

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2239	Date: January 24, 2019
	Change Request 10249

Transmittal 2207, dated November 28, 2018, is being rescinded and replaced by Transmittal 2239, dated, January 24, 2019 to revise BR 10249.8 to remove a sentence. All other information remains the same.

SUBJECT: Targeted Probe and Educate

I. SUMMARY OF CHANGES: The CMS is expanding the existing Targeted Probe and Educate (TPE) Pilot to include all Medicare Administrative Contractors (MACs). The purpose of this expansion is to reduce appeals, decrease provider burden, and improve the medical review/education process.

EFFECTIVE DATE: October 1, 2017

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: October 1, 2017 - To be implemented no later than October 1, 2017

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2239	Date: January 24, 2019	Change Request: 10249
-------------	-------------------	------------------------	-----------------------

Transmittal 2207, dated November 28, 2018, is being rescinded and replaced by Transmittal 2239, dated, January 24, 2019 to revise BR 10249.8 to remove a sentence. All other information remains the same.

SUBJECT: Targeted Probe and Educate

EFFECTIVE DATE: October 1, 2017

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: October 1, 2017 - To be implemented no later than October 1, 2017

I. GENERAL INFORMATION

A. Background: The 2014-2015 Medicare Administrative Contractor (MAC) Probe & Educate medical review strategy for hospital inpatient status cases produced favorable outcomes with respect to educating providers/suppliers and reducing improper payments. The Probe & Educate strategy is also being employed for Home Health, which has received similar appreciation from providers and MACs. Targeted Probe & Educate (TPE) expanded on that concept by allowing the MACs to select their review topics, based upon their own strategies. The size of the probe and the way education is provided have also been modified to improve effectiveness. CMS has seen very positive results from a currently running pilot for this program as well as modifications to existing programs as a result of lessons learned. CMS believes that this strategy will continue to demonstrate measurable reductions in the number of claims denied and the number and merit of appeals.

In each of these previous Probe & Educate strategies, CMS – not the MAC – chose the topic for review. In addition, each involved the MAC reviewing EVERY PROVIDER who billed the chosen topic. Targeted Probe & Educate allows the MAC to identify the targets.

The CMS has seen positive results during pilot testing utilizing this strategy, the key elements of which include:

- Replace all current medical record reviews in the MAC's Improper Payment Reduction Strategy (IPRS) with up to three rounds of a pre-payment Targeted Probe & Educate process. This strategy will be for the medical review process in each MAC jurisdiction. This instruction excludes any reviews or pilots that are otherwise mandated by CMS.
- If high denial rates continue after three rounds, the MAC shall refer to CMS for additional action, which may include extrapolation, referral to the Zone Program Integrity Contractor (ZPIC) or Unified Program Integrity Contractor (UPIC), referral to the RAC, 100% pre-pay review, etc. (See diagram, Attachment A)
- The MAC, rather than CMS, will select the topics for review (based on existing data analysis procedures)
- The MAC can target the strategy on the providers most likely to be submitting non-compliant claims, rather than reviewing 100% of the providers
- Limit the sample for each probe "round" to a minimum of twenty (20) and a maximum of forty (40) claims

This strategy is designed based upon the efficiency of a targeted medical review process that includes education with the option for potential elevated action, which may include additional prepay review, extrapolation, referral to the ZPIC/UPIC, referral to the RAC, etc., and to determine its ability to reduce/prevent improper payments and reduce appeals.

B. Policy: The MACs shall conduct all medical record review following the TPE strategy. Automated reviews and prior authorization directed by CMS are outside of the TPE strategy.

Note: Non-responses count as an error when considering a provider's or supplier's error rate. Additionally, a “related claim review,” for those services related to a denied claim, would not require using the TPE strategy (e.g., conducting a 20-40 claim probe of provider/supplier claims that are adjunct to a denied service/device) and would be denied in kind.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10249.1	The MAC shall use this change request as direction to conduct targeted medical review and reporting under the Targeted Probe & Educate medical review strategy.	X	X	X	X						
10249.2	The MAC shall use their Improper Payment Reduction Strategy, data analysis, and CMS instruction to determine the targeted items, services, devices, and/or providers.	X	X	X	X						
10249.2.1	Home Health MACs shall phase out round two of the Home Health Probe and Educate Program by the TPE implementation date and include the review of Home Health Agencies in their TPE strategy.			X							
10249.3	The MAC shall create a notification letter that will be sent to providers/suppliers being targeted for review that will: 1. outline the targeted probe & educate process, and 2. notify providers/suppliers that MACs shall have the option to refer providers/suppliers to the RAC or ZPIC/UPIC as a result of non-response to ADRs.	X	X	X	X						
10249.3.1	The MAC shall provide a copy of this letter to CMS for review and approval prior to sending to providers/suppliers. Copies shall be sent via email to	X	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other
		A	B			F I S S	M C S	V M S	C W F	
	Heather Wetherson and/or Dr. Scott H. Lawrence (see contact information below)									
10249.3.1 .1	The CMS shall provide a template for the notification letter for consistency (attached to this CR as attachment A).								CMS	
10249.4	The MAC shall phase out all medical record reviews, including all service-specific reviews, other than reviews conducted as part of the Targeted Probe & Educate program, or as otherwise directed by CMS.	X	X	X	X					
10249.5	The MAC shall complete their pending workload (i.e., where ADRs have already been sent) that is being phased out as a result of the implementation of the Targeted Probe & Educate program.	X	X	X	X					
10249.6	The MAC shall perform pre or post-payment provider-specific/supplier-specific review on a minimum of 20 and a maximum of 40 claims per round per provider/supplier, with a letter detailing the review results sent to the provider/supplier at the conclusion of the round. NOTE: Also, probe samples of less than 20 may be deemed appropriate on a case-by-case basis, with approval by CMS.	X	X	X	X					
10249.7	The MAC shall note that TPE does not apply to automated review or prior authorizations (as directed by CMS). NOTE: CMS is not directing the MAC to change any automated reviews.	X	X	X	X					
10249.8	The MAC shall perform Targeted Probe & Educate activities for up to 3 rounds. MACs shall have the option to use date of service/date that the item is furnished or date of submission for edits regarding Round 1. MACs shall implement edits for Round 2 and Round 3, using only those items, services, and/or devices with the date of service/date that the item is furnished occurring after the previous 1:1 education intervention (defined below under BR10249.8.2), allowing 45 - 56 days between each education intervention and the next round for the provider/supplier to improve (this applies to any new	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	Round 2/Round 3 edits put in place after the issuance of this CR).									
10249.8.1	The MAC shall discontinue the process if/when the provider/supplier becomes compliant.	X	X	X	X					
10249.8.1 .1	The MAC shall monitor through data analysis the providers/suppliers who have been discontinued from the TPE strategy and had identified risk during their probe rounds.	X	X	X	X					
10249.8.1 .1.1	The MAC shall conduct follow up review in approximately one year when data analysis indicates that possible risk behaviors may be suspected.	X	X	X	X					
10249.8.1 .2	The MAC shall have the discretion to define provider/supplier compliance, which may vary based on the item/service reviewed.	X	X	X	X					
10249.8.2	For the purpose of this program, “1:1 educational intervention” shall be defined as face-to-face, teleconference calls, electronic visits using webinar technology, or other similar technologies as they become available that enable direct communication between the MAC educator and the provider/supplier. Additional education methods will be determined by the MAC and include, but are not limited to, letters, teleconference calls, electronic visits using webinar technology and/or provider/supplier report cards. Note: It is the intent of the education that the focus will be on improving specific issues without allowing other problems to develop and provide opportunities for the provider/supplier to be able to have questions answered.	X	X	X	X					
10249.9	The MAC shall refer providers/suppliers with continued high denial rates after 3 rounds of Targeted Probe & Educate to CMS for additional action (non-responses to ADRs count as an error when considering a provider's/supplier's error rate).	X	X	X	X					
10249.9.1	The MAC shall not conduct more than three rounds of TPE review.	X	X	X	X					
10249.9.2	The MACs shall send to CMS POCs listed below, information regarding any provider/supplier who is	X	X	X	X					

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	<p>within Round 3 and who will not likely improve sufficiently during the round to be discontinued from review in anticipation of referral for further action.</p> <p>CMS POCs: Contracting Officer Representative (COR), Heather Wetherson, Dr. Scott H. Lawrence, and your CMS Business Function Lead (BFL) from the Division of Medical Review and Education (DMRE) out of the Provider Compliance Group (PCG) of CMS..</p>										
10249.9.2.1	The MAC shall provide CMS with any information that it feels is pertinent to the case to aid in decision making upon referral.	X	X	X	X						
10249.10	<p>Reporting:</p> <p>The MAC shall submit monthly evaluation metrics reports into CMS ART on or before the 20th of the month as outlined in Attachment B.</p>	X	X	X	X						
10249.11	<p>Reporting:</p> <p>The MAC shall submit quarterly reports defining the average number of medical records claims reviewed per month, the average number of medical records claims denied per month, and the average number of medical records appeal requests across all claims and targeted probe and educate claims, listing the items, services and/or devices (see Attachment C for an example format).</p>	X	X	X	X						
10249.11.1	The MAC shall submit the quarterly report into CMS ART and to the Contracting Officer Representative (COR), Heather Wetherson, Dr. Scott H. Lawrence, and your CMS/PCG/DMRE Business Function Lead (BFL) on or before the 20th of the month after the end of each quarter.	X	X	X	X						
10249.12	<p>Reporting:</p> <p>The MAC shall submit a list of Probe & Educate claims reviewed, by the 20th day of each month, which shall include all decisions rendered (paid, denied, partial pay, etc), service type, provider/supplier NPI/billing provider number, and the claim's internal control number (ICN) or document</p>	X	X	X	X						

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	control number (DCN). The list of claims shall be from the prior month. NOTE: This list shall be sent the contacts listed in BR xxxx.11.1.										
10249.12.1	The CMS shall notify the MAC, via email, of the claims selected for review within 10 business days. The claims selected shall be sent within 5 business days, via password protected CD, to the points of contact identified by CMS in the email request.	X	X	X	X						
10249.13	The MAC shall adjust their improper payment review strategy and medical review workloads as necessary to accommodate this change request, as no additional funding will be provided.	X	X	X	X						
10249.14	The MAC shall describe any necessary workload changes in detail, including the rationale for these changes, to their COR and Medical Review BFL.	X	X	X	X						
10249.15	After each round of 20-40 claim reviews, the MAC shall conduct a 1:1 educational intervention with the provider/supplier that reinforces compliant parameters and reiterates issues identified in the round, to avoid any shifts from the non-compliant factors. Note: For the purpose of this program, “1:1 educational intervention” shall be defined as face-to-face, teleconference calls, electronic visits using webinar technology, or other similar technologies as they become available that enable direct communication between the MAC educator and the provider/supplier. Additional education methods will be determined by the MAC and include, but are not limited to, letters, teleconference calls, electronic visits using webinar technology and/or provider/supplier report cards. It is the intent of the education that the focus will be on improving specific issues without allowing other problems to develop.	X	X	X	X						
10249.15.1	The MACs shall conduct 1:1, intra-probe educational intervention when easily curable errors are identified, even if the probe round is not completed.	X	X	X	X						
10249.15.1.1	The MACs shall request and accept new documentation from providers/suppliers when easily	X	X	X	X						

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers			Other	
		A	B		H H H	F M V C	M C M S		V M S W
	curable errors are identified at any time during the current round of probe reviews.								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Dr. Scott H. Lawrence, 410-786-4313 or Scott.Lawrence1@cms.hhs.gov, Heather Wetherson, 410-786-5657 or heather.wetherson@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 3

Attachment A
Example TPE Probe Letter on the Following Page

MAC Header Here

PROVIDER NAME
PROVIDER ADDRESS
CITY ST ZIP

Mail Date (ex. December 14, 2014)

Case Number: Case #
Provider NPI Number: Provider NPI

RE: Notice of Review - Targeted Probe and Education

Dear Medicare (Provider or Supplier)

[Background explanation section]

The following elements must be included:

- Explanation of the MAC's responsibility (explaining that the MAC has been contractually obligated to utilize the TPE format)
- Explanation of what the TPE process entails (explaining that the process involves up to 3 rounds of probe & educate, and the potential referral for further action, including some descriptions of possible actions, for 3 failed rounds, as well as describing that the process can be discontinued for providers/suppliers who are doing well)
- Explanation of why they are receiving the letter (explaining why they are being targeted/included in the TPE probe)

[General explanation of ADRs]

[Explanation of Education]

The following elements must be included:

- Explanation that they will be offered 1:1 education and what options for this education are available to the provider/supplier, both intra-probe and post-probe
- Explanation that the provider/supplier will be able to ask questions during the 1:1 education
- Explanation that they will learn what errors have been specifically identified in their case
- Explanation that there will be post-probe education/feedback

[Close]

MAC Footer May Be Included Here

MAC Header Here

EXAMPLE LETTER

PROVIDER NAME
PROVIDER ADDRESS
CITY ST ZIP

Mail Date (ex. December 14, 2014)

Case Number: Case #
Provider NPI Number: Provider NPI

RE: Notice of Review - Targeted Probe and Education

Dear Medicare Provider or Supplier

In order to fulfill our contractual obligation with the Centers for Medicare & Medicaid Services (CMS), <Select>, your Jurisdiction <Select> Medicare Administrative Contractor (MAC), performs reviews in accordance with the CMS instruction. CMS has authorized Jurisdiction <Select> to conduct the Targeted Probe and Educate (TPE) Pilot review process. The TPE review process includes three rounds of a prepayment probe review with education. If there are continued high denials after three rounds, <Select> 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 of Review

Your facility was selected for review based on <Select>. A prepayment review has been initiated to probe a sample of your claims billed with the following <Select> code(s):

- Procedure Code/HCPCS Code - Short Description

The previous medical review resulted in an error rate of XX%. A small sample of 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.

Additional Documentation Requests

MAC Footer May Be Included Here

MAC Header Here

Please do not send any documentation at this time. Your facility will be notified with an Additional Documentation Request (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 Federal Law regulations reference 42 CFR 411.24(a), 424.5(a)(6) and 44 USC 3101.

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, if providers/suppliers do not respond to the ADR request, MACs have the option to refer to the RAC or ZPIC/UPIC as a result. <Select> 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.

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. <Select> 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 email <Email for contact person(s)> 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.

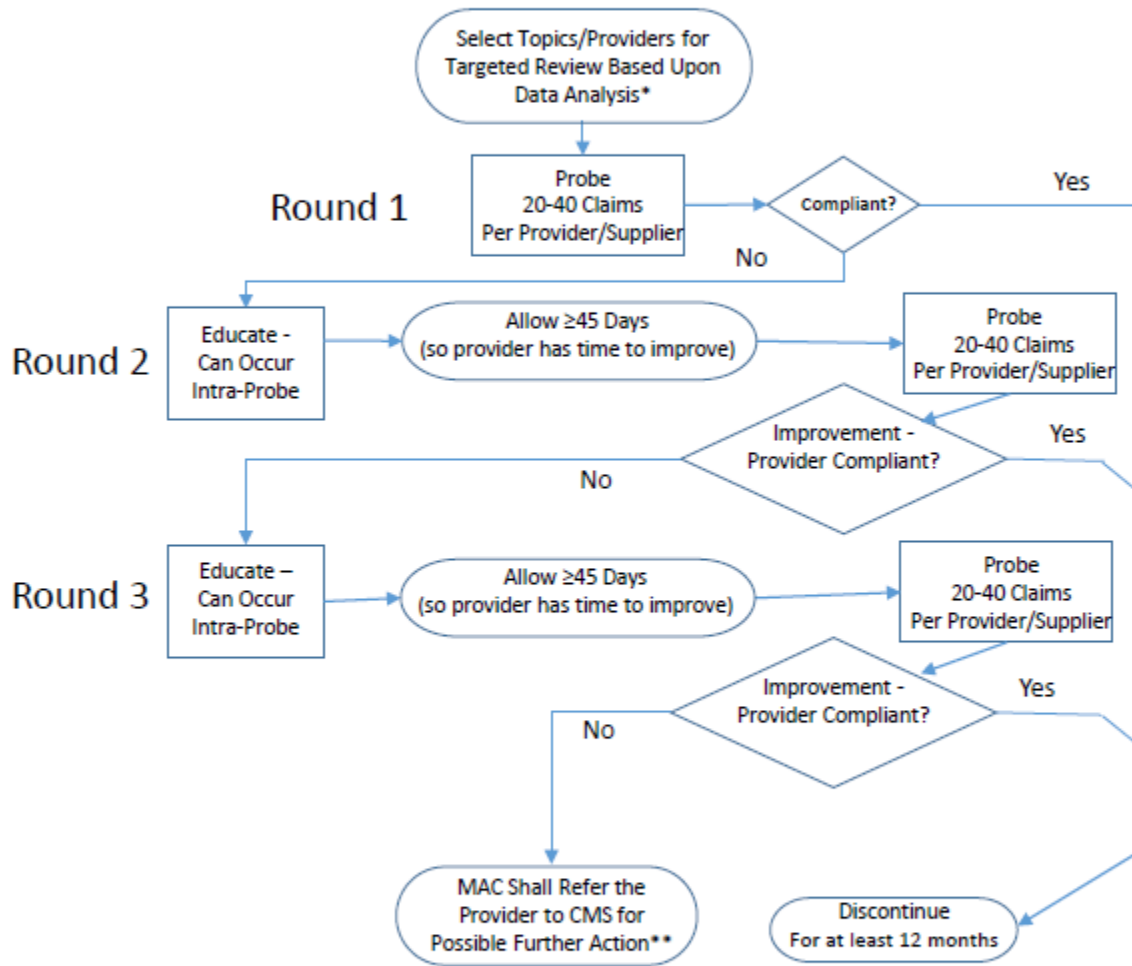
Sincerely,

<Select> MAC Jurisdiction <Select> Medical Review

cc: <CMD and Titles>
Contractor Medical Director
enc: TPE Process Flowchart
Dear Ordering/Referring Physician Letter
Comprehensive Error Rate Testing (CERT)

MAC Footer May Be Included Here

Targeted Probe & Educate



*Data Analysis definition per [PUB 100-08.52.2](#)

**Further Action May Include Extrapolation, Referral To ZPIC/UPIC, etc.

MAC Header Here

MAC Footer May Be Included Here

Monthly Report for Project Phase 2 - 2024

Activity	Start Date	End Date	Planned	Actual	Deviation	Notes	Responsible	Status	Priority	Dependencies	Resources	Cost	Quality	Risk	Compliance	Stakeholders	Feedback	Next Steps
Project Kick-off Meeting	2024-01-01	2024-01-05	100%	100%	0%	Initial meeting with stakeholders to define project scope and objectives.	John Doe	Completed	High	None	2	5000	High	Low	Stakeholders	Positive	Review project charter and assign roles.	
Requirement Gathering	2024-01-06	2024-01-15	100%	100%	0%	Conducting interviews and workshops to gather user requirements.	Jane Smith	Completed	High	None	3	10000	High	Low	Stakeholders	Positive	Finalize requirements document.	
System Design	2024-01-16	2024-01-25	100%	100%	0%	Architectural and detailed design of the system components.	Mike Johnson	Completed	High	None	4	15000	High	Low	Stakeholders	Positive	Complete design specifications.	
Development	2024-01-26	2024-02-15	100%	100%	0%	Writing code and implementing system features.	Alice Brown	Completed	High	None	5	20000	High	Low	Stakeholders	Positive	Complete development of core modules.	
Testing	2024-02-16	2024-02-25	100%	100%	0%	Conducting unit, integration, and user acceptance testing.	Bob White	Completed	High	None	3	10000	High	Low	Stakeholders	Positive	Resolve all identified bugs.	
Deployment	2024-02-26	2024-03-05	100%	100%	0%	Deploying the system to the production environment.	Charlie Green	Completed	High	None	2	5000	High	Low	Stakeholders	Positive	Monitor system performance and user feedback.	
Project Review	2024-03-06	2024-03-10	100%	100%	0%	Final review and closure of the project.	John Doe	Completed	High	None	1	2000	High	Low	Stakeholders	Positive	Archive project documents and conduct lessons learned.	
Project Kick-off Meeting	2024-03-11	2024-03-15	100%	100%	0%	Initial meeting with stakeholders to define project scope and objectives.	Jane Smith	Completed	High	None	2	5000	High	Low	Stakeholders	Positive	Review project charter and assign roles.	
Requirement Gathering	2024-03-16	2024-03-25	100%	100%	0%	Conducting interviews and workshops to gather user requirements.	Mike Johnson	Completed	High	None	3	10000	High	Low	Stakeholders	Positive	Finalize requirements document.	
System Design	2024-03-26	2024-04-05	100%	100%	0%	Architectural and detailed design of the system components.	Alice Brown	Completed	High	None	4	15000	High	Low	Stakeholders	Positive	Complete design specifications.	
Development	2024-04-06	2024-04-15	100%	100%	0%	Writing code and implementing system features.	Bob White	Completed	High	None	5	20000	High	Low	Stakeholders	Positive	Complete development of core modules.	
Testing	2024-04-16	2024-04-25	100%	100%	0%	Conducting unit, integration, and user acceptance testing.	Charlie Green	Completed	High	None	3	10000	High	Low	Stakeholders	Positive	Resolve all identified bugs.	
Deployment	2024-04-26	2024-05-05	100%	100%	0%	Deploying the system to the production environment.	John Doe	Completed	High	None	2	5000	High	Low	Stakeholders	Positive	Monitor system performance and user feedback.	
Project Review	2024-05-06	2024-05-10	100%	100%	0%	Final review and closure of the project.	Jane Smith	Completed	High	None	1	2000	High	Low	Stakeholders	Positive	Archive project documents and conduct lessons learned.	

Monthly Report for Project Phase 2 - 2024

Category	Item	Start Date	End Date	Status	Priority	Assigned To	Progress (%)	Notes	Dependencies	Resources	Cost (€)	Revenue (€)	Profit (€)	Margin (%)	ROI (%)	NPV (€)	IRR (%)	Payback (Months)	Break-Even (Months)	Risk Level	Compliance	Legal	Environmental	Social	Other
Phase 1: Planning & Design	Project Initiation	2024-01-01	2024-01-15	Completed	High	John Doe	100	Project charter approved.	None	1 person	5000	0	5000	0%	15%	10000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Requirements Gathering	2024-01-16	2024-02-15	Completed	High	Jane Smith	100	Requirements document finalized.	None	2 people	10000	0	10000	0%	15%	20000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	System Architecture	2024-02-16	2024-03-15	Completed	High	John Doe	100	System architecture approved.	None	3 people	15000	0	15000	0%	15%	30000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Database Design	2024-03-16	2024-04-15	Completed	High	Jane Smith	100	Database schema finalized.	None	2 people	10000	0	10000	0%	15%	20000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	UI/UX Design	2024-04-16	2024-05-15	Completed	High	John Doe	100	User interface design approved.	None	3 people	15000	0	15000	0%	15%	30000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Software Requirements	2024-05-16	2024-06-15	Completed	High	Jane Smith	100	Software requirements document finalized.	None	2 people	10000	0	10000	0%	15%	20000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	System Integration	2024-06-16	2024-07-15	Completed	High	John Doe	100	System integration plan approved.	None	3 people	15000	0	15000	0%	15%	30000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Testing Strategy	2024-07-16	2024-08-15	Completed	High	Jane Smith	100	Testing strategy document finalized.	None	2 people	10000	0	10000	0%	15%	20000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Deployment Plan	2024-08-16	2024-09-15	Completed	High	John Doe	100	Deployment plan approved.	None	3 people	15000	0	15000	0%	15%	30000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Project Review	2024-09-16	2024-10-15	Completed	High	Jane Smith	100	Project review completed.	None	2 people	10000	0	10000	0%	15%	20000	12%	12	12	Low	Yes	Yes	Yes	Yes	
Phase 2: Development & Testing	Backend Development	2024-01-01	2024-03-31	In Progress	High	John Doe	80	Backend development 80% complete.	None	4 people	20000	0	20000	0%	15%	40000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Frontend Development	2024-01-01	2024-03-31	In Progress	High	Jane Smith	70	Frontend development 70% complete.	None	4 people	20000	0	20000	0%	15%	40000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	API Integration	2024-01-01	2024-03-31	In Progress	High	John Doe	60	API integration 60% complete.	None	3 people	15000	0	15000	0%	15%	30000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Database Implementation	2024-01-01	2024-03-31	In Progress	High	Jane Smith	90	Database implementation 90% complete.	None	2 people	10000	0	10000	0%	15%	20000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	UI Implementation	2024-01-01	2024-03-31	In Progress	High	John Doe	85	UI implementation 85% complete.	None	3 people	15000	0	15000	0%	15%	30000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	System Integration	2024-01-01	2024-03-31	In Progress	High	Jane Smith	75	System integration 75% complete.	None	4 people	20000	0	20000	0%	15%	40000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Testing & Debugging	2024-01-01	2024-03-31	In Progress	High	John Doe	65	Testing & debugging 65% complete.	None	3 people	15000	0	15000	0%	15%	30000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Deployment	2024-01-01	2024-03-31	In Progress	High	Jane Smith	50	Deployment 50% complete.	None	2 people	10000	0	10000	0%	15%	20000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Documentation	2024-01-01	2024-03-31	In Progress	High	John Doe	40	Documentation 40% complete.	None	1 person	5000	0	5000	0%	15%	10000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Project Review	2024-01-01	2024-03-31	In Progress	High	Jane Smith	30	Project review 30% complete.	None	1 person	5000	0	5000	0%	15%	10000	12%	12	12	Low	Yes	Yes	Yes	Yes	
Phase 3: Deployment & Maintenance	System Deployment	2024-01-01	2024-01-31	Completed	High	John Doe	100	System deployment completed.	None	5 people	25000	0	25000	0%	15%	50000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Go-Live	2024-01-01	2024-01-31	Completed	High	Jane Smith	100	Go-live completed.	None	5 people	25000	0	25000	0%	15%	50000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Monitoring & Support	2024-01-01	2024-01-31	Completed	High	John Doe	100	Monitoring & support completed.	None	5 people	25000	0	25000	0%	15%	50000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Performance Optimization	2024-01-01	2024-01-31	Completed	High	Jane Smith	100	Performance optimization completed.	None	5 people	25000	0	25000	0%	15%	50000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Security Updates	2024-01-01	2024-01-31	Completed	High	John Doe	100	Security updates completed.	None	5 people	25000	0	25000	0%	15%	50000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Documentation	2024-01-01	2024-01-31	Completed	High	Jane Smith	100	Documentation completed.	None	5 people	25000	0	25000	0%	15%	50000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Project Review	2024-01-01	2024-01-31	Completed	High	John Doe	100	Project review completed.	None	5 people	25000	0	25000	0%	15%	50000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	System Maintenance	2024-01-01	2024-01-31	Completed	High	Jane Smith	100	System maintenance completed.	None	5 people	25000	0	25000	0%	15%	50000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Performance Monitoring	2024-01-01	2024-01-31	Completed	High	John Doe	100	Performance monitoring completed.	None	5 people	25000	0	25000	0%	15%	50000	12%	12	12	Low	Yes	Yes	Yes	Yes	
	Security Audits	2024-01-01	2024-01-31	Completed	High	Jane Smith	100	Security audits completed.	None	5 people	25000	0	25000	0%	15%	50000	12%	12	12	Low	Yes	Yes	Yes	Yes	

MAC - Top Priority Problem Areas Currently Being Reviewed

	Quarter Prior to Start of TPE			1 st Quarter After Start of TPE				2 nd Quarter After Start of TPE				3 rd Quarter After Start of TPE				Continue with Additional Quarters
	Overall # MR Claims	Overall # MR Claims Denied	Overall # MR Claims Appealed	Overall # MR Claims	Overall # MR Claims Denied	Overall # MR Claims Appealed	TPE # Claims Appealed	Overall # MR Claims	Overall # MR Claims Denied	Overall # MR Claims Appealed	TPE # Claims Appealed	Overall # MR Claims	Overall # MR Claims Denied	Overall # MR Claims Appealed	TPE # Claims Appealed	
Medicine (example)																
E/M (example)																
Drugs & Biologicals (example)																
DMEPOS Item (example)																
List Actual Problems In This Column																
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0