IMPROVING THE MEDICARE CLAIMS REVIEW PROCESS

The Targeted Probe and Educate (TPE) program includes one-on-one help to reduce claim errors and denials.

When Medicare claims are submitted accurately, everyone benefits.

Most providers and suppliers will never need TPE. The process is only used with those who have high denial rates or unusual billing practices. If you are chosen for the program, the goal is to help you quickly improve. Often, simple errors – like missing a signature – are to blame. The process is designed to identify common errors in your submissions and help you correct them.

HOW DOES IT 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.

If compliant, you will not be reviewed again for at least 1 year on the selected topic.*

If some claims are denied, you will be invited to a one-on-one education session.

You will be given at least a 45-day period to make changes and improve.

WHAT IF MY ACCURACY STILL DOESN’T IMPROVE?

This should not be a concern for most providers and suppliers. The majority of those that have participated in the TPE process increased the accuracy of their claims. However, any who fail to improve after 3 rounds of TPE will be referred to CMS for next steps.

WHAT ARE SOME COMMON CLAIM ERRORS?

The signature of the certifying physician was not included

- Encounter notes did not support all elements of eligibility
- Documentation does not meet medical necessity
- Missing or incomplete initial certifications or recertification

*MACs may conduct additional review if significant changes in provider billing are detected.