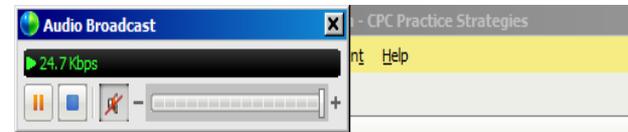


Thank you for joining us!

- We will start at 3 p.m. ET.
 - You will hear silence until the session begins.
 - Handout: Available at PEPPER.CBRPEPPER.org in the CAH “Training and Resources” section.
 - A recording of today’s session 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 1-240-454-0887, passcode: 735 626 830 (limited to 500 callers).





Q4FY18 Critical Access Hospital (CAH) PEPPER Review

May 15, 2019

Kimberly Hrehor



About Today's Presentation



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



Submit questions using the Q&A panel.



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

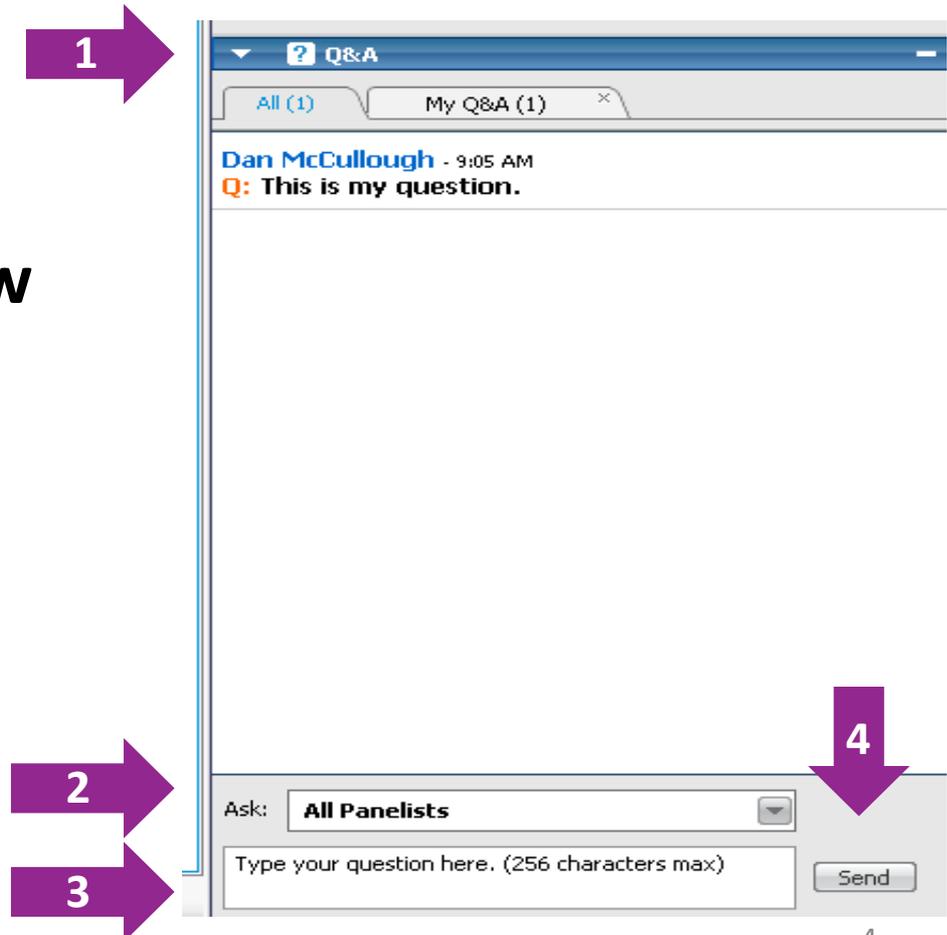


A “Q&A” document will be developed and posted at PEPPER.CBRPEPPER.org in the CAH “Training and Resources” section.

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.



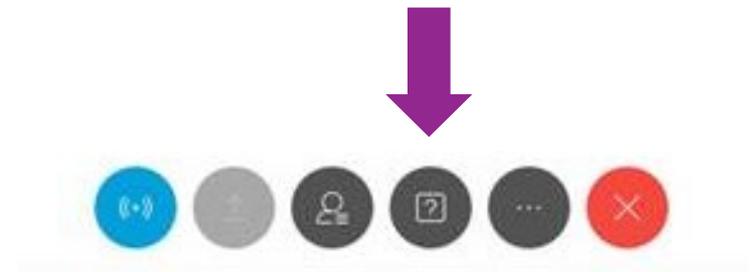
The screenshot shows a web browser window titled "Q&A". The window has two tabs: "All (1)" and "My Q&A (1)". The main content area displays a question from "Dan McCullough" at 9:05 AM: "Q: This is my question." Below the question is a text input field with the placeholder "Type your question here. (256 characters max)" and a "Send" button. The "Ask:" dropdown menu is set to "All Panelists".

Numbered arrows indicate the steps:

- Arrow 1 points to the "Q&A" window title bar.
- Arrow 2 points to the "Ask:" dropdown menu.
- Arrow 3 points to the text input field.
- Arrow 4 points to the "Send" button.

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 window to see full screen again.



Agenda

- Review the Q4FY18 CAH PEPPER.
 - No revisions to the target areas
- Review other resources.
 - National- and state-level data
 - Peer group bar charts

PEPPER Details

To learn more about PEPPER

Review percents and percentiles.

Review a demonstration PEPPER.

Access the updated recorded training sessions available in the CAH “Training and Resources” section of PEPPER.CBRPEPPER.org.

What is PEPPER?

Program for Evaluating Payment Patterns Electronic Report (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, MAC jurisdiction, and the state.



PEPPER cannot identify improper Medicare payments!

History of PEPPER

2003

- TMF developed for short-term acute care and later long-term acute care hospitals; it was provided by Quality Improvement Organizations (QIOs) through 2008.

2010

- TMF began distributing PEPPERS to all providers in the nation, and it developed PEPPERS for other provider types: CAH, IPF, IRF (2011), Hospice, PHP (2012), SNF (2013), HHA (2015).

2018

- 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 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.

Q4FY18 CAH PEPPER Release

Available April 5, 2019

Summarizes statistics for three federal fiscal years:

- 2016
- 2017
- 2018

Statistics for all time periods are refreshed with each release.

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

CAH Improper Payment Risks

- CAHs are reimbursed based on cost rather than diagnosis-related group (DRG).
- CAHs treat many of the same types of patients that short-term care hospitals (STCHs) do.
- CAH can be at risk for unnecessary admissions.
- Coding errors do not impact CAH reimbursement; however, correct coding is important.
- Most of the CAH PEPPER target areas are the same as those for STCHs.

PEPPER Target Areas

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

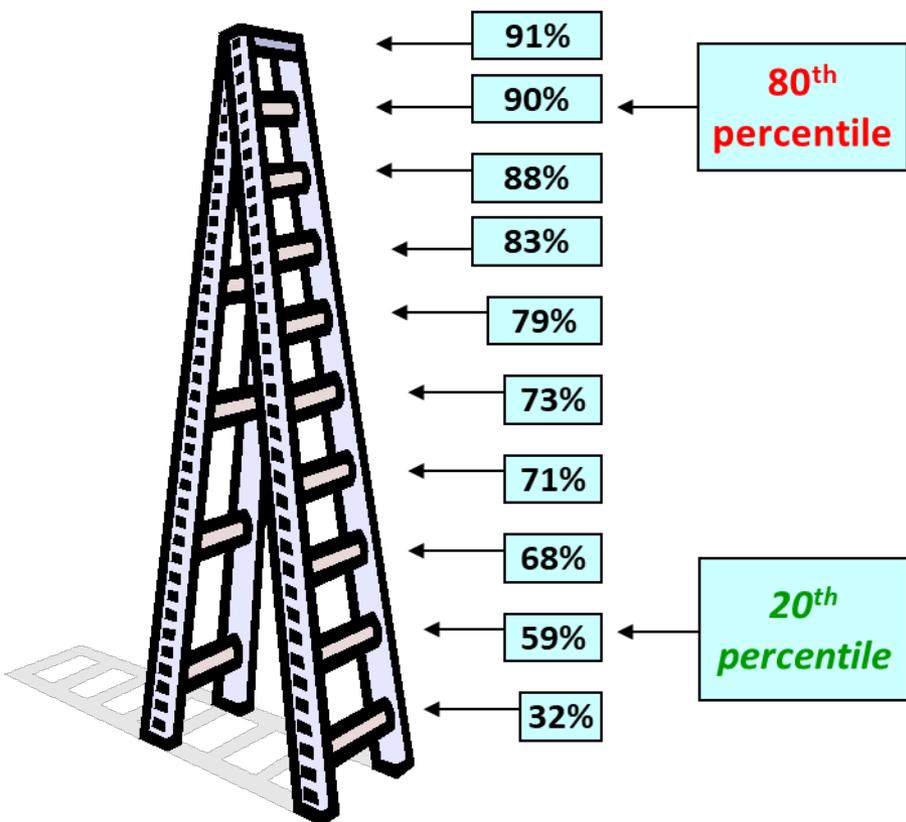
CAH PEPPER Target Areas

- Stroke intracranial hemorrhage
- Respiratory infections
- Simple pneumonia
- Septicemia
- Medical DRGs with CC or MCC
- Surgical DRGs with CC or MCC
- Single CC or MCC
- Chronic obstructive pulmonary disease
- 3-day SNF-qualifying admissions
- Swing-bed transfers
- 30-day readmissions to same hospital or elsewhere
- 30-day readmissions to same hospital
- 2DS medical DRGs
- 2DS surgical DRGs
- 1DS medical DRGs
- 1DS surgical DRGs

Example Target Area Definition

Target Area	Target Area Definition
Septicemia <i>*revised</i> Q4FY17	<i>Numerator (N):</i> count of discharges for DRGs 870, 871, 872 <i>Denominator (D):</i> count of discharges for DRGs 193, 194, 195, 207, 208, 689, 690, 870, 871, 872

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 undercoding only).

How does PEPPER apply to providers?



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



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



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

Obtaining Your PEPPER

- PEPPER is distributed annually in electronic format.
- Now available via the PEPPER Portal:
 - Visit PEPPER.CBRPEPPER.org
 - Click on the “PEPPER Distribution – Get Your PEPPER” link
 - Review instructions and access portal
- Each release of PEPPER will be available for approximately two years from the original date of release.
- PEPPER cannot be sent via email.

Required Information to Access PEPPER via the PEPPER Portal

- Six-digit CMS Certification Number (also referred to as the provider number or PTAN).
 - Not the same as the tax ID or NPI number
- Validation code
 - Sent to the CAH's QualityNet Administrator via email

Strategies to Consider

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

Aggregate Data

- National-level and state-level data is available at PEPPER.CBRPEPPER.org on the “Data” page.
 - Target areas
 - Top DRGs
- Updated annually following each report release.

Peer Groups

- Allows comparison of PEPPER statistics to “peers.”
- For each of the target areas, identifies the 20th, 50th, and 80th national percentile for CAHs in three categories:
 - Size (number of discharges)
 - Location (urban vs. rural)
 - Ownership type (profit/physician owned vs. nonprofit/church vs. government)

Peer Group Bar Charts

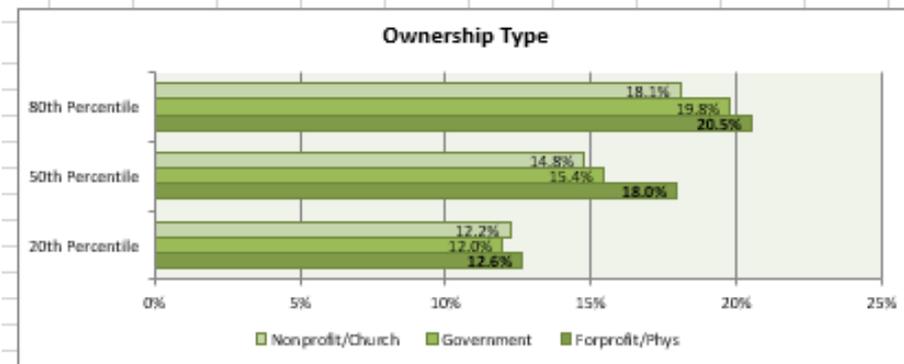
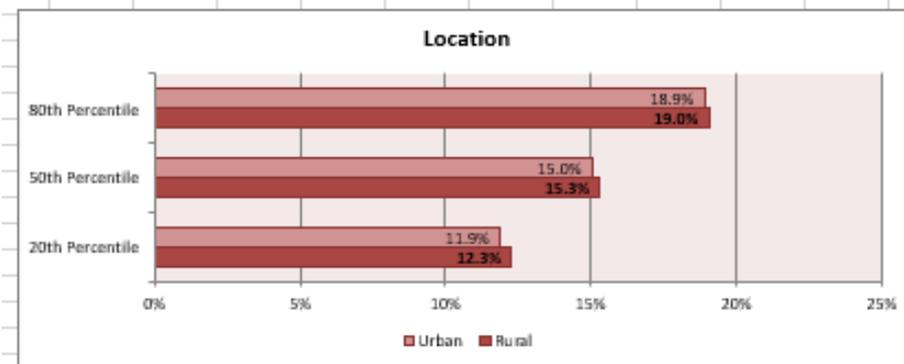
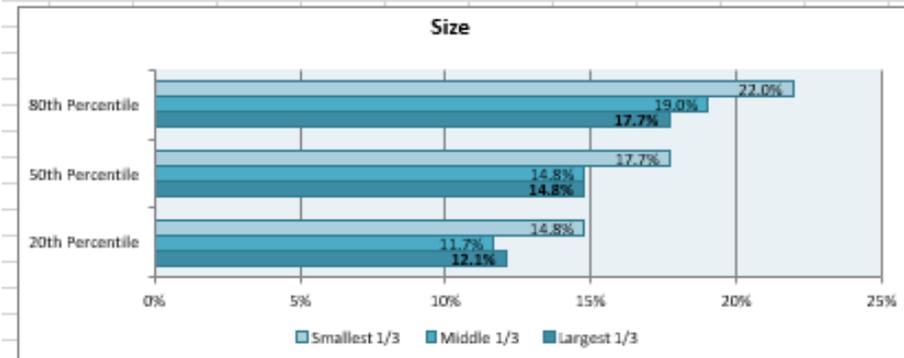
- Will be updated annually.
- Refer to “Methodology” and “CAHs by Peer Group” files for additional details.
- Disagree with your ownership type or location?
 - Contact your CMS Regional Office Coordinator with any updates/corrections: <https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html>

Example: “Readmissions Same/Elsewhere”

Percentiles by Peer Group – Critical Access Hospitals – Q4FY18

Based on discharges between 10/01/2017 to 09/30/2018

Target Area: 30-day Readmissions to Same Hospital or Elsewhere



PEPPER.CBRPEPPER.org

“Training and Resources” Page

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

For Assistance with PEPPER



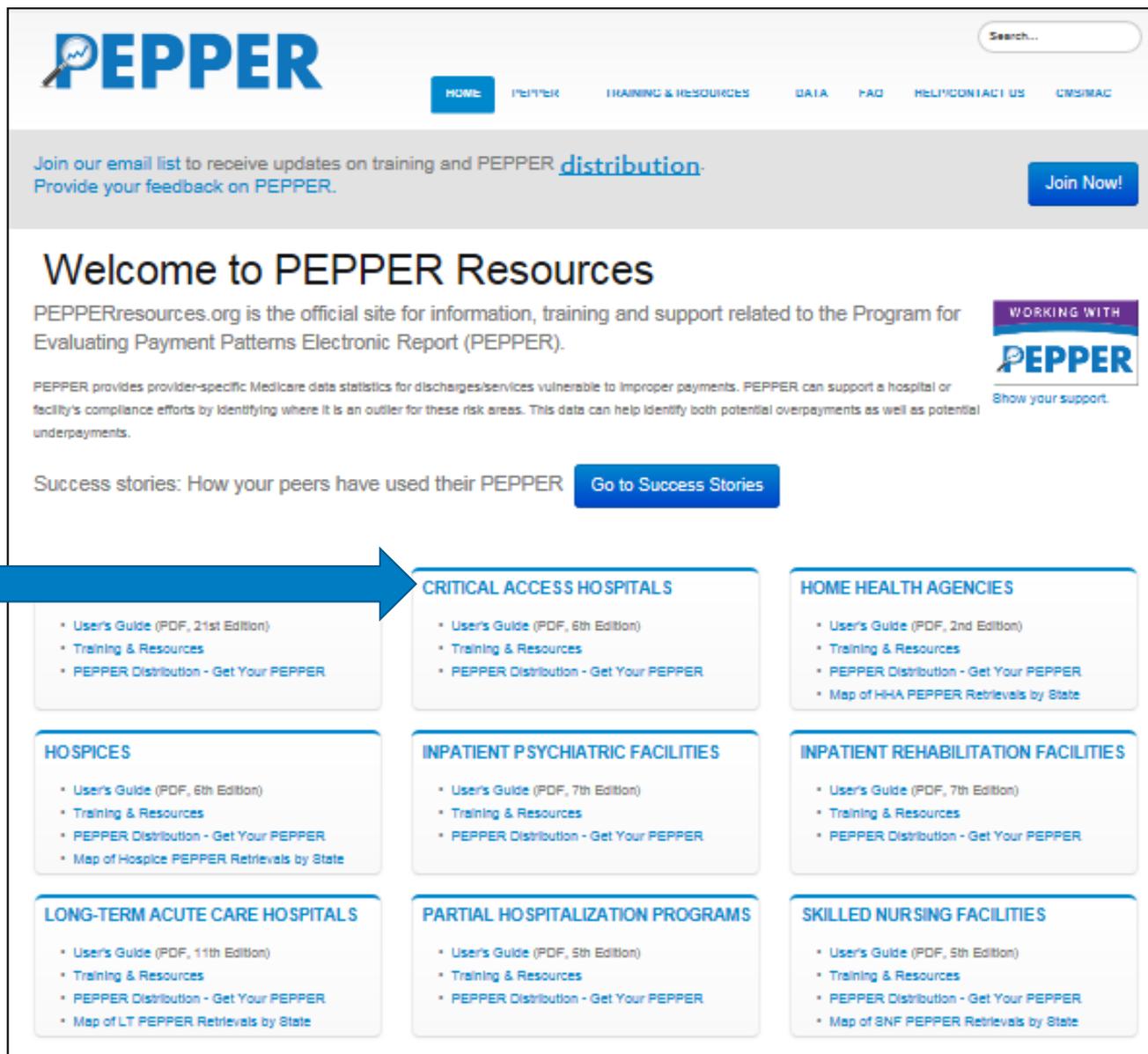
If you have questions or need individual assistance, click on “Help/Contact Us,” and submit your request through the Help Desk.



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.



The screenshot shows the PEPPER Resources website. At the top left is the PEPPER logo. To its right is a search bar. Below the logo is a navigation menu with links for HOME, PEPPER, TRAINING & RESOURCES, DATA, FAQ, HELP/CONTACT US, and CMS/AC. A banner below the navigation asks users to join an email list for updates on training and PEPPER distribution, with a 'Join Now!' button. The main heading is 'Welcome to PEPPER Resources'. Below this is a paragraph explaining that PEPPERresources.org is the official site for information, training, and support related to the Program for Evaluating Payment Patterns Electronic Report (PEPPER). To the right of this paragraph is a 'WORKING WITH PEPPER' logo and the text 'Show your support.'. Below the paragraph is a section for 'Success stories: How your peers have used their PEPPER' with a 'Go to Success Stories' button. A large blue arrow points from the left towards the 'CRITICAL ACCESS HOSPITALS' category. Below this are nine category boxes, each containing a list of resources: User's Guide (PDF), Training & Resources, and PEPPER Distribution - Get Your PEPPER. Some categories also include a map of retrievals by state.

PEPPER

Search...

[HOME](#) [PEPPER](#) [TRAINING & RESOURCES](#) [DATA](#) [FAQ](#) [HELP/CONTACT US](#) [CMS/AC](#)

Join our email list to receive updates on training and PEPPER [distribution](#).
Provide your feedback on PEPPER. [Join Now!](#)

Welcome to PEPPER Resources

PEPPERresources.org is the official site for information, training and support related to the Program for Evaluating Payment Patterns Electronic Report (PEPPER).

PEPPER provides provider-specific Medicare data statistics for discharges/services vulnerable to improper payments. PEPPER can support a hospital or facility's compliance efforts by identifying where it is an outlier for these risk areas. This data can help identify both potential overpayments as well as potential underpayments.

Success stories: How your peers have used their PEPPER [Go to Success Stories](#)

CRITICAL ACCESS HOSPITALS

- User's Guide (PDF, 21st Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER

HOME HEALTH AGENCIES

- User's Guide (PDF, 2nd Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of HHA PEPPER Retrievals by State

HOSPICES

- User's Guide (PDF, 6th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of Hospice PEPPER Retrievals by State

INPATIENT PSYCHIATRIC FACILITIES

- User's Guide (PDF, 7th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER

INPATIENT REHABILITATION FACILITIES

- User's Guide (PDF, 7th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER

LONG-TERM ACUTE CARE HOSPITALS

- User's Guide (PDF, 11th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of LT PEPPER Retrievals by State

PARTIAL HOSPITALIZATION PROGRAMS

- User's Guide (PDF, 5th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER

SKILLED NURSING FACILITIES

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

Questions?

- “Help Desk” at PEPPER.CBRPEPPER.org