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 HHA “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 speaker volume; make sure you are not muted).
  – Dialing 1-415-655-0001, passcode: 160 310 9833 (limited to 500 callers)
Q4CY19 Home Health Agency PEPPER Review

Sept. 1, 2020
Kimberly Hrehor and Annie Barnaby
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 HHA “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.
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 Q4CY19 Home Health Agency (HHA) Program for Evaluating Payment Patterns Electronic Report (PEPPER).
  – There were no revisions to the target areas.
  – Discuss future changes following transition to the Patient-Driven Groupings Model (PDGM).
  – Review the new PEPPER format.

• 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 HHA “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 developed PEPPERs for short-term acute care hospitals 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: critical access hospitals, inpatient psychiatric facilities, and inpatient rehabilitation facilities (2011); hospices and partial hospitalization programs (2012); skilled nursing facilities (2013); and HHAs (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.
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.
<table>
<thead>
<tr>
<th>Q4CY19 HHA PEPPER Release</th>
<th>Available by Aug. 12, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summarizes statistics for three calendar years:</td>
<td>Statistics for all time periods are refreshed with each release.</td>
</tr>
<tr>
<td>– 2017</td>
<td>The oldest calendar year rolls off as the new one is added.</td>
</tr>
<tr>
<td>– 2018</td>
<td></td>
</tr>
<tr>
<td>– 2019</td>
<td></td>
</tr>
</tbody>
</table>
## HHA Improper Payment Risks

| HHAs are reimbursed through the HHA prospective payment system (PPS), which underwent revision in 2020. | HHAs can be at risk for improper payments. | Target areas were identified based on a review of the HHA PPS, a review of studies related to improper payments, analysis of claims data, and coordination with CMS subject matter experts. |
PDGM

- The PDGM went into effect on Jan. 1, 2020, replacing the Home Health Resource Groups (HHRG) system.
- The PEPPER with statistics for CY2020 (estimated release: July 2021) will reflect PDGM statistics.
- To learn more, read an overview of the PDGM on CMS’ website.

- Impact on the HHA PEPPER:
  - Add three new target areas to the Q4CY20 PEPPER
  - Revise existing target areas
  - Retire the High Therapy Utilization Episodes target area
  - Revise supplemental reports
PEPPER Target Areas

• Areas identified as potentially at risk for improper Medicare payments (e.g., coding or billing errors, unnecessary services)

• A target area is constructed as a ratio:
  – Numerator = episodes/payments/etc. identified as potentially problematic
  – Denominator = larger reference group

• Reported as either a:
  – Rate (numerator/denominator different units) or
  – Percent (numerator/denominator same units).
## HHA PEPPER Target Areas

<table>
<thead>
<tr>
<th>Target Area</th>
<th>Target Area Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Case Mix</strong></td>
<td>Numerator (N): sum of case mix weight for all episodes paid to the HHA during the report period, excluding LUPAs (identified by Part A National Claims History [NCH] HHA low-utilization payment adjustment [LUPA] code) and partial episode payments (PEPs) (identified as patient discharge status code equal to ‘06’)</td>
</tr>
<tr>
<td></td>
<td>Denominator (D): count of episodes paid to the HHA during the report period, excluding LUPAs and PEPs</td>
</tr>
<tr>
<td></td>
<td>Note: reported as a rate, not a percent</td>
</tr>
<tr>
<td><strong>Average Number of Episodes</strong></td>
<td>N: count of episodes paid to the HHA</td>
</tr>
<tr>
<td></td>
<td>D: count of unique beneficiaries served by the HHA</td>
</tr>
<tr>
<td></td>
<td>Note: reported as a rate, not a percent</td>
</tr>
</tbody>
</table>
## HHA PEPPER Target Areas, 2

<table>
<thead>
<tr>
<th>Target Area</th>
<th>Target Area Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Episodes with 5 or 6 Visits</strong></td>
<td>N: count of episodes with five or six visits paid to the HHA</td>
</tr>
<tr>
<td></td>
<td>D: count of episodes paid to the HHA</td>
</tr>
<tr>
<td><strong>Non-LUPA Payments</strong></td>
<td>N: count of episodes paid to the HHA that did not have a LUPA payment</td>
</tr>
<tr>
<td></td>
<td>D: count of episodes paid to the HHA</td>
</tr>
<tr>
<td><strong>High Therapy Utilization Episodes</strong></td>
<td>N: count of episodes with 20+ therapy visits paid to the HHA (first digit of HHRG equal to ‘5’)</td>
</tr>
<tr>
<td></td>
<td>D: count of episodes paid to the HHA</td>
</tr>
<tr>
<td><strong>Outlier Payments</strong></td>
<td>N: dollar amount of outlier payments (identified by the amount where Value Code equal to ‘17’) for episodes paid to the HHA</td>
</tr>
<tr>
<td></td>
<td>D: dollar amount of total payments for episodes paid to the HHA</td>
</tr>
</tbody>
</table>
# Future New HHA PEPPER Target Areas

<table>
<thead>
<tr>
<th>Target Area</th>
<th>Target Area Definition</th>
</tr>
</thead>
</table>
| **High Comorbidity** (to be added to CY20 release) | N: count of periods with two or more secondary diagnoses that interact with one another and, therefore, qualify for a high comorbidity adjustment  
D: count of all periods |
Percentiles in PEPPER

- The percentile tells us the percentage of HHAs that have a lower target area percent.
- Target area percents at/above national 80th percentile are identified as “outliers” in PEPPER.
Comparison Groups

- Nation
- Medicare Administrative Contractor (MAC) jurisdiction
- State
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?
Obtaining Your PEPPER

• PEPPER is distributed annually in electronic format.
• It is available via the PEPPER Portal:
  – Visit PEPPER.CBRPEPPER.org
  – Under the “About PEPPER” drop-down menu, click on the “PEPPER Distribution – Get Your PEPPER” tab.
  – Review the instructions and access the portal.
• Each release of PEPPER will be available for approximately two years from the original release date.
• 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 Provider Transaction Access Number [PTAN]).
  – Not the same as the tax ID or National Provider Identifier (NPI) number.

• Patient Control Number (form locator 03a) or Medical Record Number (form locator 03b) from claim of traditional Medicare Fee-for-Service beneficiary receiving services between Oct. 1 – Dec. 31, 2019.

• 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? Patient population? Referral sources? Health care environment?
    Verify by:
    • Sampling claims or reviewing documentation in the medical record.
    • Reviewing a 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 Target Area Data

- National-level and state-level data is available at [PEPPER.CBRPEPPER.org](http://PEPPER.CBRPEPPER.org) on the “Data” page.
  - Target areas
  - Top diagnoses
  - Top therapy episodes
- The 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 HHAs in three categories:
  – Size (number of episodes)
  – 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 “HHAs 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: *Outlier Payments*

<table>
<thead>
<tr>
<th>Demographic Group</th>
<th>20th Percentile</th>
<th>50th Percentile</th>
<th>80th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>0.6%</td>
<td>1.5%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Urban</td>
<td>0.7%</td>
<td>2.3%</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

- **Note:** A peer group must have at least 11 providers with reportable data to be presented in the chart.

- **Data source:** Based on episodes of care ending between Jan. 1, 2019 and Dec. 31, 2019.

- Statistics are based on providers with at least 11 discharges in the numerator.
PEPPER.CBRPEPPER.org
“Training and Resources” Page

- ✔️ HHA PEPPER User’s Guide
- ✔️ Jurisdictions spreadsheet
- ✔️ Recorded PEPPER training sessions
- ✔️ Sample HHA PEPPER
- ✔️ Success Stories
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.
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

- **SHORT-TERM ACUTE CARE HOSPITALS**
  - Training & Resources
  - PEPPER Distribution - Get Your PEPPER

- **CRITICAL ACCESS HOSPITALS**
  - Training & Resources
  - PEPPER Distribution - Get Your PEPPER
  - Map of HHA PEPPER Retrievals by State

- **HOSPICES**
  - Training & Resources
  - PEPPER Distribution - Get Your PEPPER
  - Map of Hospice PEPPER Retrievals by State

- **INPATIENT PSYCHIATRIC FACILITIES**
  - Training & Resources
  - PEPPER Distribution - Get Your PEPPER

- **LONG-TERM ACUTE CARE HOSPITALS**
  - Training & Resources
  - PEPPER Distribution - Get Your PEPPER
  - Map of LT PEPPER Retrievals by State

- **PARTIAL HOSPITALIZATION PROGRAMS**
  - Training & Resources
  - PEPPER Distribution - Get Your PEPPER

- **HOME HEALTH AGENCIES**
  - Training & Resources
  - PEPPER Distribution - Get Your PEPPER
  - Map of HHA PEPPER Retrievals by State

- **INPATIENT REHABILITATION FACILITIES**
  - Training & Resources
  - PEPPER Distribution - Get Your PEPPER

- **SKILLED NURSING FACILITIES**
  - Training & Resources
  - PEPPER Distribution - Get Your PEPPER
  - Map of SNF PEPPER Retrievals by State
Questions?

• “Help Desk” at PEPPER.CBRPEPPER.org