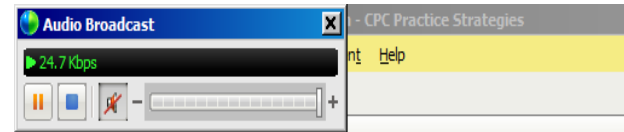


Thank you for joining us!

- We will start at 3 p.m. ET.
 - You will hear silence until the session begins.
 - Handout: Available at CBR.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 157 248 0410) (limited to 500 callers).





***Q4FY20 Critical
Access Hospital
PEPPER Review***

Spring 2021

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.

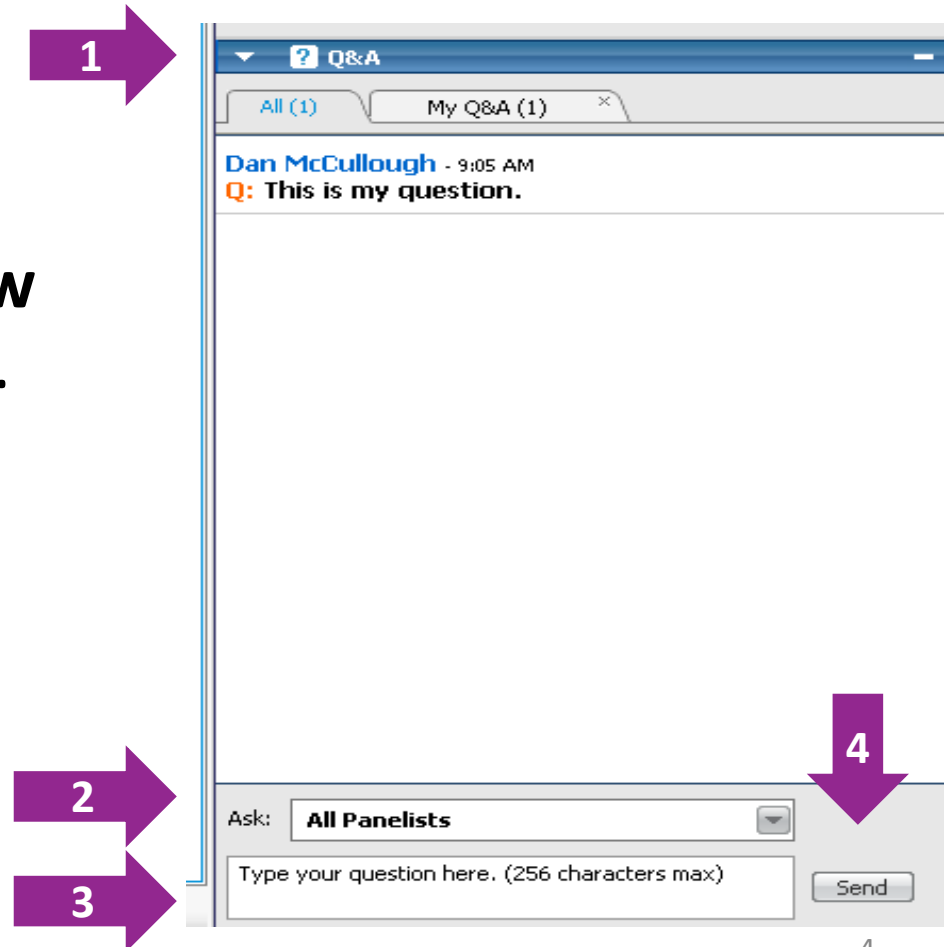


Questions will be answered verbally, as time allows, at the end of the session.

To Ask a Question in Split Screen

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

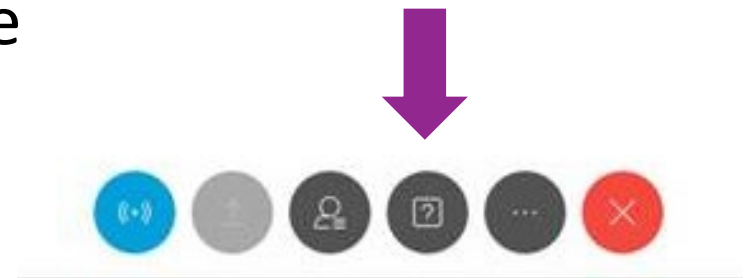
1. Go to the **“Q&A”** window located on the right side.
2. In the **“Ask”** box, select **“All Panelists.”**
3. Type in your question.
4. Click the **“Send”** button.



The screenshot shows a web browser window titled "Q&A" with two tabs: "All (1)" and "My Q&A (1)". 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. A dropdown menu is open above the input field, showing "All Panelists" selected. Four purple arrows with numbers 1 through 4 point to the Q&A window, the "All Panelists" 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 Q4FY20 *Critical Access Hospital (CAH) Program for Evaluating Payment Patterns Electronic Report (PEPPER)*.
- 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 recorded training sessions available in the CAH “Training and Resources” section of the PEPPER website at 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; 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: CAHs, 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.

Q4FY20 *CAH PEPPER* Release

Summarizes statistics for three federal fiscal years:

- 2018
- 2019
- 2020

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 STACHs 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 STACHs.

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

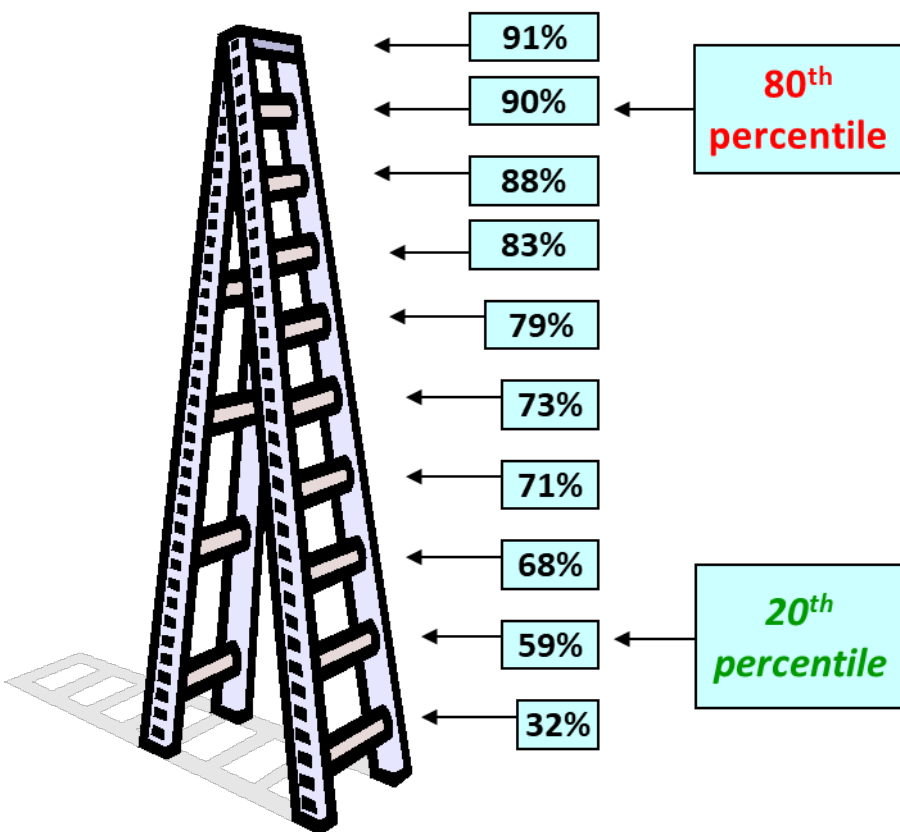
CAH PEPPER Target Areas

- *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*
- *Three-Day Skilled Nursing Facility-Qualifying Admissions*
- *Swing Bed Transfers*
- *30-Day Readmissions to Same Hospital or Elsewhere*
- *30-Day Readmissions to Same Hospital*
- *Two-Day Stay Medical DRGs*
- *Two-Day Stay surgical DRGs*
- *One-Day Stay medical DRGs*
- *One-Day Stay surgical DRGs*

Example Target Area Definition

Target Area	Target Area Definition
<i>Septicemia</i>	<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 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.
 - Links to the portal can be found on the PEPPER homepage: 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 “1.”

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

- An email with the validation code was sent to:
 - QualityNet administrator on file.
 - Contact from the Provider Enrollment, Chain, and Ownership System (PECOS).
- The validation code may be shared with others in the CAH 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, specialized programs/services, patient population, referral sources, or 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.

Aggregate Data

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

Peer Groups

- Allows comparison of PEPPER statistics to providers' peers
- For each of the target areas, the peer group bar charts identify the 20th, 50th, and 80th national percentile for CAHs in three categories:
 - Size (i.e., number of discharges)
 - Location (i.e., urban or rural)
 - Ownership type (i.e., profit/physician-owned, nonprofit/church, or government)

Peer Group Bar Charts

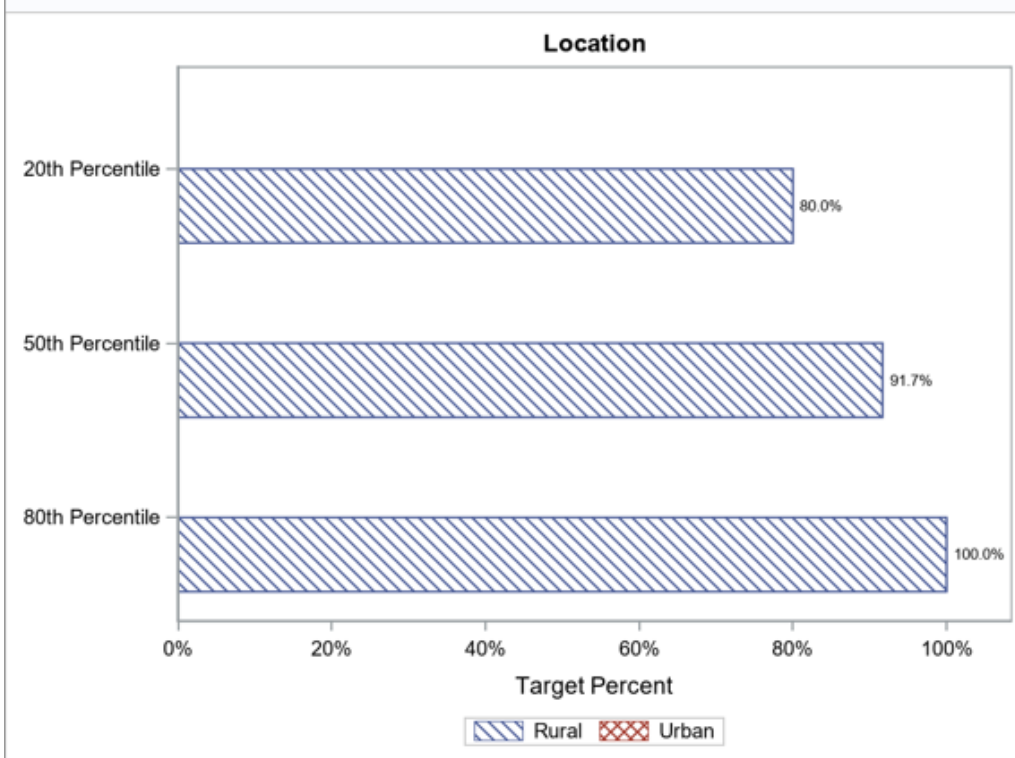
- Will be updated annually
- Refer to “Methodology” and “CAHs by Peer Group” files for additional details
- Disagree with your ownership type or location?
 - Contact your CMS Regional Office Coordinator with any updates/corrections

Example: *Stroke Intracranial Hemorrhage*

Percentiles by Peer Group - Critical Access Hospital Q4FY20

Target Area: Stroke Intracranial Hemorrhage

Demographic Group	20th Percentile	50th Percentile	80th Percentile
Rural	80.0%	91.7%	100.0%



PEPPER.CBRPEPPER.org

“Training and Resources” Page

- CAH 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.

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