

Provider Name

Address

Address

Mail Date:

PTS Case Number: Case

Provider NPI Number: Provider NPI

PTAN

RE: Notice of Review –Targeted Probe and Education Prepayment

Dear Medicare Provider

In order to fulfill our contractual obligation with the Centers for Medicare & Medicaid Services (CMS), First Coast, your Jurisdiction N, Medicare Administrative Contractor (MAC), performs reviews in accordance with the CMS instruction. CMS has authorized First Coast to conduct reviews utilizing a Targeted Probe and Educate (TPE) review process. The TPE review process may include up to three rounds of prepayment probe review with education. If there are continued high denials after third round of review, First Coast will refer the provider/supplier to CMS for additional action, which may include 100% prepay review, extrapolation, referral to a Recovery Auditor, etc. Note: discontinuation of review may occur at any time if appropriate improvement is achieved during the review process.

The Centers for Medicare & Medicaid Services (CMS) utilizes Medicare Administrative Contractors (MAC) to review clinical documentation in order to prevent improper payments. MACs choose claims for review based on many factors such as the service specific improper payment rate, data analysis and billing patterns of the provider. CMS is cognizant that this type of review can be burdensome to providers and we are always working to improve the process.

In 2014 CMS began a program that combined a review of a sample of claims with education to help reduce errors in the claims submission process. CMS called this medical review strategy, Probe and Educate. CMS believes results of this program have been favorable, based on the decrease in the number of claim errors after providers received education. CMS is now further improving this strategy by moving from a broad Probe and Educate program to a more targeted one. When performing medical review as part of Targeted Probe and Educate (TPE), Medicare Administrative Contractors (MACs) focus on specific providers/suppliers within the service rather than all provider/suppliers billing a particular service.

You were recently identified through data analysis and are being sent this notification that a review will be conducted utilizing the Targeted Probe and Educate model describe above to ensure services are medically reasonable, billed appropriately and documentation requirements are met. A random sample of __ claims will be selected. Additional Development requests for claims selected will be received from system generated Additional Development Request (ADR) letters. Each claim selected will have a due date for response which will be provided in the letter. Please ensure all responses reach First Coast timely to avoid system denials for untimely ADR responses. These late or non-response submissions will negatively impact review error rates and may result in future additional review activities.

The targeted CPT codes being reviewed are shown below with descriptors:

1.

During the TPE process, First Coast will review the medical records for the claims selected and calculate an error rate based on any dollars denied as errors. Following review of all claims in the sample, error rate calculations and summary letter mailing, First Coast will offer to provide one on one education regarding denial reasons and findings.

If error rate calculation is low then no additional actions will be taken. However, if the error rate calculation is moderate to high, a second round of review will be conducted in 45- 56 days after the education date. If provider refuses education, then next round will begin 45-56 days following date of summary letter. The TPE review process can include up to three rounds of a prepayment probe review with education depending on error rates from previous round. If there are continued high denials after the third round, First Coast will refer the provider/supplier to CMS for additional action, which may include 100% prepay review, extrapolation, referral to a Recovery Auditor, etc. Note, discontinuation of review may occur at any time if appropriate improvement is achieved during the review process.

The medical records must be received by First Coast within 45 days from the date of the additional development request letter for each claim. First Coast will review the individual claims within 30 days of receipt of the medical record and adjudicate the claim in the claims processing system. However, overall error rate calculation and summary letter will not be mailed until all claims within the sample have been selected and reviewed. Authorization for the release of this information is included in Federal Law regulations reference 42 CFR 411.24(a), 424.5(a) (6) and 44 USC 3101. If the requested documentation is not returned within 45 days from the original request, the claim will be denied due to lack of documentation which will contribute to your error rate. It is your responsibility as a provider to provide the requested documentation within the allotted time frame. Additionally, if providers/suppliers do not respond to the ADR request, MACs have the option to refer to the RAC or ZPIC/UPIC as a result.

Prepayment TPE reviews will be completed within 30 days of the additional documentation received for each claim. If during the review process any additional information is needed a clinical reviewer may contact you with that request. If you have any questions or concerns regarding that request please **contact Sheila Perry at 904 791 -0262.**

Once the Medical review is complete you will receive a review summary letter with detailed claim decisions and error rate calculations. The review summary letter will contain contact and scheduling information for education. The education will be provided via conference call and First Coast will provide a chorus call number for you and your staff to utilize for the education.

If during the review process, minor errors are noted First Coast reviewers may contact you for intra probe education to correct issues immediately and prevent future denials for the same reasons. During any educational calls whether intra or post review you or your staff will be able to ask questions and receive specific feedback and guidance related to your documentation and specific errors identified.

This letter serves as notification of initiation of the Prepayment TPE process editing that will select your random sample of **XX claims effective X/XX/XXXX**. The purpose of the claim review is to ensure documentation supports the reasonable and necessary criteria of the services billed and follows Medicare rules and regulations.

Thank you in advance for your participation with this review. Please contact **XXXXXXXX@fco.com** referencing the case number, if you have any questions or wish to provide a contact person or with any questions regarding the information in this letter.

Sincerely,

First Coast MAC Jurisdiction N Medical Review

Enc: TPE Process Flowchart
SPOT Flyer (Provider Portal)