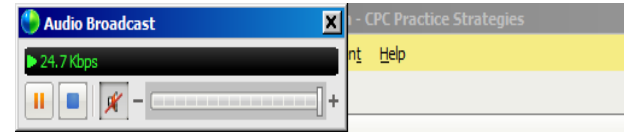


Thank you for joining us!

- We will start at 3 p.m. ET.
 - You will hear silence until the session begins.
 - Handout: Available at PEPPER.CBRPEPPER.org in the Hospice “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: 737 608 782 (limited to 500 callers)



Q4FY18 Hospice PEPPER Review

May 16, 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.

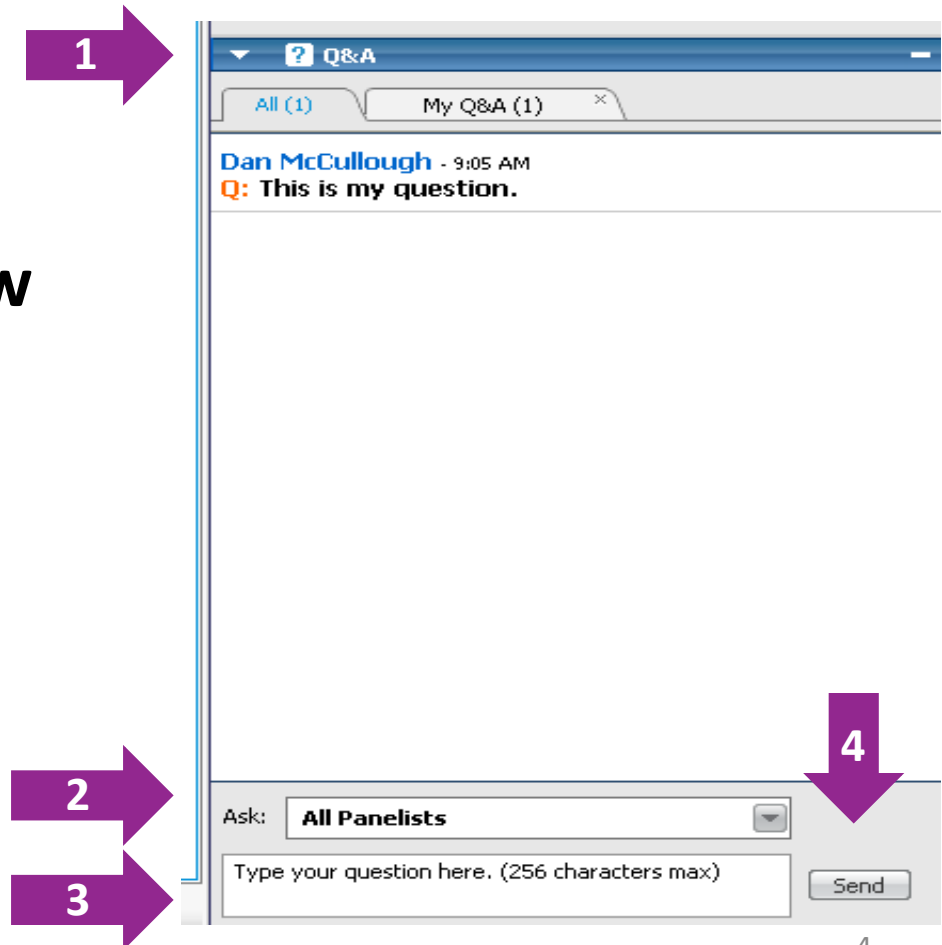


A “Q&A” document will be developed and posted at PEPPER.CBRPEPPER.org in the Hospice “Training and Resources” section.

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.



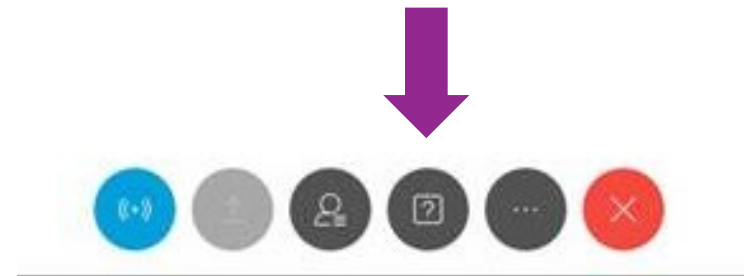
The screenshot shows a web browser window titled "Q&A". The window has two tabs: "All (1)" and "My Q&A (1)". The main content area displays a question from "Dan McCullough" at 9:05 AM: "Q: This is my question." Below the question is a text input field with the placeholder "Type your question here. (256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

Numbered arrows indicate the steps:

- 1. Points to the "Q&A" window title bar.
- 2. Points to the "Ask:" dropdown menu.
- 3. Points to the text input field.
- 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 Hospice PEPPER.
 - No changes implemented this release
- Review additional resources.

PEPPER Details

To learn more about PEPPER

Review percents and percentiles.

Learn how hospice episodes of care are identified, and review a demonstration PEPPER.

Access the updated recorded training sessions available in the Hospice “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 Hospice 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.

Hospice Improper Payment Risks

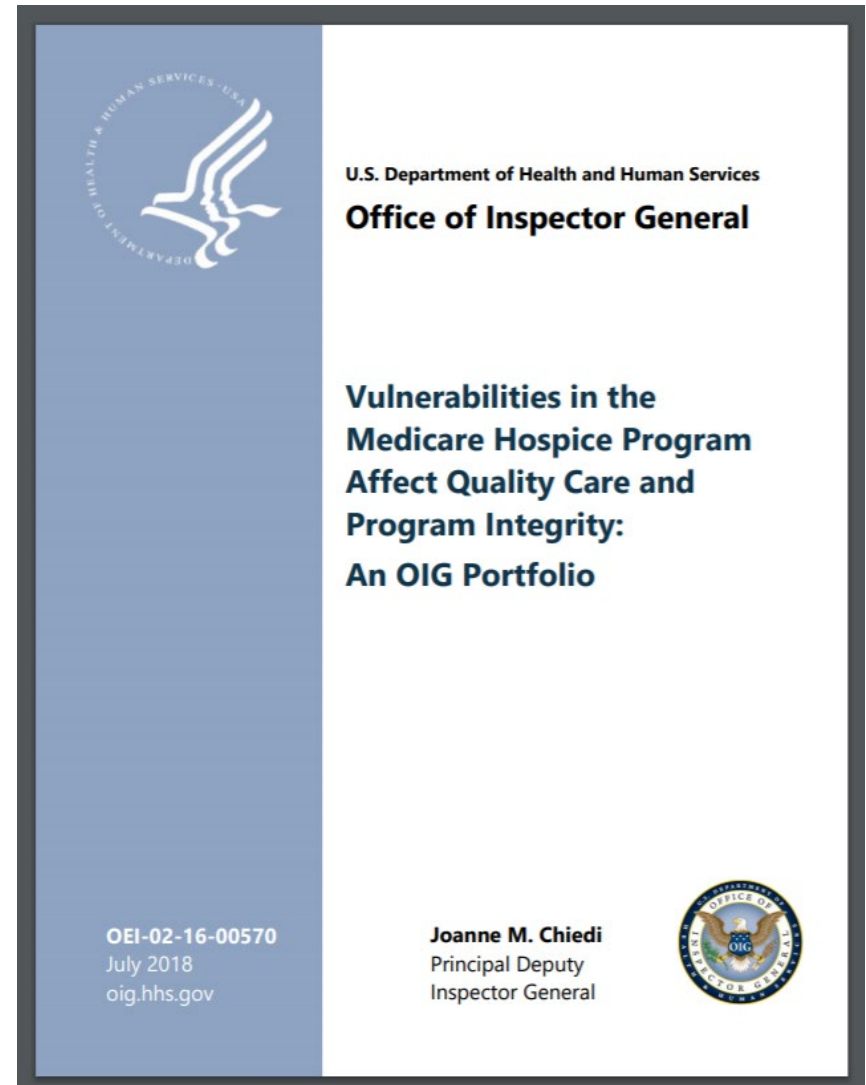
Hospices are reimbursed through the Medicare Hospice Benefit (MHB).

Hospices can be at risk for inappropriate beneficiary enrollment in the MHB.

Target areas were identified based on a review of the MHB, a review of oversight agency reports, an analysis of claims data, and in coordination with CMS subject matter experts.

Office of Inspector General (OIG) Portfolio

- Adequate services, quality of care
- Inappropriate billing
 - General inpatient (GIP)
 - Duplicate billing for drugs, physician services
- Payment system concerns



PEPPER Target Areas

- Areas identified as potentially at risk for improper payments (e.g., coding or billing errors, unnecessary services).
- Constructed as a ratio:
 - Numerator = episodes/claims/days identified as potentially problematic
 - Denominator = larger reference group

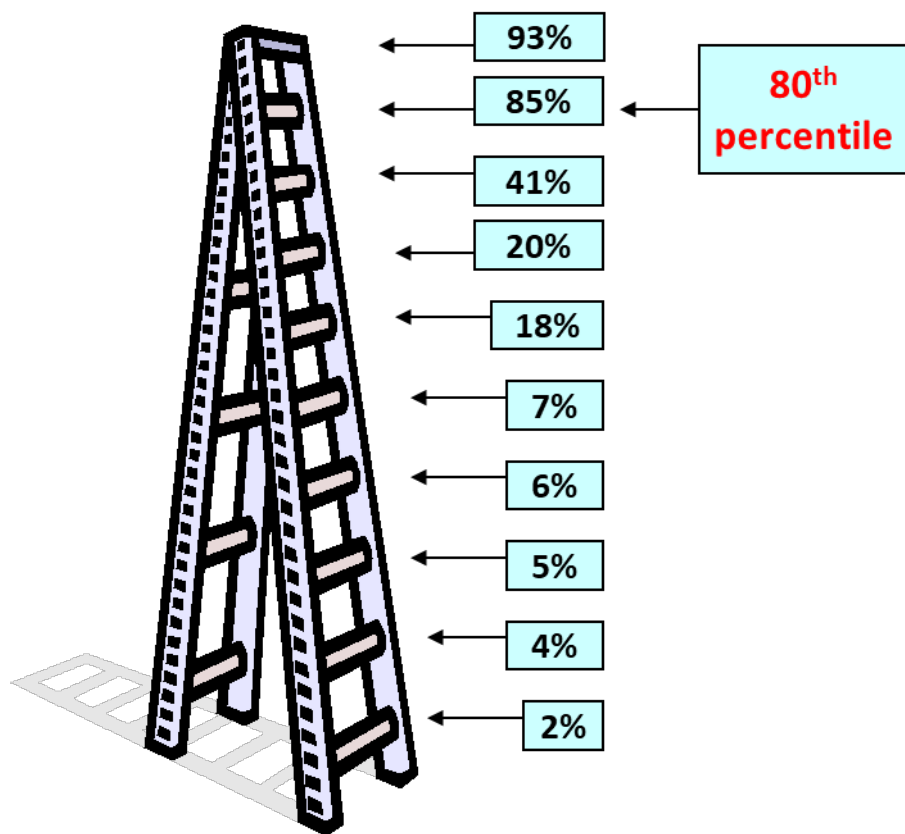
Hospice Target Areas

- Live Discharges Not Terminally Ill
- Live Discharges – Revocations
- Live Discharges LOS 61 – 179 Days
- Long Length of Stay
- CHC in Assisted Living Facility
- RHC in Assisted Living Facility
- RHC in Nursing Facility
- RHC in Skilled Nursing Facility
- Claims with Single Diagnosis Coded
- Episodes with no GIP or CHC
- Long GIP Stays

Example Hospice PEPPER Target Areas

Target Area	Target Area Definition
Live Discharges	<p><i>Numerator (N)</i>: count of beneficiary episodes discharged alive (patient discharge status code not equal to 40 (expired at home), 41 (expired in a medical facility) or 42 (expired place unknown)), excluding beneficiary:</p> <ul style="list-style-type: none"> • transfers (patient discharge status code 50 or 51) • revocations (occurrence code 42) • discharged for cause (condition code H2) • who moved out of the service area (condition code 52) <p><i>Denominator (D)</i>: count of all beneficiary episodes discharged (by death or alive) during the report period (obtained by considering all claims billed for a beneficiary by that hospice)</p>
Episodes with no GIP or CHC	<p><i>N</i>: count of beneficiary episodes that had no amount of GIP (revenue code = 0656) or CHC (revenue code = 0652)</p> <p><i>D</i>: count of all beneficiary episodes discharged (by death or alive) by the hospice</p>

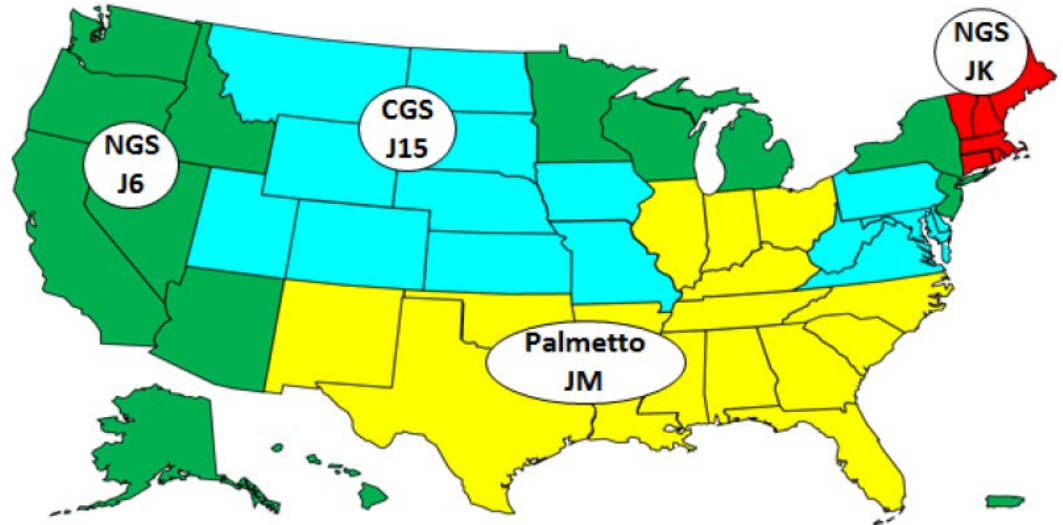
Percentiles in PEPPER



- Percentile tells us the percentage of hospices 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 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.
- 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 its 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 PTAN).
 - Not the same as the tax ID or NPI number.
- Patient Control Number (form locator 03a) or Medical Record Number (form locator 03b) from claim of traditional fee-for-service Medicare beneficiary receiving services between **July 1 – Sept. 30, 2018**.
- Validation code is updated for each release.

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? Patient population? Referral sources? Health care environment?
Verify by:
 - Sampling claims, 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 are available at PEPPER.CBRPEPPER.org on the “Data” page.
 - Target areas
 - Top terminal diagnoses
 - Live discharges by type
- The data are 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 hospices in three categories:
 - Size (number of episodes)
 - Location (urban vs. rural)
 - Ownership type (profit/physician owned vs. nonprofit/church vs. government)

Peer Group Bar Charts

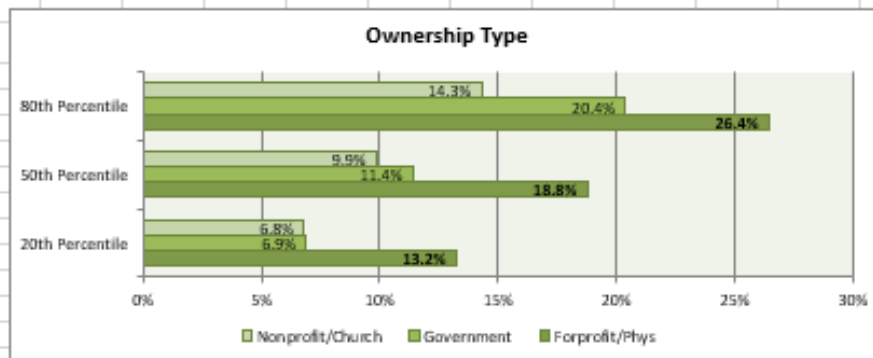
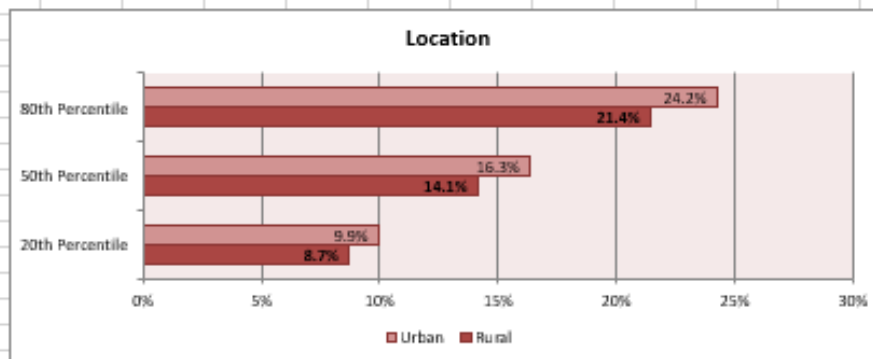
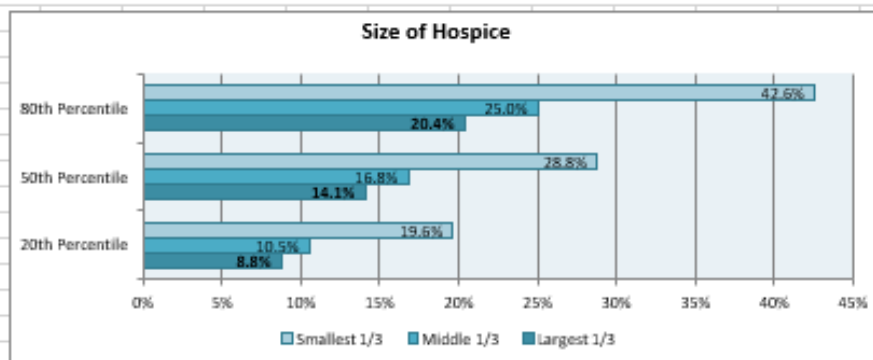
- Updated annually.
- Refer to “Methodology” and “Hospices by Peer Group” files for additional details.
- Disagree with your ownership type or location?
 - Contact your CMS Regional Office Coordinator with any updates/corrections:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/How-to-Update-Hospice-Demographic-Data-111417.pdf>.

Example: “Long Length of Stay”

Percentiles by Peer Group – Hospices – Q4FY18

Based on episodes ending between 10/01/2017 to 09/30/2018

Target Area: Long Length of Stay



PEPPER.CBRPEPPER.org

“Training and Resources” Page

- PEPPER User’s Guide
- Jurisdictions spreadsheet
- Recorded PEPPER training sessions
- Sample Hospice PEPPER
- History of target area changes and impact
- CMS MLN Matters article, NGS job aid (site of service codes)
- Success Stories

For Assistance with PEPPER



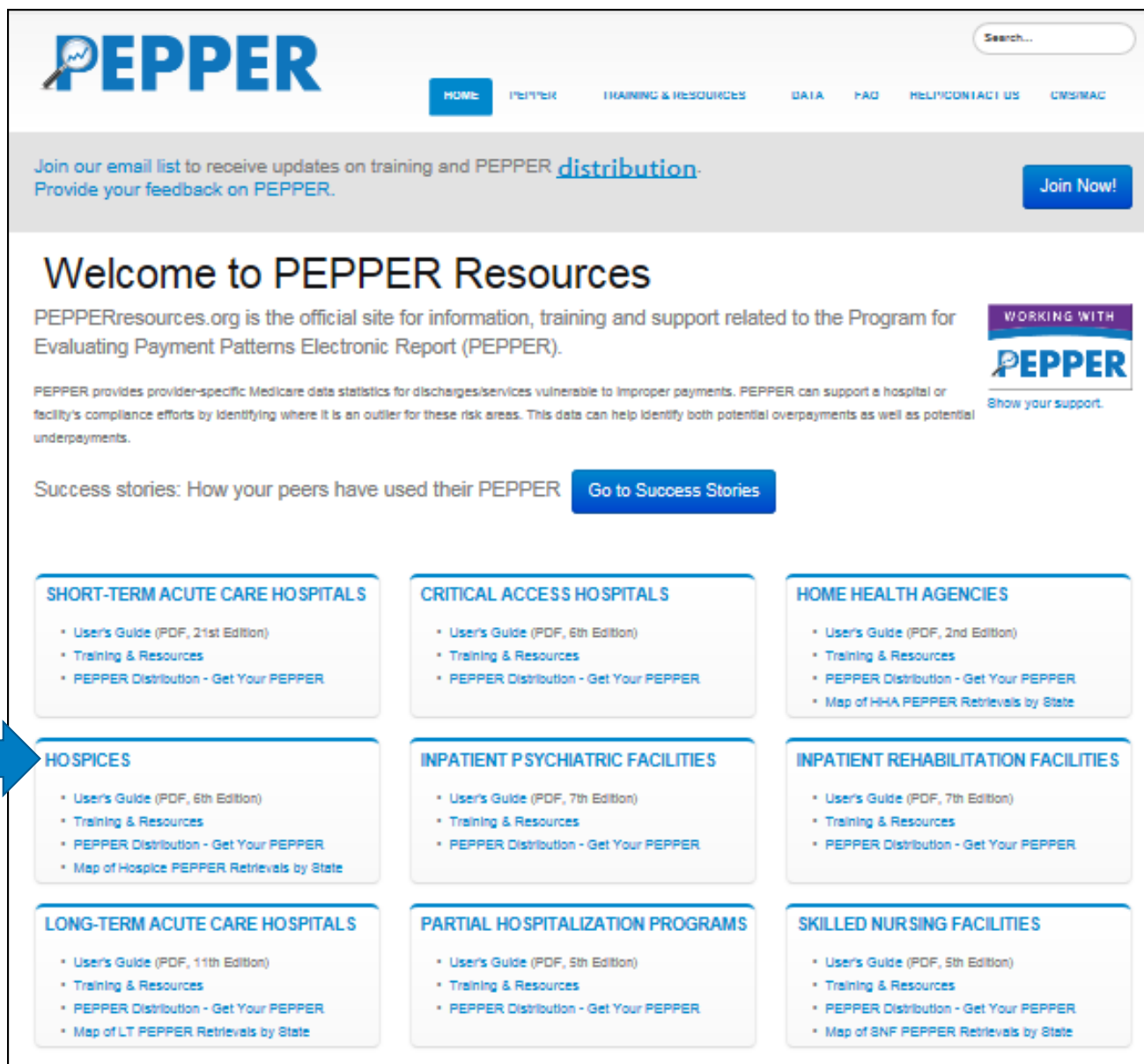
If you have questions or need individual assistance, click on “Help/Contact Us,” and submit your request through the Help Desk.



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.



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, HELLO/CONTACT US, and CMS/IRAC. 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 text is a 'WORKING WITH PEPPER' logo with the tagline '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. The main content area consists of nine boxes, each representing a facility type. Each box lists three items: 'User's Guide (PDF, [Edition])', 'Training & Resources', and 'PEPPER Distribution - Get Your PEPPER'. A blue arrow points to the 'HOSPICES' box.

PEPPER

Search...

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

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).

WORKING WITH PEPPER
Show your support.

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, 21st Edition)
 - Training & Resources
 - PEPPER Distribution - Get Your PEPPER
- CRITICAL ACCESS HOSPITALS**
 - User's Guide (PDF, 6th 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