Targeted Probe and Educate (TPE) Q & A's

Q1. What is Targeted Probe and Educate?

A1. When performing medical review as part of Targeted Probe and Educate (TPE), Medicare Administrative Contractors (MACs) focus on specific providers/suppliers that bill a particular item or service rather than all providers/suppliers billing a particular item or service. MACs will focus only on providers/suppliers who have the highest claim denial rates or who have billing practices that vary significantly from their peers. TPE involves the review of 20-40 claims per provider/supplier, per item or service. This is considered a round, and the provider/supplier has a total of up to three rounds of review. After each round, providers/suppliers are offered individualized education based on the results of their reviews. Providers/suppliers are also offered individualized education during a round to more efficiently fix simple problems.

Q2. Why is CMS moving to the TPE process for medical review?

A2. The results of previous Probe and Educate (P&E) programs have been well received by the provider/supplier community. Additionally, positive results of the TPE pilot program included a decrease in appeals as well as an increase in provider education which resulted in decreased denial rates for a vast majority of providers as they progressed through the P&E process. These initial P&E programs, however, included all providers/supplier that billed a particular service. In an effort to refine the P&E programs, CMS determined that efforts would be better directed toward those providers/suppliers who, based on data analysis, provide the most risk to the Medicare program, and not to all providers/suppliers billing a particular item/service.

Q3. How will providers/suppliers be notified if they are include in the TPE process?

A3. Providers/suppliers who are included in the TPE review process will be notified via letter from their MAC. Notification letters will include details regarding the program and topic of review and why the provider has been selected for TPE.

Q4. Why were the TPE sample sizes generally set at 20-40 claims?

A4. The 20-40 claim sample size is intended to allow the MACs to review enough claims to be representative of how accurately providers/suppliers have the necessary supporting documentation to meet Medicare rules and requirements, while not being overly burdensome.

Q5. How are providers/suppliers identified for review?

A5. MACs will focus only on providers/suppliers who have the highest claim denial rates or who have billing practices that vary significantly from their peers. These providers/suppliers and specific services/items are identified by the MAC through data analysis. TPE claim selection is different from previous P&E programs. Previously, the first round of reviews included all providers that billed a particular service; TPE claim selection is provider/supplier-specific. This eliminates burden to

providers/suppliers who, based on data analysis, are already submitting claims that are compliant with Medicare policy.

Q6. How are services/items selected for review?

A6. The MACs will select claims for services/items that pose the greatest financial risk to the Medicare Trust Funds and/or those that have a high Medicare Fee-For-Service improper payment rate as measured by the Comprehensive Error Rate Testing program.

Q7. What happens if there are errors in the claims reviewed?

A7. At the conclusion of each round of 20-40 reviews, providers/suppliers will be sent a letter detailing the results of the reviews and offering a 1-on-1 education session. MACs will also educate providers/suppliers throughout the TPE review process, when easily resolved errors are identified, helping the provider to avoid additional similar errors later in the process. CMS' experience has shown that this education process is well received by providers/suppliers and helps to prevent future errors.

Q8. What should a provider/supplier expect during a 1-on-1 education session?

A8. During a one 1-on-1 education session (usually held via teleconference or webinar), the MAC provider outreach and education staff will walk through any errors in the provider/supplier's 20-40 reviewed claims. Providers/suppliers will have the opportunity to ask questions regarding their claims and the CMS policies that apply to the item/service that was reviewed.

Q9. What is the measurement or error percentage that qualifies a provider as having a "high denial rate"?

A9. The error percentage that qualifies a provider/supplier as having a high denial rate varies based on the service/item under review. The Medicare Fee-For-Service improper payment rate for a specific service/item or other data may be used in this determination, and the percentage may vary by MAC. It is important to note that the determination of whether a provider/supplier moves on to additional rounds of review is based upon improvement from round to round, with education being provided during and after each round in order to help the provider/supplier throughout the process.

Q10. Can claims reviewed as part of the TPE process be appealed? If a claim is appealed and overturned, would this impact the provider denial rate?

A10. The appeals process is unchanged under the TPE process. If a claim denial is appealed and overturned, this would result in an adjusted denial rate for the effected TPE round.

Q 11. How long is the period of improvement (the time between the educational call and the start of the next round)?

A11. MACs will select claims for the subsequent round of TPE, if warranted based on the denial rate from the previous round, approximately 6 to 8 weeks after the 1-on-1 education has occurred to allow providers to improve and make necessary changes in their billing practices.

Q 12. Under the TPE program, do the MACs send a letter to the provider/supplier after the educational call to include a summary of what was discussed during the call and links to additional information?

A12. At the conclusion of each round, the MACs send the provider/supplier a letter detailing the results of the 20-40 claims reviewed during that round. This letter is sent prior to and not after the educational call. At this time, CMS does not require letters be sent after the 1-on-1 education; however, CMS is considering whether such a letter would be beneficial and may choose to require this in the future.

Q13. Is the education provided each round provider/supplier-specific or general education given to all providers/suppliers?

A13. The education session in each round is developed based on the review findings from the most recently completed round of reviews and is not the same unless errors found in the reviewed claims are the same. The education will reinforce corrections that should be made for errors that continue to be identified in subsequent rounds.

Q 14. Will previous Probe and Educate (P&E) review results be used to identify providers who will be included in TPE?

A14: CMS is encouraging its Medicare Administrative Contractors (MACs) to use all available sources of data when selecting providers to include in the Targeted Probe and Educate (TPE) process. The results of previous P&E programs is one source of data that MACs will use to select providers for review. MACs will also use provider billing and utilization patterns as well as provider specific error rates. Using the results of previous P&E programs may be of benefit to many HHAs who improved throughout the P&E process, as these providers may not require additional reviews.

Q15: Does CMS plan to share specific data from the Home Health P&E program?

A15: While CMS does not have detailed Home Health P&E data available to the public, general results information is available on the *Home Health Medical Review webpage*. The most common errors identified during the P&E process were issues related to the Face to Face requirements; including no signature by the certifying physician and encounter notes not supporting all of the elements of eligibility, and recertifications with no estimate of continued need for service or with missing or incomplete or initial certifications. These common errors are ones that CMS believes can be effectively addressed through provider education.