Home Health Agency PEPPER Review
Webinar Questions and Answers

Sept. 1, 2020

Q: I am trying to access my Program for Evaluating Payment Patterns Electronic Report (PEPPER) via the portal, it keeps saying that the Medical Record Number (MRN) or Provider Transaction Access Number (PTAN) is incorrect.

A: To access your PEPPER, you can enter a Patient Control Number (UB-04 form locator 03a) or an MRN (UB-04 form locator 03b) from a claim of a traditional Medicare Fee-for-Service beneficiary who received services between Oct. 1 and Dec. 31, 2019. If you are having difficulty passing validation with a MRN or Patient Control Number, please contact our team via the Help Desk.

Q: What is the best approach/process for translating PEPPER into actionable information that can be used to improve the system? Please provide examples.

A: In general, evaluate your PEPPER statistics and consider whether they reflect what you expect, given factors such as your patient population (e.g., severity of comorbidities/level of debility), referral sources, external health care environment, specialized staff/services offered, etc. In addition, consider any changes that could impact coding, documentation, or claims submission (e.g., changes in coding/billing staff, utilization review, clinical documentation improvement, etc.). If you see changes (increases or decreases) over time, consider the factors that could result in those changes. Review the suggested interventions that are included on each target area worksheet; they can also be found in the *Home Health Agency (HHA) PEPPER User's Guide*. Share the PEPPER with others within your organization to brainstorm and determine whether further action, such as an internal review/audit, is indicated.

The PEPPER Team has developed success stories in collaboration with several providers; these testimonials showcase how the PEPPER supports improvement efforts.

Q: How are home health episodes sorted into a quarter if they begin in one quarter and end in the subsequent quarter? Are they aggregated based on the start of the episode or on the end of the episode?

A: The episodes and associated services are counted in the time period (calendar year) in which the "through date" on the claim falls.

Q: The *HHA PEPPER* does not identify low outliers (i.e., at or below the national 20th percentile); is that correct?

A: Correct. There are no target areas in the *HHA PEPPER* that identify low outliers, which are only applicable for target areas focused on coding-related issues where there is the potential for under-coding.

Q: For the *Episodes with 5 or 6 Visits* target area, do you mean "period" and not "episodes" since we bill each 30-day period?

A: The Q4CY19 release of the *HHA PEPPER* summarizes statistics are through CY2019, which were reimbursed by the previous HHA prospective payment system as 60-day "episodes." Starting with the CY2020 PEPPER, the terminology will be updated to refer to the 30-day "payment periods."

Q: Regarding the *Average Number of Episodes* target area, does this include readmissions or is it recertifications only?

A: All episodes are included, except non-payment claims and interim claims. Please see the inclusion/exclusion criteria on page 4 of the *HHA PEPPER User's Guide* for additional information regarding the claims that are eligible for inclusion in the PEPPER target areas.

Q: For the *Outlier Payments* target area, what causes a claim to be identified as an outlier payment?

A: Medicare makes additional payments, known as outlier payments, to HHAs that provide services to beneficiaries who incur unusually high costs. In the PEPPER, outlier payments are identified by the amount where the value code is equal to 17 on claims for episodes paid to the HHA during the report period.

Q: For the HHA Top Diagnoses Report, are the average number of visits reported in periods, episodes, or over the full length of stay?

A: For the Top Diagnoses Report, the average number of visits is reported based on the episode (claim).