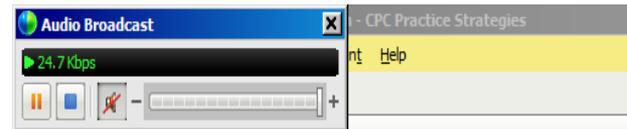


Thank you for joining us!

- We will start at 3 p.m. ET.
- You will hear silence until the session begins.
- Handout: Available at PEPPER.CBRPEPPER.org in the IRF “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 1-240-454-0887, passcode: 732 061 835 (limited to 500 callers).





Q4FY18 Inpatient Rehabilitation Facility (IRF) PEPPER Review

April 18, 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.

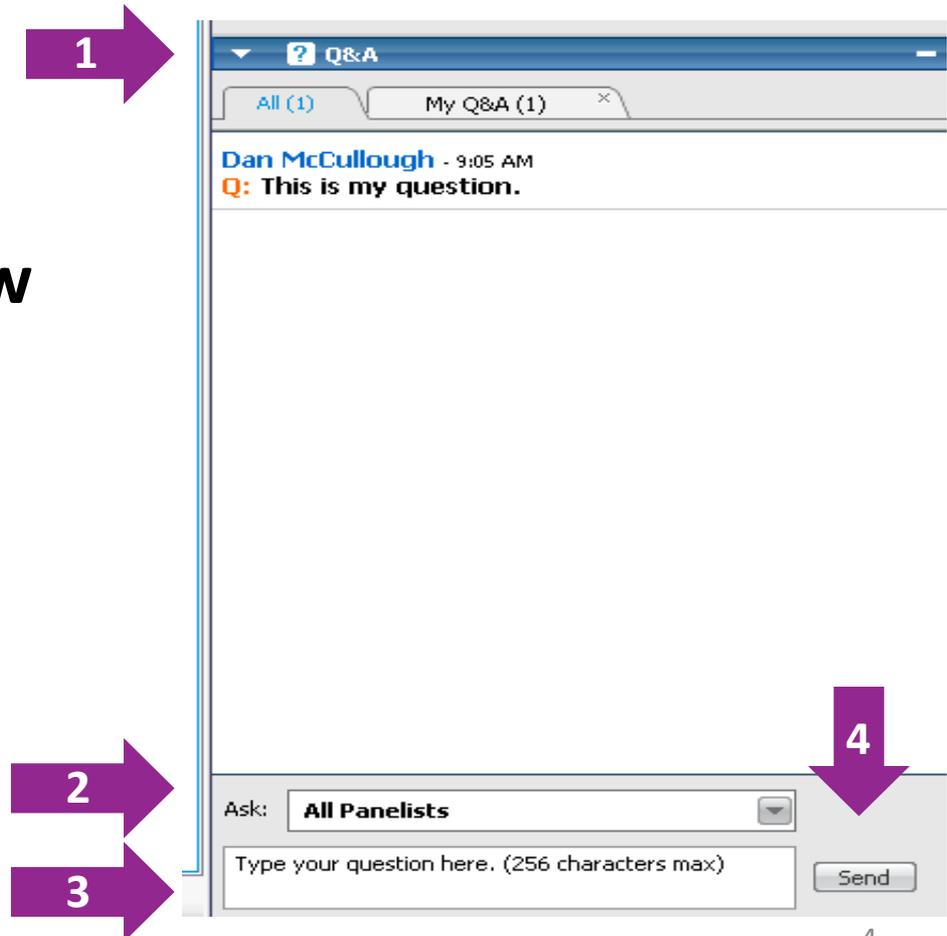


A “Q&A” document will be developed and posted at PEPPER.CBRPEPPER.org in the IRF “Training and Resources” section.

To Ask a Question in Split Screen

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

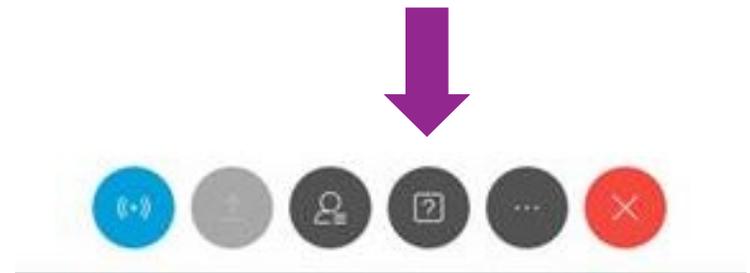
1. Go to the **“Q&A”** window located on the right side.
2. In the **“Ask”** box, select **“All Panelists.”**
3. Type in your question.
4. Click the **“Send”** button.



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 text "Q: This is my question." Below the message is a large empty text area. At the bottom, there is an "Ask:" section with a dropdown menu set to "All Panelists", a text input field containing 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 "All Panelists" 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 IRF PEPPER.
 - No changes in this release.
- 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 updated recorded training sessions available in the IRF “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

- CMS 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 IRF 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.

IRF Improper Payment Risks

IRFs are reimbursed through the IRF prospective payment system (PPS).

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

IRF PEPPER target areas were identified based on a review of the IRF PPS, coordination with CMS IRF 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 (likely to be miscoded or admitted unnecessarily)
 - Denominator = larger reference group that contains the numerator

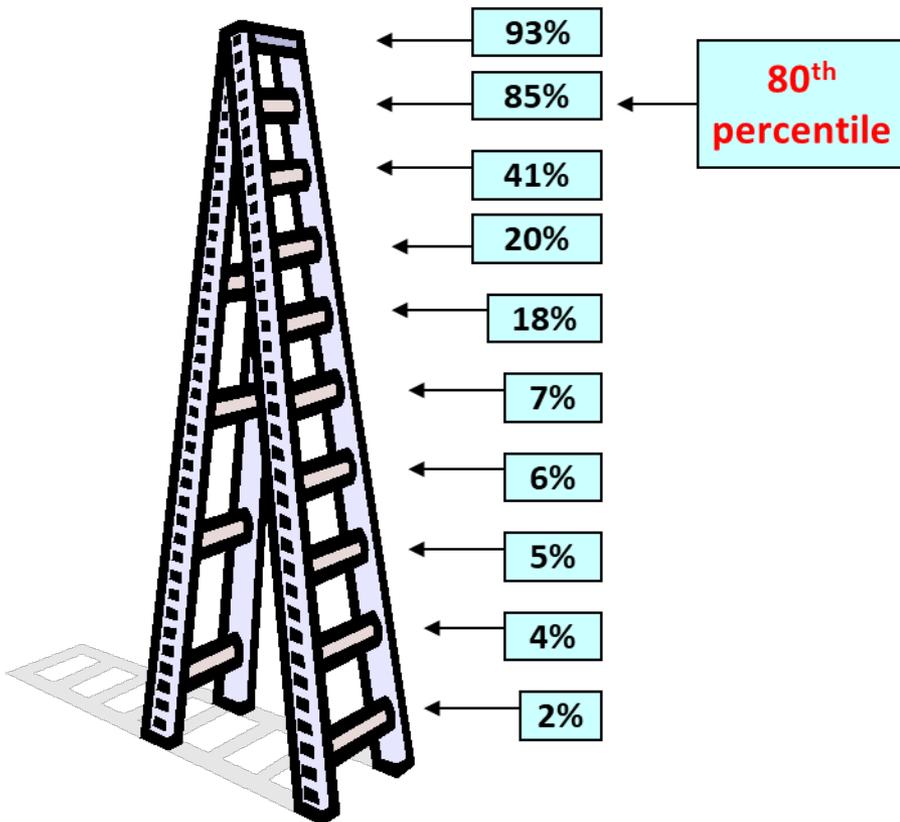
IRF PEPPER Target Areas

| Target Area | Target Area Definition |
|--|--|
| Miscellaneous CMGs | <p><i>N</i>: count of discharges for Case-Mix Groups (CMGs) 2001 (Miscellaneous M>49.15), 2002 (Miscellaneous M>38.75 and M<49.15), 2003 (Miscellaneous M>27.85 and M<38.75) or 2004 (Miscellaneous M<27.85) <i>D</i>: count of all discharges</p> |
| CMGs at Risk for Unnecessary Admissions | <p><i>N</i>: count of discharges with no tier group assignment for CMGs 0101 (Stroke M>51.05), 0501 (Non-traumatic Spinal Cord Injury M>51.35), 0601 (Neurological M>47.75), 0801 (Replacement of Lower Extremity Joint M>49.55), 0802 (Replacement of Lower Extremity Joint M>37.05 and M<49.55), 0901 (Other Orthopedic M>44.75), 1401 (Cardiac M>48.85) or 1501 (Pulmonary M>49.25) <i>D</i>: count of all discharges</p> |

IRF PEPPER Target Areas, 2

| Target Area | Target Area Definition |
|---|--|
| Outlier Payments | <i>N</i> : count of discharges with an outlier approved amount greater than \$0 <i>D</i> : count of all discharges |
| STACH Admissions following IRF Discharge | <i>N</i> : count of beneficiaries discharged from the IRF during the 12-month time period that were admitted to a short-term acute care hospital within 30 days of discharge from the IRF; excluding beneficiaries who were transferred to a STACH, LTCH or IRF within one day of discharge as evidenced by a subsequent claim; excluding patient discharge status codes 07 (left against medical advice) and 20 (expired) <i>D</i> : count of all discharges excluding beneficiaries who were transferred to a STACH, LTCH or IRF within one day of discharge as evidenced by a subsequent claim; and excluding patient discharge status codes 07 and 20 |

Percentiles in PEPPER



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

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 annually in electronic format.

The distribution method differs for hospital-based IRFs versus free-standing IRFs.

PEPPER cannot be sent via email.

IRF Units of Hospitals

- IRF distinct part units of short-term acute care hospitals: PEPPER is distributed via QualityNet to the hospital QualityNet administrators and those with basic user accounts and the PEPPER recipient role.
 - If there is no QualityNet administrator at your hospital, or if your hospital's QualityNet administrator needs assistance, contact the QualityNet Help Desk at www.qualitynet.org.

Free-standing IRFs, CAH IRF Units

- PEPPER Portal
 - Visit PEPPER.CBRPEPPER.org.
 - Click on the “PEPPER Distribution – Get Your PEPPER” link.
 - Review instructions and access the portal.
 - Each release will be available for approximately two years from the original release date.

Required Information to Access PEPPER via the PEPPER Portal

- A 6-digit CMS Certification Number (also referred to as the provider number or PTAN)
 - Not the same as the tax ID or NPI number
- The patient Control Number (form locator 03a) or Medical Record Number (form locator 03b) from a claim of traditional fee-for-service Medicare beneficiary receiving services during **July 1 – Sept. 30, 2018**

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 CMGs
 - ALOS by CMG tier and discharge destination
- Also available at the National level for:
 - All IRFs
 - Free-standing IRFs
 - IRF distinct part units
- 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 IRFs 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

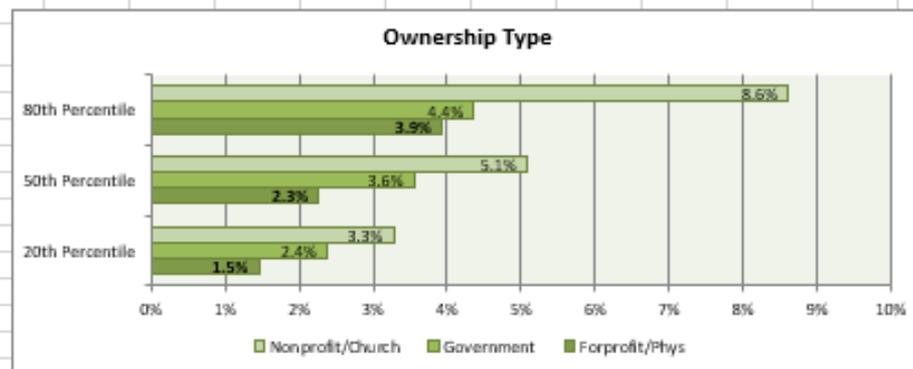
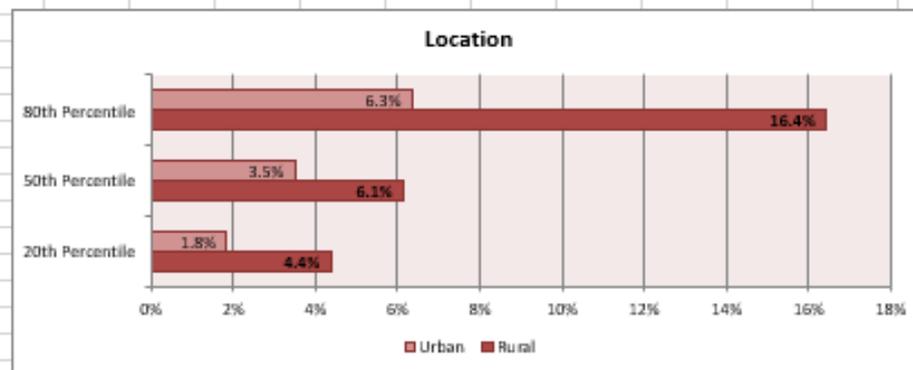
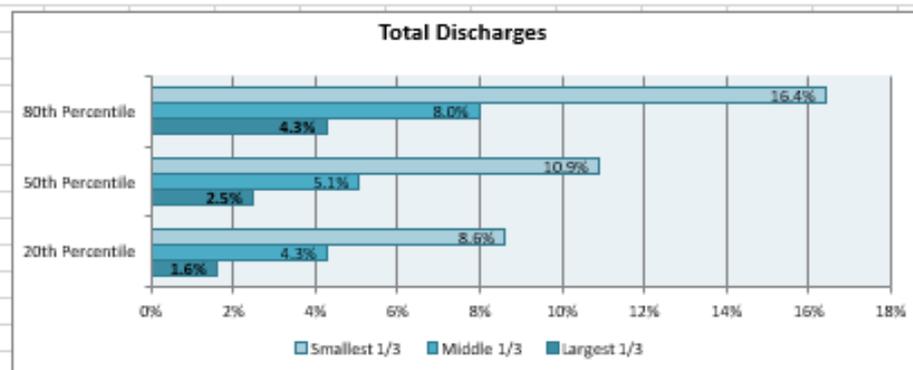
- Will be updated annually.
- Refer to “Methodology” and “IRFs by Peer Group” files for additional details.
- Disagree with your ownership type or location?
 - Contact your CMS Regional Office Coordinator with any updates/corrections: <https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html>

Example: CMGs at Risk for Unnecessary Admissions

Percentiles by Peer Group – Inpatient Rehabilitation Facility – Q4FY17

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

Target Area: CMGs at Risk for Unnecessary Admissions



PEPPER.CBRPEPPER.org

“Training and Resources” Page

- PEPPER User’s Guide
- Jurisdictions spreadsheet
- Recorded PEPPER training sessions
- Sample IRF PEPPER

For Assistance with PEPPER



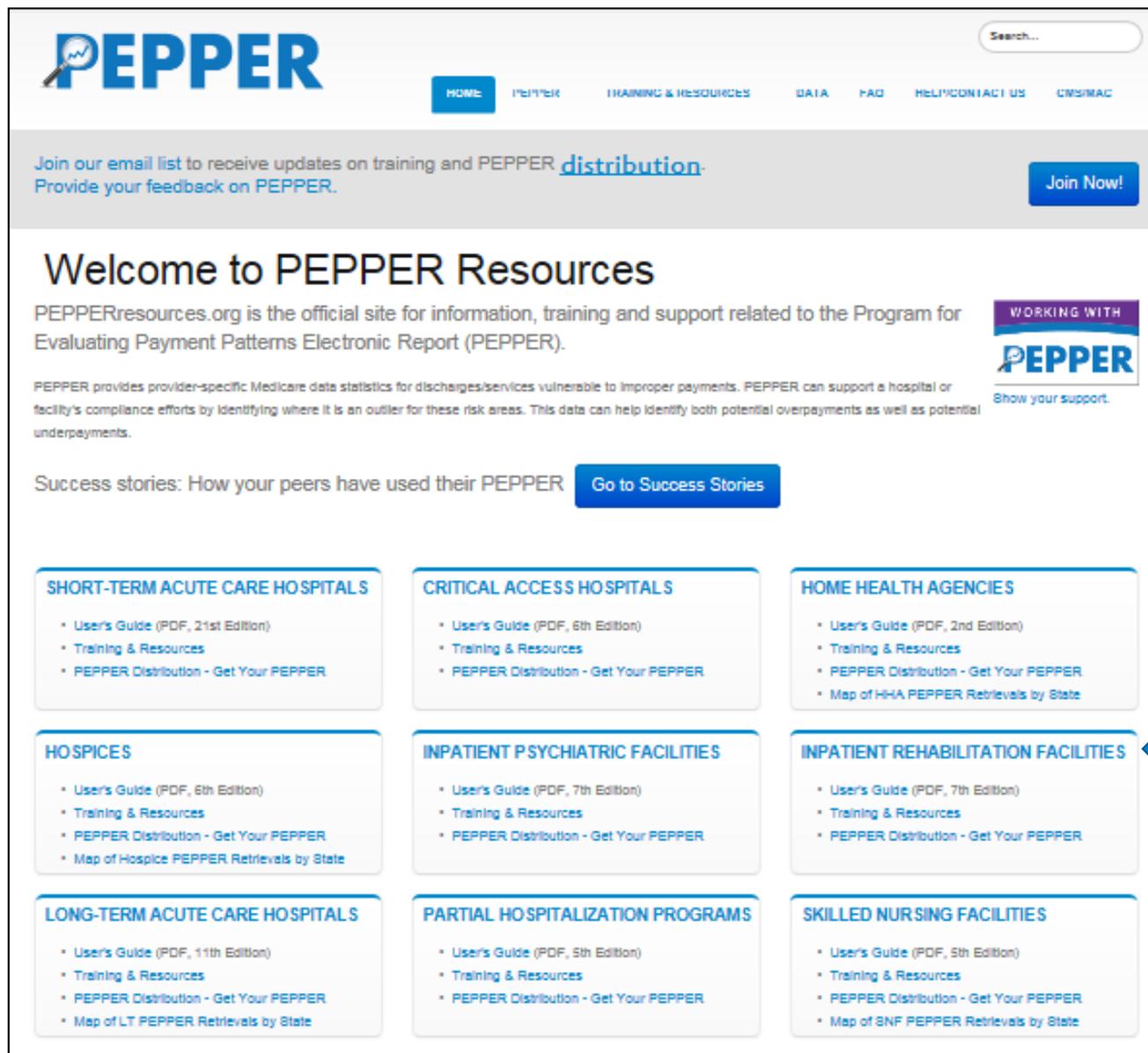
If you have questions or need individual assistance, click on “Help/Contact Us,” and submit your request through the Help Desk.



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 buttons for HOME, PEPPER, TRAINING & RESOURCES, DATA, FAQ, HELP/CONTACT US, and CMS/MAC. 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 the site is the official source for information, training, and support for 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 main heading is a 'Success stories' section with a 'Go to Success Stories' button. The page features nine category cards, each with a title and a list of resources: SHORT-TERM ACUTE CARE HOSPITALS, CRITICAL ACCESS HOSPITALS, HOME HEALTH AGENCIES, HOSPICES, INPATIENT PSYCHIATRIC FACILITIES, INPATIENT REHABILITATION FACILITIES, LONG-TERM ACUTE CARE HOSPITALS, PARTIAL HOSPITALIZATION PROGRAMS, and SKILLED NURSING FACILITIES. A large blue arrow points to the 'INPATIENT REHABILITATION FACILITIES' card.

PEPPER

Search...

HOME PEPPER TRAINING & RESOURCES DATA FAQ HELP/CONTACT US CMS/MAC

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