PEPPER Sessions Chapter 2 Data PHPs

In this session, I'll summarize the data in the PEPPER for partial hospitalization programs (PHPs).

The PEPPER statistics are calculated based on traditional Part A Medicare Fee-for-Service claims, as identified by the UB-04 claim that's been submitted to your Medicare Administrative Contractor for Medicare reimbursement.

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 final action claims submitted by the PHP. The Medicare claim payment amount must be greater than $0. We do include Medicare secondary payer claims, as long as the Medicare claim payment amount is greater than $0. The PEPPER does not include HMO claims, Medicare Advantage, or Medicare replacement. And we also exclude canceled claims.

I would encourage you to take a look at the PEPPER user's guide, which is available at pepper.cbrpepper.org for the data specifications related to these criteria. And it is important for you to consider these inclusion criteria, as well as the target area, numerator, and denominator definitions, if you are attempting to identify your episodes that are summarized in your *PHP PEPPER*.

When you look at your PEPPER, you'll notice that the statistics are organized into three 12-month time periods based on the calendar year January 1st through December the 31st. And that would be based on the last day that the episode of care ends.

The PEPPER that is referred to as version Q4CY19 or the fourth quarter calendar year '19, summarizes the statistics for the PHP episodes that end between January 1st, 2017, through December 31, 2019, again, reflecting those three calendar years of 2017, 2018, and 2019.

Each time we produce a new PEPPER, the oldest time period rolls off as we add the newer time period. And also each time we produce a PEPPER, we refresh the statistics. We go to the Medicare claims database, and we download all of the claims data for those three time periods. And so all of the statistics are updated with each release of the PEPPER.

You might notice slight changes in the numerator or denominator count from one release to the next. And that would occur if there were late claims submitted or adjusted claims, that type of thing. So the numerator and denominator count might change just a bit. And you also might see percentile values change slightly from one release to the next.

In the *PHP PEPPER*, we summarize the statistics based on beneficiary episodes of care. Because a beneficiary may receive PHP services for varying lengths of time, from one day to several months, we create an episode of care from the claims submitted by a PHP for a beneficiary to represent one episode or course of treatment — analogous to a hospital discharge.

To identify an episode of care, we obtain all claims submitted by a provider for a beneficiary and sort them from the earliest "Claim From" date to the latest. There must be no break in service of more than seven days between one claim and the next. If there is a gap between one claim's "Through Date" to the next claim's "From Date" of 8 or more days, then that is considered a break in service.

The first episode would be ending, and we would count that as the beginning of a new episode if there is a gap of eight or more days. We count the episode in the time period or the calendar year in which it ends. That is the through date on the last claim in the beneficiary episode. We collect the claims for one year prior to each time period, so that we can evaluate longer episodes of care.

This is an example of claims submitted from one PHP for one beneficiary to show you how episodes of care are identified. You can see from the first column that these are all for the same beneficiary, Beneficiary A. We have numbered the claims submitted by the PHP in the second column, so you can see that the PHP submitted 11 claims for this beneficiary over a span of about 10 months. The next two columns represent the from and through dates, followed by the gap in days between claims, and the next column identifies the episode of care and the last column identifies the length of stay for the episode of care.

You can see that the first four claims are combined to form one episode of care because there was not a gap of eight or more days between any of these claims. There was a gap of 95 days between Claims 4 and 5, so Claim 5 represents the beginning of a new PHP episode of care for this beneficiary. The first episode of care ends January 20, 2019, and would be counted in calendar year 2019. The second episode ends August 26, 2019, and would also be counted in calendar year 2019. So even though episode one in this example started before the calendar year, all of the services of that beneficiary would be counted for that episode in calendar year 2019.

While we are discussing the data in PEPPER, you need to be aware of a data restriction imposed by CMS which requires us to suppress a provider's statistics from being displayed when the numerator or denominator count is less than 11 for a target area in any time period. When the numerator or denominator count is less than 11, the PEPPER will display blank cells for that particular time period, and it may appear that there is data missing in the PEPPER. In some cases entire target area reports may not have any data. In addition, jurisdiction or state percentiles are not calculated if there are fewer than 11 PHPs with reportable data for a target area and time period in the jurisdiction or state; the jurisdiction or state percentiles will not be reported in this instance, and users will see blank cells. So if you see missing data in your PEPPER, as in the sample images here, either in the graph, data table or in the comparison data table, it is due to the data restriction, and not to any error or problem in the PEPPER itself.

I should add that it is possible that a PHP does not receive a PEPPER; this would occur if the numerator count was less than 11 for all target areas and for all time periods included in the PEPPER.

Now I do get the question sometimes about, why the statistics in the PEPPER are so old, so I want to explain how we process the claims data. When we generate the PEPPER, we want to make sure that the claims data that are summarized there are accurate and complete. We do have to wait four months after the most recent month in a reporting time period before we download the claims to analyze them for inclusion in the report.

After four months, that most recent month in the time period, the claims data are about 95% complete. And so with that, we would feel that we are including an accurate and complete report.