



Exploring the NGS Targeted Probe and Educate (TPE) Process

6/11/2025

Closed Captioning: Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.



Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the [CMS website](#).



Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

Objectives

Attendees/providers will gain an understanding of the purpose and best practices associated with TPE. We will define the roles and responsibilities of both National Government Services and providers during a TPE. The session will also provide valuable resources to help attendees better navigate the TPE process.

Today's Presenters

Alison Hamilton

Clinical Review Nurse Senior
Case Management Team



Emma Eno

Clinical Review Nurse Senior
Case Management Team





Agenda

[Understanding the TPE Process](#)

[Documentation Preparation & Submission](#)

[Navigating FISS: TPE & ADRs](#)

[Utilizing NGS Connex: TPE & ADRs](#)

[Resource Tour](#)

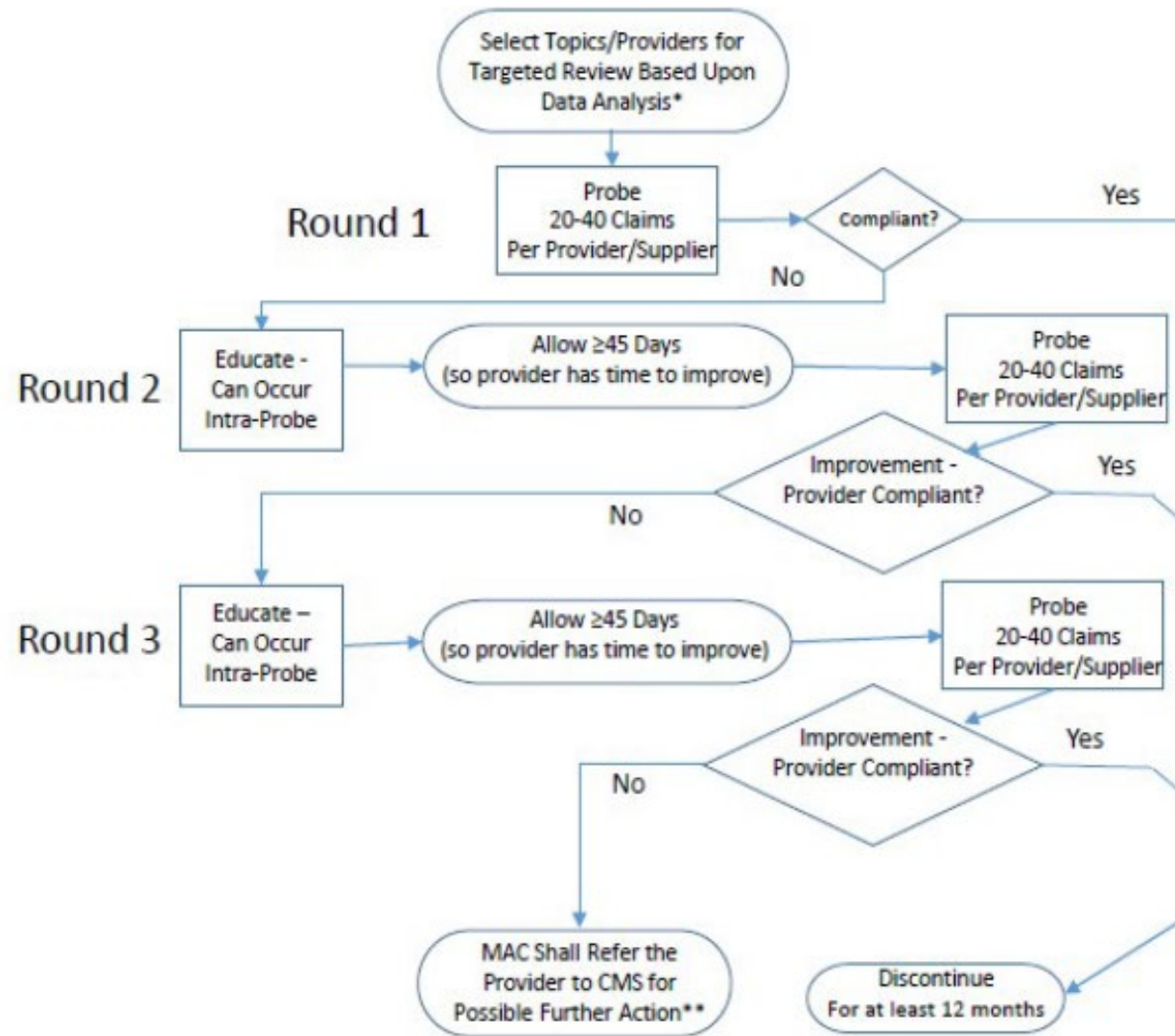
[Questions](#)

Understanding the TPE Process

The Purpose of TPE

- The TPE program is focused on helping providers and suppliers reduce claim errors through a targeted approach.
- The TPE process involves an initial review of claims, followed by education and support to help providers improve their billing practices and increase documentation accuracy to decrease the need for appeals.
- As your MAC, NGS will work with you to identify errors and help you identify processes which will help avoid future denials.

TPE Flowchart



TPE Roles & Responsibilities

As your MAC, NGS' role in a TPE is only one part of the process. A successful TPE depends on your involvement as well.

We will discuss your role as the provider, and our role as the MAC, in each step of the process as we review the upcoming slides.



TPE Process: Provider Selection

- Data collection and 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
 - Considered:
 - CERT findings
 - Referrals from other entities: OIG, UPIC, RAC



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

Medical Review receives and reviews documentation within 30 days (pre-payment) or 60 days (post-payment) of receipt

Results are calculated and a Results Letter is generated and sent to the provider address on file

NGS' Case Management Team will provide one-on-one education upon completion of review if requested

Round 1 Provider Roles & Responsibilities

Communicate to NGS current point of contact information

Initiate internal dialogue

Familiarize yourself with CMS' resources for the edit

Read all communication from us thoroughly

Gain access to appropriate systems needed

Respond to ADRs timely

Monitoring your claims status and research rationales

Monitor appeal deadlines

Request education (Intra-probe and post-probe)



Round 1 MAC Roles & Responsibilities

NGS sends communication as efficiently as possible

Medical review 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

Medical review may reach out to request missing documentation and/or to correct easily curable errors

Nurse reviewer will compose clear denial rationales for your understanding

Medical review will send a results letter

Medical Review and/or Case Management will provide education when requested to help ensure future compliance

Detailed Provider Results Letter

- Provider will receive a detailed Results Letter including the following:
 - Summary of Medical Review determinations
 - Reason for claim denials
 - Appropriate Medicare regulations
 - PER Calculation:
 - Payment denied divided by total payment amount ($\$500 / \$1,000 = 50\%$ PER)
 - 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
 - Note: Payment error rates will not be adjusted based on the outcomes of redeterminations



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 if requested
 - ADR approximately 45–56 days after education is complete (or after the result letter is sent if no education is received)
 - ADR for DOS beginning on/after 45 days





Round 2 & 3 Provider Roles & Responsibilities

Communicate any changes in the points of contact to NGS

Continue to maintain access of appropriate systems

Monitor for ADRs and respond timely

Monitoring your claims status and research rationales

Monitor appeal deadlines

Request intra-probe and post-probe education if desired

Round 2 & 3 MAC Roles & Responsibilities

Medical review completes a thorough review of medical records

Medical review appropriately pay for covered services

Medical review may reach out to request missing documentation and/or to correct easily curable errors

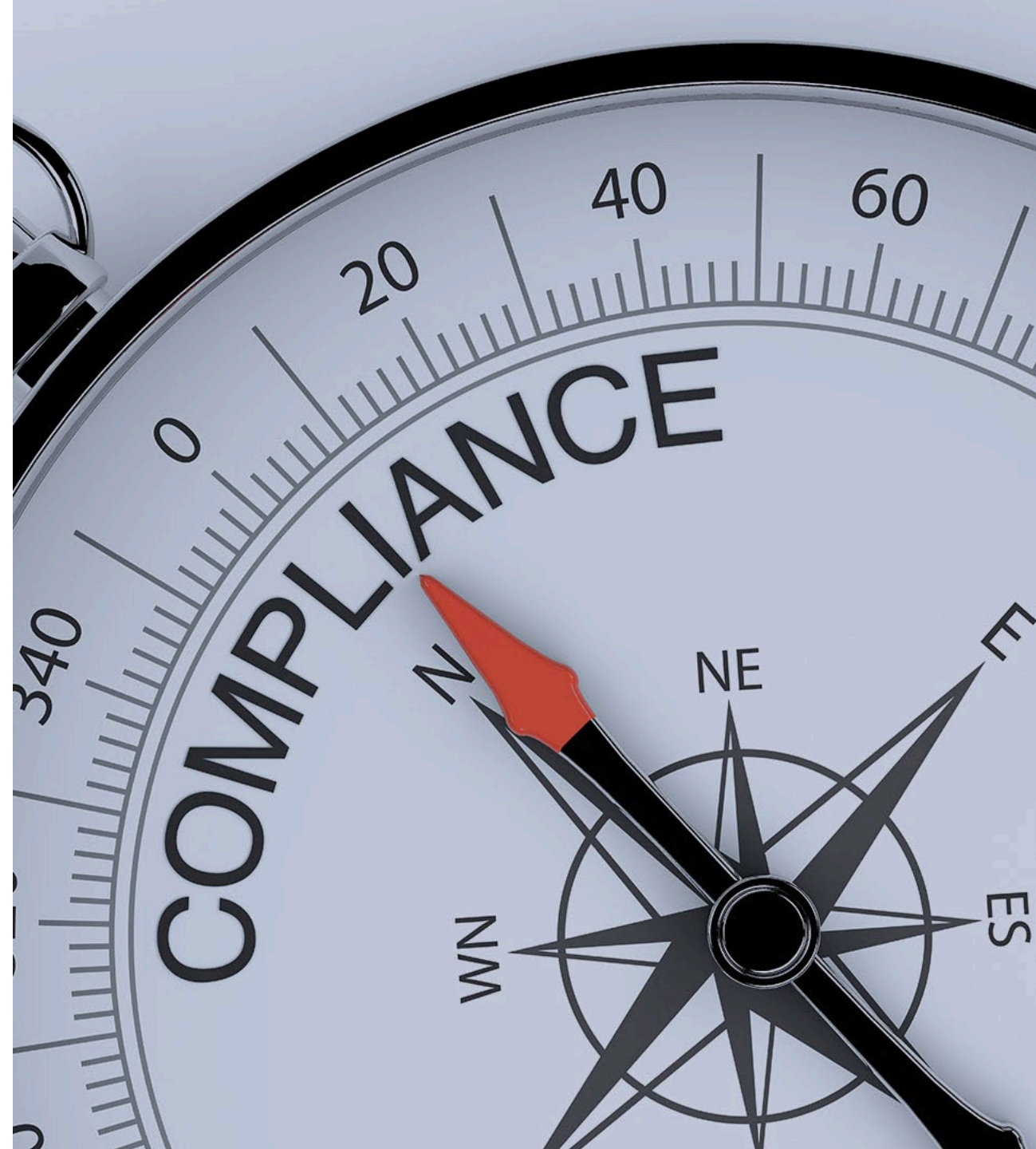
Nurse reviewer will compose clear denial rationales for your understanding

Medical Review and/or Case Management will provide education when requested to help ensure future compliance

CMS Referral

If provider continues to have PER greater than 15% after 3 rounds, CMS may instruct NGS to take additional action which may include but not limited to:

- Extrapolation
- Referral to UPIC
- Referral to RAC
- 100% pre-pay review



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

- [How do I change my address?](#)



Best Practice

Utilize your resources

Access electronic systems for security, ease and convenience

Accurate and detailed documentation

Record preparation

Correct and timely submission

Internal communication and accountability

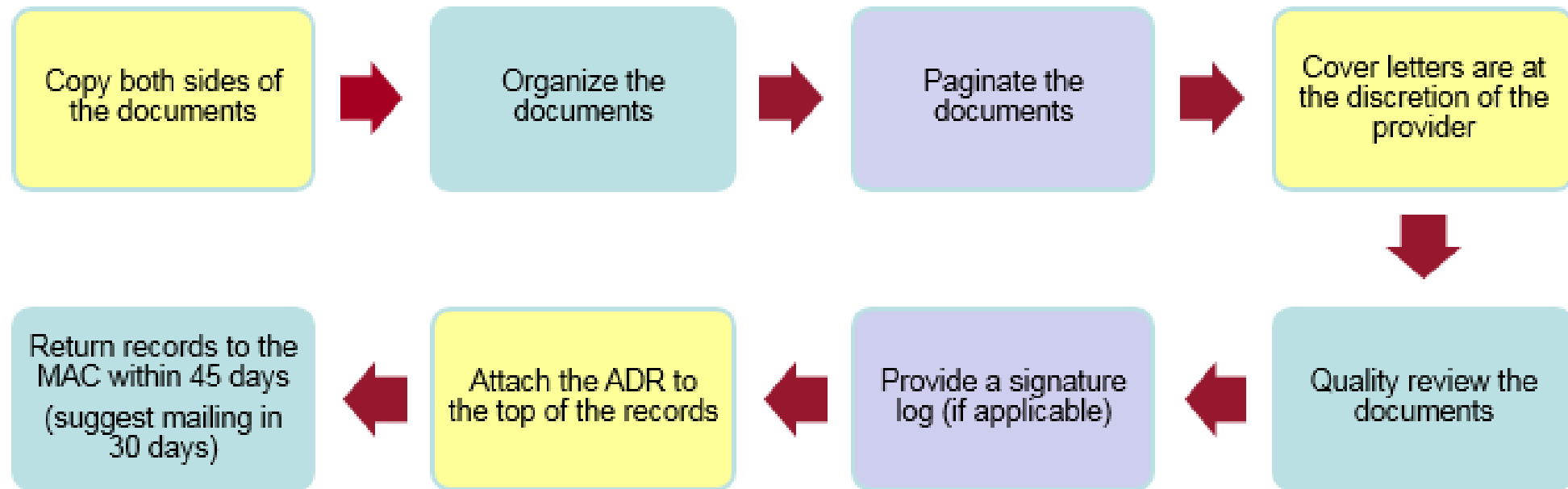
Diligent claims monitoring

Thorough research and reading of rationales

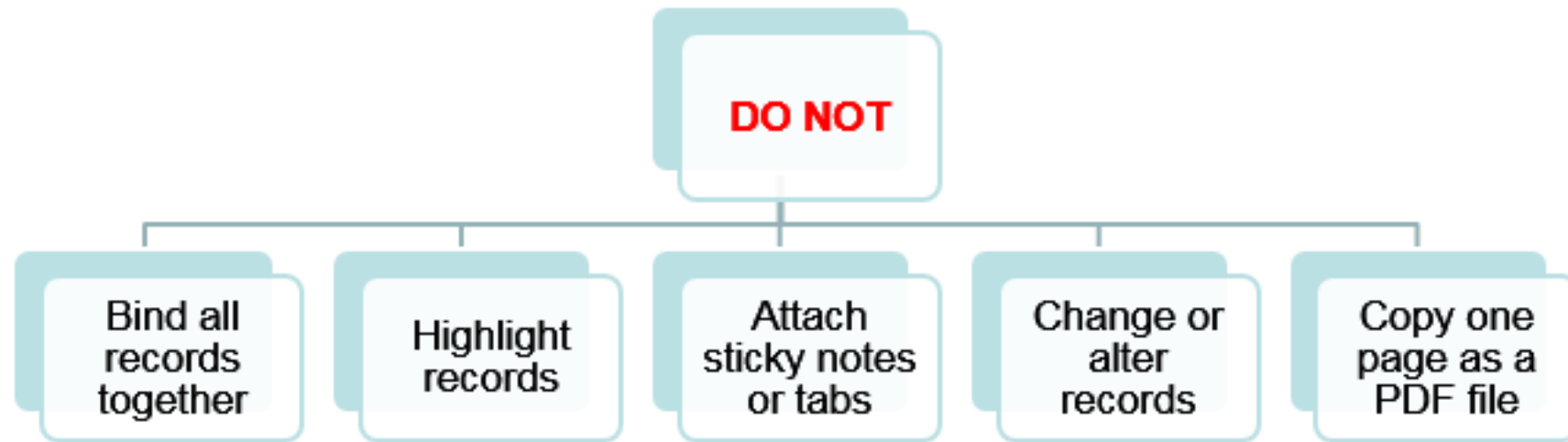


Documentation Preparation & Submission

Documentation Preparation



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



NGSConnex (Preferred Method)

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



Fax

JK - 315-442-4390
J6 - 315-442-4154



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

Navigating FISS: TPE & ADRs

Checking for Pending ADRs

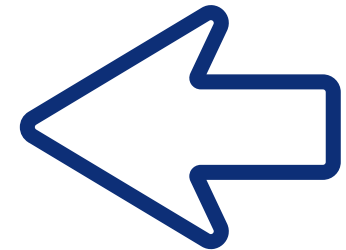
Enter 01 (inquiry)

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



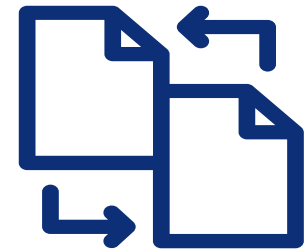
Tracking Receipt of Records

Enter 01 (inquiry)

Enter 12 (claims)

Enter MBI and DOS for which records have been submitted

Continue to monitor claims throughout the process until you receive the remittance advice



ADR Status

System Issues an ADR

- Claims suspend to status location SB6001
- 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 DB9997
- Provider receives 56900 denial

Records Received Timely

- When records received, claim will move to status location SM5REC

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 non-covered 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

Utilizing NGS Connex: TPE & ADRs

NGSConnex

View detailed ADR status information including:

- Documentation receipt date
- Date the reviewer started/completed review of documentation
- Reviewer decision
- Appeals outcome

Denial Rationale Information

- Under Medical Review ADR Details - Additional Review Information; Click the field to view the information in a separate window with the reviewer rationale for the claim



Registering for NGSConnex

- Not yet registered for NGSConnex?
 - Visit [NGSConnex](#) and click 'Create Account' to register today
- Registration instructions are available in our [NGSConnex User Guide](#)
- Video tutorials are available on our [YouTube channel](#)

Resource Tour

Tour Highlights



[CMS Website](#)

CMS website homepage, TPE page, CMS IOMs, Medicare Coverage Database and resource searches



[NGS Website](#)

NGS website homepage, resource pages, TPE page, user guides, Provider Contact Center information

Resources & References

NGS Resources

- [Provider Contact Center](#)
- [NGS website](#)
 - Resources > Medicare Compliance> Targeted Probe and Educate
 - [TPE Manual](#)
 - [Targeted Probe and Educate Review Topics](#)
 - Education > News > [Targeted Probe and Educate Letters – An Informational Overview](#)
- [NGSConnex User Guide](#)
- NGS YouTube Video: [Targeted Probe and Educate \(TPE\) Medical Review Strategy](#)
- [Acronym Search](#)

CMS Resources

CMS Website

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

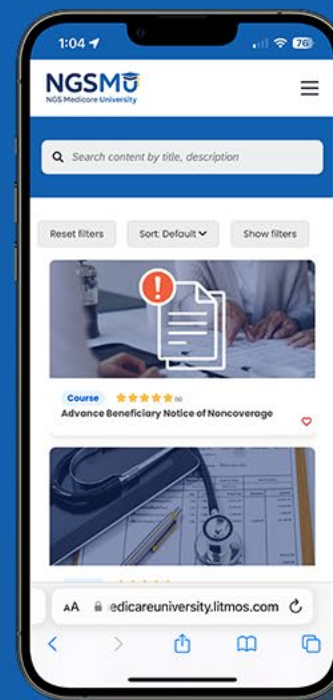
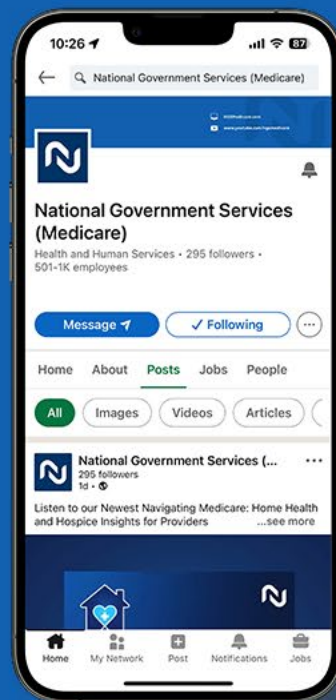
CMS YouTube Videos

- [Targeted Probe and Educate](#)
- [Provider Minute: The Importance of Proper Documentation](#)
- [Targeted Probe and Educate \(TPE\) Medical Review Strategy](#)

Case Management Contact Information

- Send your POC information and reach out to NGS Case Management staff at any point during the TPE process
 - J6ACasemanagement@ElevanceHealth.com
 - JKACasemanagement@ElevanceHealth.com
 - J6BCasemanagement@ElevanceHealth.com
 - JKBCasemanagement@ElevanceHealth.com
 - KXCaseManagement@ElevanceHealth.com





Connect with
us on social
media



[YouTube Channel](#)
Educational Videos

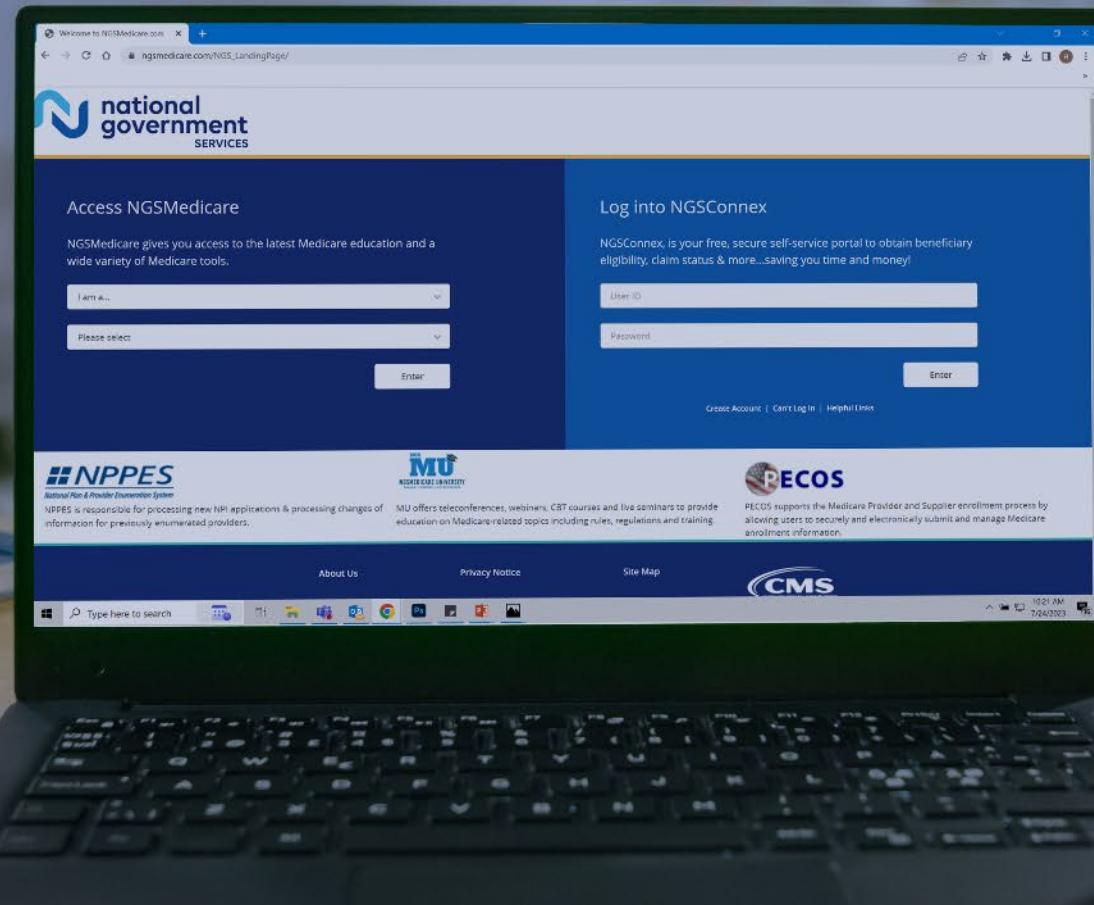


[Medicare University](#)
Self-paced online learning



[LinkedIn](#)
Educational Content

Find us online



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



[Sign up for Email Updates](#)

Subscribe for Email updates at the top of any NGS Medicare.com webpage to stay informed of news

The background is a solid blue color with a complex, abstract pattern of overlapping geometric shapes. These shapes include various polygons, triangles, and curved forms, creating a sense of depth and movement. The colors range from a deep navy blue to a lighter, medium blue, with some areas appearing as if they are layered on top of others.

Questions?

Thank you!