PEPPER Summarizes Medicare Data

- Paid Medicare claims (UB-04)
  - Hospice final action claims
  - Medicare claim payment amount > zero (note: includes Medicare secondary payer claims)
  - Exclude HMO claims (Medicare Advantage)
  - Exclude canceled claims

- See the PEPPER User's Guide (available at PEPPER.CBRPEPPER.org) for data specifications

![PEPPER - Program for Evaluating Payment Patterns Electronic Report](logo)

PEPPER Data

- Organized in three 12-month time periods based on fiscal year (FY).

FY 2017	FY 2018	FY 2019

- Q4FY19 release summarizes statistics for hospice episodes of service/claims that end between Oct. 1, 2016 through Sept. 30, 2019 (fiscal years 2017, 2018 and 2019).

PEPPER Target Area Statistics

- Some target areas are claims-based and summarize statistics for claims that end in the respective fiscal year.

- Some target areas report on services provided to a beneficiary whose episode of service ends during the respective fiscal year.
  - An episode of service is created from the claims submitted by a hospice for each beneficiary.

What is an "Episode of Service" (EOS)?

- To create an EOS: All claims submitted by a hospice for a beneficiary are collected and sorted from the earliest "Claim From" date to the latest.

- If the patient discharge status code on the latest claim in a series indicates that the beneficiary was discharged (by death or alive) or did not return for continued care, that beneficiary's EOS is included in the time period in which the latest "Through Date" falls.

- If there is a gap between one claim's "Through Date" to the next claim's "From Date" of more than 60 days, then that is considered the end of one EOS and the beginning of a new EOS.

- If the latest claim in the series ends in the last month of the latest time period (Sept. 1-30, 2019 for the Q4FY19 release) and indicates that the beneficiary was still a patient (patient discharge status code "30"), then that beneficiary's EOS is not included.

- Each EOS is included in the time period in which the latest "Through Date" falls.

- Claims are collected for two years prior to each time period so that longer lengths of stay may be evaluated.

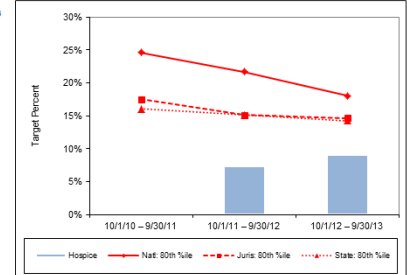| Bene	Claim Number	From Date	Through Date	Day Count per claim	Days Btwn Claims	Hospice EOS
Bene A	1	8/8/2017	8/31/2017	24	n/a	1
Bene A	2	9/1/2017	9/30/2017	30	1	1
Bene A	3	10/1/2017	10/31/2017	31	1	1
Bene A	4	11/1/2017	11/30/2017	30	1	1
Bene A	5	12/1/2017	12/31/2017	31	1	1
Bene A	6	1/1/2018	1/31/2018	31	1	1
Bene A	7	2/1/2018	2/29/2018	29	1	1
Bene A	8	3/1/2018	3/31/2018	31	1	1
Bene A	9	4/1/2018	4/3/2018	3	1	1
Bene A	10	10/16/2018	10/31/2018	16	196	2
Bene A	11	11/1/2018	11/30/2018	30	1	2
Bene A	12	12/1/2018	12/31/2018	31	1	2
Bene A	13	1/1/2019	1/31/2019	31	1	2
Bene A	14	2/1/2019	2/12/2019	12	1	2

PEPPER Data Restriction

- Due to CMS data restrictions, the Hospice PEPPER will not display statistics when the numerator or denominator count is less than 11 for a target area in any time period.

  – Some hospices may not see any data for some target areas or time periods.

Live Discharges *(revised as of the Q4FY13 release)*

Need to audit? When reviewing this information, you may want to consider auditing a sample of records if you identify:

• Increasing Target Percents over time resulting in greater risk of improper Medicare payments
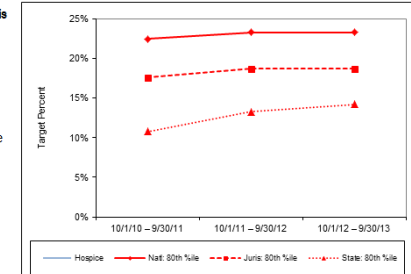• Your Target Percent (first row in the table below) is above the national 80th percentile

YOUR HOSPICE		10/1/10 – 9/30/11	10/1/11 – 9/30/12	10/1/12 – 9/30/13
Target Area Percent		*	7.4%	9.1%
Target Count For discharges prior to July 1, 2012: (Numerator:count of beneficiary episodes discharged alive by the hospice (patient discharge status code not equal to "40", "41" or "42") with occurrence code "42" **For discharges beginning July 1, 2012:** (Numerator:count of beneficiary episodes who were discharged alive by the hospice (patient discharge status code not equal to "40", "41" or "42"); see Definitions worksheet for exclusions			17	28
Denominator Count (see Definitions worksheet for complete definition)			231	308
Target (Numerator) Average Length of Stay			176.4	300.7
Denominator Average Length of Stay			75.2	91.9
Target (Numerator) Average Payment			$30,249	$52,693
Target (Numerator) Sum of Payments			$514,232	$1,475,405

Long Length of Stay

Need to audit? When reviewing this information, you may want to consider auditing a sample of records if you identify:

• Increasing Target Percents over time resulting in greater risk of improper Medicare payments
• Your Target Percent (first row in the table below) is above the national 80th percentile

YOUR HOSPICE	10/1/10 – 9/30/11	10/1/11 – 9/30/12	10/1/12 – 9/30/13
Target Area Percent	*	*	*
Target Count (Numerator: count of beneficiary episodes discharged (by death or alive) by the hospice during the report period whose combined days of service at the hospice is greater than 180 days (obtained by considering all claims billed for a beneficiary by that hospice)			
Denominator Count (see Definitions worksheet for complete definition)			
Target (Numerator) Average Length of Stay			
Denominator Average Length of Stay			
Target (Numerator) Average Payment			
Target (Numerator) Sum of Payments			

Why are the statistics in PEPPER so old?

- TMF must wait four months after the most recent month in a reporting time period before downloading the claims data to analyze for inclusion in the report. Data for the fiscal year ending September 30 are downloaded at the end of the following January. Data processing, quality checks, report production and distribution require an additional three months.