



Q4FY19 *Hospice* PEPPER Review

Spring 2020

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Agenda

- Review the Q4FY19 *Hospice Program for Evaluating Payment Patterns Electronic Report (PEPPER)*.
 - No changes implemented in 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 recorded training sessions available in the Hospice “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 (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: critical access hospitals, 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.

Q4FY19 *Hospice PEPPER* Release

Summarizes statistics for three federal fiscal years:

- 2017
- 2018
- 2019

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.

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/claims/days identified as potentially problematic
 - Denominator = larger reference group

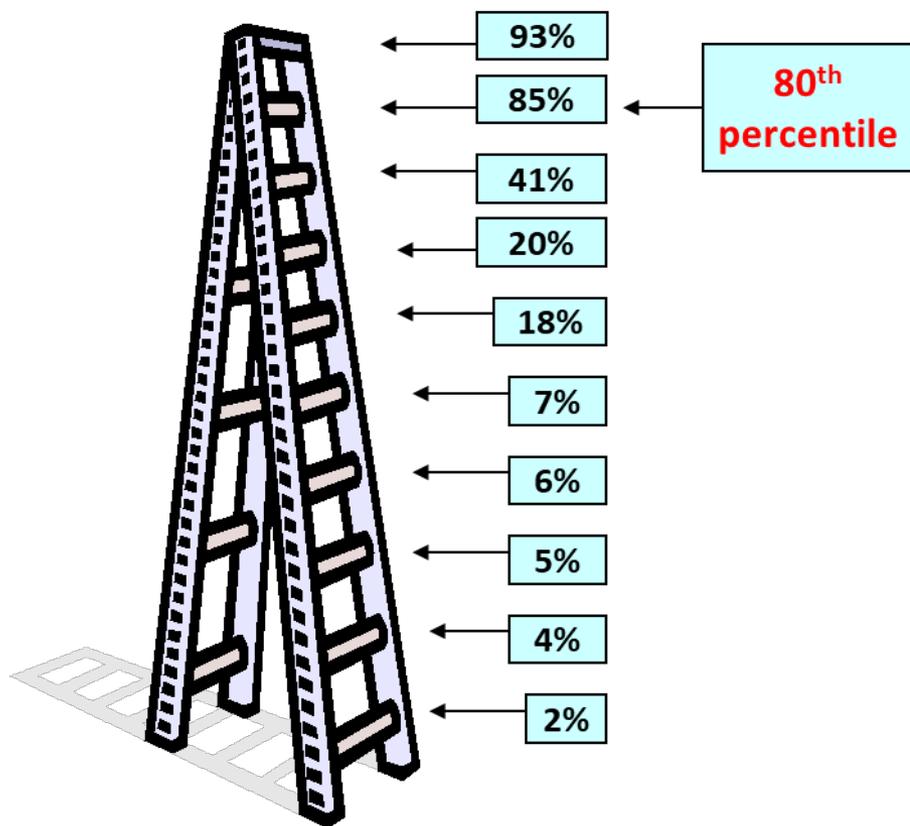
Hospice PEPPER Target Areas

- *Live Discharges Not Terminally Ill*
- *Live Discharges – Revocations*
- *Live Discharges LOS 61 – 179 Days*
- *Long Length of Stay*
- *Continuous Home Care Provided in an Assisted Living Facility*
- *Routine Home Care Provided in an Assisted Living Facility*
- *Routine Home Care Provided in an Nursing Facility*
- *Routine Home Care Provided in an Skilled Nursing Facility*
- *Claims with Single Diagnosis Coded*
- *No General Inpatient Care or Continuous Home Care*
- *Long General Inpatient Care Stays*

Example Hospice PEPPER Target Areas

Target Area	Target Area Definition
<p><i>Live Discharges No Longer Terminally Ill</i></p>	<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>
<p><i>No General Inpatient Care or Continuous Home Care</i></p>	<p><i>N:</i> count of beneficiary episodes that had no amount of general inpatient care (revenue code = 0656) or continuous home care (revenue code = 0652)</p> <p><i>D:</i> count of all beneficiary episodes discharged (by death or alive) by the hospice during the report period (obtained by considering all claims billed for a beneficiary by that hospice)</p>

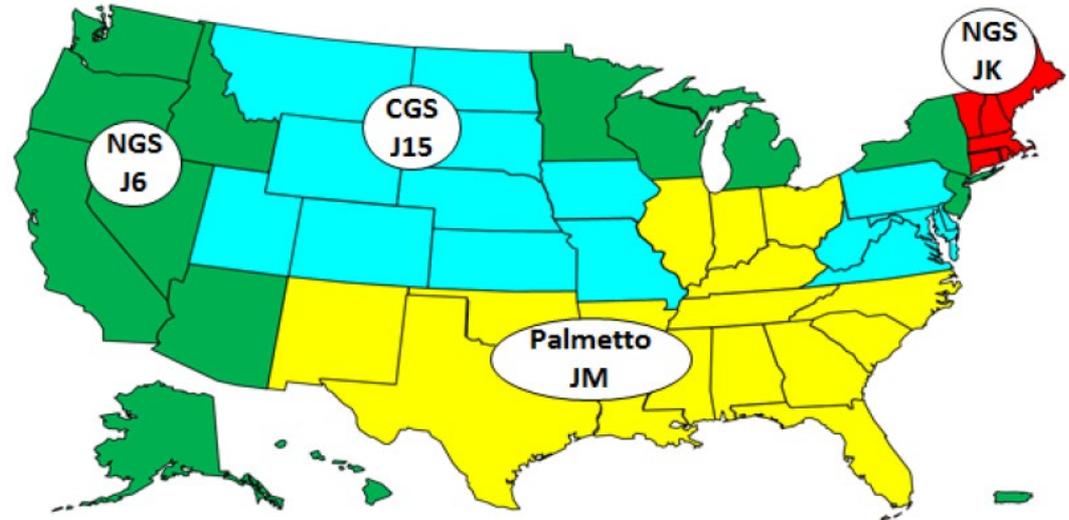
Percentiles in PEPPER



- The percentile tells us the percentage of hospices that have a lower target area percent.
- Target area percents at/above the 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 instructions and access portal.
- Each release of PEPPER will be available for approximately two years from its original date of release.
- 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.
- A Patient Control Number (form locator 03a) or Medical Record Number (form locator 03b) from claims of traditional Medicare Fee-for-Service beneficiaries who received services between **July 1 – Sept. 30, 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 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 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
- 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 hospices in three categories:
 - Size (i.e., number of episodes)
 - Location (i.e., urban or rural)
 - Ownership type (i.e., profit/physician-owned, nonprofit/church, or government)

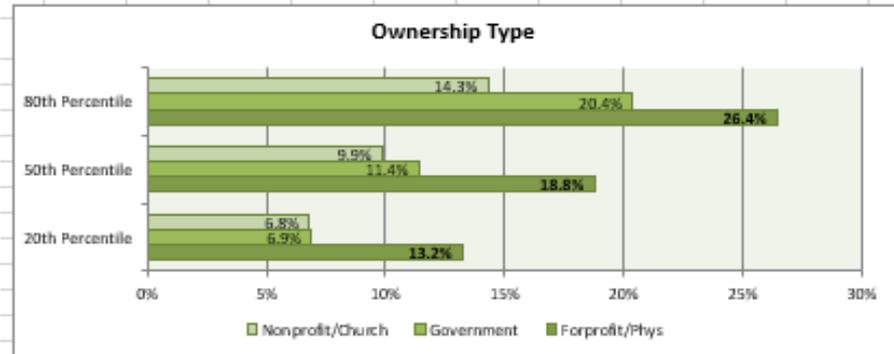
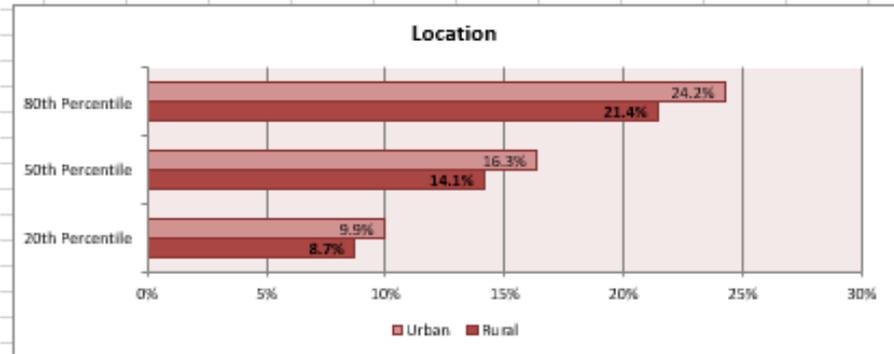
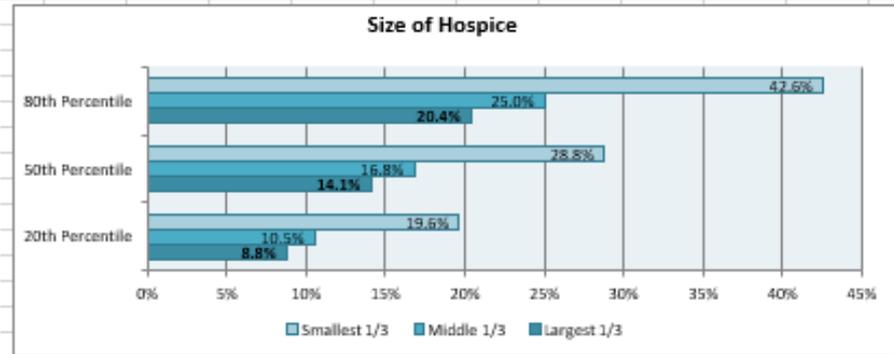
Peer Group Bar Charts

- 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

Percentiles by Peer Group - Hospices - Q4FY18

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

Target Area: Long Length of Stay



Example: Long Length of Stay

PEPPER.CBRPEPPER.org

“Training and Resources” Page

- ☑ *Hospice PEPPER User’s Guide*
- ☑ Jurisdictions spreadsheet
- ☑ Recorded PEPPER training sessions
- ☑ Sample *Hospice PEPPER*
- ☑ History of target area changes and impact
- ☑ CMS *Medicare Learning Network (MLN) Matters* article and National Government Services (NGS) job aid (site of service codes)
- ☑ Success Stories

For Assistance with PEPPER



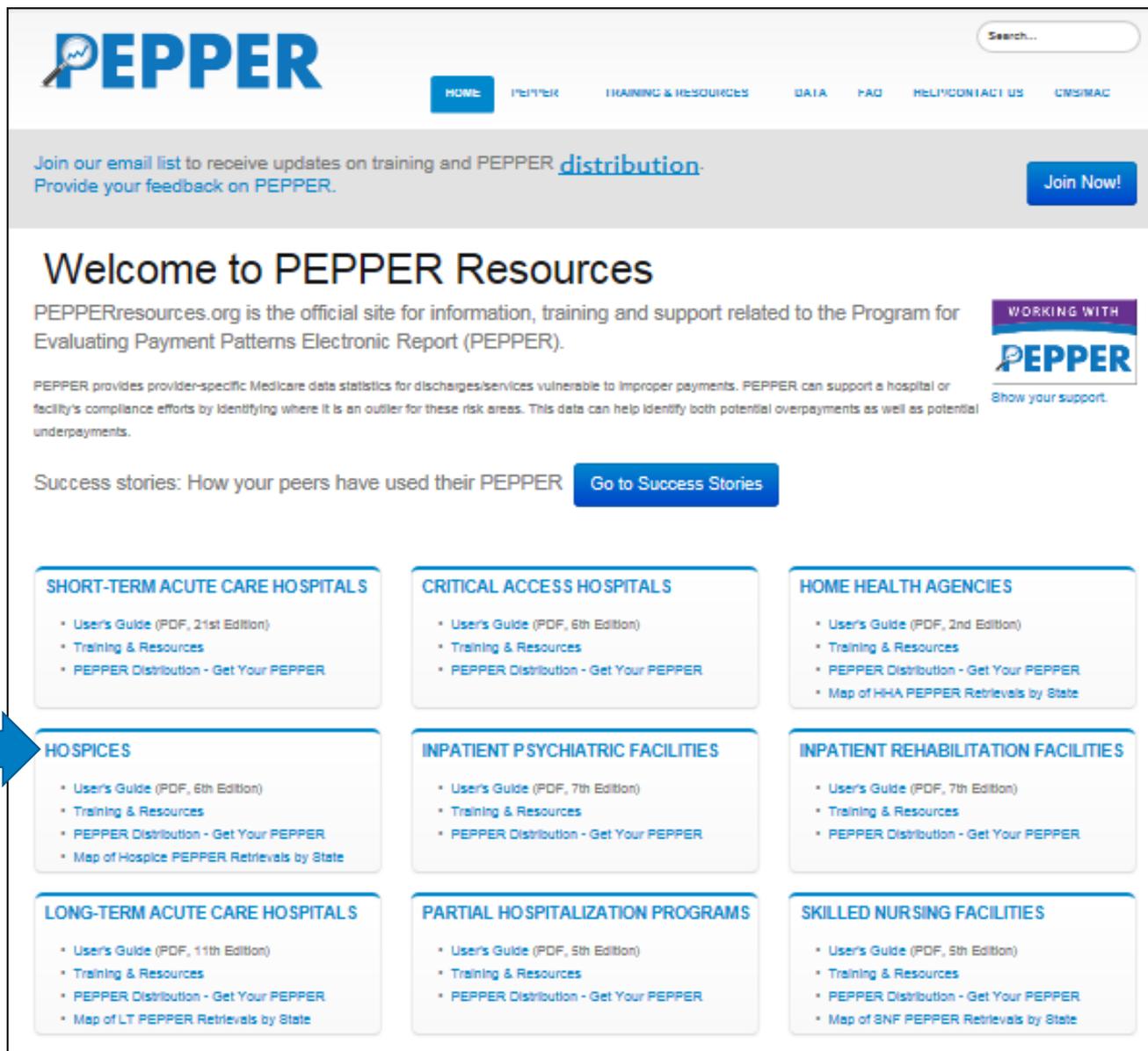
If you have questions or need individual assistance, click on “Help/Contact Us,” and submit your request through the Help Desk.



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/RAC. A banner below the navigation encourages joining an email list to receive 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 paragraph is a 'WORKING WITH PEPPER' logo with the text '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...

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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).

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.

WORKING WITH PEPPER
Show your support.

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?

- Visit the Help Desk at PEPPER.CBRPEPPER.org.