

### The Least You Need to Know:

On August 12th, 2021, CMS announced the return of the Targeted Probe and Educate (TPE) program, by all three Medicare Administrative Contractors (MACs) that handle hospice billing.

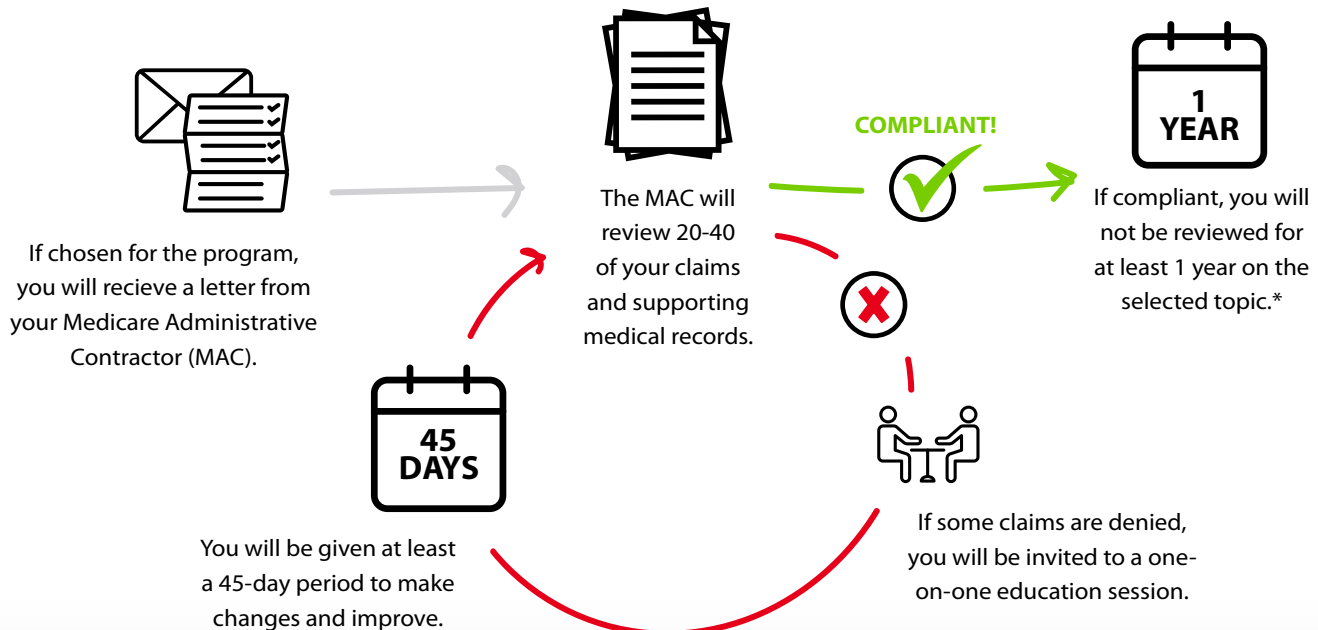
CMS paused the TPE programs for hospice claims at all MACs in March of 2020 due to the Public Health Emergency. The MACs pivoted to a “post-pay review” model when medical review resumed in fall of 2020, based on a smaller, topic driven sample, rather than a provider specific model. On August 12th, 2021, CMS announced that the MACs will be resuming to the Targeted Probe and Educate model of medical review.

### What Are the Changes?

**The TPE program chooses outlier hospice agencies, based on claims data (such as PEPPER) to review a sample of claims prior to payment.** This sample can be 20-40 charts per “round” of review. Upon review, if there are more dollars denied than the MAC allows for error rate, the hospice will be offered a personal education session. After the opportunity for education, another sample of 20-40 charts may be requested. This cycle may be repeated up to three times to ensure improvement.

CMS has not published any further information to indicate how this return to TPE will be implemented for those hospices that may have been on TPE prior to the pause.

## How Does It Work?



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

# Actions of a Prudent Hospice™

**ONE. Know your MAC!** The MAC is the only entity that typically can audit a hospice using a “pre-pay” methodology. All auditors will use the same payment/coverage criteria.

**TWO. Know who could audit you, in your state.** You can see all CMS contractors in your state here: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFSCompliance-Programs/Review-Contractor-Directory-Interactive-Map> **by clicking on your state.**

**THREE. Know the coverage conditions for payment.** Perform a “Triple check” on these technical and medical necessity components of your documentation. A checklist for an internal triple check can also be used as a table of contents for a chart when sending for an audit! See this month's Tool of the Trade for an example!

**FOUR. Have a process in place for any ADR where one of these contractors requests your documentation.** Know who will print, how the documents will be arranged, who will review from a clinical perspective, and who is responsible to upload/mail in a timely fashion. Be sure to track all ADRs for timeframes to ensure your ability to appeal when necessary.

## Links to More Information

### Announcement:

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2021-08-12-mlnc>

### Targeted Probe and Educate:

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

### CMS Contractors by State

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map>

### MACs:

[www.palmettogba.com](http://www.palmettogba.com)  
[www.ngsmedicare.com](http://www.ngsmedicare.com)  
[www.cgsmedicare.com](http://www.cgsmedicare.com)

