



Medical Review: The Additional Development Request Process and Targeted Probe and Educate

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Today's Presenters

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Objective

Providers will gain an understanding of the TPE process and learn how to respond to ADRs timely and accurately



Agenda

MR Background

Jeanine Gombos

TPE

Emma Eno

Record Preparation and Submission

Emma Eno

ADR Tips: Using FISS

Jeanine Gombos

ADR Tips: Using NGSConnex

Jeanine Gombos

Resources and References

Jeanine Gombos

MR Background

MR Objectives

- Reduce payment errors by preventing the initial payment of claims that do not comply with Medicare's coverage, coding, payment and billing policies
- Identify errors through claims analysis and/or medical record review activities
- Appropriately pay for covered services
- Provide education to providers to help ensure future compliance

MR Process: Review and Provider Selection

- Leverage data analysis to identify:
 - Providers and suppliers who have high claim error rates or unusual billing practices
 - Items and services that have high national error rates and are a financial risk to Medicare
- Verify if the issue has been approved by CMS via the CMS approved review topics list (CART)
- Consider:
 - CERT findings
 - Referrals from other entities: OIG, UPIC, RAC

Documentation Request

- Provider has 45 days to respond to a request for medical records via:
 - NGSConnex
 - esMD
 - U.S. Mail, FedEx or UPS
- If a provider does not respond to the records request, this is classified as a “56900” denial



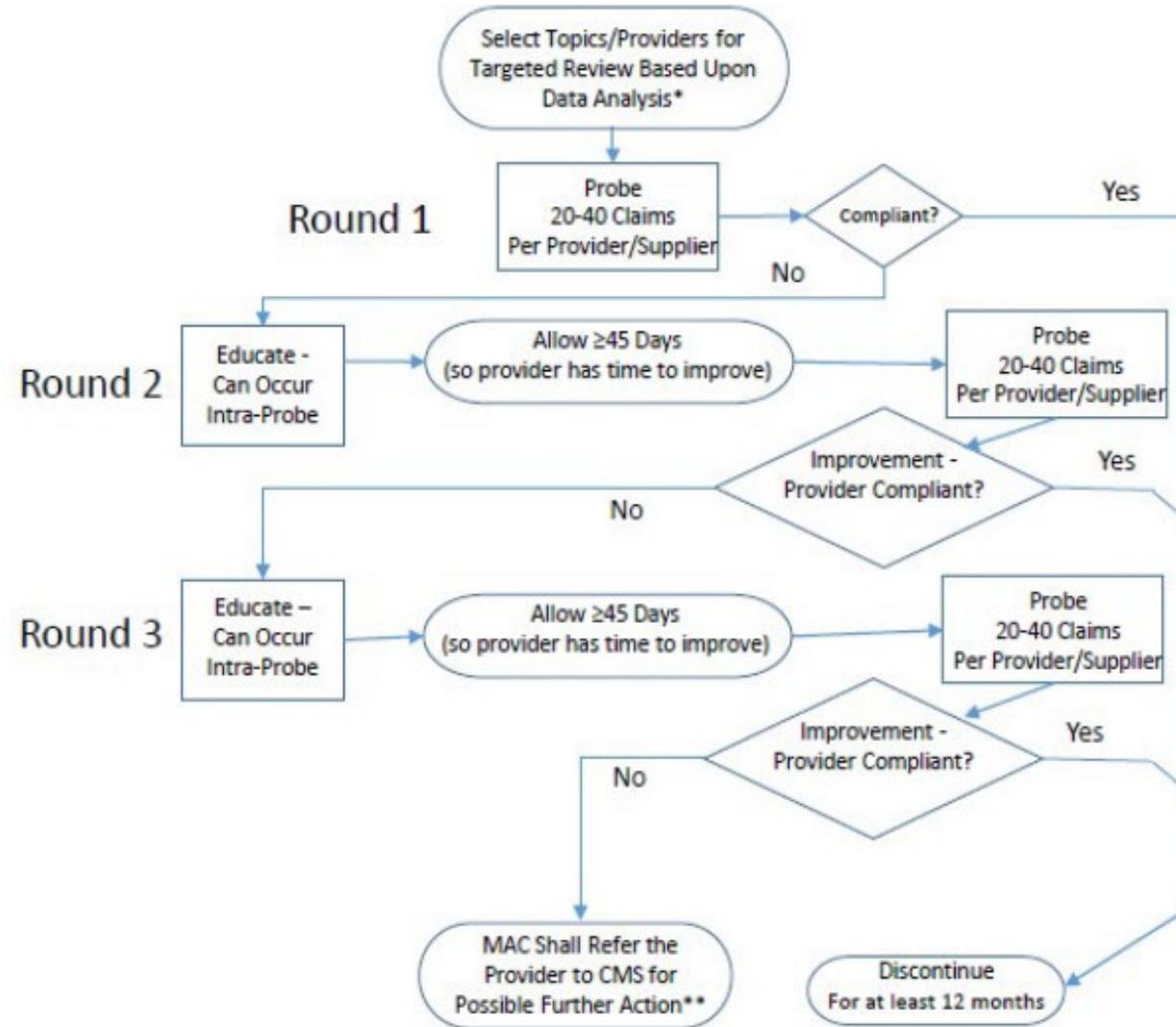
45 days includes mail time and contractor processing time to a medical review location

MR process: Validation Phase

- MR completes a thorough review of medical records to:
 - Identify and prevent improper payment of claims
 - Evaluate claims for compliance with Medicare regulations
 - Ensure medical necessity is met for the services provided
- Intra probe calls are made by the reviewer to request missing documentation and/or to correct easily curable errors

TPE

TPE



TPE 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% pre-payment review
Calculation	Review results letter	Review results letter	List not all-inclusive
Review results letter	One-on-one education	Referral (if applicable)	

Initial TPE Probe (Round 1)

- Provider receives TPE Notification Letter
 - Pre-payment TPE:
 - Do not send any documentation in response to the Notification Letter
 - Facility/office will be notified via ADR letter on each claim selected for review
 - Post-payment TPE:
 - Send documentation for each claim listed in Notification Letter
 - Non-responders may be referred to the RAC or UPIC
- MR team reviews documentation within 30 days (pre-payment) or 60 days (post-payment) of receipt
- Review Results Letter
- NGS Case Management Team will provide 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 up to 3 rounds
 - Round 1 – Initial Probe
 - Round 2
 - Round 3
- Rounds 2 and 3 of review will include:
 - Results Letter
 - One-on-one education with NGS Case Management
 - ADR approximately 45–56 days after education is complete
 - ADR for DOS beginning on/after 45 days



Error Rate Calculations

- PER
 - Payment denied / total payment amount
 - \$500 / \$1,000 = 50% PER
- CER
 - Denied claims / total number of claims
 - 2 claims denied / 10 total claims = 20% CER

Payment error rates will not be adjusted based on the outcomes of a redetermination!

CMS Referral

- If provider continues to have PER greater than 15% after 3 rounds of review, CMS may instruct NGS to take additional action including:
 - Extrapolation
 - Referral to UPIC
 - Referral to RAC
 - 100% pre-pay review



Detailed Provider Results Letter

- Provider will receive a detailed Results Letter including the following:
 - Summary of MR determinations
 - Reason for claim denials
 - Appropriate Medicare regulations
 - Next steps:
 - Providers encouraged to contact Case Management Team for post-probe education
 - If PER is less than 15%, provider is notified they will be released from review
 - If PER is greater than 15%, provider is notified of the timeline for the next round of review

Post-Probe Education

- Request education via email within two weeks from Results Letter date
- Discussion topics include claim denials, related Medicare regulations and best practices to ensure proper payment
- Recommended attendees:
 - Representatives from compliance, clinical, billing, coding, finance areas, and any additional staff you believe would benefit from attending
- Next round of TPE review initiated no earlier than 45 days after education session

TPE Tips

- Ensure that you have the correct mailing address in PECOS
- Once notified of impending review, ensure that you provide a responsive Point of Contact (POC) to NGS
- Register for NGSConnex, if you have not already done so
 - Have multiple people registered for NGSConnex
 - Monitor regularly for ADRs to prevent 56900 non-responder denials
- Ensure that your records are sent to the correct NGS address

Provider Action: POC

- Email NGS Case Management Team your updated/correct contact information
 - Subject line: “Contact Information for _ Case Number and your provider (PTAN) number”
 - In the body of the email
 - Name of contact person
 - Phone number
 - Fax number
 - Email address

Case Management Contact Information

- Send your POC information 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

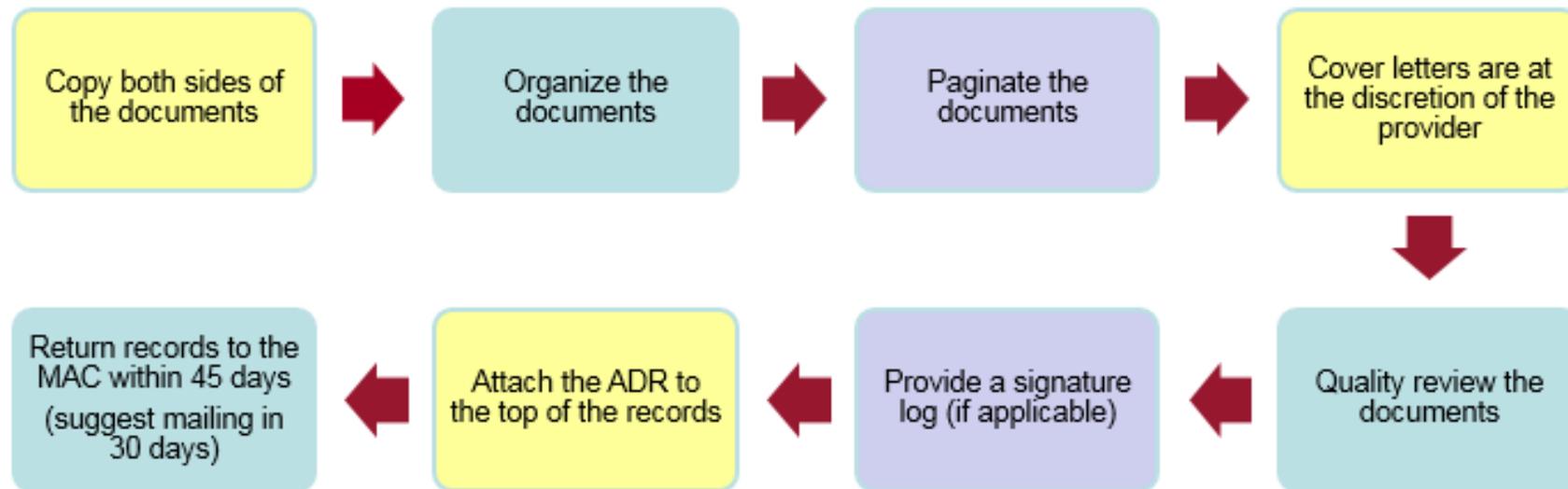
Updating Contact Information in PECOS

- MR correspondence is sent to either the “Pay To” or “Practice Location” address
- To ensure receipt of MR letters and ADRs you can change your correspondence address in PECOS
 - MR FAQs
 - [How do I change my address?](#)

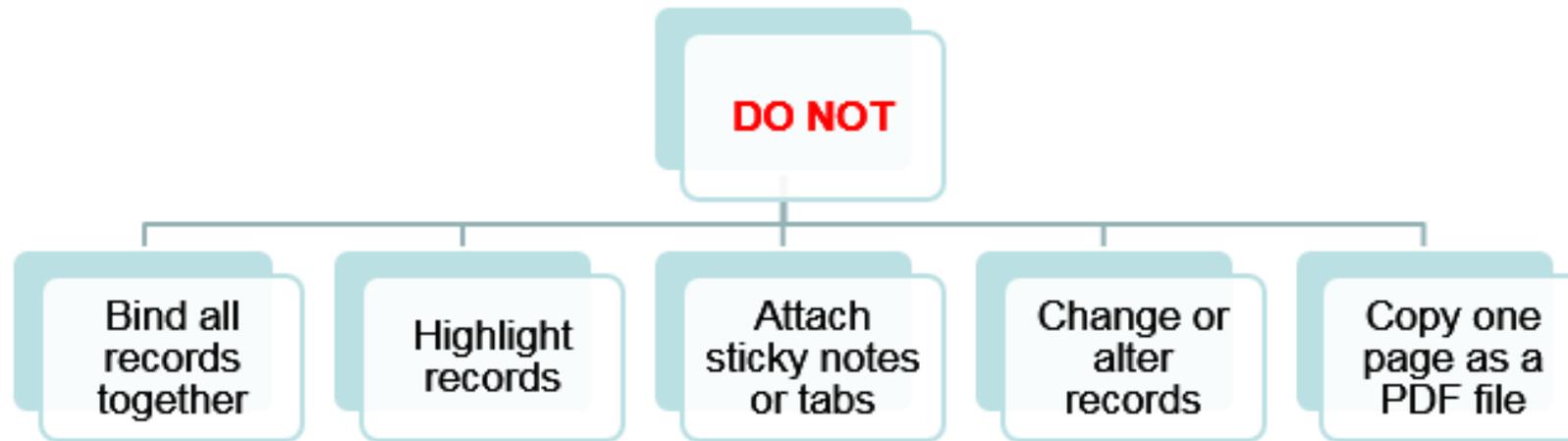
Record Preparation and Submission

Documentation Preparation

- **Note:** NGSConnex is the preferred medical records submission method



Helpful Tips When Preparing Your Documentation



Ensure Timely Response to ADR

- Avoid claim processing delays
 - Respond to ADRs in complete/timely manner
 - CMS allows 45 days from ADR date to submit records
 - NGS recommends responding within 35-40 days
 - Use NGS [ADR Timeline Calculator](#)
 - Send each claim response separately and attach a copy of corresponding ADR

Failure to respond to ADR counts as a denial and impacts overall payment error rate

Documentation Submission Methods



USPS
National Government Services, Inc.
P.O. Box 7108
Indianapolis, IN 46207-7108



FedEx/UPS
National Government Services, Inc.
220 Virginia Ave
Indianapolis, IN 46204
ATTN: Mail & Distribution
*Add/insert the operational unit record
to be scanned



NGSConnex
[Log into NGSConnex](#)
[NGSConnex User Guide](#)



Fax
315-442-4390

ADR Tips: Using FISS

Additional Documentation Request

System Issues ADR

Claims suspend to status
location SB 6001

ADR sent to provider

Provider has 45 days to return
records to MAC

Records NOT Received Timely

Claim will deny on day 46

Claim moves to status
location DB 9997

Provider receives 56900
denial

Records Received Timely

When records received,
claim will move to status
location SM 5REC

Check for Pending ADRs

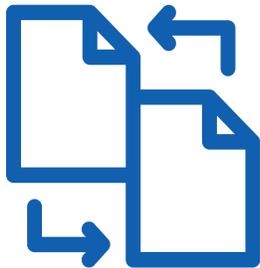
- Enter 01 (inquiry)
- Enter 12 (claims)
- Type SB6001, SB6098, and SB6099 in the S/LOC field and press enter
 - List of claims provided showing an ADR has been issued (F6 moves to next page for multiple pages)
- Screen print each page for tracking purposes

Printing the ADR

- From the SB6001, SB6098, SB6099 S/LOC select individual claim
- Go to page seven to view ADR
- Print page one and hit F8 to view page two
- Requested records and due date are listed

Tracking Receipt of Records

- Enter 01 (inquiry)
- Enter 12 (claims)
- Enter MBI and DOS for which records have been submitted
- Continue to monitor claim ADRs through the process to the remittance advice



Benefits of Claim Management in FISS

- Early identification of pending ADRs
- Monitoring claim location
- Checking for denial reasons
- Preventing denials for non-receipt of records

Determining Denial Reason

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

Viewing Remarks in FISS

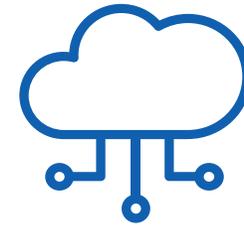
- Go to Remarks section to see a brief narrative in cases where a denial has occurred
 - Ensure that appropriate clinical personnel are provided this information

This narrative will not appear for 56900 denials as no records have been reviewed

ADR Tips: Using NGSConnex

NGSConnex

- Use the MR ADR Portal to:
 - View ADR letter content to help ensure you submit required documentation
 - Respond to MR ADRs
 - Submit supporting documentation electronically
 - Obtain detailed status information on MR ADR



NGSConnex (cont.)

- View detailed ADR status information including:
 - Documentation receipt date
 - Date the reviewer started/completed review of documentation
 - Reviewer decision
 - Appeals outcome
- Not yet registered for NGSConnex?
 - Visit [NGSConnex](#) and click 'Create Account' to register today
- Registration instructions are available in our [NGSConnex User Guide](#) and video tutorials are available on our [YouTube channel](#)

Resources and References

NGS Resources

- Assistance with general questions
 - [Interactive Voice Response System](#)
- Complex inquires and assistance
 - [Provider Contact Center](#)
- [NGSConnex User Guide](#)
- [Medical Review Portal in NGSConnex](#)
- [MR FAQs](#)

TPE Resources

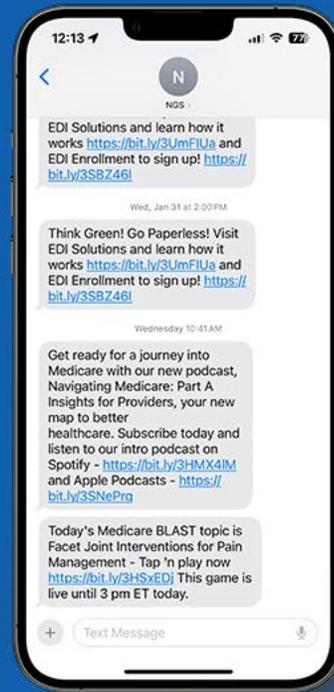
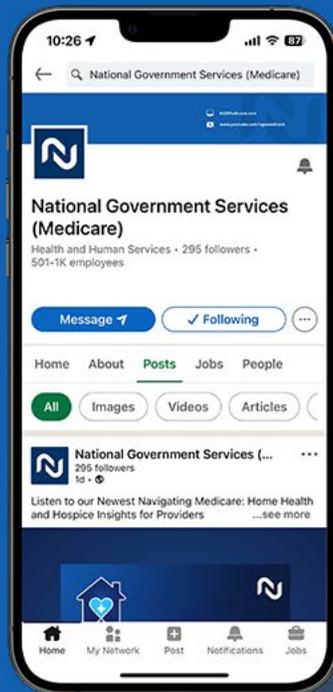
- [NGS website](#)
 - Resources > Medicare Compliance> Targeted Probe and Educate
 - [TPE Manual](#)
 - [How to Find and Respond to TPE ADR](#)
 - [Targeted Probe and Educate Review Topics](#)
 - Education > News > [Targeted Probe and Educate Letters – An Informational Overview](#)

CMS Resources

- CMS website
 - [Targeted Probe and Educate \(TPE\)](#)
 - [Targeted Probe & Educate Flow Chart](#)
 - [Reducing Provider Burden](#)
 - CR 10249: [Targeted Probe and Educate](#)

YouTube Video 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](#)
 - [Targeted Probe and Educate \(TPE\) Medical Review Strategy](#)
- NGS YouTube Video: [Targeted Probe and Educate \(TPE\) Medical Review Strategy](#)



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www.MedicareUniversity.com
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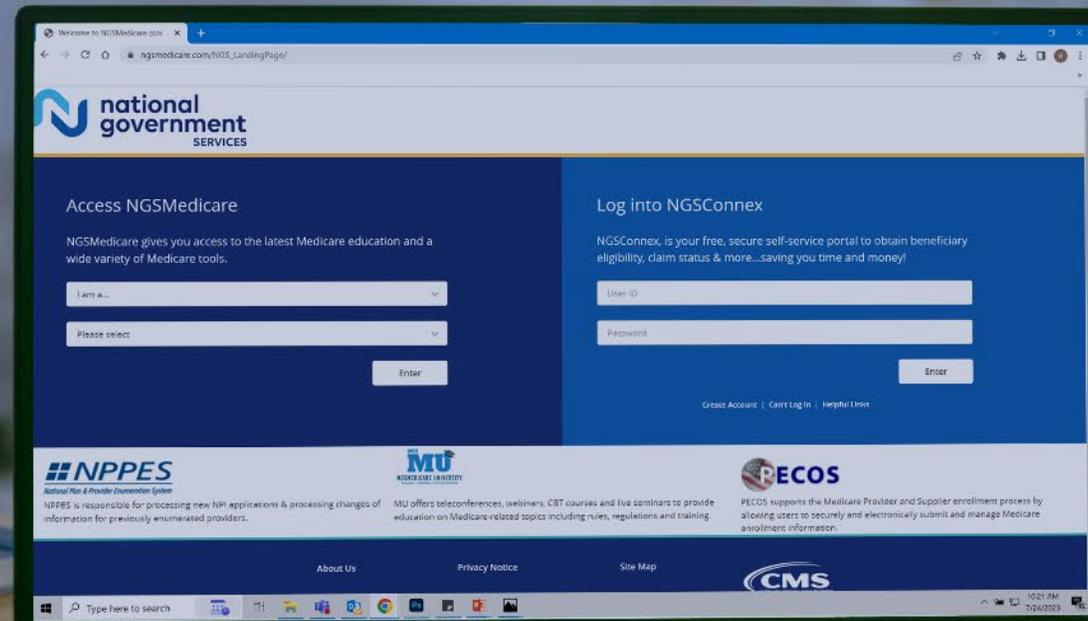
medicare **mobile**

Text NEWS to 37702; Text GAMES to 37702



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www.NGSMedicare.com

Online resources, event calendar, LCD/NCD, and tools



IVR System

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



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Questions?

Thank you!