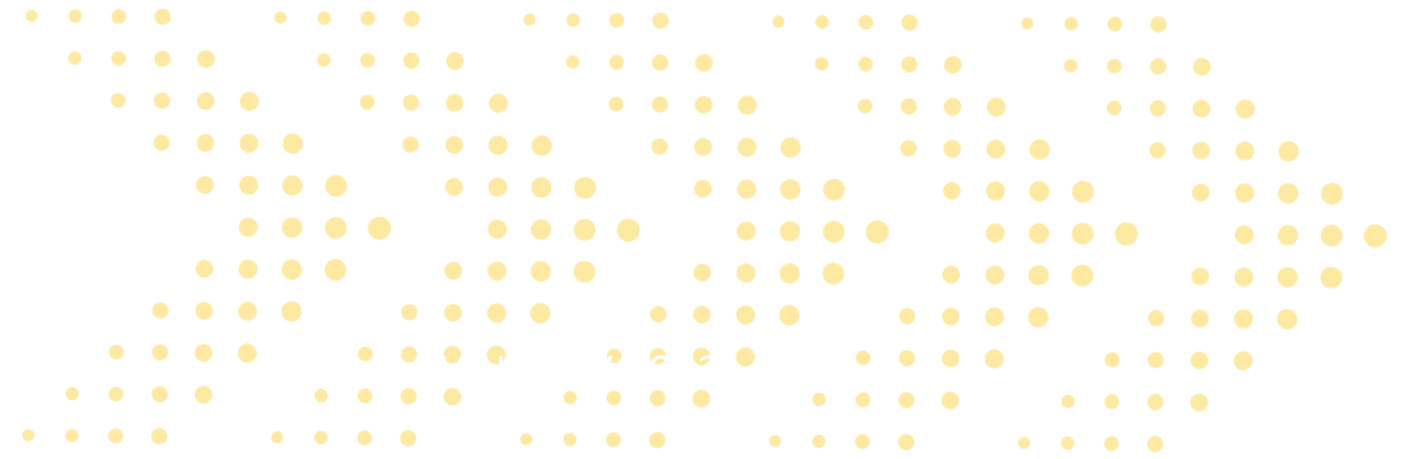


# EDUCATION SERIES



# Target, Probe & Educate (TPE)

Presented by: SerenaGroup Education Committee



# TODAY'S AGENDA

- Introduction
- Know Your Mac
- The Process
- Medical Necessity
- Round 2 & 3
- Next Steps
- How to Be Ready
- Quiz

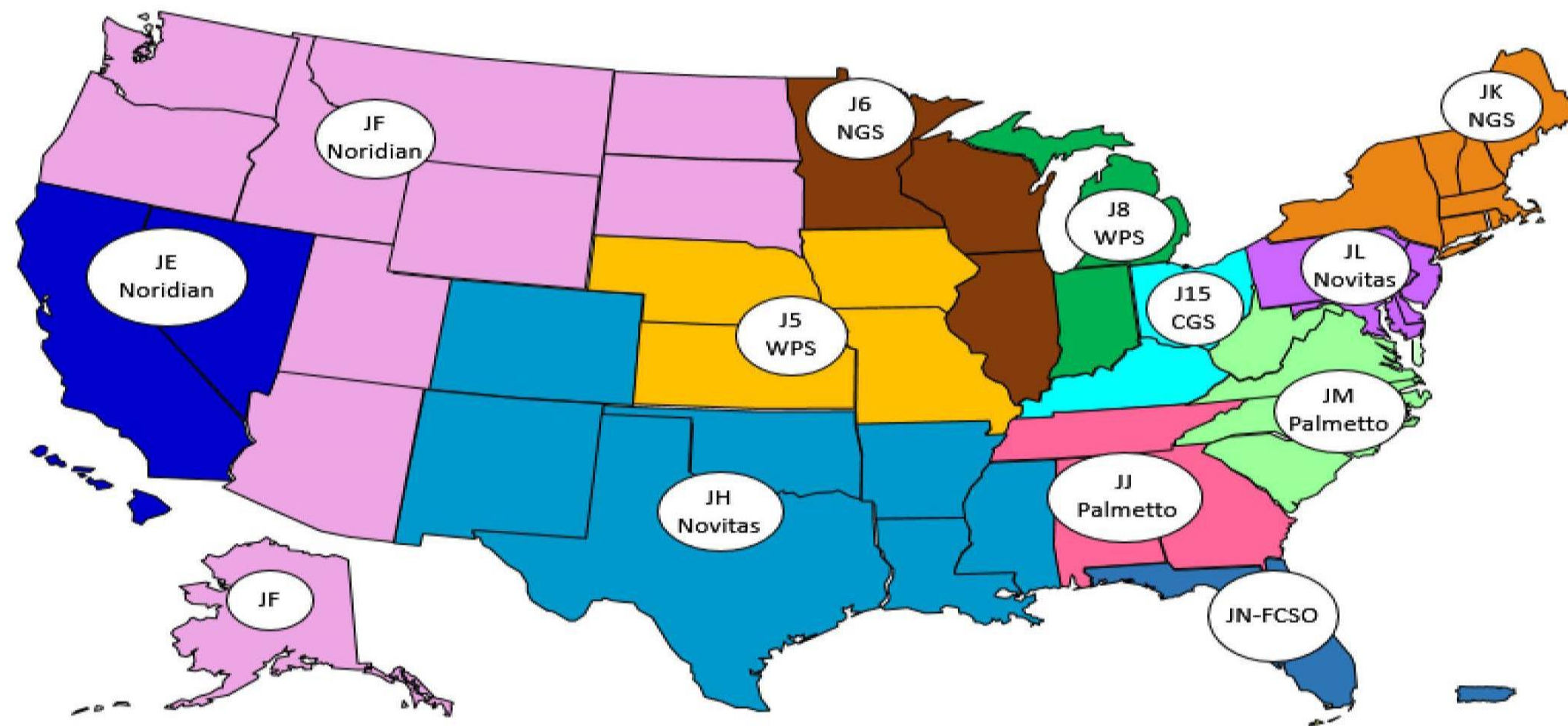
# Introduction

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.

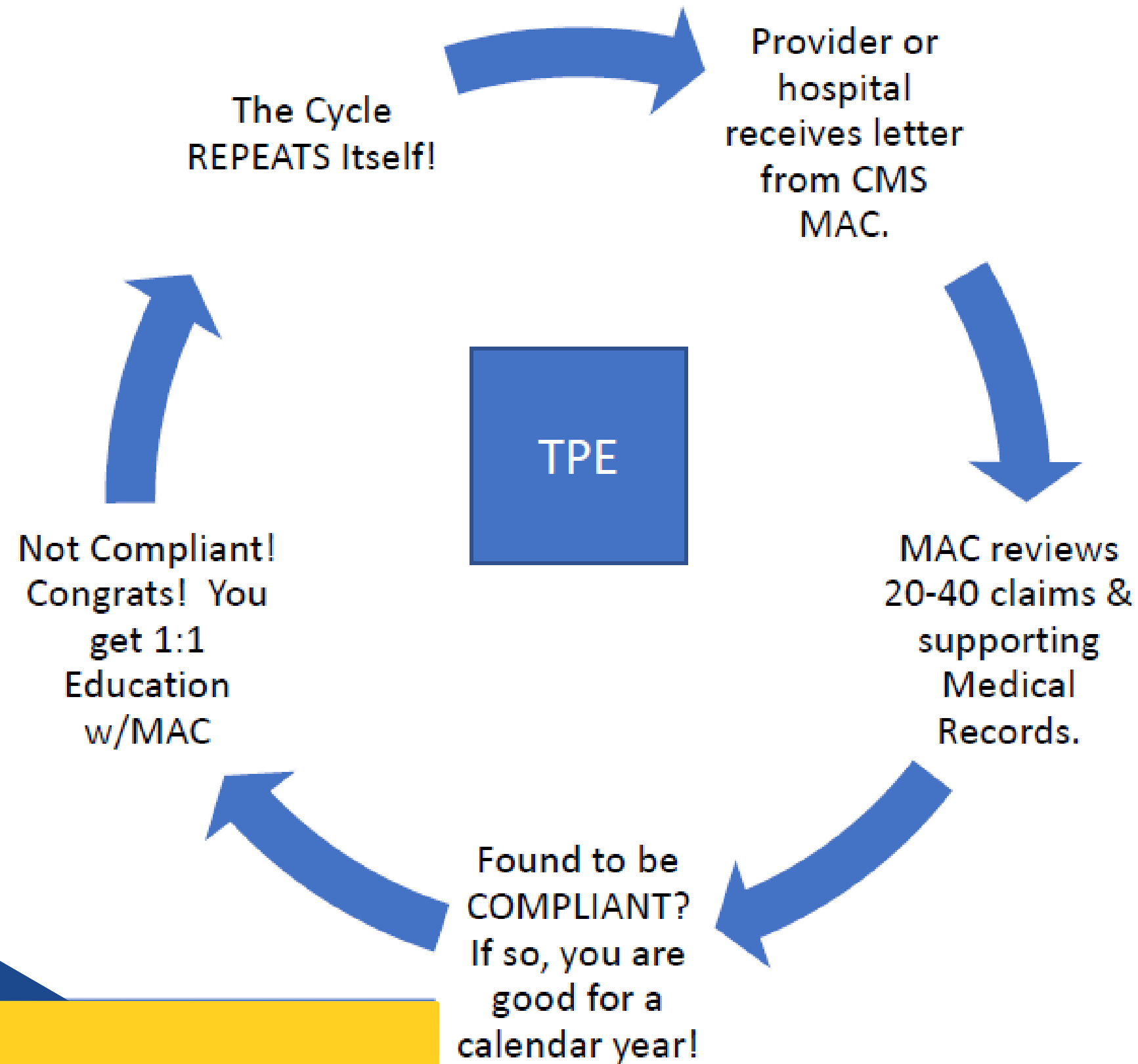


# Know Your Mac

A/B MAC Jurisdictions  
as of October 2017



# The Process



# Medical Necessity

## MEDICAL NECESSITY MUST HAVES

PROCESS	DFU	ORN/STRN	GRAFT/FLAP	OSTEO
Consult <b>All Elements to support Medical Necessity</b>	<ol style="list-style-type: none"> <li>1. Thirty days of conventional wound care and what it included. Debridements, Antibiotics, Surgical interventions.</li> <li>2. Include correspondence with whom, what &amp; when for above.</li> <li>3. Wound Volume currently &amp; that there has been no measureable improvement over the last thirty days.</li> <li>4. Ongoing wound care- what are you currently doing &amp; photos.</li> <li>5. Smoking Cessation Education.</li> <li>6. Glycemic Control &amp; HgbA1C as well as education.</li> <li>7. ABI or other quantifier of vascular flow.</li> </ol>	<ol style="list-style-type: none"> <li>1. All correspondence with the specialist: (Urology, Oral Surgery, Plastics, etc)</li> <li>2. Radiation History-what, where, when, how much.</li> <li>3. Anatomical Location</li> <li>4. What care have been delivered &amp; will continue to be delivered.</li> <li>5. Photos- STRN</li> <li>6. Procedures-has the patient been scoped?</li> <li>7. Patients symptoms:               <ul style="list-style-type: none"> <li>&gt;Pain-how much &amp; location</li> <li>&gt;Blood-where?</li> <li>&gt;Urine-how much, frequency, clots.</li> <li>&gt;Stools- consistency, frequency,</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Date &amp; Time of</li> <li>2. Graft/Flap.</li> </ol> Anatomical location & type of Graft/Flap. <ol style="list-style-type: none"> <li>3. Date Compromised &amp; description.</li> <li>4. All Correspondences with Specialists.</li> <li>5. Other Clinical correspondences.</li> </ol>	<ol style="list-style-type: none"> <li>1. Diagnostic Imaging- type &amp; in the M/R</li> <li>2. Labs- what &amp; in M/R</li> <li>3. ABX-type, course, delivery</li> <li>4. Wound Care- what care has been delivered.</li> <li>5. Specialist engaged in care.</li> <li>6</li> </ol>
Orders	All components of the treatment	All components of the treatment	All components of the treatment	All components of the treatment
Goals/Plan of Care	To support the decision of Medical Necessity, what is your expected outcome?	To support the decision of Medical Necessity, what is your expected outcome?	To support the decision of Medical Necessity, what is your expected outcome?	To support the decision of Medical Necessity, what is your expected outcome?
Daily Treatment	See proposed MACRO	See proposed MACRO	See proposed MACRO	See proposed MACRO
Re-Asses.	Most recent wound assessment w/ improving wound volume Off Loading S/C & B/S education Revisit & update the POC	Clinical Improvement- Pain Blood Stools & Urine Revisit & update POC	Clinical Improvement What does the Graft/Flap site look like? Has it declared itself, did it survive, will the patient be re-grated? Revisit POC	Clinical Improvement Education Improving Wound Volume Revisit and Update POC

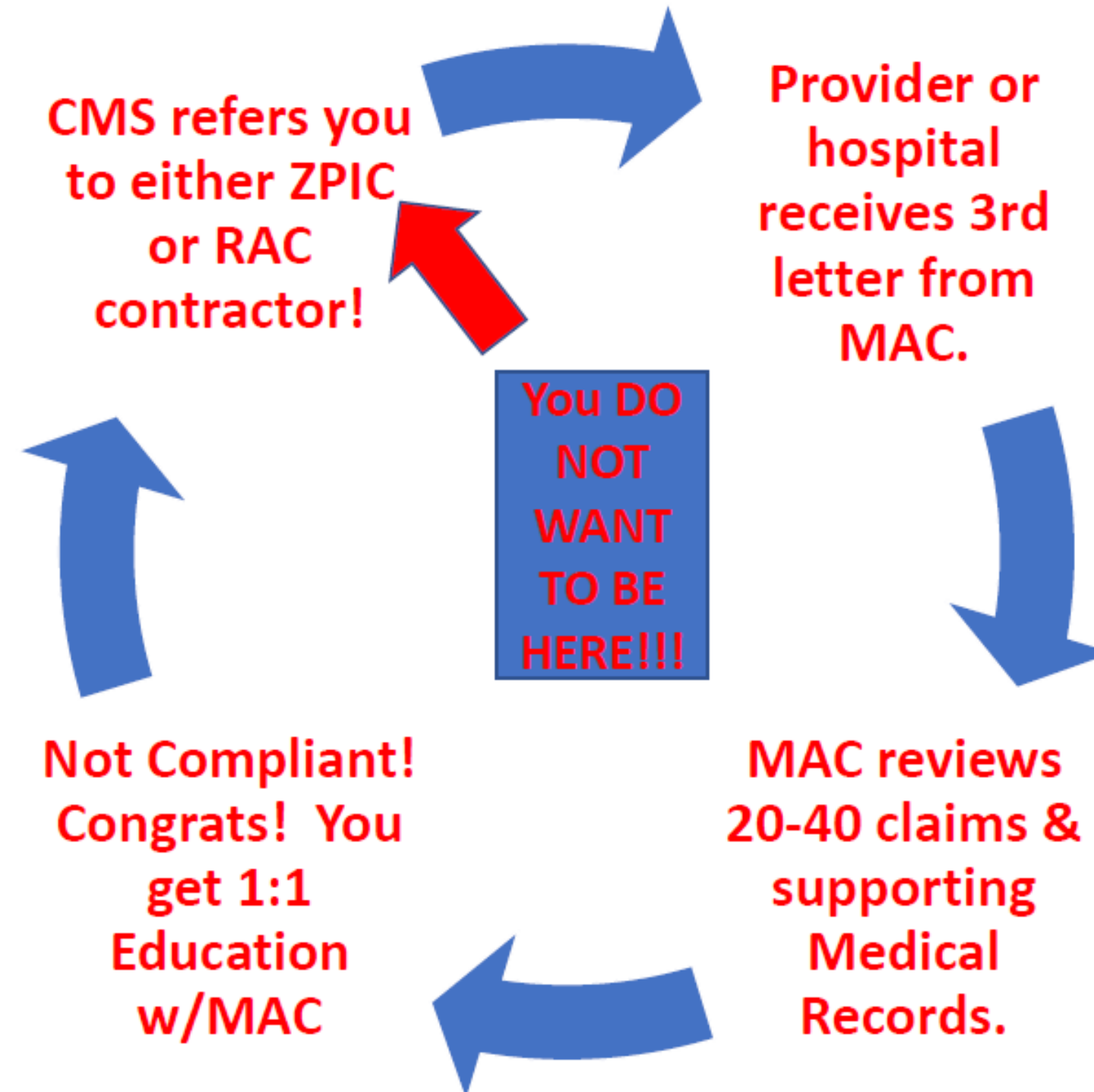


# Round Two



# Round Three

If documentation and compliance with the audit is unsuccessful additional education is required from MAC and your Hospital will have to return revenue to CMS





# Next Steps

## Zone Program Integrity Contractors (ZPIC) Program

To identify cases of suspected fraud, investigate them, and take action to ensure any inappropriate Medicare payments are recouped.

## Recovery Audit Contractors -(RAC) Program

I/D & correct improper payments through the efficient detection and collection of overpayments made on claims of health care services provided to beneficiaries, and identification of underpayments to providers so that the CMS can implement actions that will prevent future improper payments.



# RAC Process

The purpose and goal of the RAC Process is to identify and correct improper payments three years before audit. (This is a post payment process.) Document requests that vary. The contractor is paid and assured contingency fee structure based on recovery.

## Types of RAC Audits:

**Automated:** Using algorithms, the RAC uses a computer to do the auditing. This type of audit requires no medical records and little input from you or your staff.

**Manual:** RAC requests medical records from you and you must comply. There is a limit to the number of files the RAC can request in a 45-day period, although the number is quite high.



# How to Be Ready

- Medical Necessity Macros
  - Order sets
- Ongoing Treatment Macros
- Medical Necessity Must Haves
  - HBO Evaluation Criteria Checklist
  - QCR resources



# HEADING

As with all audits and regulatory agencies, Documentation is everything!

Work with your Program Director to assure all the elements of your charting is on point and ready every day.



# QUESTION

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

# ANSWER

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.

# QUESTION

What happens if there are errors in the claims reviewed?

# ANSWER

At the conclusion of each round of 20-40 reviews, providers will be sent a letter detailing the results of the reviews and offering a 1-on-1 education session. MACs will also educate providers throughout the TPE review process, to avoid additional similar errors later in the process.



# QUESTION

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

# ANSWER

The results of previous Probe and Educate (P&E) programs have been well received and 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. CMS determined that efforts would be better directed toward those who, based on data analysis, provide the most risk to the Medicare program.

# REFERENCES

Center for Medicare and Medicaid Services:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Targeted-Probe-and-EducateTPE.html>

2017 Office of Inspector General Report-

<https://www.oig.hhs.gov/oei/reports/oei-06-99-00090.pdf>

Palmetto Pre-Payment Review-

<https://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~JM%20Part%20A~Medical%20Review~Results~ATRHGN2266>

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Noridian-

<https://med.noridianmedicare.com/web/jea/cert-reviews/mr>

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# THANK YOU

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