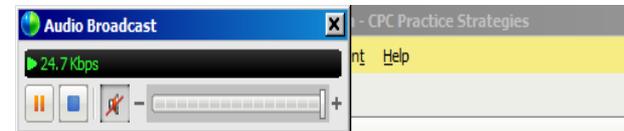


# Thank you for joining us!

- We will start at 3 p.m. ET.
  - You will hear silence until the session begins.
  - Handout: Available at [PEPPER.CBRPEPPER.org](http://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.

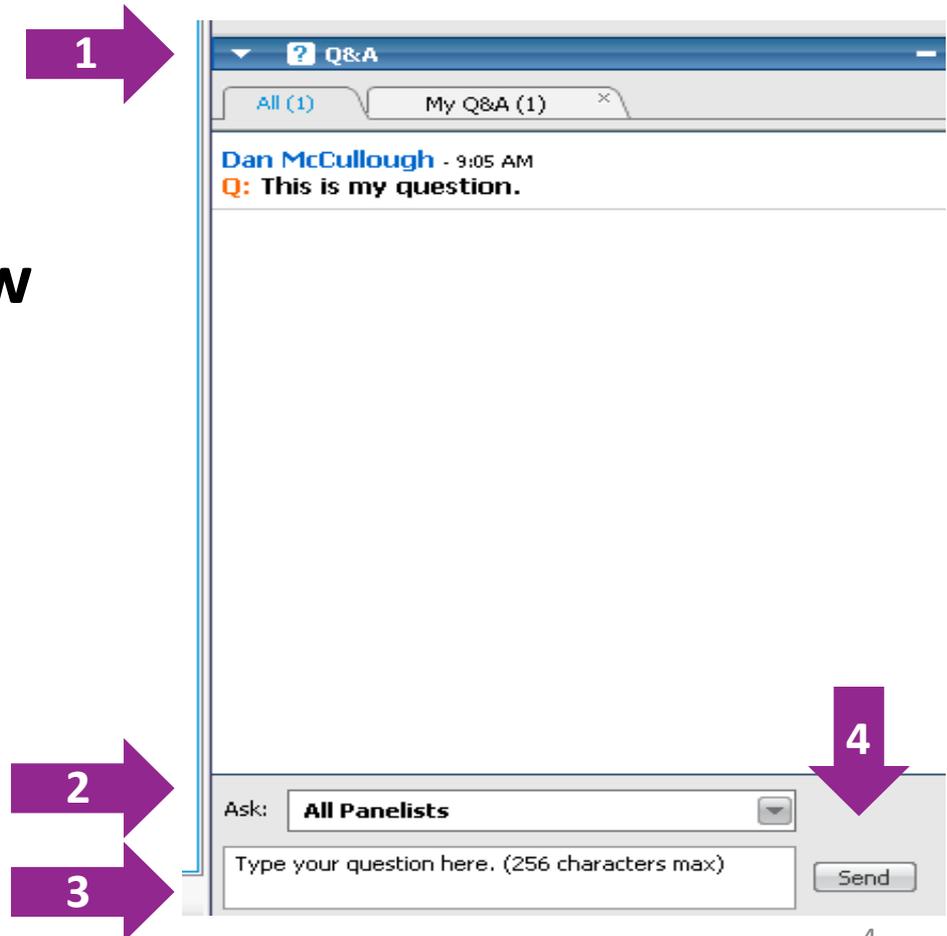


A “Q&A” document will be developed and posted at [PEPPER.CBRPEPPER.org](http://PEPPER.CBRPEPPER.org) in the HHA “Training and Resources” section.

# To Ask a Question in Split Screen

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

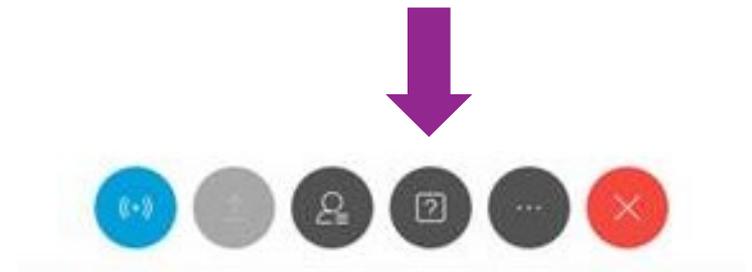
1. Go to the **“Q&A”** window located on the right side.
2. In the **“Ask”** box, select **“All Panelists.”**
3. Type in your question.
4. Click the **“Send”** button.



The screenshot shows a web browser window titled "Q&A" with two tabs: "All (1)" and "My Q&A (1)". A message from "Dan McCullough" at 9:05 AM is visible, with the question "Q: This is my question." Below the message is a large empty text area. At the bottom, there is an "Ask:" dropdown menu set to "All Panelists", a text input field with the placeholder "Type your question here. (256 characters max)", and a "Send" button. Four purple arrows with numbers 1 through 4 point to the Q&A window, the "Ask:" 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 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](http://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.

# 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.

# Q4CY19 HHA PEPPER Release

*Available by Aug. 12, 2020*

Summarizes statistics for three calendar years:

- 2017
- 2018
- 2019

Statistics for all time periods are refreshed with each release.

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

# 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

Target Area	Target Area Definition
<p><b><i>Average Case Mix</i></b></p>	<p>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')</p> <p>Denominator (D): count of episodes paid to the HHA during the report period, excluding LUPAs and PEPs</p> <p>Note: reported as a rate, not a percent</p>
<p><b><i>Average Number of Episodes</i></b></p>	<p>N: count of episodes paid to the HHA</p> <p>D: count of unique beneficiaries served by the HHA</p> <p>Note: reported as a rate, not a percent</p>

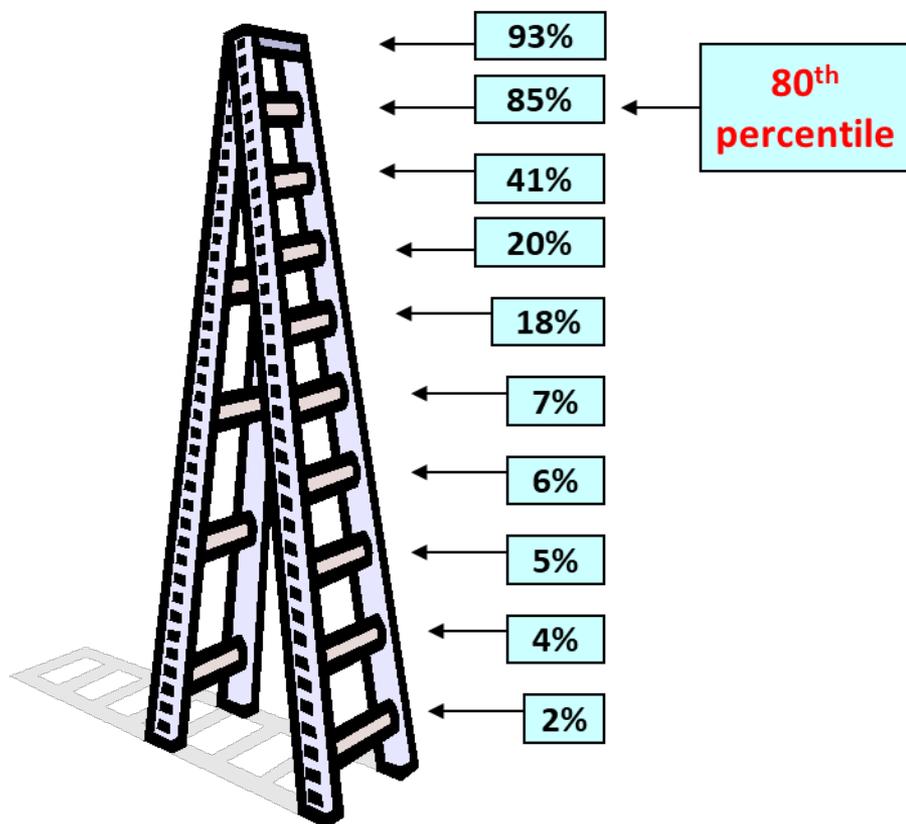
# HHA PEPPER Target Areas, 2

Target Area	Target Area Definition
<b><i>Episodes with 5 or 6 Visits</i></b>	<p>N: count of episodes with five or six visits paid to the HHA</p> <p>D: count of episodes paid to the HHA</p>
<b><i>Non-LUPA Payments</i></b>	<p>N: count of episodes paid to the HHA that did not have a LUPA payment</p> <p>D: count of episodes paid to the HHA</p>
<b><i>High Therapy Utilization Episodes</i></b>	<p>N: count of episodes with 20+ therapy visits paid to the HHA (first digit of HHRG equal to '5')</p> <p>D: count of episodes paid to the HHA</p>
<b><i>Outlier Payments</i></b>	<p>N: dollar amount of outlier payments (identified by the amount where Value Code equal to '17') for episodes paid to the HHA</p> <p>D: dollar amount of total payments for episodes paid to the HHA</p>

# Future New *HHA PEPPER* Target Areas

Target Area	Target Area Definition
<b>High Comorbidity</b> (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
<b>Low Comorbidity</b> (to be added to CY20 release)	N: count of periods with one or more secondary diagnoses that are associated with higher resource use and, therefore, qualify for a low comorbidity adjustment  D: count of all periods
<b>Admission Source</b> (to be added to CY20 release)	N: count of periods with discharge from short-term acute care hospitals, long-term acute care hospitals, critical access hospitals, inpatient rehabilitation facilities, inpatient psychiatric facilities, or skilled nursing facilities in the 14 days prior to the home health admission  D: count of all periods

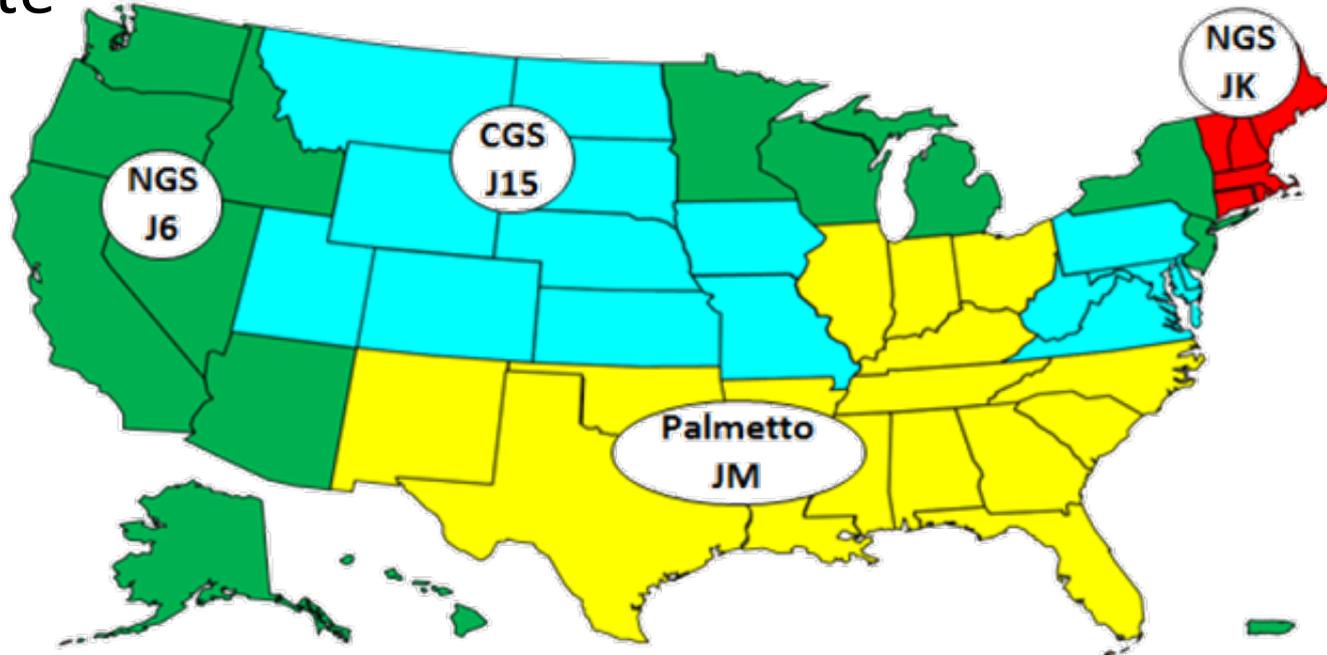
# Percentiles in PEPPER



- 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](https://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

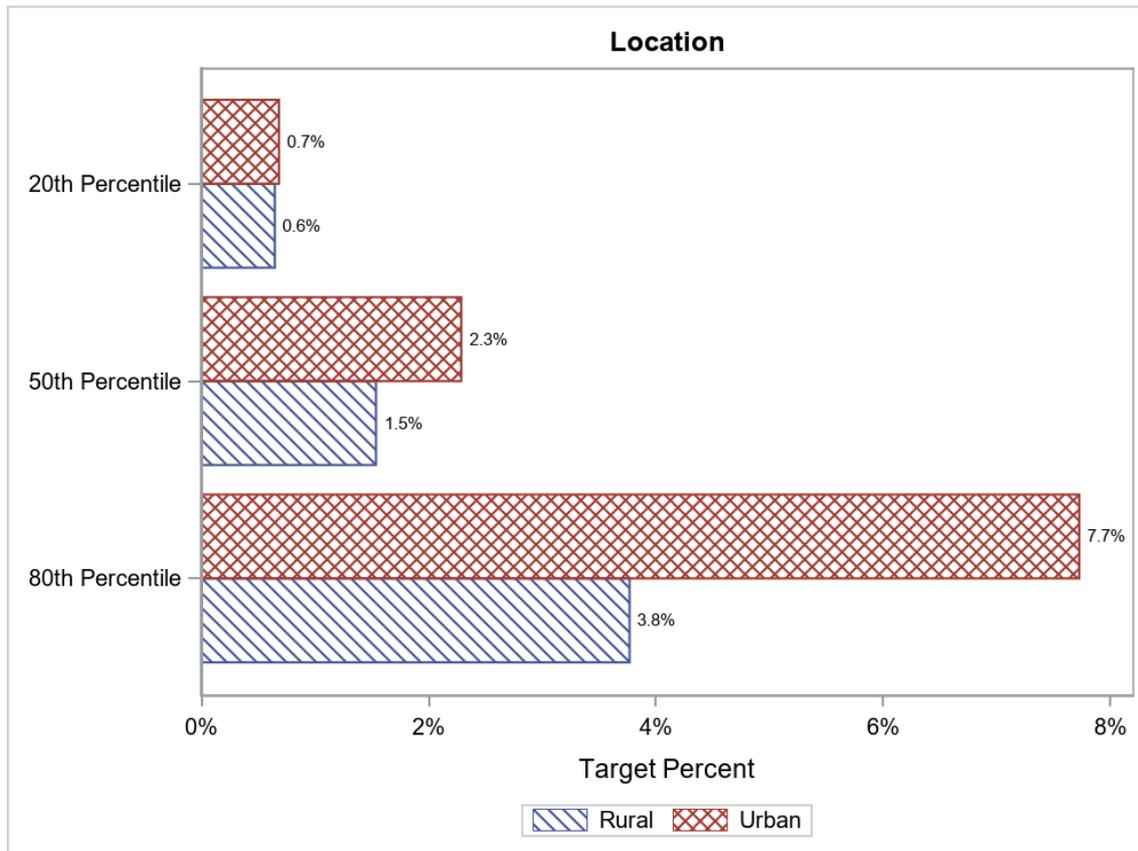
- Allows comparison of PEPPER statistics to providers' peers.
- For each of the target areas, the peer group bar charts identify the 20th, 50th, and 80th national percentile for HHAs in three categories:
  - Size (number of episodes)
  - Location (i.e., urban or rural)
  - Ownership type (i.e., profit/physician-owned,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

Demographic Group	20th Percentile	50th Percentile	80th Percentile
Rural	0.6%	1.5%	3.8%
Urban	0.7%	2.3%	7.7%



- **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

[Go to Success Stories](#)

## SHORT-TERM ACUTE CARE HOSPITALS

- User's Guide (PDF, 27th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER

## CRITICAL ACCESS HOSPITALS

- User's Guide (PDF, 8th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of HHA PEPPER Retrievals by State

## HOME HEALTH AGENCIES

- User's Guide (PDF, 4th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of HHA PEPPER Retrievals by State

## HOSPICES

- User's Guide (PDF, 8th 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

## INPATIENT REHABILITATION FACILITIES

- User's Guide (PDF, 9th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER

## LONG-TERM ACUTE CARE HOSPITALS

- User's Guide (PDF, 13th 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

## SKILLED NURSING FACILITIES

- User's Guide (PDF, 7th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of SNF PEPPER Retrievals by State



# Questions?

- “Help Desk” at [PEPPER.CBRPEPPER.org](http://PEPPER.CBRPEPPER.org)