



Oklahoma Home Health Agency Tackles Length of Stay

PEPPER identifies concerns, agency focuses on opportunities

Aspire Home Care and Hospice, a company comprised of three home health agencies (HHAs) and three hospices based in Oklahoma City, considers PEPPER a vital tool for identifying risk areas and benchmarking with their peers. Since they are not a large corporation, they do not have the internal resources to calculate the types of statistics provided by PEPPER.

The Program for Evaluating Payment Patterns Electronic Report (PEPPER) is an annual comparative data report that summarizes a HHA's Medicare claims data statistics for areas prone to abuse/improper Medicare payments. PEPPER is also available annually for hospices.

Kristin Glover, RN, COS-C, WCC is the vice president of compliance at Aspire and oversees compliance and ethics, the quality assurance/performance improvement (QAPI) function, as well as accreditation, external audits and 5-star ratings. She has been using PEPPER for the past seven years.

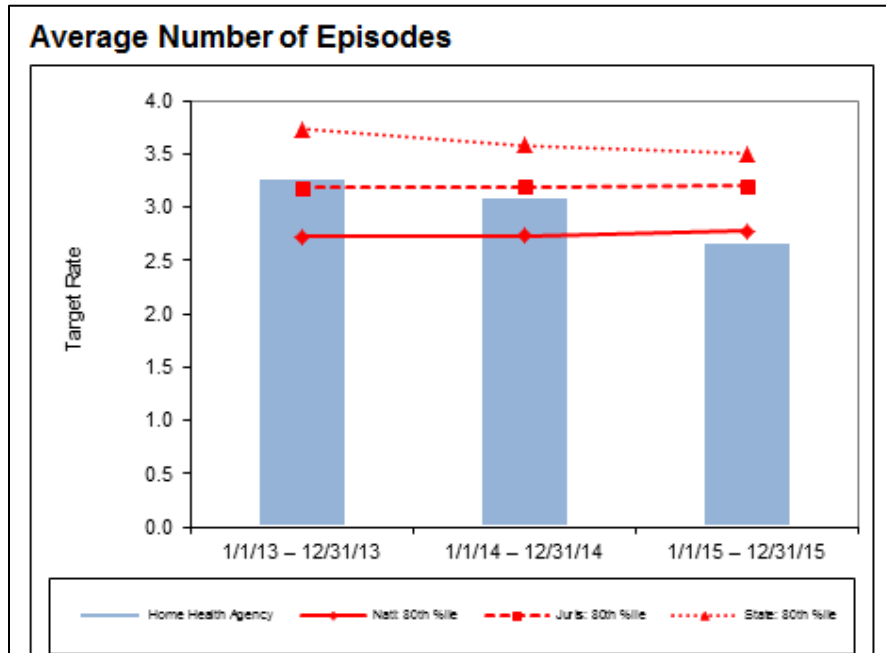
"We've incorporated PEPPER into QAPI; we use it as part of our annual assessment," Ms. Glover said. "It tells us so much about our billing and risk areas. We also evaluate changes in our statistics over time, with a special focus on any areas in which we may be outliers. Our organization is healthier as a result of our continued focus on quality of care and compliance."

She said that PEPPER helped them identify that their HHA "average number of episodes" was high, which is an indication of long lengths of stay.

Ms. Glover described how Aspire tackled the issue of high episodes: "Initially, we identified the patients who had the greatest length of stay and reviewed those records. We asked ourselves, 'What was their diagnosis? Was medical necessity there?' And we progressed in this manner down the continuum of length of stay (LOS). Now we look at all patients on a continuous basis. It's part of our process."

In regard to the long LOS, she described the process as: "We started out with education on Medicare requirements and regulations. We recognized that we had staff turnover, and we needed to continuously educate our staff. Then we moved to conducting daily conversations on patients. We have weekly case conferences, and we developed a case conference template form, which uses terms that Medicare uses, such as the acute illness/injury that occurred, continued need for skilled nursing or therapy services. We improved our communication at all levels, starting with the front-line nursing staff, carrying over to the physicians, the local director of the branch and all the way up to the vice president

of operations. Along the way, we continue auditing/monitoring on a weekly basis. As a result, we've seen our LOS decrease over time, as our PEPPER 'average number of episodes' shows." (see graph, below)



The Aspire team has also put their electronic medical record (EMR) system to use.

"We identified a spike in one of our HHA PEPPERS for the 'Episodes with 5 or 6 visits' target area," Ms. Glover said. "Our EMR allowed us to compare HHA branches that billed to that provider number. We could identify the branch that looked different from the others, so we could focus our efforts on that particular branch. Our EMR allowed us to easily pull reports to help us identify practices that contributed to this risk area."

What advice does Ms. Glover offer to someone just starting to review PEPPER? – "Don't rush to the numbers in the report. Resist knee-jerk reactions. Take the time to review the PEPPER user's guide, which includes step-by-step information on how the statistics are calculated, explains what the target area numerators and denominators represent, and where the data come from. It's important to understand what you are looking at, so you can look at the trends in the statistics and think about how the statistics work out for you.

"Having benchmarks is priceless to maintaining good solid business practices related to mitigating risk areas."

For more on PEPPER, visit PEPPERresources.org.

To contact Ms. Glover: Phone: 855-527-7473. Email: Kristin.glover@aspirehc.com. Learn more about Aspire Home Care and Hospice at aspirehc.com.