# 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 PHP "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).
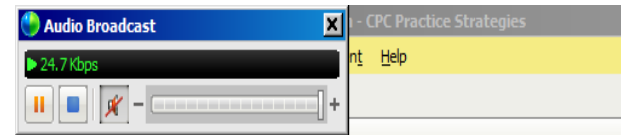
  - Dialing 1-415-655-0001, passcode: 160 600 7875 (limited to 500 callers)

Q4CY19 *Partial Hospitalization Program PEPPER* Review

Aug. 26, 2020

Annie Barnaby and Kimberly Hrehor

About Today's Presentation

Phone lines will be muted the entire duration of the training.

Submit questions using the Q&A panel.

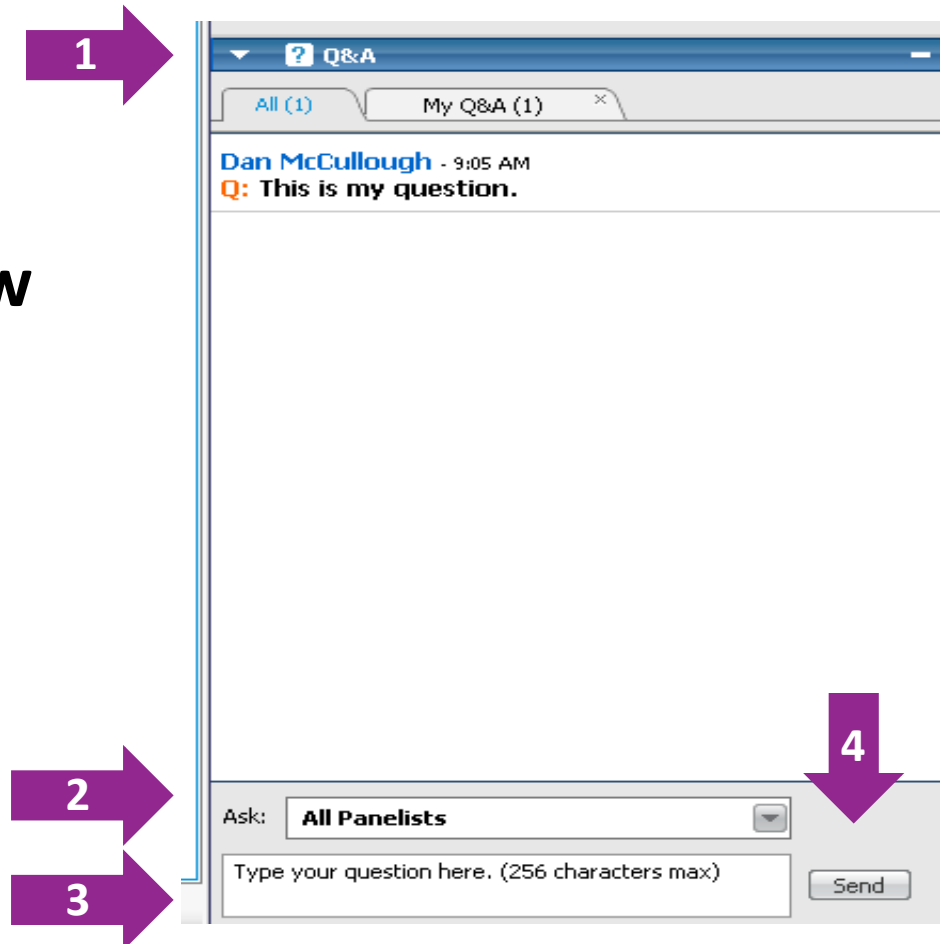Questions will be answered verbally as time allows at the end of the session.

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

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

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.

1 →

| ▼ | **?** Q&A | − |

| All (1) | My Q&A (1) | × |

Dan McCullough - 9:05 AM
Q: This is my question.

2 → Ask: **All Panelists** ▼

4 ↓

3 → Type your question here. (256 characters max) Send

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.
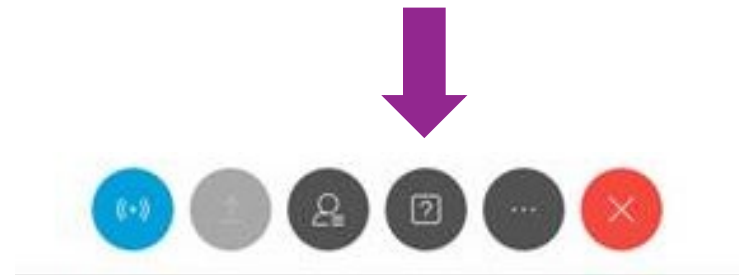
Agenda

- Review the Q4CY19 *Partial Hospitalization Program (PHP) Program for Evaluating Payment Patterns Electronic Report (PEPPER)*.
  - There were no revisions to the target areas.
  - The PEPPER format was revised.

- Review other resources:
  - National aggregate data

PEPPER Details

To learn more about PEPPER:

Review percents and percentiles.	Review a demonstration PEPPER.	Access the updated recorded training sessions available in the PHP "Training and Resources" section of the PEPPER website at PEPPER.CBRPEPPER.org.

What is 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, jurisdiction, and the state.

PEPPER cannot identify improper Medicare payments!

History of PEPPER

2003
TMF developed PEPPERs for short-term acute care hospitals and, later, long-term acute care hospitals; they were provided by Quality Improvement Organizations (QIOs) through 2008.

2010
TMF began distributing PEPPERs to all providers in the nation, and TMF developed PEPPERs for other provider types: critical access hospitals, inpatient psychiatric facilities, and inpatient rehabilitation facilities (2011); hospices and PHPs (2012); skilled nursing facilities (2013); and home health agencies (2015).

2018
The Centers for Medicare & Medicaid Services (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 a 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.

Q4CY19 *PHP PEPPER* Release

Available by Aug. 12, 2020

Summarizes statistics for three calendar years:
  – 2017
  – 2018
  – 2019
	Statistics for all time periods are refreshed with each release.	The oldest calendar year rolls off as the new one is added.

What is an "episode of care" (EOC)?

- An EOC represents an episode of treatment for a beneficiary.

- All claims submitted by a PHP for a beneficiary are sorted from the earliest "claim from" date to the latest.

- The difference between the "through date" of one claim and the "from date" of the next claim is less than or equal to seven days (if eight or more days, then a new EOC begins).

- An EOC is counted in the time period (calendar year) in which it ends.

Bene	Claim Number	From Date	Through Date	Days Between Claims	EOC	Episode LOS
Bene A	1	10/26/17	10/29/17	n/a	1	
Bene A	2	11/1/17	11/30/17	3	1	
Bene A	3	12/1/17	12/30/17	1	1	
Bene A	4	1/3/18	1/20/18	4	1	86
Bene A	5	4/25/18	4/30/18	95	2	
Bene A	6	5/2/18	5/30/18	2	2	
Bene A	7	6/1/18	6/30/18	2	2	
Bene A	8	7/1/18	7/15/18	1	2	
Bene A	9	7/16/18	7/31/18	1	2	
Bene A	10	8/1/18	8/15/18	1	2	
Bene A	11	8/17/18	8/26/18	2	2	123

PHP Improper Payment Risks

PHPs are reimbursed on a per-diem basis through the Outpatient Prospective Payment System (OPPS).

PHPs can be at risk for improper payments.

Target areas were identified based on a review of the PHP reimbursement methodology, oversight agency studies, claims data analysis, and coordination with CMS subject matter experts.

Office of Inspector General Report

- *Questionable Billing by Community Mental Health Centers*, August 2012, OEI-04-11-00100

- This report identified nine questionable billing characteristics for community mental health center (CMHC) PHP services.

- This report is available at http://oig.hhs.gov/oei/reports/oei-04-11-00100.pdf

PEPPER Target Areas

- Areas identified as potentially at risk for improper Medicare payments (e.g., coding or billing errors, unnecessary services)

- A target area is constructed as a ratio:
  - Numerator = episodes identified as potentially problematic
  - Denominator = larger reference group

- Reported as a percent

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PHP PEPPER Target Areas

Target Area	Target Area Definition
Group Therapy	*Numerator (N):* count of EOC ending in the report period with only group therapy (Healthcare Common Procedure Coding System [HCPCS] codes G0410 or G0411) billed *Denominator (D):* count of all EOC ending in the report period
No Individual Psychotherapy	*N:* count of EOC ending in the report period with no units of individual psychotherapy (HCPCS codes 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90865, or 90880) *D:* count of all EOC ending in the report period

PHP PEPPER Target Areas (Cont.)

Target Area	Target Area Definition
60+ Days of Service	*N*: count of EOC ending in the report period with greater than or equal to 60 days of service provided by the PHP *D*: count of all EOC ending in the report period
30-Day Readmissions	*N:* count of all index (first) EOC ending in the report period for which a resumption of care occurred within 30 days to the same or to another PHP *D:* count of all EOC ending in the report period

Percentiles in PEPPER
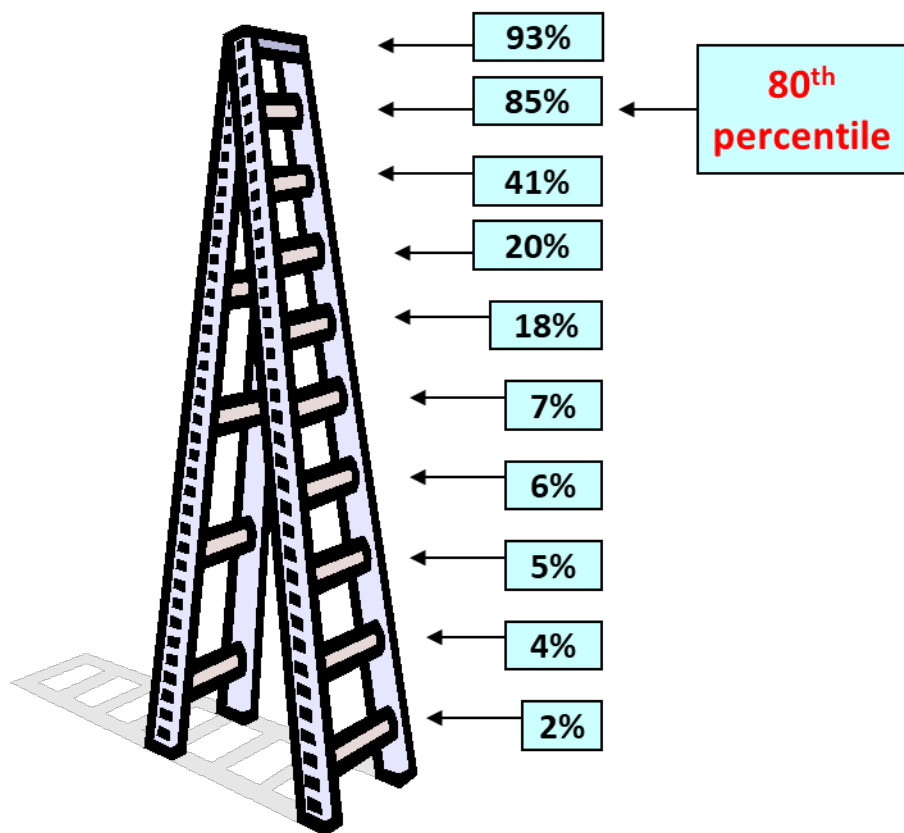
- The percentile tells us the percentage of PHPs that have a lower target area percent.

- Target area percents at/above national 80th percentile are identified as "outliers" in PEPPER.

Comparison Groups

National Comparison

Medicare Administrative Contractor (MAC) Jurisdiction Comparison

State Comparison
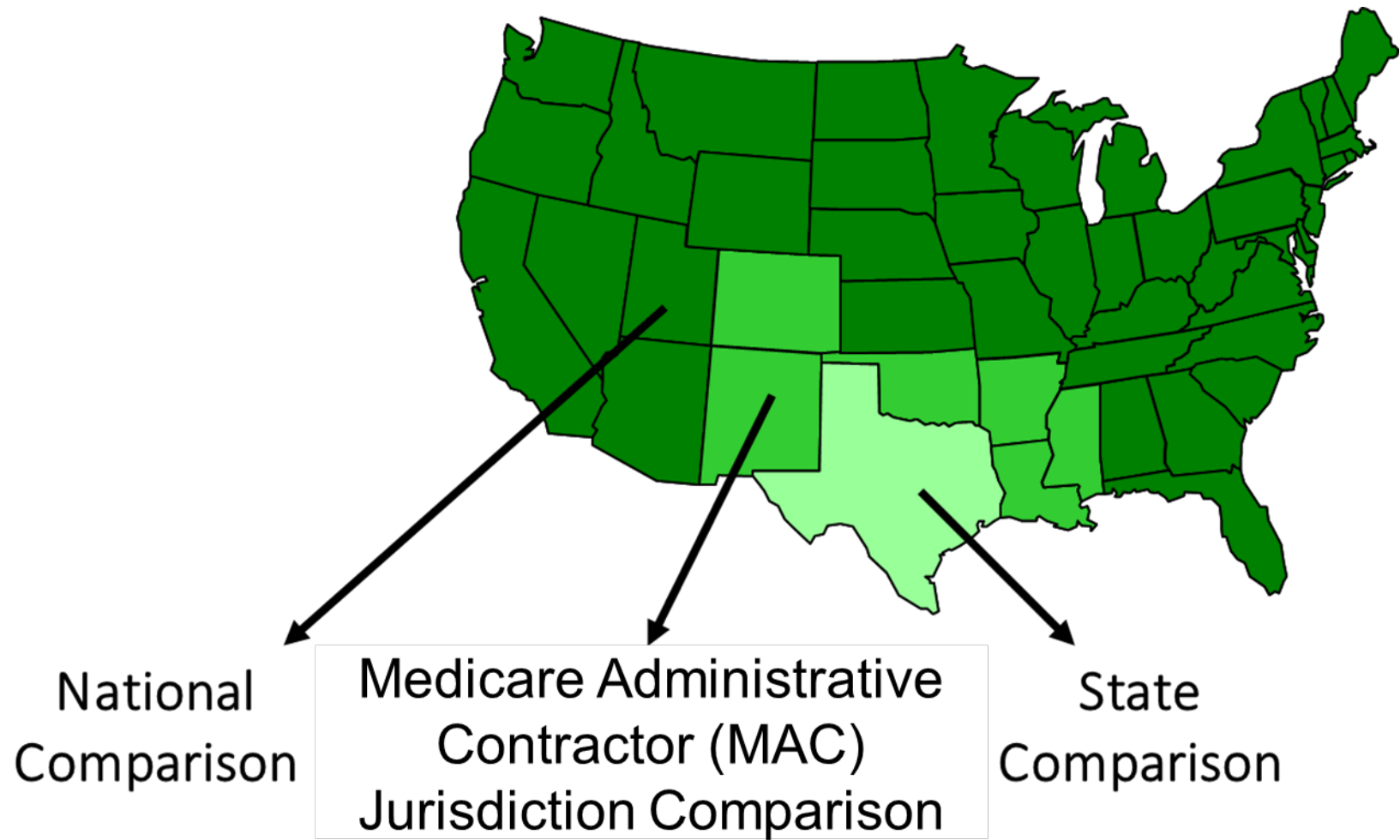
How does PEPPER apply to providers?

PEPPER is a roadmap to help providers identify potentially vulnerable or improper payments.

Providers are not required to use PEPPER or take any action in response to their PEPPER statistics.

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 for hospital-based PHPs is different than it is for free-standing PHPs.

PEPPER cannot be sent via email.

PHP Units of Hospitals

- PHP distinct part units of short-term acute care hospitals or inpatient psychiatric facilities: 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.

CMCH PHPs

- PEPPER Portal
  - Visit PEPPER.CBRPEPPER.org
  - Under the "About PEPPER" drop-down menu, click on the "PEPPER Distribution – Get Your PEPPER" tab.
  - 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 Provider Transaction Access Number [PTAN]).
  - Not the same as the tax ID or National Provider Identifier (NPI) number.

- A Patient Control Number (form locator 03a) or Medical Record Number (form locator 03b) from claim of traditional Medicare Fee-for-Service beneficiaries who received services between **Oct. 1 – Dec. 30, 2019**.

Strategies to Consider

- Do not panic!
  - Outlier status does not necessarily mean that compliance issues exist.

- If you are an "outlier," determine why that may be.
  - Do the statistics reflect your operation? Patient population? Referral sources? Health care environment? Verify by:
    - Sampling claims or reviewing documentation in the medical record.
    - Reviewing a claim; was it coded and billed appropriately based upon documentation in the medical record?

- Ensure you are following best practices, even if you are not an outlier.

Aggregate Target Area Data

- National-level and state-level data is available at PEPPER.CBRPEPPER.org on the "Data" page.
  - Target areas
  - Top diagnoses
- This data is updated annually following each report release.

PEPPER.CBRPEPPER.org "Training and Resources" Page

☑ *PHP PEPPER User's Guide*

☑ Jurisdictions spreadsheet

☑ Recorded PEPPER training sessions

☑ Sample *PHP 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.

Questions?

- "Help Desk" at PEPPER.CBRPEPPER.org