



New Medical Review Strategy: Targeted Probe and Educate

2017

Today's Presenters

J6 and JK Provider Outreach & Education Consultants

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Acronyms

- Acronyms used in this presentation can be viewed on the **NGSMedicare.com** website. On the **Welcome** page, click on **Provider Resources > Acronyms**.

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 - In the **About Me** drop down box, select your provider type and applicable state, click on **Next, accept the Attestation**. On the Welcome page, click the **Education** tab, then **Webinars, Teleconferences & Events**
 - Under the **Register** button for this event, you will see the **Presentation** link
- Materials from prior webinars are available
 - Click the **Education** tab, then **Past Events**

Objectives

- The objective of this session is to provide information and education on the targeted probe & educate (TPE) processes that will be implemented on 10/1/2017

Agenda

- Objectives of medical review
- Targeted Probe and Educate
 - History
 - Changes in medical review process
- Provider notification
- Phases of medical review process
 - Data analysis
 - Validation
 - Calculations
 - Detailed provider results letter
- Additional information

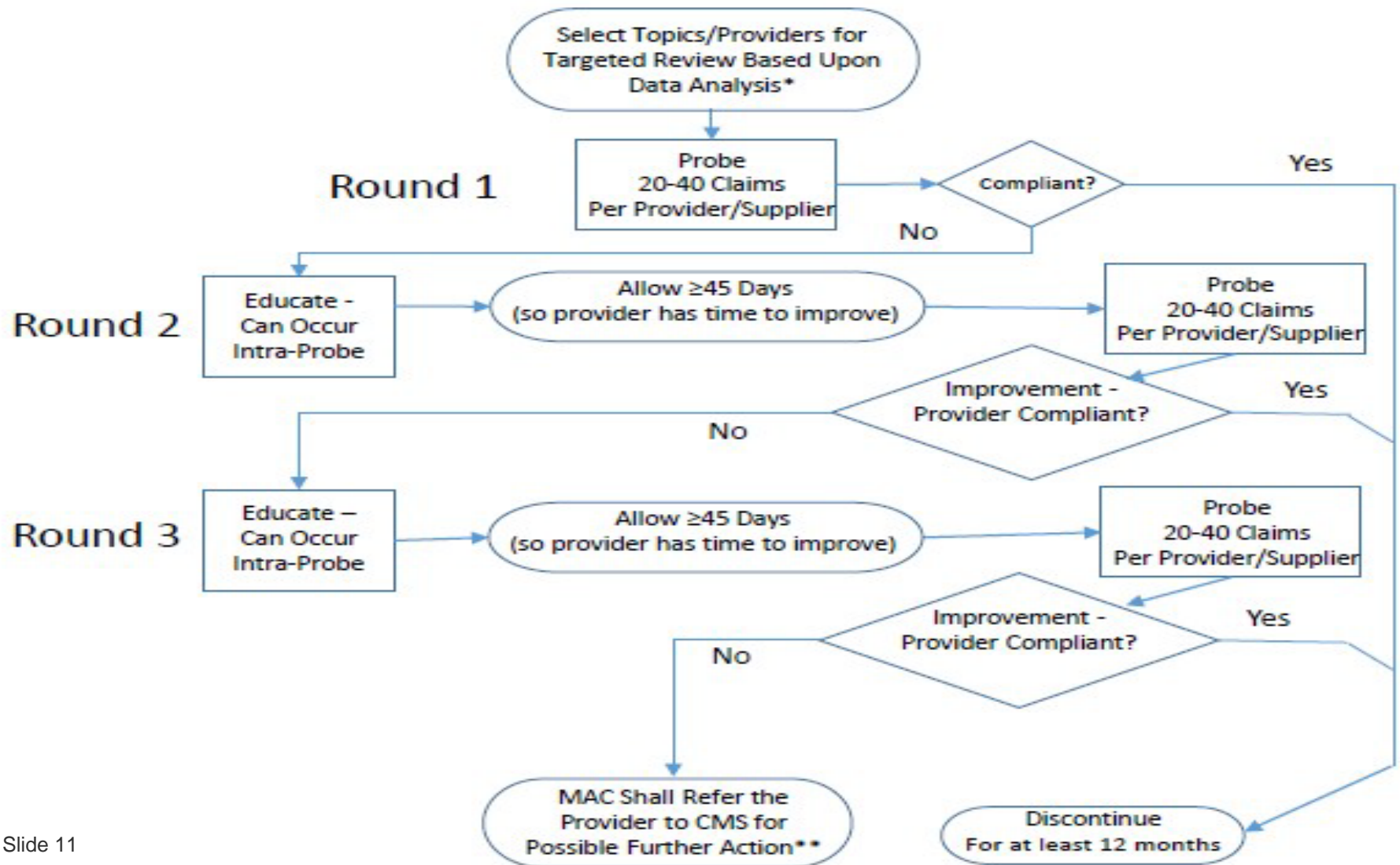
Objective for Medical Review Activities

- Objectives of a medical review is to:
 - Identify and prevent inappropriate payment
 - Identify potential risk to the Medicare trust fund
 - Educate providers
 - Appropriately pay for covered services
- Medical review meets these objectives through medical review activities

Medical Review Process Change

- The medical review process will move from a progressive corrective action (PCA) process to Targeted Probe and Educate (TPE)
 - Effective date of change is 10/1/2017
 - All lines of business
- TPE
 - History
 - Demonstration projects for inpatient services and home health
 - Proved successful in lowering providers payment error rates
 - This new model will change some of the process but not affect policy and procedures

Targeted Probe & Educate



Additional Development Requests

- Providers will continue to receive additional development requests (ADRs) in the same manner as prior to TPE
 - Part A via
 - DDE access
 - U. S. Mail
 - Part B via
 - U.S. Mail

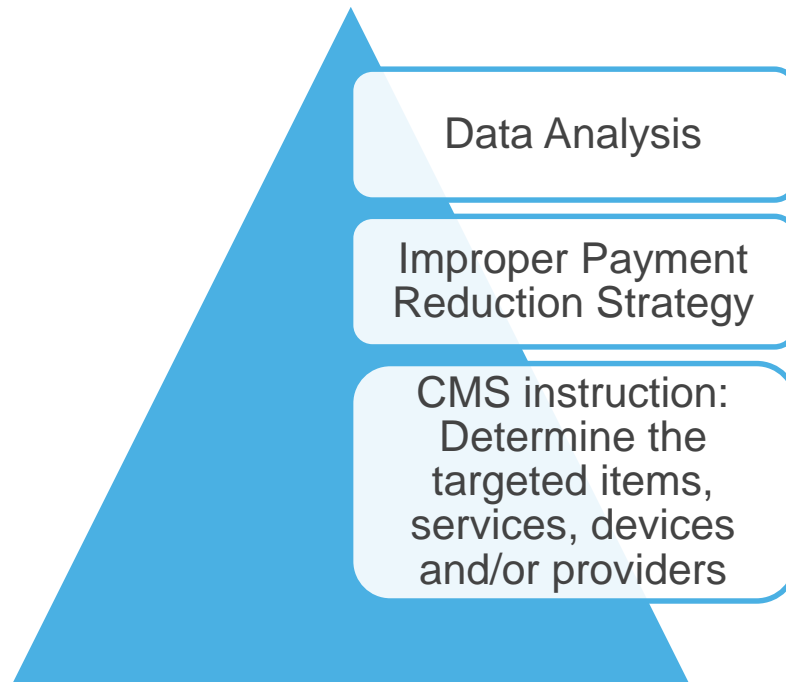
Moving from a Demonstration Project to Targeted Probe and Educate

- Changes in the Probe and Educate from the Demonstration projects for HH and inpatient services
 - MACs will select the area of review based on existing data analysis procedures
 - CMS selected the area of review during the demonstration projects
 - MACs can target the providers based on data rather than perform a 100% review of all providers
 - All providers were subject to review during the demonstration project
 - MACs will perform prepay reviews
 - MACs will request between 20 -40 claims for probes and each additional round of review
 - Education between each round of review will be a primary focus
 - Education may occur during the review process when the medical team deems necessary

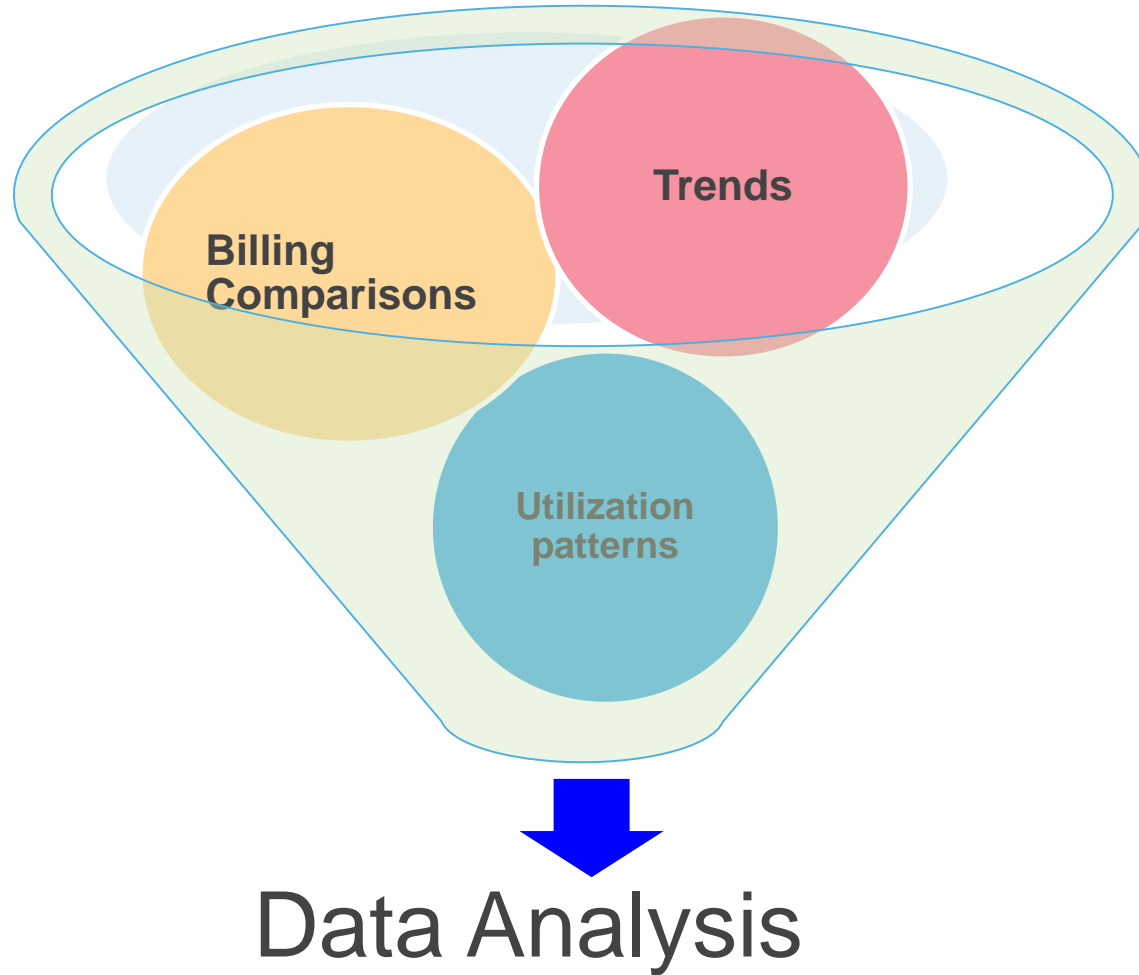
Changes in the Medical Review Process

- The process for selecting and conducting medical review has changed slightly
- Changes:
 - Set number of claims to be reviewed during each round of medical review with decision analysis and results notification at conclusion of each round
 - The previous PCA process allowed advancement of review activities to progress to percentages of all claims submitted. Education will occur prior to the 2nd and 3rd round of review
 - Opportunity for intra-round education if the nurse reviewer identifies a common theme that can easily be corrected during the review phase
 - Providers will have 45-56 days after the education before the next round of records will be requested

How will Review Areas Be Selected?



Data Analysis



TPE Process

ROUND 1

Initial Probe

- Provider notification
- ADR request
- Validation
- Calculation
- Results letter
- Education

ROUND 2

Round 2

- 45-56 days after education – ADRs
- Validation
- Calculation
- Results letter
- 1:1 education

ROUND 3

Round 3

- 45-56 days after education – ADRs
- Validation
- Calculation
- Result letter
- Referral (if applicable)



CMS Corrective Actions

- Extrapolation
- Referral to ZPIC, UPIC or RAC
- 100% prepay review
- *list not all inclusive

Initial Probe

- During the initial (round 1) probe providers can expect:
 - Provider Notice of Review – Targeted Probe and Education includes:
 - Reason for review
 - Request of between 20-40 claims
 - Do not send any documentation in response to this notification
 - Facility will be notified via ADR letter on each claim selected for review
 - ADRs will be generated per the usual process
 - Non-responders could be referred to the RAC, ZPIC, or UPIC
 - Medical review will review documentation within 30 days of receipt
 - Provider results letters will offer 1:1 education
 - Follow directions provided in the letter to request education
 - Automated reviews and prior authorizations are not part of the TPE program

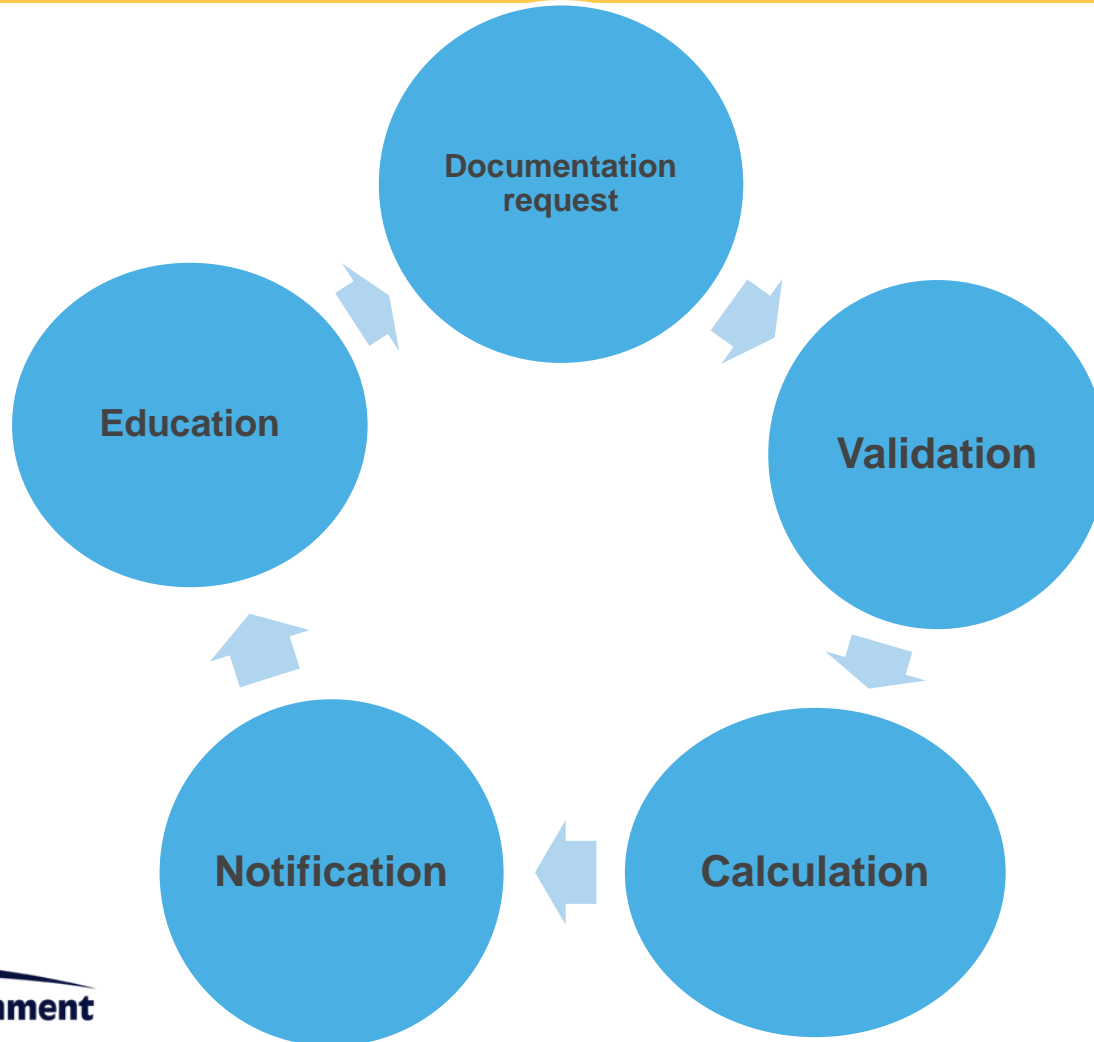
Additional Rounds of Review

- TPE consists of three rounds, if the provider continues to have a high payment error rate:
 - Round 1 (Initial Probe)
 - Round 2
 - Round 3
- Additional rounds of review will include:
 - 1:1 education with medical review after each round of review
 - Additional development request approximately 45-56 days after the education is complete
 - Detailed results letter

CMS Referral

- After three rounds of review and continued high denial rates CMS may instruct the MAC for additional action which might include:
 - Extrapolation
 - Referral to the Zone Program Integrity Contractor (ZPIC) or Unified Program Integrity Contractor (UPIC)
 - Referral to the Recovery Audit Contractor (RAC)
 - 100 % pre-pay review

Process for Each Round



Documentation Request

■ Round/Probe

- ADR between 20-40 claims from the provider
 - Provider notification letter will advise your agency of how many claims will be requested
- Provider has 45 days to respond to the contractor with medical records
 - This includes mail time and contractor processing time to a medical review location
 - Highly recommend as an internal best practice of sending documentation **within 30 days**
- No response counts as an error

Validation Phase

- Medical review of records for:
 - Technical components
 - Physician Certifications
 - Physician orders
 - Beneficiary election statements
 - Eligibility
 - Medicare coverage guidelines
 - Medical necessity
 - Documentation supports the services billed

Calculations



Payment Error Rate

- Payment / payment denied
- $1,000 / 500 = 50\%$ PER



Claims Error Rate

- # of claims/ claims in error
- $10 \text{ claims} / 5 \text{ claims denied} = 50\%$ CER

Calculations

- Medical review will calculate the providers payment error rate based on the payment determination made in medical review
- Payment error rates will not be adjusted based on the outcomes of the appeals process
 - Additional documentation is often received at the time of appeal that was not available at the initial medical review level

*This is not a change from current medical review process

Detailed Provider Results Letter

- Detailed results letter at the conclusion of each round will include:
 - Outline the targeted probe & educate process
 - Reason for denials including the Medicare regulations
 - Denial rates (PER)
 - Release or retention from medical review
 - PER of less than 15% in order to be released from additional rounds of review
 - 1:1 education information
- Read the letter in its entirety for important information regarding additional rounds of review

Record Preparation

Additional Documentation Request (ADR)

System issues an ADR

- Claims suspends to status location SB 6001
- ADR is sent to provider
- Provider has 45 days to return records to the MAC

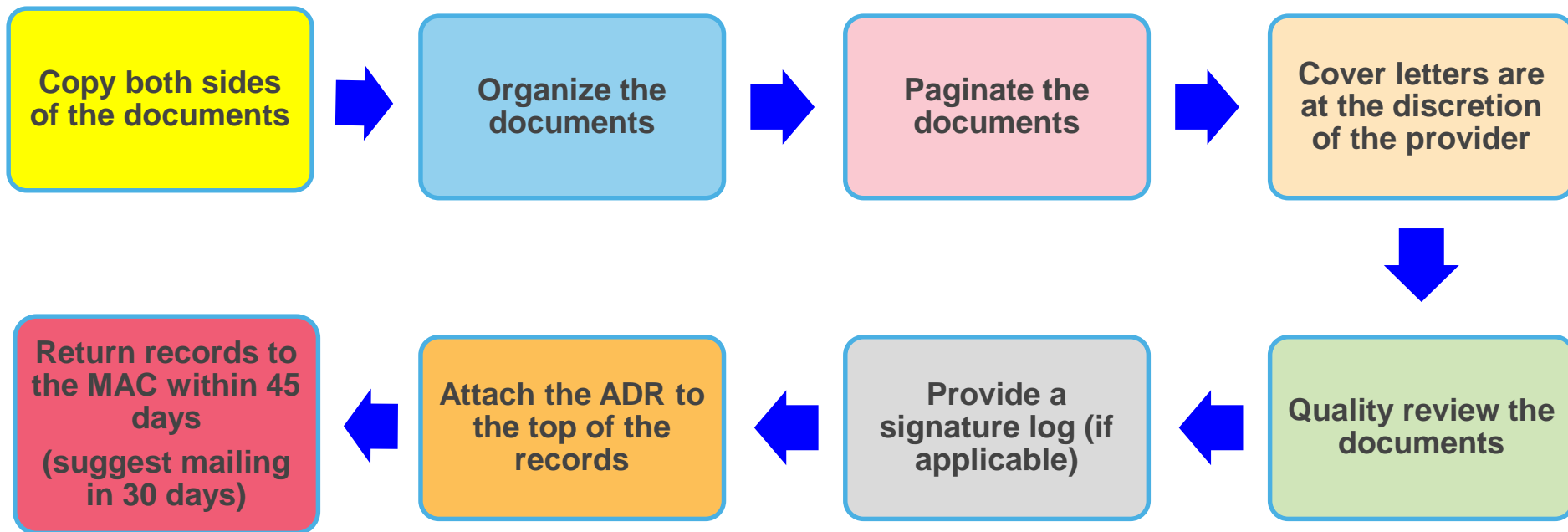
Records are NOT received by day 45

- On day 46 the system will deny the claim moving it to a status location of DB 9997
- Reason code 56900

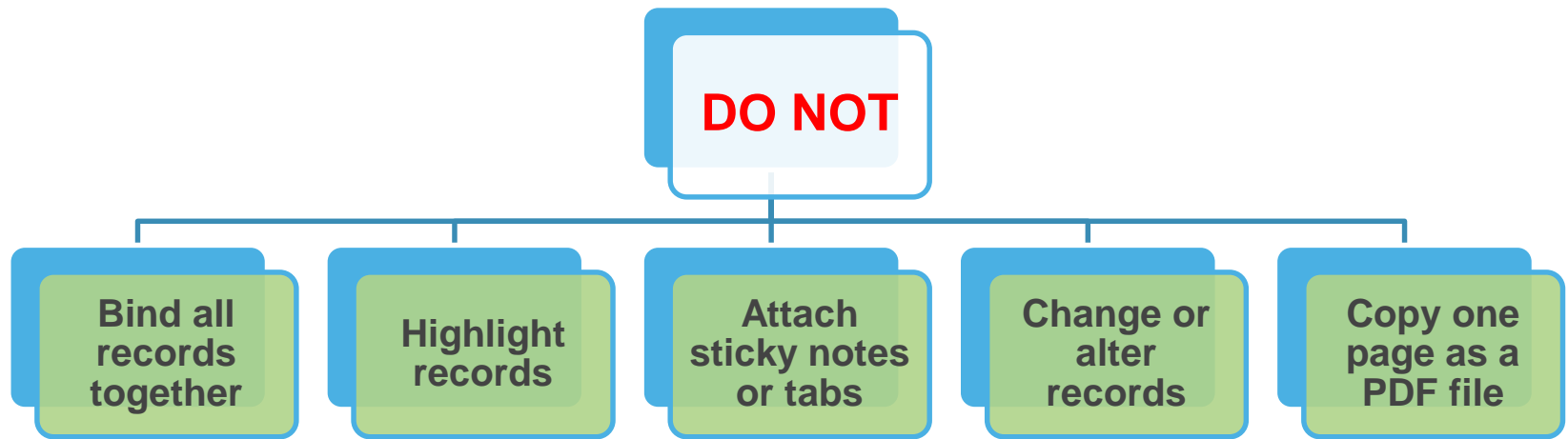
Wait one week and recheck status location

- If the records were received the claim will move to status location SM 5REC
- Denied after one week, call customer care for assistance

Preparing your Documentation



Preparing Your Documentation



How to Submit Your Records to J6 NGS



J6 Part A:

National Government
Services Inc.
P.O. Box 6474
Indianapolis, IN 46206-
6474

J6 Part B:

**National Government
Services Inc.**
P.O. Box 6475
Indianapolis, IN
46206-6475



J6 Part A & Part B:

National Government
Service Inc.
8115 Knue Road
Indianapolis, IN 46250
ATT: Mail and
Distribution
*Add/insert the
operational area to be
scanned



J6 Part A & Part B:

NGSConnex



J6 Part A:

FAX #: 315-442-4154

J6 Part B:

FAX#: 315-595-4364

Always Check www.NGSMedicare.com for the most current information

How to Submit Your Records to JK NGS



JK Part A:

National Government
Services Inc.

P.O. Box 7108
Indianapolis, IN 46207-
7108

JK Part B:

**National Government
Services Inc.**

**P.O. Box 7108
Indianapolis, IN
46207-7108**



JK Part A & Part B:

National Government
Service Inc.

8115 Knue Road
Indianapolis, IN 46250

ATT: Mail and
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JK Part A & Part B:

NGSConnex



JK Part A:

FAX #: 315-442-4390

JK Part B:

FAX#: 315-442-4231

Always check www.NGS Medicare.com for the most current information

Appealing a Medical Review Decision

- With the implementation of targeted probe and educate, the process for appeal has not changed
 - First level of appeal is the redetermination level
 - 120 days from date of receipt of the initial determination notice
 - May file an appeal via:
 - NGSConnex
 - Mail
- **Reminder: To ensure a timely request for an appeal, do not wait for the results letter to submit the appeal request!**

You Tube Video

- NGS YouTube Video: *Targeted Probe and Educate (TPE) Medical Review Strategy*
 - Six-minute YouTube video to learn about the new [Targeted Probe and Educate \(TPE\) Medical Review Strategy](#)
- Did you know that NGS has created many helpful videos on a variety of topics?
 - [NGS YouTube home page](#)
 - [NGS You Tube video list](#)

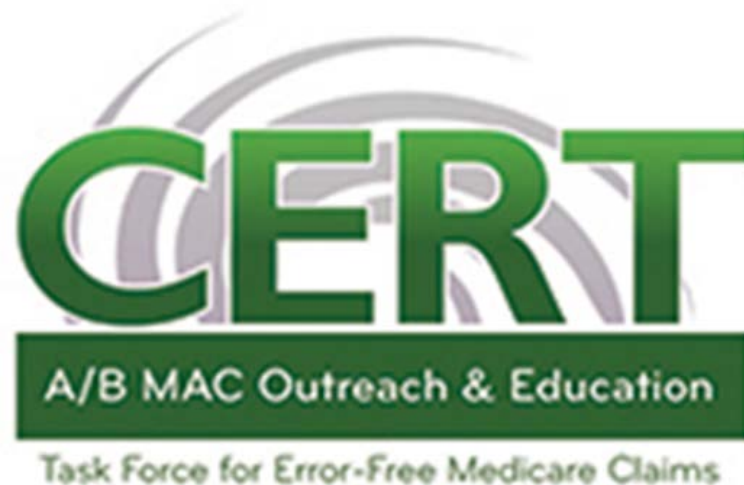
Resources

- Part A Medical Review article: “[Important Information and Instructions for Responding to Additional Development Requests](#)”
- Part B NGSConnex User Guide: “[View/Search for MR ADR Submission Documents](#)”
- NGS Medicare.com > choose contract > Medical Policy & Review tab > Medical Review > Targeted Probe and Educate
- [Change Request 10249](#), “Targeted Probe and Educate,” effective 10/1/2017

Resources

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

CERT A/B MAC Outreach & Education Task Force



CERT A/B MAC Outreach & Education Task Force

- The goal of the A/B MAC Outreach & Education Task Force is to ensure consistent communication and education to reduce the Medicare Part A and Part B error rates.
 - A joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program.
 - Partnership to educate Medicare providers on widespread topics affecting most providers and complement ongoing efforts of CMS, the MLN and the MACs individual error-reduction activities within its jurisdictions
- **Disclaimer:** The CERT A/B MAC Outreach & Education Task Force is independent from the CMS CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.

CERT A/B MAC Outreach & Education Task Force

- CMS works closely with the CERT A/B MAC Task Force and the CERT DME MAC Outreach & Education Task Force
 - CMS has a web page dedicated to education developed by the CERT A/B MAC Outreach & Education Task Force
 - <https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-Outreach-and-Education-Task-Force.html>
- NGS CERT Task Force Web Page
 - Go to our website, <https://www.NGS Medicare.com>; in the **About Me** drop down box, select your provider type and applicable state, click on **Next, accept the Attestation**. Choose the **Medical Policy & Review** tab, then choose **CERT**, the **CERT Task Force** link is located to the right of the web page.

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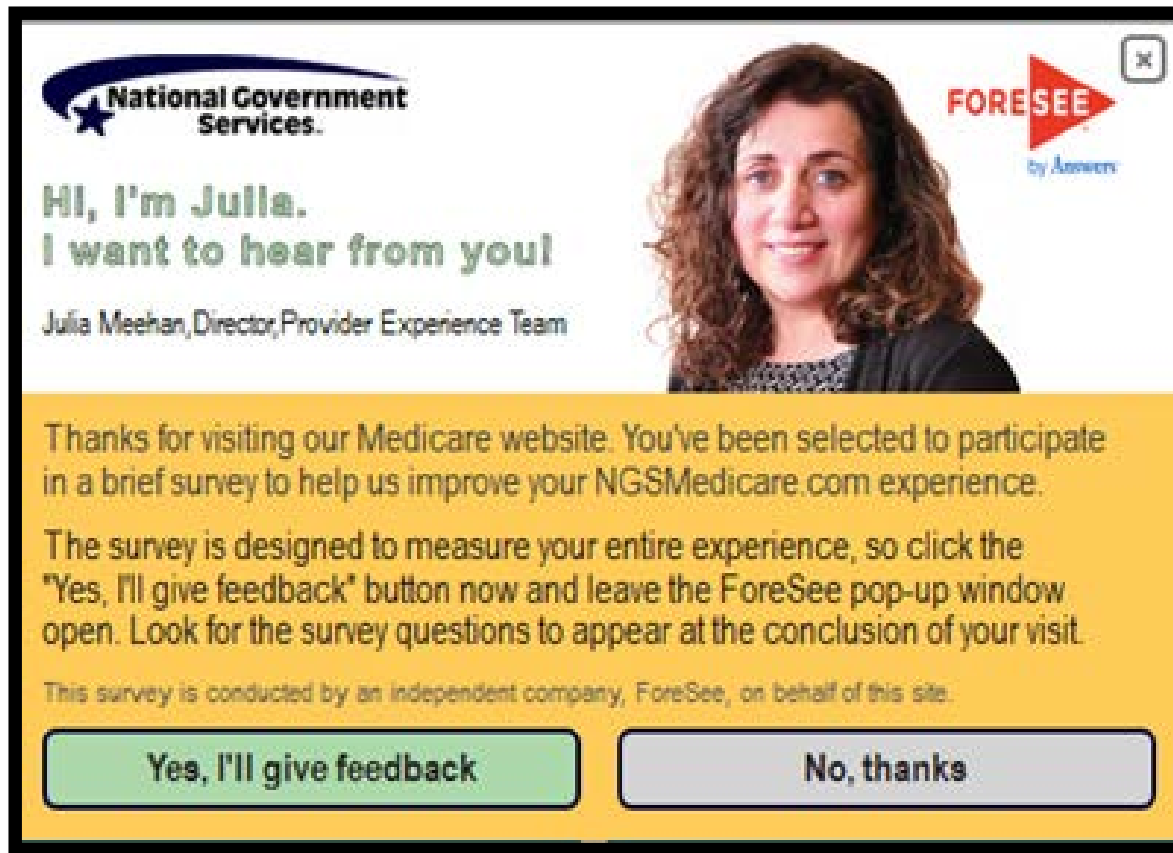
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Claims information & appeals

 **MEDICARE UNIVERSITY**
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National Government Services.

Hi, I'm Julia.
I want to hear from you!

Julia Meehan, Director, Provider Experience Team

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This survey is conducted by an independent company, ForeSee, on behalf of this site.

Yes, I'll give feedback **No, thanks**

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 - <http://www.MedicareUniversity.com>

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