Transcript for the Q4FY22 *Hospice Program for Evaluating Payment Patterns Electronic Report (PEPPER)* Review

May 9, 2023

Hello everyone, I'm going to go ahead and get started. Got a lot to cover today. I want to welcome you all to today's webinar, where we'll be discussing the Q4FY22 *Hospice PEPPER*. My name is Annie Barnaby, and I work for RELI Group, Inc., who is contracted with the Centers for Medicare & Medicaid services (CMS) to produce and distribute PEPPERs. Our agenda today includes a review of the most recent release of the PEPPER for hospices, the Q4FY22 PEPPER that was released in early of this year, April of this year, 2023.

I will show—Share a sample PEPPER with you so we can see what the PEPPER file looks like and what the data shows us. We'll take a look at the new target areas for this release, we'll also be reviewing some other resources including the state and national level data and peer group charts. So, let's get started. Today's presentation will be a high-level review of the PEPPER. So, if you're familiar with PEPPER, this will be a nice refresher, but if you're new to PEPPER, you might still have questions at the end of the session, and we do have resources available to help if you do have questions. These resources can be accessed through the PEPPER website in the hospice training and resources section, and our website, of course, is pepper.cbrpepper.org.

Let's start at the very beginning. What is PEPPER? Well, PEPPER is an acronym that stands for, 'Program for evaluating payment patterns electronic report.' A PEPPER is a comparative report that summarizes one facility's Medicare claims data statistics for areas that might be at risk for improper Medicare payments, primarily in terms of whether the claim was coded correctly and billed correctly and whether the treatment provided to the patient was necessary and in accordance with Medicare payment policy. In the PEPPER, these areas that might be at risk are called target areas. The PEPPER summarizes your facility's Medicare claims data statistics for these target areas and compares your statistics with aggregate Medicare data of other hospitals... Hospices, excuse me, in three different comparison groups. These comparison groups are all the hospices in the nation, all hospices that are in your Medicare administrative contractor or MAC jurisdiction, and all hospices that are in your state.

These comparisons are the first step in helping to identify where your claims could be at risk for improper Medicare payments. In the PEPPER world, this means that your billing practices are different from most other providers in the comparison group. I do want to stress that the PEPPER cannot identify improper payments, the PEPPER is a summary of your claims data and can help you identify or alert you if your statistics look unusual as compared to your peers. But improper payments can only be confirmed through a review of the documentation in the medical record along with the claim form.

Taking a look at the history of PEPPER, we can see that the program began back in 2003. TMF Health Quality Institute developed the program originally for short-term acute care hospitals and later for long-term acute care hospitals. In 2010, TMF began distributing PEPPERs to all providers in the nation, and along the way, they developed PEPPERs for other provider types, which you can see on the slide. Each of these PEPPERs is customized in...to the individual provider type with the target areas that are applicable to each setting. And then in 2018, CMS combined the comparative billing report or CBR and the PEPPER programs into one contract, and the RELI Group and its partners, TMF and CGS, now produce CBRs and PEPPERs.

While the CBR program produces reports that summarize Medicare Part B claims data, the PEPPERs summarize Medicare Part A claims data. These reports are produced for providers across the spectrum that help educate and alert providers to areas that are prone to improper Medicare payments. So why does CMS feel that these reports are valuable and support their agency goals? Well, CMS is mandated by law to protect the Medicare trust fund from fraud, waste and abuse, and they employ several strategies to meet this goal, such as data analysis activities, provider education, and early detection through medical review, which might be conducted by the Medicare administrative contractor, a recovery auditor or another federal contractor.

The provision of PEPPERs to providers supports these strategies. The PEPPER is considered an educational tool that can help providers identify where they could be at a higher risk for improper payments, and then the providers can proactively monitor and take preventative measures if necessary. I should also mention that the Office of Inspector General or OIG requires that providers have a compliance program in place to help protect their operations from fraud and abuse. And an important piece of a compliance program is conducting regular audits to ensure that charges for Medicare services are correctly documented and billed, and that those services are reasonable and necessary. And the PEPPER supports that auditing and monitoring component of a compliance program.

Now that we have a sense of the history of the PEPPER program and why it was created, let's talk specifically about the newest release of PEPPER Q4FY22. Again, the PEPPER only summarizes Medicare fee for service Part A claims data and does not include any other payer types such as Medicare Advantage Plans.

Every time that a PEPPER is produced and released, the statistics are refreshed through the paid claims database. Therefore, if you're looking at a previous release of the PEPPER and comparing it to this release, you probably are going to see some slight changes in your numerator or denominator, your percentile, those types of things. That could be because there are late claims that are submitted or corrected claims, which would both be reflected in the updated statistics. And any time we do produce a report, the oldest fiscal year rolls off as we add the new one.

Now, let's take a look at the improper payment risks that are pertinent for hospices. Hospices are reimbursed through the Medicare Hospice Benefit, which requires the beneficiary to elect the level of care or the hospice benefit. There is a risk for inappropriate beneficiary enrollment in the Medicare Hospice Benefit, and there's also abuse of the Medicare Hospice Benefit, as well as the four different levels of hospice care. The target areas in the *Hospice PEPPER* were identified, first of all, by a review of the Medicare Hospice Benefit, a review of oversight agency reports and analysis of claims data. And then of course, we worked in coordination with CMS subject matter experts to create the target areas. Over time, we review reports identifying improper payments which might be produced by the OIG or other CMS contractors, and we also conduct national level data analysis.

We do assess the target areas each year with that research that I just mentioned, and as new risks are identified, the target areas are updated accordingly. As the healthcare landscape changes, the target areas will continue to change over time as we continue to evaluate areas that are at risk for improper payments. In the PEPPER, we calculate statistics for these target areas, which are essentially areas, again, that have been identified as at a higher risk for improper Medicare payment, which could be due to coding or billing errors or maybe there were unnecessary services.

In the PEPPER, we calculate or construct these target areas as a calculation as either a rate or a percent. In tar—excuse me— a ratio or percent. In targets reported as a ratio, the numerator and denominator represent different units. In target areas as a percent, the numerator and denominator are the same units. The target areas are constructed as a calculation where the numerator represents a number of

episodes or claims or days that have been identified as potentially at risk, and then the denominator is a larger reference group that lets us... Excuse me, that allows us to calculate a target area percent.

This is a list of the *Hospice PEPPER* target areas. And we'll be taking a look at the sample PEPPER here in just a moment. So, I won't read them to you here, because we'll be seeing them in just a second. But I do want to go through so we can just take a look. These are... This slide and this slide, these first two slides are target areas that have been— that are not new for this year, for this release. But we do have PEPPER target areas that are new to the *Hospice PEPPER* as of this release.

So, let's take a look. Those are the average number of Medicare Part B claims me—for beneficiaries residing at home, and *Average Number of Medicare Part B Claims for Beneficiaries Residing in an Assisted Living Facility, Nursing Facility or a Skilled Nursing Facility*. And the addition of these target areas is an example of the research and work we do to ensure that all the target areas are beneficials—beneficial to facilities that are included in the PEPPER target area list. Let's take a look at the new target area calculations and the suggested interventions for these specific new target areas.

Again, these new target areas are an example of how we are adding relevant target areas and areas of review. Medicare could pay for the same items or services twice if non-hospice items and services are billed to Medicare when they should be covered by hospices. In February of 2022, the OIG published a report titled Medicare payments of 6.6 million billion dollars to hospice—excuse me—non-hospice providers over 10 years for items and services provided to hospice benefit... Beneficiaries suggest the need for increased oversight. Now, that's a very long title, obviously, but that $6.6 billion is just a hint, uh, in the title at the range of this problem and how and why Medicare would be interested in looking at this area for these new target areas in the PEPPER.

In that OIG report, it is noted that CMS confirmed its long-standing position that services unrelated to the terminal illness and related conditions should be exceptional, unusual, and rare, given the comprehensive nature of the services covered under the Medicare Hospice Benefit. All hospice-related services must be provided directly by the hospice or under arrangements with the hospice. We'll take another look, uh, a little bit deeper when we do look at the sample PEPPER. But an outcome indicating an outlier in these target areas could indicate that patients may be receiving services that should have been coordinated by the Hospice Organization.

And to research your data in this target area, a sample of records of beneficiaries, uh, should be reviewed. Some other suggested interventions include ensuring that the hospice put processes into place to coordinate with providers that previously provided services to the beneficiary to ensure that they do not bill Medicare for additional services that are related to the beneficiaries' terminal illness and related conditions when the beneficiary has enrolled in hospice. It is recommended that the hospice compare the rate of claims for beneficiaries residing in different settings in order to identify the patient population with the highest rate, so that that area may be prioritized for possible intervention.

That's a little bit of an introductory or, uh, a lot of introductory information into these two new target areas, and we'll take a look at them on the sample PEPPER here as I said. This slide is, shows the calculations for two target areas, live discharge is no longer terminally ill and *No General Inpatient Care or Continuous Home Care*. This information illustrates how just these two target areas are calculated. For the *Live Discharges No Longer Terminally Ill* target area, we have a numerator of the count of beneficiary episodes where the beneficiary was discharged alive, expired in a medical facility or expired place unknown.

We are excluding beneficiary transfers, revocation instances where the beneficiary was discharged for cause or beneficiaries who moved out of the service area, those episodes make up the numerator for this target area. Then in the denominator, we're looking at all of the beneficiary episodes discharged by

death or alive during the report period. When we calculate the target area percent for these target areas, we divide the numerator by the denominator, and then we multiply by a 100, that gives us the result for this target area for the provider. Looking at the node... general inpatient care or continuous home care target area, in the numerator, we're looking at the count of beneficiary episodes that had no amount of general inpatient care or continuous home care. And then the denominator is the count of all beneficiary episodes discharged by death or alive by the hospice during the report period.

So, this is just two examples of how we calculate, uh, two of the many target areas that are included on the *Hospice PEPPER*, and there is some good information and great resources on the sample PEPPER that can help us as well when we're reviewing our PEPPER. When we do look at our PEPPER and, in your PEPPER, everyone's PEPPER, we are going to see percentiles listed. And the percentile is different from a percent, so let's take a look at this slide because I think it can help us to understand how the percentiles are listed in the PEPPER how those are calculated. The ladder image is a great representation of how we do that. So next to the ladder is a list of the target area, percents sorted from highest to lowest. The first step our team takes when we calculate a percentile is to take all of the target area percents for a target area and a time period. So that would be all of the hospices percents, all of their outcomes for one of the target areas and for one of the time periods. We sort those target area percents, we sort those outcomes from highest to lowest, and that's what the ladder represents. You can see the percents listed from highest to lowest down the ladder.

Next, we look at the list and we identify the point below which 80% of those percent values fall. That point is the 80th percentile. So, if you drew a line across the ladder, you can see it is marked next to ladder the 80th percentile, any facility that had a target area percent that is at or above that National 80th percentile line will be identified in the PEPPER as a high outlier. A high outlier is identified in the PEPPER target area tab data by red bold font, we'll see that in here in just a second. And a high outlier outcome could potentially mean over-coding, or it could just mean that your statistics look different for another justifiable reason.

So, with all that in mind, let's go and take a look at our sample PEPPER. And this sample PEPPER is available to you under the hospice training and resources page on our home page pepper.cbrpepper.org, and we'll go through this sample PEPPER, so you can know what to expect when you download and look at your PEPPER.

It is obviously released in an Excel format, and we have these different tabs here at the bottom of the file, and we're going to go through each of those tabs, but let's start with the purpose tab. This is a great introductory tab, it gives us the information about, the PEPPER. What data is listed; we have the three federal fiscal years through Q4FY2022, it identifies our provider number, it identifies our jurisdiction. So again, this is a great introductory information just about what the PEPPER is going to be showing us. It gives you a little bit of a brief information about PEPPER, but we basically just went through this with our slides, and then again, you can check your jurisdiction.

The definitions tab is next, and this is I referenced, a great resource that we're going to have on our sample PEPPER, and this is the resource that I was talking about. The target areas are listed on the definitions tab, and then the target area definition is listed as well, it's spelled out as well. All of this information is included in the user's guide, but I find this tab to be very helpful when I'm looking at the target area tabs so that I can see what the numbers represent. We're going to see a lot of numerator or denominator listed, those terms listed when we get to the target area tabs. But we want to make sure that we have that information handy, so that definitions tab is what the definitions tab is there for it.

If you get confused when you're reading through the data or you just need a bit of a refresher, you can come and look and all of the numerator and denominator are listed here, so you can get a better idea of

the number—What the number that you're looking at? What that represents. So, moving on to the Compare tab, the—this is a another—I think of it as kind of an introductory tab, it has a lot of great information as you can see, and we'll see some of this information later on in the target area tabs. But this, particular tab lists all of our target areas. So, let's look at *Live Discharges No Longer Terminally Ill*, this first target area that's listed. The 164 number here, the number of target discharges, that is our numerator. So, we've talked about the calculation for our percents, our outcomes, and numerators and denominators, that 164 is the numerator for us. Our percent, our outcome, our slot in that list along the ladder is 3.9 for this target area. Now, we talked about the 80th percentile being marked with red bold font, we can see a little bit of that down here. But going back up to the *Live Discharges No Longer Terminally Ill*, we have national jurisdiction and state percentiles listed here.

Now, this means that for each of these target areas, but for this one specifically, 15.5% is our hospice national percentile. That means that 15.5% of hospices in the nation for this column have a lower outcome for us—or lower outcome than us. Excuse me. So, if you think of the 80th percentile line being drawn across that ladder, that list next to the ladder. Think of the 15.5 percentile line, that is where we fall. 15.5% of the hospices in the nation have a lower percent than us. And it also gives us information about the jurisdiction percentile and then the state percentile. And we have this information for all of the target areas.

As I said, we are going to see some of this information on the target area tabs, but this is a wonderful tool and a wonderful tab to get a snapshot as to where you stand according to the nation, your jurisdiction and your state. And it says up here, but I will reiterate the greater the percent value that we see here, particularly with the national and the jurisdiction, the greater consideration should be given to that target area. Okay, so we've begun our target area tabs, and this first target area that is listed is *Live Discharges No Longer Terminally Ill*. I'm going to spend some time, more time on this first tab because I am going to use this first target area to go through how all the target area tabs are constructed and how they're set up so that we can become familiar with the formatting of the PEPPER.

For each of the target area tabs at first, you're going to have a table that lists data, you can see that here, for your hospice. So, we start out giving you information about you and your outlier status, your target area percent, all of those good things. And we can see of course, we have for fiscal year 2020, 2021 and 2022. Our outlier status is the next line down, we are not an outlier for this target area, we were not above that 80th percentile. When that line was drawn across the ladder, our target area percent, which for 2022 was 3.9. Our target area percent in that list was underneath that 80th percentile line.

Moving down to the—excuse me, the target area percent, this is our outcome, this is the number that represents us in that list next to the ladder. So, our target area count was 164, we did see that on the Compare tab because we did take a closer look at this target area, but our denominator count for this fiscal year, most recent fiscal year is 4243. So that's how we get to our target area percent. We want to give you your percents, we want to give you your percentiles, we want to give you all that information, but we also want to provide you with how we got there, your target count, your numerator count, your denominator count.

We want you to have all the information that is pertinent and all the information that we used to create the PEPPER, so that you can use all of that information when you are utilizing and applying this PEPPER information to your internal processes.

This target area does list the average length of stay for the target, and that's your numerator. Anytime we see target, we're basically talking about the numerator of a calculation. So, our average length of stay was 364.5. And if we go back to the definitions tab, we are looking at count of beneficiary episodes

who were discharged alive by the hospice. And obviously there's a little bit more detail there and you can take a look. But when we go back, the average length of stay for those beneficiaries was 364.5. And then all of the information and all of the beneficiary episodes that are included in the denominator, that average length of stay was 112.0. Back up into our target, we're talking about our numerator, again, when we're looking at the average payment. For each of these fiscal years, the average payment just for that numerator is listed. And then the sum of payments just for that numerator is listed. This first table, as I said, is completely focused on you and your hospice, your outcomes, your averages and your payments. Now moving down to the second table, we have the comparative data, so we... This is a comparative report, we want to give you the comparative data as well.

Let's look at fiscal year 2022. The National 80th percentile for that fiscal year was 15.3. So again, on that list, that includes us at 3.9 down the ladder, that 80th percentile line was drawn across 15.3. Anybody who fell below 15.3 with their outcome is going to be marked as a high outlier. We did not, obviously. So, we are not marked as a high outlier. And as I said, every target area is going to be set up in this same way. We're going to see our hospice information, first, the comparative data, and then as we move down, we see this handy graph. Now everybody looks at data differently. Everyone looks at numbers differently, I personally like the visual of the graph and we include it because a lot of people look at data that way as well. So, this graph represents all the information that we have in these top two tables. And we can see that we have, uh, three-line graphs, and then we have, these bar plot points as well. These blue bars for each of the fiscal years, that is us, that is our percent outcome.

And what's nice is, if you can or hover over the bar or any of these plot points, it will show you what that piece of data represents. This data represents our hospice value for, uh, fiscal year 2022. Our outcome is 3.87. We round up to get that 3.9. The line graphs that we see are the national, the jurisdiction and the state, 80th percentile. The National 80th percentile is the percentile that we are going to look at to identify high outliers, but of course, it is also important to have this jurisdiction and this state 80th percentile listed for us here. We have our legend down at the bottom, that tells us the National 80th percentile is represented by this solid line with diamonds as the data points. And as I said before, when you hover over those data points, it will show you the information that is listed up here. This is just a great visual representation so that we can take a look as to where we fell according to the nation, the jurisdiction and our state. The jurisdiction is 80th percentile is represented by this dashed line with squares as their data point, and then the state 80th percentile is this dotted line with triangles as the data points.

And we were—from this graph and from the table, we can see that we were far below the national, the national the National 80th percentile, the jurisdiction 80th percentile was a little bit lower than that, and then the state jurisdiction—excuse me, the state 80th percentile, goodness, was much lower than the state, the jurisdiction or the nation. So that gives us all of that information again, in this visual graph that we have listed here.

So, we've given you all this information, we have the graph, we have the tables, we have the 80th percentile, umm, what can we do with this, as a hospice, as we get our PEPPER? Well, we have you covered there as well. We have the suggested interventions listed below the graph, and these are listed for every target area. We want you to be able to use this data when you go back and look at your internal processes and do a review of your records, if that’s what you would like to do. So, we want to make these suggested interventions very obvious to you, and you can see they are listed here. The suggested intervention, if you are a high outlier for this target area, it says that this could indicate that beneficiaries are being enrolled in the hospice—Medicare Hospice Benefit who do not meet the hospice eligibility criteria. And I won't read that out loud to you, but you can see there are some other suggested

interventions there as to how you can take a look and apply this data to those reviews into your processes.

We were not a high outlier in this target area, but really for all the target areas, you want to take a look at your data, even if you weren't a high outlier, because you want to make sure that you are using best practices, no matter where you fall in these tables or on the graph.

Moving on to the *Live Discharges — Revocations*, this is set up exactly in the same way. We are not an outlier, a high outlier for this target area for any of the three fiscal years that are covered in this PEPPER, but we do have all that same information as the last target area. We have our percent outcome, we have our target count and our denominator count, average length of stay, our average payment, and our sum of payments. You can see even going from this first target area, the *Live Discharges No Longer Terminally Ill*, taking a look at the sum of payments just for this fiscal year is at $8.6 million just for this sample PEPPER provider, just for that one target area for that one year. And if we go here, this is the sum of payments for this target area is $3.7 million, it's still a substantial amount.

But I always find it interesting to look at those sum of payments, look at the average payment as you go from target area to target area, because that's a very interesting data and rich data as well. It doesn't apply to outlier status, but it is very, very interesting to take a look and see the money and the averages and the average length of stay as it applies to each of these target areas. Again, just concentrating on fiscal year 2022, our target area percent was 5.5, so that's where we land in that list next to the ladder. We scroll down, we see the same type of graph, not with the same data, of course, that we saw in the live discharge target area. And again, these blue bars are—represent our outcomes, that represents our value. For 5.47 again, we round up to get that 5.5. We are not a high outlier in this target area, and the national data—excuse me.

The National 80th percentile is rather far above our outcomes, especially in this third year, fiscal year 2022. But if we take a look down at the state percentile, 80th percentile, we were equal to that in 2020. And that's why this plot point is right up against our bar chart plot point to represent that 6.4 outlier and that 6.4 outcome and that 6.4%, 80th percentile.

And again, I mentioned, you know we, look at the 80th—the National 80th percentile for high outlier status but looking at the jurisdiction and looking at the state, we're very close to that state 80th percentile. We give you all of this information and we give you the outcomes in the 80th percentiles and the information for those three groups, because they are all very important groups and they all should be looked at and reviewed separately, to see where you might be following up with your peers.

The live discharges with lengths of stay 61 to 179 days. Again, we were not an outlier for this target area in any of those three years. We do have our hospice information, our comparative data, and then the suggested interventions.

As I said for me, it's easier to look at the graph, but if you look at the table or the graph, either one, we can see that the National 80th percentile held basically steady over those three years, same with the jurisdiction and the state. If we go back to this live discharge from revocations, the 80th percentile went up over those three years. For the live discharge, umm, length of stay, 61 to 179 days, it did not, it stayed steady. So again, this is just another area and point of data that we are looking at when we see all this data from tab to tab.

Now, I do want to mention, this note that has appeared, and I apologize that I didn't mention it when we were looking at our first target area, but you can see under this first table, no data. If you have no data listed, that means that the target area or the denominator count is less than 11 and those are is just a threshold that is set so that we can concentrate on the most beneficial data, on giving you the

most beneficial data. So, if your target area or your denominator—your numerator or your denominator for any of the target areas is less than 11, you're going to see no data listed there. So, don't panic, there's nothing wrong, it just means that your numbers were a little bit low for that target area. And I think we actually are going to come up on with an example for that very soon. Let's look quickly at the *Long Length of Stay* target area. Again, we have all of our data laid out in the same way. Something caught my eye for this one, I don't know if it caught your eye as well, but look at the sum of payments for this numerator for this—just this one fiscal year for this sample hospice provider, $50 million.

So, we are talking about large amounts of money. We are talking about very, very high utilization. So, all of this lets us know how important we need to take this data and why Medicare is looking at each of these target areas, the 80th percentile for the nation, the jurisdiction, and the state is listed here in the table, of course. And then down in the graph, again, the sample provider is really hovering very close to that state 80th percentile, I've noticed as we click through these each of these target areas. And of course, we do have the suggested interventions for what you should do if you are above the 80th percentile. So, I thought, so.

I knew we were coming up on one of the target areas that had no data listed. And here it is the *Continuous Home Care Provided in an Assisted Living Facility*. This is what it's going to look like if your numerator or your denominator for a target area is less than 11. And it is marked on all of the target areas. But again, please don't panic if you see no data. That just means what's noted there, less than 11 for the numerator or denominator.

This next target area, *Routine Home Care Provided in an Assisted Living Facility*. This is a little bit different as we can see from the tables and the data that we saw at the target areas that we have been looking at. Those target areas that we have just looked at are based on episodes. The data for the average length of stay, the average payments, the sum of payments was listed for those target areas that were based on episodes. And, of course, if you—As long as you have more than 11, 11 or higher in the numerator, or the denominator. But the *Routine Home Care Provided in an Assisted Living Facility* in a SNF claims with a single diagnosis and *Long General Inpatient Care Stays*, those target areas are not based on episodes. So, the data for average length of stay, average payment, sum of payments is not calculated. So that's another heads up if you see not calculated, that is on all PEPPERs. So, it's not just you and that does not indicate that there is a problem. It just indicates that there is—that we are looking at a target area that does not look—is not based on episodes. So those are not calculated.

I just wanted to mention that so that when we're looking at this, uh, new, umm, visual for the data that we aren't caught off guard, but the data and the target area is laid out in the same way we have our outlier status, or not a high outlier. Our target area percent target count, target count for this target area for this sample hospice, a 91,000. So, again, if we get confused, if we forget, we can always go back to our definitions tab and see that that indicates the count of, umm, days provided on claims ending in the report period that indicate the beneficiaries resided in a skilled nursing facility. I went a little bit too far. I was looking at assisted living, but you get the point. If you want to go back and look at what is included in these numerator and denominator numbers, that information is always there for you on the definitions tab. We have the 80th percentile jurisdiction and state, and then we have the suggested interventions.

So, this is routine healthcare in an assisted living. This next tab is for a nursing facility and then this skilled nursing facility. This is a great tab to look at, to look at and see what it looks like when a hospice has no data. And, for one of the target areas that is not based on episodes. So, we have not calculated because they did have data for this first fiscal year, but this 2021 and 2022 have no data. So, those target area, the numerator or denominator fell below 11.

The *No General Inpatient Care or Continuous Home Care*. The *Long General Inpatient Care Stays*, this sample hospice had no data for this, uh, target area, *Average Number of Part D Claims Residing at Home*. And then we have assisted living nursing facility, uh, for those Part D as well. And let's just take a quick look at, umm, the assisted living facility, umm, or the nursing facility. Umm, but let's take... Yeah, let's take a look at assisted living facility. We are a high outlier in this target area. So, this is a great representation of what you're going to see if you are looking at, umm, a high outlier status. Let's stick with 2022. Our fiscal year 2022, we have a target area rate of 15.68. If we jump down and look at the National 80th percentile, it was... That line was drawn across 15.58.

And that means that when we go down to our graph, our plot points for that National 80th percentile are going to be within our blue bar because it is lower than our outcome. And of course, we're going to be looking, uh, a little bit more closely at the suggested interventions for those, this target area and the, uh, nursing facility target area because these are... Uh, those two are target areas that... Umm, in which we are high outliers. We see the same thing here in the graph with our National 80th percentile below our outcome.

Okay, so the... This is the new target areas we have come upon them. The *Average Number of Part B Claims for Beneficiaries Residing at Home*. Again, these are no... These are new. I know that there have been a lot of inquiries about these new target areas. They are constructed, presented just like the other target areas to give data and education so that you know where to start looking, you know where to start investigating moving forward. Umm, again, even if we're not outliers, we do want to have, umm, best practices. The expectation for, umm, you know, all of these, uh, target areas is... Is not zero, right?

But, umm, we do need to be part of the whole process and we learned about that in our slides. We want to make sure that we are part of the process of the coordinating care for the hospice patients so that we can all play our part in protecting the trust fund. So that is why, as we said before, we're constantly looking at the target areas. We're constantly looking at what might be beneficial information to let hospices know. And we created these, umm, these next target areas, the Part B claims, uh, for, uh, beneficiaries residing at home. And then this next, uh, Part B claims for assisted living, nursing facility, skilled nursing, those are all included in this next target area. And as I said before, this information is listed exactly as all the other target areas. We have our information and our outlier status, and then the target... Uh, the comparative data as well.

And once again, our sample, umm, hospice is, umm, hovering very close to that state 80th percentile. We were not an outlier in these two new target areas. Umm, so that... That's good news, but we want to make sure that we are keeping track of all of this. We want to make sure that we are moving forward and, umm... And we are not a high outlier status. So of course, we're going to go down here and we're going to take a look at the suggested interventions. Umm, even though we weren't above that 80th percentile, we want to make sure that we stay that way, and we want to make sure that we take the necessary steps.

Okay. Umm, after the target area tabs, we have the hospice top terminal CCS diagnosis categories for the most recent fiscal year. So, these next four tabs are only going to be concentrating on fiscal year 2022, that's our most recent fiscal year for this report. And we have the top terminal CCS diagnosis categories where there are at least 11, uh, for this most recent fiscal year. 11 is that magic number.

We can see for us we have listed cancer, circulatory, or heart disease. I won't read all those off to you, but in our next tab we have the same information for the jurisdiction. We can use these two tabs, we can use our tab and compare it to what we're seeing with the hospice top terminal, uh, diagnoses. Cancer is listed as number one for both of us. Umm, we had a hundred and... Or excuse me, 1030 over the jurisdiction over up over 155,000. But the proportion for that category to the total, we're looking at

28.0 for us, 25.9 for the jurisdiction. Again, these are two tabs that are giving us similar information for us and then the jurisdiction, and we can use those as, umm, comparative information, uh, with our... Looking at our CCS categories.

And then we have hospice live discharges by type. Umm, again, we are very focused in on those live discharges and we're able to see very easily for us, what... Uh, what was that type of live discharge? Were they transferred? Were they discharged for cause? Was it revocation? Umm, and we have our total episodes. We have our proportion of live discharge episodes, and then the... The average length of stay as well. This is all very rich data and very, umm... Uh, very valuable to look at. And we also have on this next tab over very similarly to the top terminal diagnoses we have, umm, for the jurisdiction, the top disch... Live discharge by type. Again, we can compare what was first for us revocation, what was first here, no longer terminally ill. So again, that's just some extra, umm, comparative data for you.

Alright, this is a graph representing the jurisdiction groups. Umm, it... We do have, uh, three comparison groups as we saw nation jurisdiction and state. Sometimes the MAC jurisdiction is a little bit confusing to people. So, we have this map, umm, so you can see where those MAC jurisdictions are laid out. So how does PEPPER apply to providers? Well, as we saw, they can help a facility to identify areas where they may be outliers. And if that outlier status is something that should prompt an internal review within the target areas. We often get the question; do I have to use my PEPPER, or do I need to take any action? Umm, the answer to those questions is, uh, no, you're not required to use your PEPPER, though it is helpful information, and we would encourage you to at least download it and take a look, but you're not required to take any action. Uh, but however, it's important to remember that other federal contractors are also looking through the Medicare claims database. They might be looking for providers that could benefit from some focused infor... Uh, focused education.

So, for your perspective, it's great to have this information so that you can decide, uh, beforehand. Umm, early if something is something that you need to be concerned about or if you need to take a closer look. The dis... PEPPERs are distributed in electronic format, as we saw in an electronic Microsoft workbook. They are available for two years from the original release date. We cannot send PEPPER through email. Uh, it is sensitive data, so we have to be judicial in the way we distribute that. Umm, with this in mind though, we do have a portal online that you can use to access your PEPPER. We encourage you to go to the portal, download your PEPPER so that you can have it in your files for your use. You will need some information to access your PEPPER. You'll be asked for your six-digit CMS certification number, uh, which is also referred to as the provider number or the provider transaction access number or the PTAN. Umm, it's not a tax AD and it's not an NPI.

Uh, for hospice, uh, the third digit of this number will be a 1. For the validation code. On the portal access page, you will enter a patient control number. Umm, I'm not going to read through this in the interest of time, but uh, you can enter... You can enter a patient control number or a medical record number for a traditional Medicare Part A fee for service within this timeframe. Also, the contact that is listed for the hospice in the PECOS system provider enrolled, chain and ownership system, they are sent an email with the validation code, umm, and they can share that validation code as they deem necessary and appropriate. Umm, the validation codes are updated for every release, so don't try and use a validation code that you received for a previous PEPPER. It, it won't work. You'll need to get this year's validation code.

If you get a PEPPER and you see a lot of red indicating it as a high outlier, don't panic. Uh, remember that just because you're an outlier, it doesn't mean that any compliance issues exist. Doesn't mean that you're doing anything wrong. But again, we encourage you to think about why that outlier status might be. Uh, do the statistics in your PEPPER reflect what you would expect to see? If doesn't... If something doesn't feel quite... Quite right, please coordinate with others within your hospice. Share that PEP... Uh,

PEPPER information and pull some records along with claims and just evaluate, make sure that you're following best practices.

We have a number of resources that are available publicly on our website, pepper.cbrpepper.org. One of those resources' aggregate information for the target areas, both at a national and a state level. And then there is aggregate information regarding the target areas in the top terminal diagnosis and the live discharges by type. And we do update that information each time we have a PEPPER release. Uh, we also have peer group bar charts, which are, umm, updated on an annual basis. Umm, sometime ago we did have provider ask... Providers ask us to make this type of information available. Umm, so we do look at the size, the location, and the ownership type. And those peer group bar charts are available on the data section, on the PEPPER resources page. We do update those bar charts, umm, annually... Excuse me, peer group bar charts annually. Umm, if you do not agree with the, uh, representation of your hospice ownership type or location, you'll need to update that information through CMS. We utilize the CMS provider of services file and that's maintained by the CMS regional offices. So, you'll need to contact them for that update.

Can find a number of other resources on the PEPPER website. We have the user's guide, the jurisdiction spreadsheet. We have trained... Uh, training sessions that are recorded. You can find that *Hospice PEPPER* that we just looked at, umm, the history of the target area changes and impact. Umm, we have other MLN and, uh, government service, job aid, service code... Site of service codes, and we have some success stories that are really great to read through. As always, if you need assistance with PEPPER and you do not find the answer you need in the user's guide, please visit c... Uh, pepper.cbrpepper.org and submit a Help Desk ticket. We are happy to assist you. Please do not contact any other organizations for assistance with PEPPER. We are contracted with CMS to support providers with obtaining and using your PEPPER.

If you have questions, contact us. We're the official source and, uh, we don't want you to pay any consultants. Please don't pay a consultant to help you with PEPPER. We provide support to you at no cost. So, uh, also not all consultants provide accurate information, unfortunately. On PEPPER. This is a shot of our home screen and I'm actually going to just go there very, very quickly and share some new information that we have. If you go to the PEPPER homepage and click on the data tab for hospices, you'll have this list of information that's listed here. And we actually have just posted the Medicare Part B spending, uh, during hospice. So, we have, umm, these lists, uh, included here in the data section of the PEPPER page. And we're very excited to be able to share that information with you, especially now that we have those new target areas discussing Medicare Part B expenditures. I want to thank you again for joining us.