



PEPPER Sessions Chapter 2 Data Home Health Agencies

In this session I will summarize the data in the PEPPER for home health agencies.

When you look at the data and the statistics in your PEPPER, you need to keep in mind that it only summarizes Medicare claims data. It does not include data for any other types of payers.

The PEPPER statistics are calculated based on paid Medicare claims that are submitted to your MAC, or your Medicare Administrative Contractor, for reimbursement. And we identify these claims for inclusion in the PEPPER based on specific inclusion criteria which are listed on this slide. The claims have to be from home health Part A or Part B final action claims, the Medicare claim payment amount must be greater than \$0, and we do include Medicare secondary payer claims as long as the Medicare claim payment amount is greater than zero.

We do not include interim or non-payment claims. And we exclude HMO claims. So that would be Medicare Advantage, Medicare replacement. Those claims are excluded. And we also exclude canceled claims.

I would encourage you to see the PEPPER user's guide for the data specifications that are related to these criteria. And it is important to use these inclusion criteria if you are attempting to identify your episodes or periods that are summarized in the PEPPER in the case that you want to take a closer look at some claims.

You'll notice that the claims data are summarized in your PEPPER. They're organized into three 12-month time periods based on the episodes or periods where the "through" date of the last claim in that episode or period falls within the respective calendar year. In the home health PEPPER, we organize them based on calendar year: January first through December 31st. The Q4 calendar year 19 release summarizes statistics for episodes that end between January 1st, 2017, through December 31st, 2019, which are calendar years 2017, 2018, and 2019.

Now, each time we produce a new PEPPER, the oldest time period rolls off as the newer time period is added on. And you also need to keep in mind that each time we produce the PEPPER, we access the Medicare paid claims database and we download the claims for the three time periods. So essentially, all of the time periods data are refreshed.

So what that means is that it's possible that there might be slight changes in the numerator or denominator counts for some of the target areas for prior time periods which could be due to late claims being submitted or if there were adjustments made to claims during that time period. You may also notice that percentile values may change slightly from one release to the next. And that's simply because we refresh the statistics for all of those time periods.

So the home health PEPPER summarizes the services that are provided by a home health agency, and it's based on the claim or the episode that ends during that calendar year. So when you're looking at your PEPPER, keep in mind that for that 60 day episode (or 30-day period under the patient driven groupings model) there is a claim that's submitted and whenever the through date — the last day — is on that claim, that's the calendar year into which that episode's or period's the statistics are summarized.

While we're talking about the data in the PEPPER, you also need to be aware of a restriction that's been imposed on us by CMS. It requires that we suppress statistics from being displayed in the PEPPER when the numerator or denominator count is less than 11 for a target area in any time period. So when the numerator or denominator count is less than 11, the PEPPER will display blank cells for that particular time period and it might appear that there is data missing in the PEPPER. In some cases, entire target area reports may not have any data.

In addition, state percentiles will not be calculated if there are fewer than 11 home health agencies in a state that have reportable data for a target area and a time period. And so those state percentiles would not be reported in that instance and you would see a blank cell. So when you're looking at your PEPPER, if you see missing data, as in the sample images here, either in the graph, the data table, or the comparison data table, it's due to this data restriction and not to any error or problem in the PEPPER itself.

I should add that it is possible that a home health agency does not have a PEPPER available. This would occur if the numerator count was less than 11 for all of the target areas and for all of the time periods included in that release. And so there are some home health agencies that will not have a PEPPER available as a result of that data restriction.

Sometimes we get the question asked to us why the PEPPER statistics are so old so I thought I would take a moment to just explain the way we process the claims data for you. Now, in order for us to ensure that the data reflected in the PEPPER are complete, we have to wait four months after the most recent month in a reporting period before we download the claim so that we can analyze that data. At that point the last month is about 95% complete and so that way we can be relatively certain that those statistics are accurately reflecting activity at the home health agencies. So data for the calendar year ending December 31st are downloaded the end of the following April, and the data processing, quality checks, report production and distribution require an additional three months. However, the comparisons in the PEPPER are still valuable. If you desire to look at statistics that are more current, you may consider using your internal management information system to replicate the target area statistics by first identifying the claims that are eligible for inclusion in the PEPPER, see slide one, and then applying the numerator and denominator definition for the target area, which can be found on the "Definitions" tab in the PEPPER or in the *Home Health Agency PEPPER User's Guide*, which is available on the PEPPER website.