspends to status location SB 6001
- ADR is sent to provider
- Provider has 45 days to return records to the MAC

Records are NOT received by day 45

- On day 46 the system will deny the claim moving it to a status location of DB 9997
- Reason code 56900

Wait one week and recheck status location

- If the records were received the claim will move to status location SM 5REC
- Denied after one week, call customer care for assistance

ADR Tips: Check for Pending ADRs

- Enter 01 (inquiry)
- Enter 12 (claims)
- Type SB6001, SB6098, and SB6099 in the S/LOC field and press enter
 - Brings up a list of claims for which an ADR has been issued (F6 moves to next page for multiple pages)
- Screen print each page for tracking purposes

ADR Tips: Printing the ADR

- From the SB6001, SB6098, SB6099 status select individual claim
- Go to page seven to view ADR
- Print page one and hit F8 to view page two
- The requested records and due date are listed

ADR Tips: Tracking Receipt of Records

- Enter 01 (inquiry)
- Enter 12 (claims)
- Enter MBI and DOS for which records have been submitted
- Continue to monitor these ADR'd claims through to the remittance advice

Tracking Medical Review: Outcome Using FISS DDE

- Early identification of pending ADRs
- Monitoring claim location
- Checking for denial reasons
 - In FISS DDE, check claim page 4 (Remarks) for comprehensive information
- Preventing denials for nonreceipt of records

Determining Denial Reason

- Enter 01 (inquiry)
- Enter 12 (claims)
- Enter MBI and DOS for which records have been submitted
- On page two, note lines which have noncovered charges

Determining Denial Reason 2

- Go to Remarks section to see a brief narrative in cases where a denial has occurred
- Ensure that clinical personnel in the area under review are provided this information
 - Note: This narrative will not appear for 56900 denials as no records have been reviewed

NGSConnex Secure Portal – Preferred Method to Submit Medical Records and More (Part A and B)

NGSConnex

- Use the Medical Review Additional Documentation Requests Portal
 - View ADR letter content to help ensure submit required documentation
 - Respond to medical review ADRs
 - Submit supporting documentation electronically
 - Obtain detailed status information on MR ADR
 - ✓ Regardless of who from your provider organization responded or how it was responded to (i.e., electronically, by mail, etc.)

NGSConnex

- View detailed ADR status information
 - Date documentation was received
 - Date the reviewer started to review your documentation
 - Date the reviewer completed the review of your documentation
 - Reviewer decision
 - Appeals outcome
- Not yet registered for NGSConnex?
 - Visit NGSConnex and click 'New User' to register today
- Registration instructions are available on [NGSConnex page](#) and video tutorials are available on our [YouTube channel](#)

References and Resources

NGS Resources

- [NGS Website](#)
- Assistance with general questions
 - [Interactive Voice Response System \(IVR\)](#)
- Complex inquiries and assistance
 - [Provider Contact Center](#)

NGS Resources

- NGSConnex User Guide

- [Education > Manuals and Guides > NGSConnex User Guide](#)
- [Medical Review Portal in NGSConnex](#)
- [How can I Use NGSConnex to respond to Medical Review additional documentation requests?](#)

Note: NGSConnex is the preferred method for submission of medical records documentation

NGS Resources

- NGS Medical Review TPE
 - [NGS Website](#)
 - Resources > Medicare Compliance> Targeted Probe and Educate
 - ✓ [TPE Manual](#)
 - ✓ [How to Find and Respond to TPE ADR](#)
 - Education> News> [Targeted Probe and Educate Letters – An Informational Overview](#) (Published 7/29/2022)
 - [Targeted Probe and Educate Review Topics](#)

NGS Resources

- YouTube Video: [Targeted Probe and Educate \(TPE\) Medical Review Strategy](#)
- Medical Review FAQs
 - [NGS Website](#) > Education > Help and FAQs > Medical Review
- FISS DDE Provider Online Guide (Part A)
 - [Education > Manuals and Guides > FISS DDE Provider Online Guide](#)

CMS Resources

■ CMS Website

- [Targeted Probe and Educate \(TPE\)](#)
- [Targeted Probe & Educate Flow Chart](#)
- [Reducing Provider Burden](#)
- CR 10249: [Targeted Probe and Educate](#)
 - ✓ Effective 10/1/2017

CMS Resources

■ CMS YouTube Videos

- [Targeted Probe and Educate – 2019 CMS National Provider Compliance Conference](#)
- [Targeted Probe and Educate](#)
- [Provider Minute: The Importance of Proper Documentation](#)

Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.

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Text NEWS to 37702; Text GAMES to 37702



youtube.com/ngsmedicare