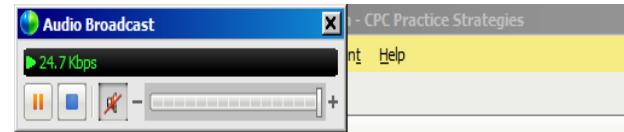


# Thank you for joining us!

- We will start at 3 p.m. ET.
  - You will hear silence until the session begins.
  - Handout: Available at [PEPPER.CBRPEPPER.org](http://PEPPER.CBRPEPPER.org).
  - A Q&A document will be posted at the above location within two weeks.
- Please listen in by either:
    - Using your computer speakers (recommended): You automatically join the audio broadcast when entering the meeting (remember to increase your speaker volume; make sure you are not muted).



- Dialing 1-415-655-0001 (passcode 2302 376 0851) (limited to 500 callers).



# *Q4FY22 Long-Term Acute Care PEPPER Review*

Spring 2023

Annie Barnaby



# About Today's Presentation



Phone lines will be muted the entire duration of the training.



Submit questions pertinent to the webinar using the Q&A panel.



Questions will be answered verbally, as time allows, at the end of the session.

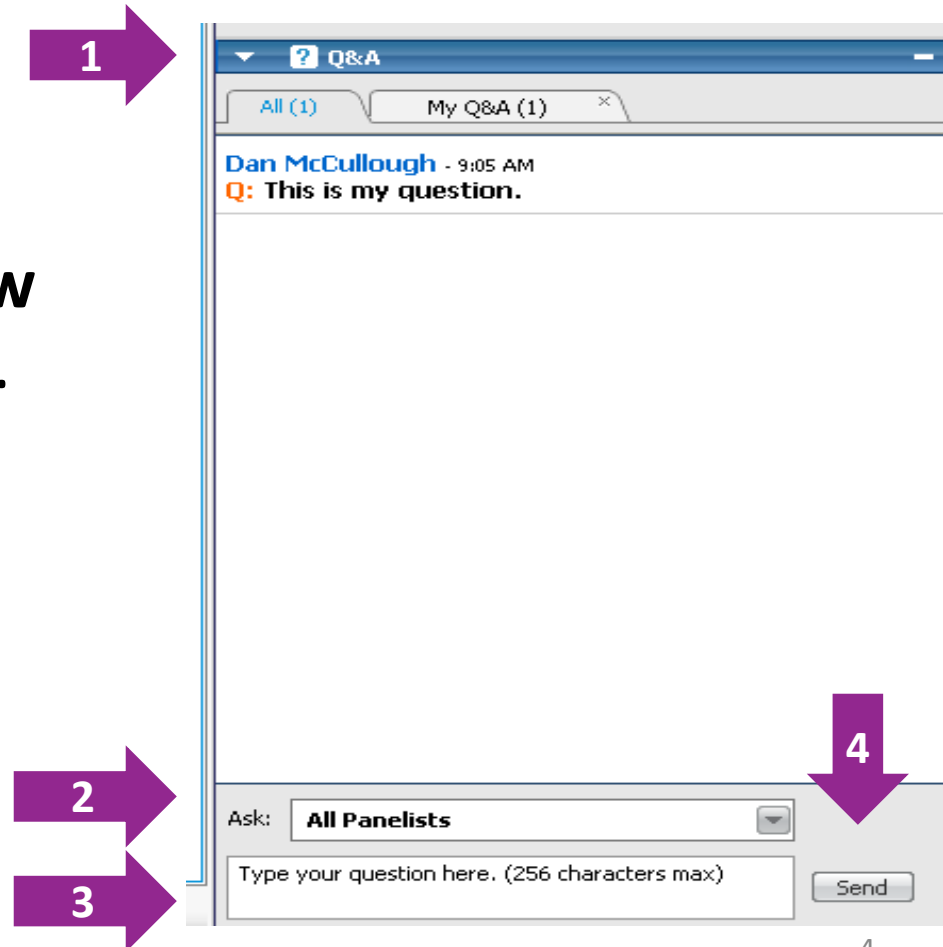


A Q&A document will be developed and posted at [PEPPER.CBRPEPPER.org](https://PEPPER.CBRPEPPER.org).

# To Ask a Question in Split Screen

*Ask your question in Q&A as soon as you think of it.*

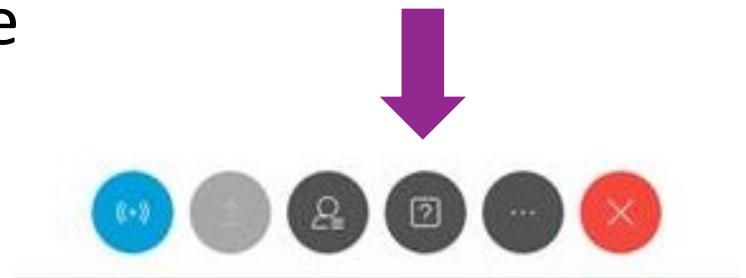
1. Go to the **“Q&A”** window located on the right side.
2. In the **“Ask”** box, select **“All Panelists.”**
3. Type in your question.
4. Click the **“Send”** button.



The screenshot shows a web browser window titled "Q&A" with two tabs: "All (1)" and "My Q&A (1)". A message from "Dan McCullough" at 9:05 AM is visible, with the text "Q: This is my question." Below the message is a large text input area. At the bottom of the window, there is an "Ask:" dropdown menu currently set to "All Panelists", a text input field with the placeholder "Type your question here. (256 characters max)", and a "Send" button. Four purple arrows with white numbers 1 through 4 point to the Q&A window title bar, the "Ask:" dropdown, the text input field, and the "Send" button, respectively.

## To Ask a Question in Full Screen

1. Click on the “Q&A” button to bring up the Q&A window.
2. Type in your question (as in the previous slide).
3. Click the “**Send**” button.
4. Click “-” to close the window and to see the full screen again.



# Agenda

- Review the Q4FY22 *Long-Term (LT) Acute Care Program for Evaluating Payment Patterns Electronic Report (PEPPER)*.
  - No target area revisions
- Review other resources:
  - National-level data

# PEPPER Details

To learn more about PEPPER:

Review percents and percentiles.

Review a demonstration PEPPER.

Access the recorded training sessions available in the LT “Training and Resources” section of [PEPPER.CBRPEPPER.org](http://PEPPER.CBRPEPPER.org).

## What is PEPPER?



PEPPER summarizes Medicare claims data statistics for one provider in “target areas” that may be at risk for improper Medicare payments.



PEPPER compares the provider’s Medicare claims data statistics with aggregate Medicare data for the nation, jurisdiction, and the state.



PEPPER cannot identify improper Medicare payments!



# History of PEPPER

2003

TMF Health Quality Institute developed PEPPERS for short-term acute care hospitals (STACHs) and, later, long-term acute care hospitals (LTCHs); they were provided by Quality Improvement Organizations (QIOs) through 2008.

2010

TMF began distributing PEPPERS to all providers in the nation, and TMF developed PEPPERS for other provider types: critical access hospitals, inpatient psychiatric facilities, and inpatient rehabilitation facilities (2011); hospices and partial hospitalization programs (2012); skilled nursing facilities (2013); and home health agencies (2015).

2018

The Centers for Medicare & Medicaid Services (CMS) combined the Comparative Billing Report (CBR) and the PEPPER programs into one contract; RELI Group and its partners, TMF and CGS, began producing CBRs and PEPPERS.

# Why are providers receiving a PEPPER?

CMS is tasked with protecting the Medicare Trust Fund from fraud, waste, and abuse.

The provision of PEPPER supports CMS' program integrity activities.

PEPPER is an educational tool that is intended to help providers assess their risk for improper Medicare payments.

## Q4FY22 *LT PEPPER* Release

Summarizes statistics for three federal fiscal years:

- 2020
- 2021
- 2022

Statistics for all time periods are refreshed with each release.

The oldest fiscal year rolls off as the new one is added.

## LTCH Improper Payment Risks

- LTCHs are reimbursed through the LT prospective payment system (PPS).
- LTCHs can be at risk for improper Medicare payments.
- *LT PEPPER* target areas were identified based on medical record reviews conducted by Quality Improvement Organizations, a review of literature about payment vulnerabilities, a review of the LT PPS, and analysis of national claims data.

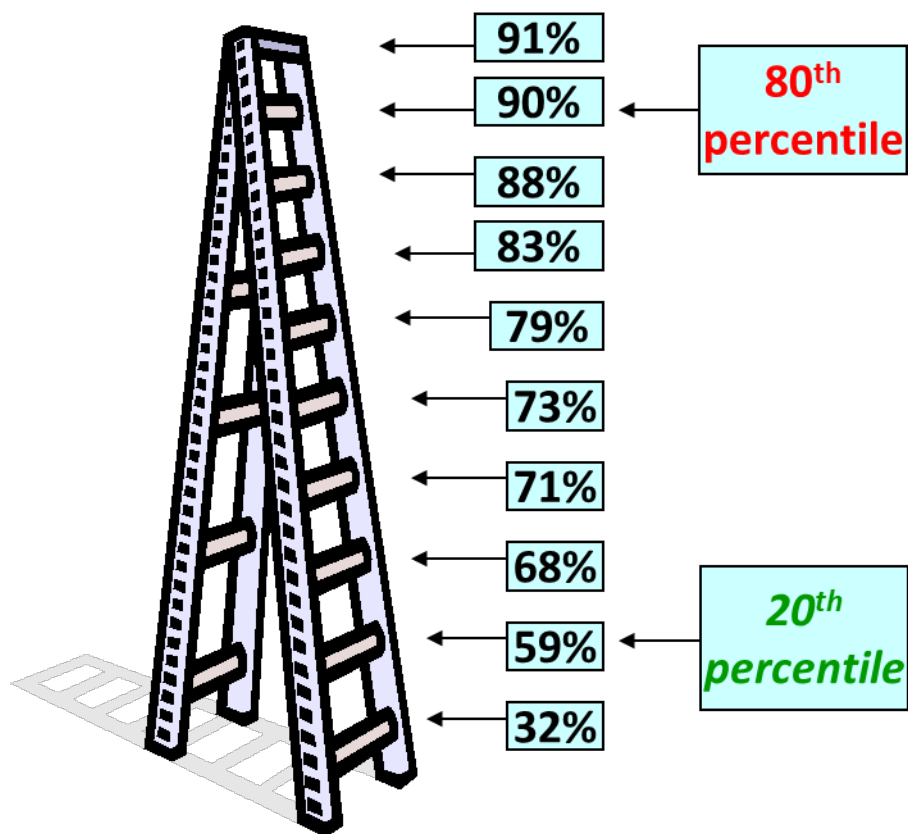
## PEPPER Target Areas

- Areas identified as potentially at risk for improper Medicare payments (e.g., coding or billing errors, unnecessary admissions/services)
- A target area is constructed as a ratio:
  - Numerator = discharges identified as potentially problematic (i.e., likely to be miscoded or admitted unnecessarily)
  - Denominator = larger reference group that contains the numerator

## ***LT PEPPER Target Areas***

- *Septicemia*
- *Excisional Debridement*
- *Short Stays*
- *Short Stays for Respiratory System Diagnoses*
- *Outlier Payments*
- *30-Day Readmissions to Same Hospital or Elsewhere*
- *STACH Admissions Following LTCH Discharge*

# Percentile Calculation Example



- The top two hospitals' percents are at or above the 80th percentile.
- The bottom two hospitals' percents are at or below the 20th percentile (for areas at risk for under-coding only).

# How does PEPPER apply to providers?



PEPPER is a roadmap to help providers identify potentially vulnerable or improper payments.



Providers are not required to use PEPPER or to take any action in response to their PEPPER statistics.



Why not take advantage of this free comparative report provided by CMS?



## PEPPER Distribution

- PEPPER is distributed in an electronic format.
- Each release of PEPPER will be available for approximately two years from its original date of release.
- PEPPER cannot be sent via email.
- It is available via the PEPPER Portal:
  - Visit [PEPPERFILE.CBRPEPPER.org](https://PEPPERFILE.CBRPEPPER.org).
  - Links to the portal can be found on the PEPPER homepage: [PEPPER.CBRPEPPER.org](https://PEPPER.CBRPEPPER.org).

# Required Information to Access PEPPER via the PEPPER Portal

- Six-digit CMS Certification Number (also referred to as the provider number or Provider Transaction Access Number [PTAN]).
  - Not the same as the tax ID or National Provider Identifier (NPI) number.
  - The third digit of this number will be a “2.”

# Required Information to Access PEPPER via the PEPPER Portal, cont'd

- Validation Code:
  - Enter either a patient control number (found at form locator 03a on the UB-04 claim form) or a medical record number (found at form locator 03b on the UB-04 claim form) for a traditional Medicare Part A Fee-for-Service patient who received services from July 1, 2022, through Sept. 30, 2022 (“from” or “through” dates on a paid claim).
  - Code emailed to a contact in the Provider Enrollment, Chain, and Ownership System (PECOS).
- The validation code may be shared with others in the facility, as deemed appropriate.
- The validation code is updated for each release.

## Strategies to Consider

- Do not panic!
  - Outlier status does not necessarily mean that compliance issues exist.
- If you are an “outlier,” determine why that may be.
  - Do the statistics reflect your operation? Patient population? Referral sources? Health care environment? Verify by:
    - Sampling claims and reviewing documentation in medical record.
    - Reviewing the claim; was it coded and billed appropriately, based upon documentation in the medical record?
- Ensure you are following best practices, even if you are not an outlier.

## National-Level Data

- National-level data for the target areas and top diagnosis-related groups is available at [PEPPER.CBRPEPPER.org](https://PEPPER.CBRPEPPER.org) on the “Data” page.
- Data is updated annually following each report release.

# PEPPER.CBRPEPPER.org

## “Training and Resources” Page

- LT PEPPER User’s Guide*
- Jurisdictions spreadsheet
- Recorded PEPPER training sessions
- Sample *LT PEPPER*
- History of target area changes and impact

## For Assistance with PEPPER



If you have questions or need individual assistance, click on “Help/Contact Us,” and submit your request through the Help Desk.



Complete the form, and a member of the PEPPER Team will respond promptly to assist you.



Please do **not** contact any other organization for assistance with PEPPER.

## CARES Act

Please note: Policy guidance cited in published CBRs and PEPPERS are based on non-public health emergency Medicare rules. Please check with your Medicare Administrative Contractor to determine if a particular service or supply is impacted by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act, published in March 2020, addresses Medicare flexibilities related to the COVID-19 crisis.

Success stories: How your peers have used their PEPPER

[Go to Success Stories](#)

### SHORT-TERM ACUTE CARE HOSPITALS

- [User's Guide \(PDF, 32nd Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)

### CRITICAL ACCESS HOSPITALS

- [User's Guide \(PDF, 9th Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)
- [Map of CAH PEPPER Retrievals by State](#)

### HOME HEALTH AGENCIES

- [User's Guide \(PDF, 5th Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)
- [Map of HHA PEPPER Retrievals by State](#)

### HOSPICES

- [User's Guide \(PDF, 9th Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)
- [Map of Hospice PEPPER Retrievals by State](#)

### INPATIENT PSYCHIATRIC FACILITIES

- [User's Guide \(PDF, 9th Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)
- [Map of IPF PEPPER Retrievals by State](#)

### INPATIENT REHABILITATION FACILITIES

- [User's Guide \(PDF, 10th Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)
- [Map of IPF PEPPER Retrievals by State](#)

### LONG-TERM ACUTE CARE HOSPITALS

- [User's Guide \(PDF, 14th Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)
- [Map of LT PEPPER Retrievals by State](#)

### PARTIAL HOSPITALIZATION PROGRAMS

- [User's Guide \(PDF, 7th Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)
- [Map of PHP PEPPER Retrievals by State](#)

### SKILLED NURSING FACILITIES

- [User's Guide \(PDF, 8th Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)
- [Map of SNF PEPPER Retrievals by State](#)



## Questions?

- Visit the Help Desk at [PEPPER.CBRPEPPER.org](https://PEPPER.CBRPEPPER.org).