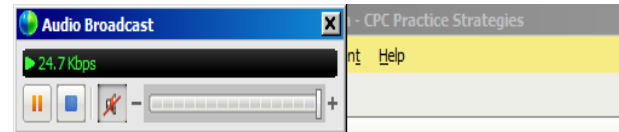


Thank you for joining us!

- We will start at 3 p.m. ET.
 - You will hear silence until the session begins.
 - Handout: Available at PEPPER.CBRPEPPER.org in the SNF “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: 736 136 094 (limited to 500 callers)





Q4FY18 Skilled Nursing Facility (SNF) PEPPER Review

May 2, 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.

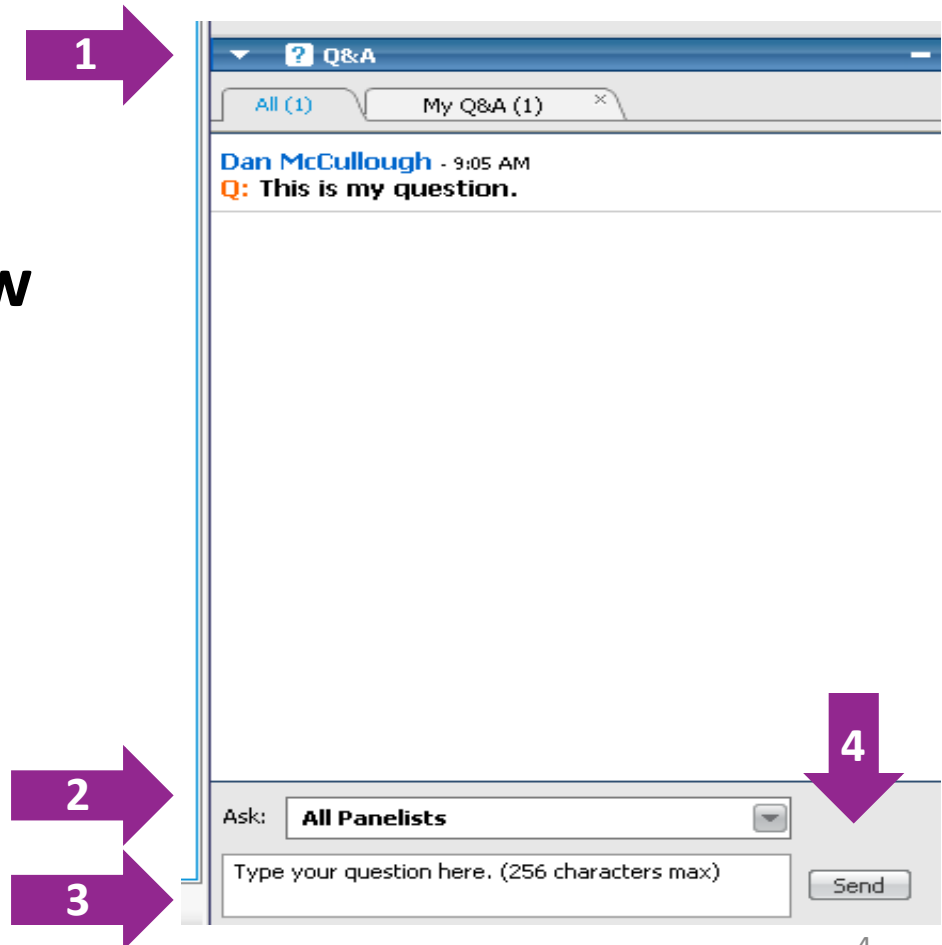


A "Q&A" document will be developed and posted at PEPPER.CBRPEPPER.org in the SNF "Training and Resources" section.

To Ask a Question in Split Screen:

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

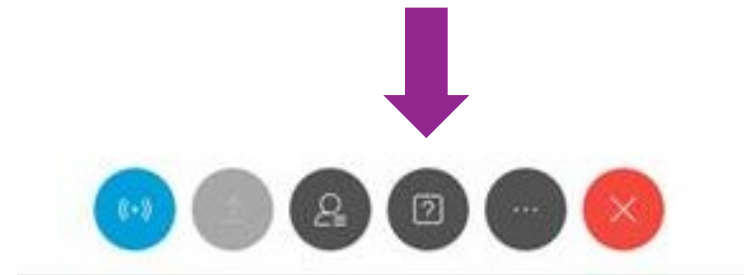
1. Go to the **“Q&A”** window located on the right side.
2. In the **“Ask”** box, select **“All Panelists.”**
3. Type in your question.
4. Click the **“Send”** button.



The screenshot shows a web browser window titled "Q&A" with two tabs: "All (1)" and "My Q&A (1)". The main content area displays a question from "Dan McCullough" at 9:05 AM: "Q: This is my question." Below the question is an "Ask:" dropdown menu set to "All Panelists", a text input field containing "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 SNF PEPPER.
 - No revisions to the target areas
 - Discuss potential changes in the future as transition to Patient-Driven Payment Model (PDPM)
- 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 SNF “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 jurisdictions, 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 SNF PEPPER Release

Available by 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.

SNF Improper Payment Risks

- SNFs are reimbursed through the SNF prospective payment system (PPS).
 - Minimum Data Set (MDS)
 - Resource Utilization Group (RUG)
 - Visit CMS SNF PPS page for more information:
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPayment/>

Patient Driven Payment Model (PDPM)

- Replaces current RUG system
- Goes into effect Oct. 1, 2019
- PEPPER with statistics for FY2020 (estimated release April 2021) will reflect PDPM statistics
- Learn more about the PDPM at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html>
- Will impact SNF PEPPER target areas

SNF Improper Payment Risks, cont.

- SNFs can be at risk for improper Medicare payments related to improper coding and unnecessary care.
- Target areas were identified based on a review of literature regarding SNF payment vulnerabilities, a review of the SNF PPS, an analysis of claims data, and 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).
- Constructed as a ratio:
 - Numerator = RUG days/episodes of care identified as potentially problematic
 - Denominator = larger reference group that contains the numerator

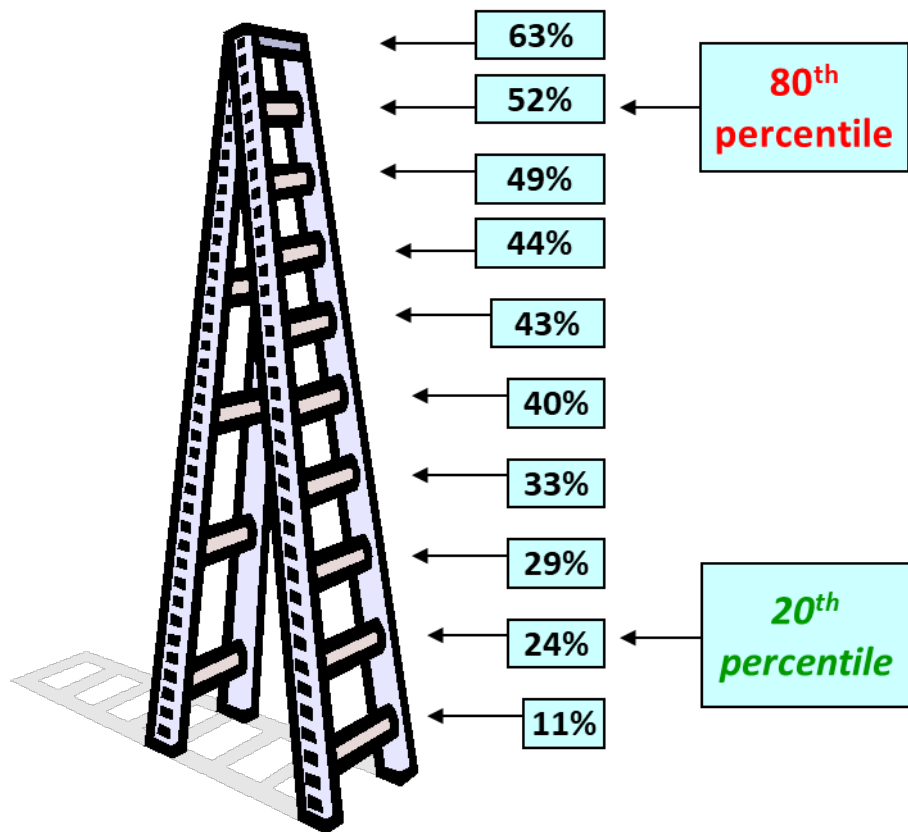
SNF Target Areas

Target Area	Target Area Definition
Therapy RUGs with High ADLs	<p><i>Numerator (N):</i> count of days billed with RUG equal to RUX, RVX, RHX, RMX, RUC, RVC, RHC, RMC, RLB</p> <p><i>Denominator (D):</i> count of days billed for all therapy RUGs</p>
Nontherapy RUGs with High ADLs	<p><i>N:</i> count of days billed with RUG equal to SSC, CC2, CC1, BB2, BB1, PE2, PE1, IB2, IB1 in RUG III; HE2, HE1, LE2, LE1, CE2, CE1, BB2, BB1, PE2, PE1 in RUG IV</p> <p><i>D:</i> count of days billed for all nontherapy RUGs</p>
Change of Therapy Assessment	<p><i>N:</i> count of assessments with AI second digit "D"</p> <p><i>D:</i> count of all assessments</p>

SNF Target Areas, cont.

Target Area	Target Area Definition
Ultrahigh Therapy RUGs	<p><i>Numerator (N):</i> count of days billed with RUG equal to RUX, RUL, RUC, RUB, RUA</p> <p><i>Denominator (D):</i> count of days billed for all therapy RUGs</p>
20-day Episodes of Care <i>(new as of Q4FY17)</i>	<p><i>N:</i> count of episodes of care ending in the report period with a length of stay of 20 days</p> <p><i>D:</i> count of episodes of care ending in the report period</p>
90+ Day Episodes of Care	<p><i>N:</i> count of episodes of care at the SNF with LOS 90+ days</p> <p><i>D:</i> count of all episodes of care at the SNF</p>

Percentile Calculation Example



- The top two SNFs' percents are at or above the 80th percentile.
- The bottom two SNFs' percents are at or below the 20th percentile (for areas at risk for undercoding only).

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.

Distribution method differs for hospital-based SNFs/swingbed units versus free-standing SNFs.

PEPPER cannot be sent via email.

SNF Swingbeds/Units of Hospitals

- SNF swingbeds/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 SNFs

- 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

- 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? Specialized programs/services? Patient population? Referral sources? Health care environment? Verify by:
 - Sampling claims, reviewing documentation in medical record, MDS.
 - Reviewing claim; was it coded and billed appropriately based upon documentation in medical record and MDS?
- 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 RUGs
 - Top RUGs 90+ day episodes of care
- Also available at the national level for:
 - All SNFs
 - Free-standing SNFs
 - SNF/swingbed 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 SNFs 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

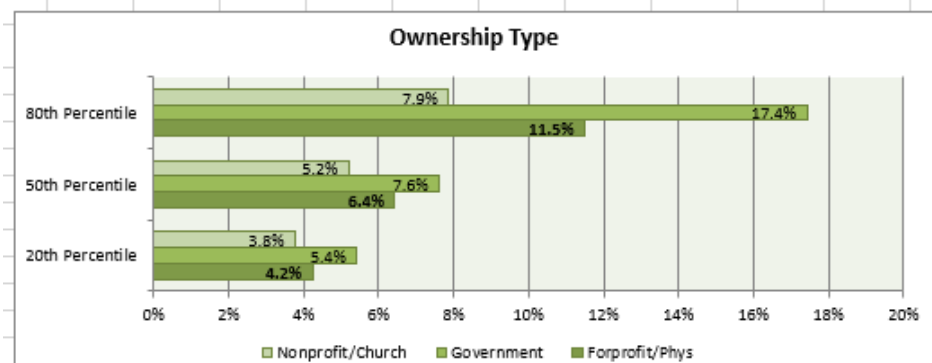
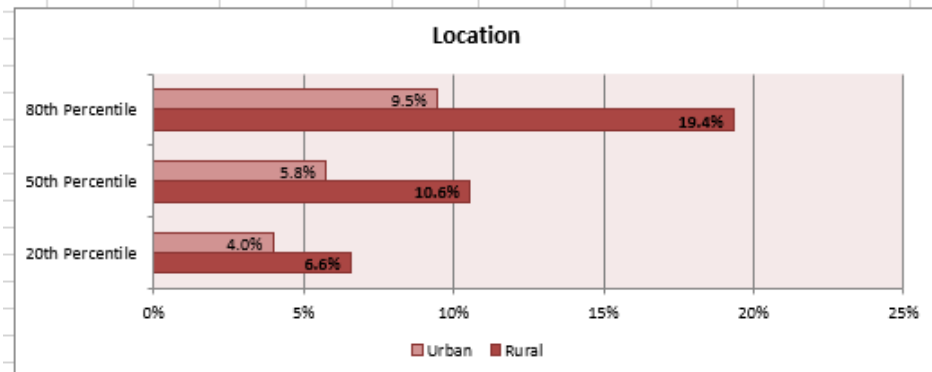
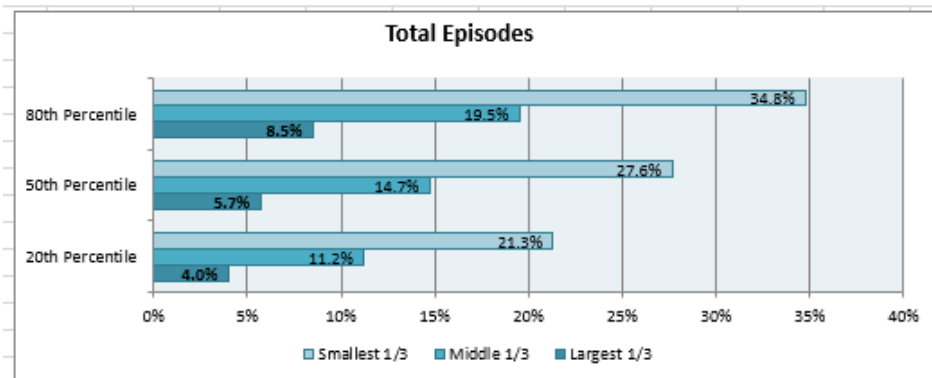
- Will be updated annually.
- Refer to “Methodology” and “SNFs by Peer Group” files for additional details.
- Disagree with your ownership type or location?
 - Contact your CMS Regional Office Coordinator with any updates/corrections: <https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html>.

Example: 20-day Episodes

Percentiles by Peer Group - Skilled Nursing Facilities - Q4FY17

Based on episodes of care ending between 10/01/2016 to 09/30/2017

Target Area: 20-day Episodes of Care



PEPPER.CBRPEPPER.org

“Training and Resources” Page

- PEPPER User’s Guide
- Jurisdictions spreadsheet
- Recorded PEPPER training sessions
- Sample SNF 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, 26th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER

CRITICAL ACCESS HOSPITALS

- User's Guide (PDF, 8th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
 - See CAH Change in Distribution Method

HOME HEALTH AGENCIES

- User's Guide (PDF, 3rd 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, 6th 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