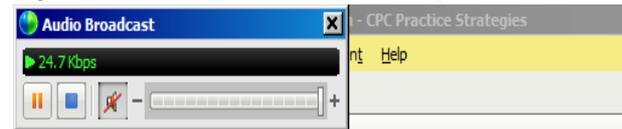


Thank you for joining us!

- We will start at 3 p.m. CT.
- You will hear silence until the session begins.
- Handout: Available at PEPPER.CBRPEPPER.org in the IPF “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: 734 686 353 (limited to 500 callers).





Q4FY18 Inpatient Psychiatric Facility (IPF) PEPPER Review

April 24, 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.

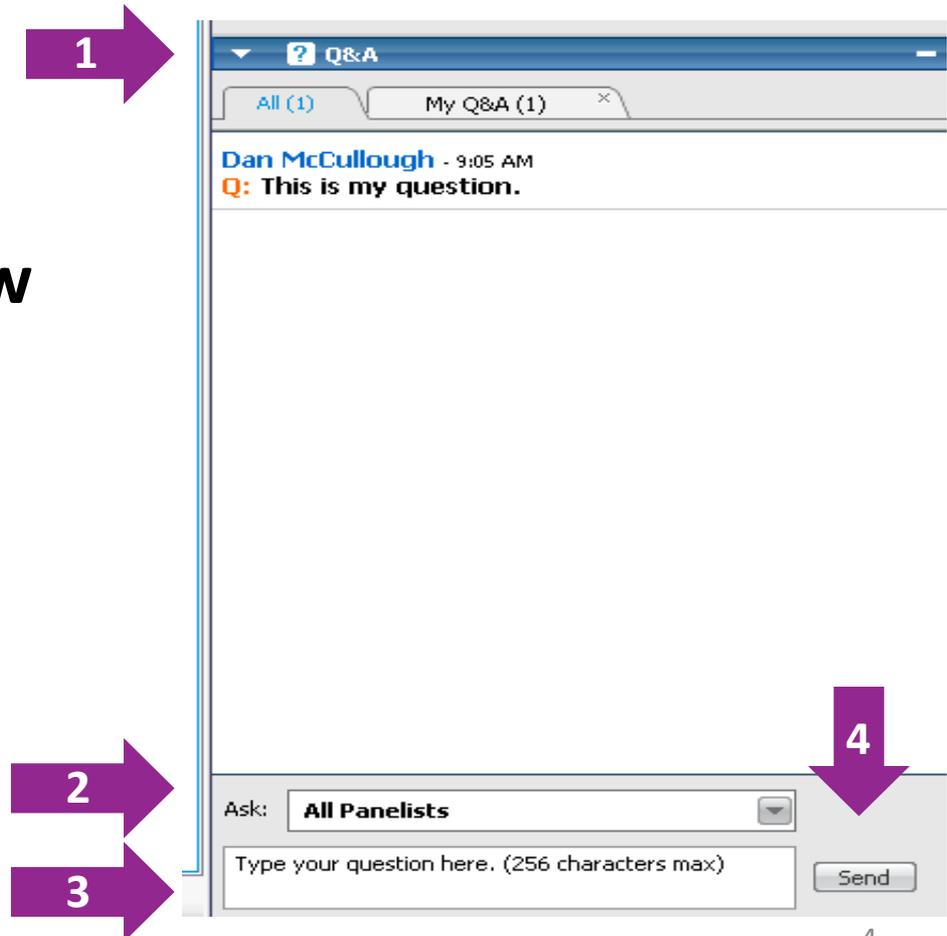


A “Q&A” document will be developed and posted at PEPPER.CBRPEPPER.org in the IPF “Training and Resources” section.

To Ask a Question in Split Screen:

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

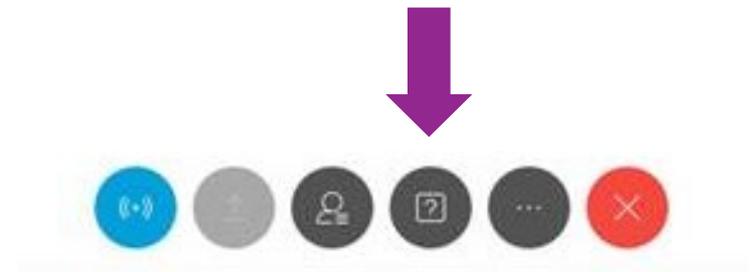
1. Go to the “**Q&A**” window located on the right side.
2. In the “Ask” box, select “All Panelists.”
3. Type in your question.
4. Click the “**Send**” button.



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 Q4FY18 IPF PEPPER.
 - No target area revisions
 - Review other resources

PEPPER Details

To learn more about PEPPER

Review percents and percentiles.

Review a demonstration PEPPER.

Access the updated recorded training sessions available in the IPF “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 is CMS providing 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.

Q4FY18 IPF 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.

IPF Improper Payment Risks

IPFs are reimbursed through the IPF prospective payment system (PPS),

IPFs can be at risk for improper Medicare payments due to coding errors or unnecessary admissions.

IPF PEPPER target areas were identified based on a review of the IPF PPS, coordination with CMS IPF subject matter experts, and analysis of national claims data.

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 = discharges identified as potentially problematic
 - Denominator = larger reference group

IPF PEPPER Target Areas

Target Area	Target Area Definition
Comorbidities	<i>Numerator (N):</i> count of discharges with at least one comorbidity on the claim <i>Denominator (D):</i> count of all discharges
No Secondary Diagnoses	<i>N:</i> count of discharges with no secondary diagnosis codes <i>D:</i> count of all discharges
Outlier Payments	<i>N:</i> sum of outlier approved amounts, in dollars <i>D:</i> sum of Medicare reimbursement, in dollars

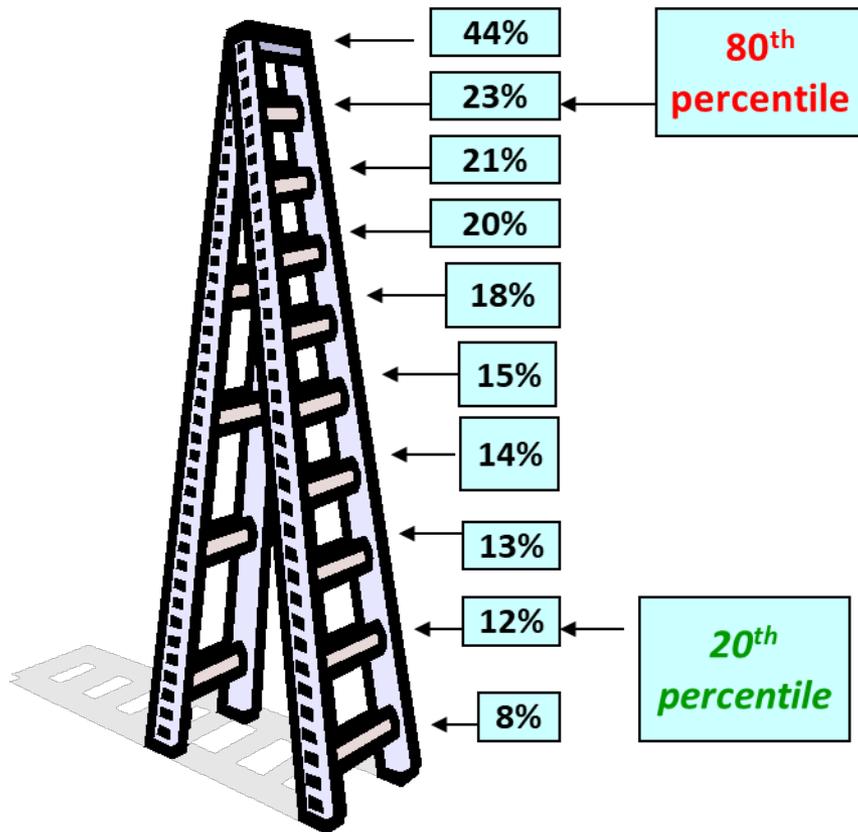
IPF PEPPER Target Areas, 2

Target Area	Target Area Definition
3- to 5-day Readmissions	<p><i>N</i>: count of index (first) admissions for which a readmission occurred within three (3) to five (5) calendar days (four (4) to six (6) consecutive days) to the same IPF or to another IPF for the same beneficiary</p> <p><i>D</i>: count of all discharges excluding patient discharge status code 20 (expired)</p>
30-day Readmissions	<p><i>N</i>: count of index (first) admissions for which a readmission occurred within 30 days to the same IPF or to another IPF for the same beneficiary (identified using the Health Insurance Claim number), excluding patient discharge status codes 65 (discharged/transferred to an IPF), 93 (discharged/transferred to an IPF with planned acute care hospital readmission) and 07 (left against medical advice)</p> <p><i>D</i>: count of all discharges excluding patient discharge status codes 65, 20, 93 and 07</p>

Comorbidities

- The FY2018, FY2017, and FY2016 IPF PPS Comorbidity Categories and associated ICD-10-CM diagnosis codes are available at:
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientPsychFacilPPS/tools.html>

Percentile Calculation Example



- The top two IPFs' percents are at or above the 80th percentile.
- The bottom two IPFs' percents are at or below the 20th percentile.

How can providers use PEPPER?



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 via QualityNet (QN) to QN administrators and those with basic QN accounts and the PEPPER recipient role.
 - If there is no QualityNet administrator at your IPF, or if your IPF's QualityNet administrator needs assistance, contact the QualityNet Help Desk at www.qualitynet.org.
- IPF units of CAHs: via the PEPPER Portal at PEPPER.CBRPEPPER.org.
- PEPPER cannot be sent via email.
- IPF PEPPER will be distributed annually.

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? Specialized programs/services? Patient population? Referral sources? Health care environment? Verify by:
 - Sampling claims, reviewing documentation in medical record.
 - Reviewing claim; was it coded and billed appropriately based upon documentation in medical record?
- Ensure you are following best practices, even if you are not an outlier.

Aggregate Data

- National-level and state-level data is available at PEPPER.CBRPEPPER.org on the “Data” page.
 - Target areas
 - Top DRGs
- Also available at national level for:
 - All IPFs
 - Free-standing IPFs
 - IPF distinct part units
- Updated annually following each report release.

Peer Groups

- Allows comparison of PEPPER statistics to “peers.”
- For each of the target areas, it identifies the 20th, 50th, and 80th national percentile for IPFs in three categories:
 - Size (number of discharges)
 - Location (urban vs. rural)
 - Ownership type (profit/physician owned vs. nonprofit/church vs. government)

Peer Group Bar Charts

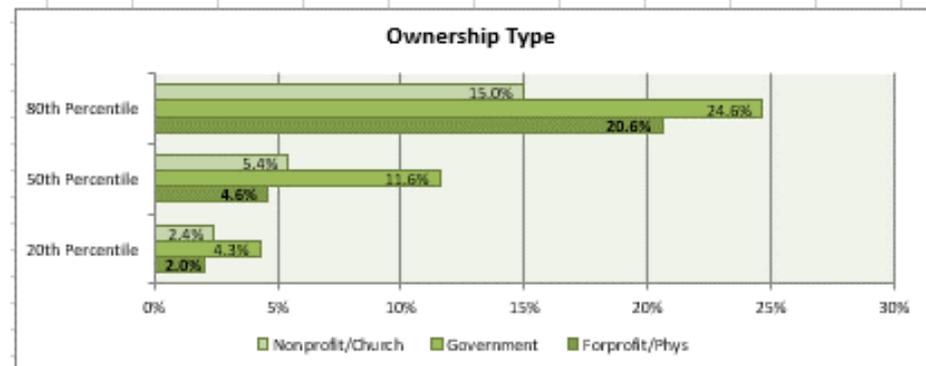
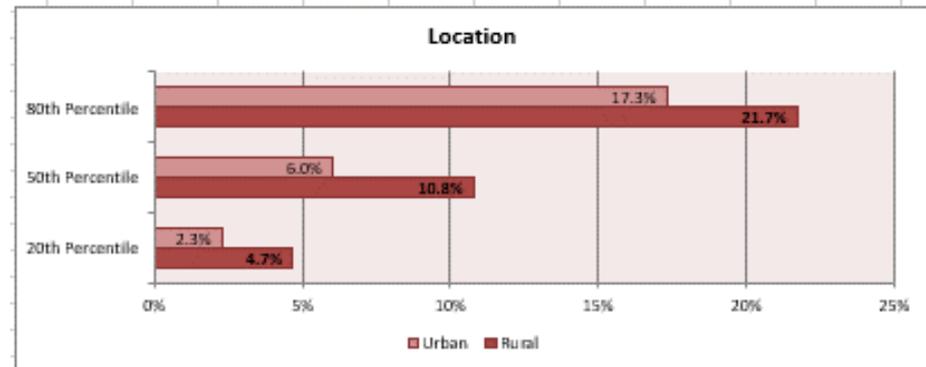
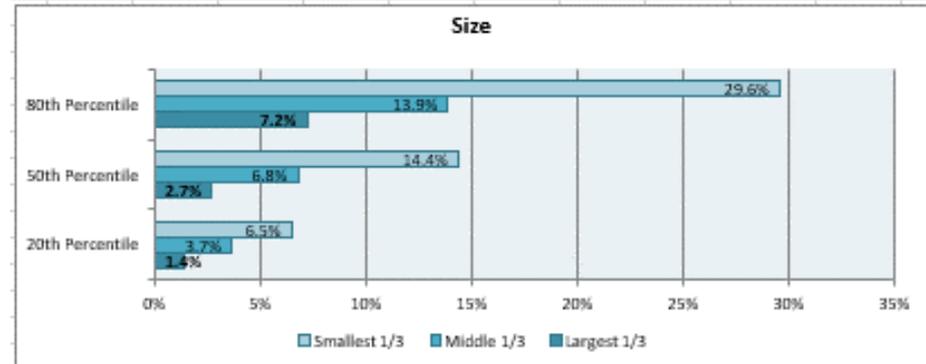
- Will be updated annually.
- Refer to “Methodology” and “IPFs by Peer Group” files for additional details.
- Disagree with your ownership type or location?
 - Contact your CMS Regional Office Coordinator with any updates/corrections: <https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html>.

Example: “Outlier Payments”

Percentiles by Peer Group - Inpatient Psychiatric Facility - Q4FY17

Based on discharges ending between 10/01/2016 to 09/30/2017

Target Area: Outlier Payments



PEPPER.CBRPEPPER.org

“Training and Resources” Page

- PEPPER User’s Guide
- Jurisdictions spreadsheet
- Recorded PEPPER training sessions
- Sample IPF PEPPER
- History of target area changes and impact

For Assistance with PEPPER



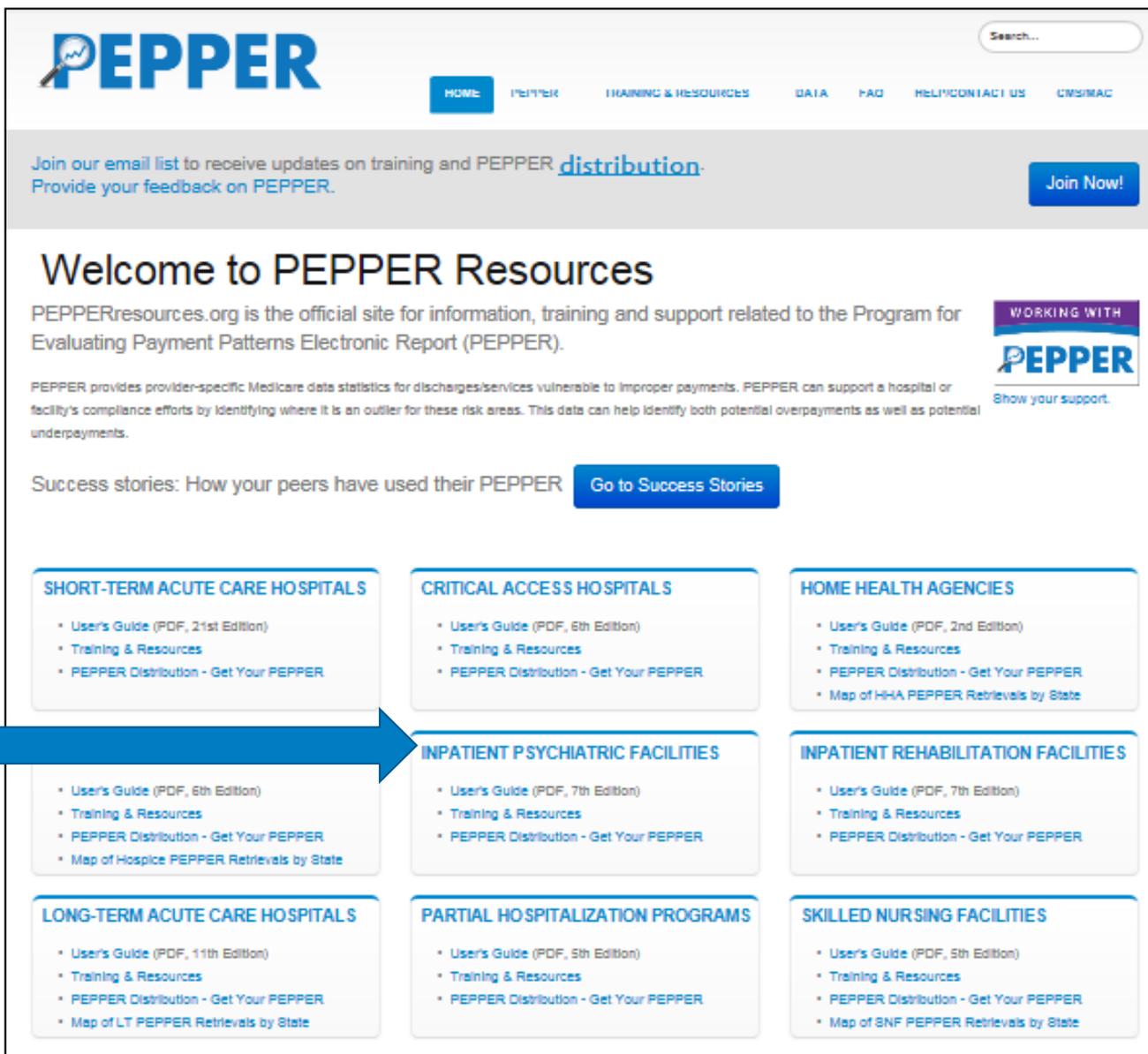
If you have questions or need individual assistance, click on “Help/Contact Us,” and submit your request through the Help Desk.



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, HELP/CONTACT US, and CMS/IMAC. A banner below the navigation asks users to join an email list and provides a 'Join Now!' button. The main heading is 'Welcome to PEPPER Resources'. Below this is a paragraph explaining the site's purpose and a 'WORKING WITH PEPPER' logo with the tagline 'Show your support.'. A 'Success stories' section features a 'Go to Success Stories' button. The bottom half of the page is a grid of nine resource boxes for different facility types, each listing 'User's Guide', 'Training & Resources', and 'PEPPER Distribution - Get Your PEPPER'. A large blue arrow points from the left towards the 'INPATIENT PSYCHIATRIC FACILITIES' box.

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

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