

## Regulatory

### Targeted Probe and Educate (TPE) Q & A

#### 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.

#### 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.

#### 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

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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. Provers/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 rat"?**

**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 be taken into consideration in subsequent TPE rounds.

**Q12: Under the TPE program, do the MACs send a letter to the provider/supplier with details regarding the results of their reviewed claims?**

**A12:** At the conclusion of each round of review, the MAC sends the provider/supplier a letter detailing the results of the 20-40 claims reviewed during that round, including details regarding claim errors. This letter may be sent before or after the final one-on-one educational call.

**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.

**Q14: Will previous Probe and Educate (P&E) review results be used to identify providers who will be included in TPE?**

**A14:** CMS is encouraging MACs to use all available sources of data when selecting providers to include in the TPE process. The results of previous P&E programs is one source of data that MACs will use to select providers to 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 recertification 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.

## 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 submission and help you correct them.

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## How does it work?

1. If chosen for the program, you will receive a letter from your Medicare Administrative Contractor (MAC).
2. The MAC will review 20-40 of your claims and supporting medical records.
3. If compliant, you will not be reviewed again for at least 1 year on the selected topic\*  
Or  
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. Then you will resubmit to the MAC to review 20-40 of your claims and supporting medical records.

\*MAC may conduct additional review if significant changes in provider billing are detected

## 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