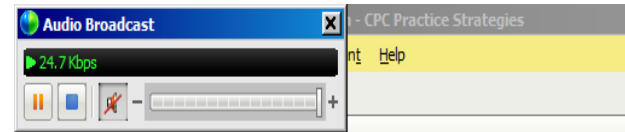


Thank you for joining us!

- We will start at 3 p.m. ET.
- You will hear silence until the session begins.
- Handout: Available at CBR.CBRPEPPER.org.
- A Q&A document 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 1-415-655-0001 (passcode 157 464 3219) (limited to 500 callers).





Q4FY20 Inpatient Rehabilitation Facility PEPPER Review

Spring 2021

Annie Barnaby



About Today's Presentation



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



Submit questions pertinent to the webinar using the Q&A panel.

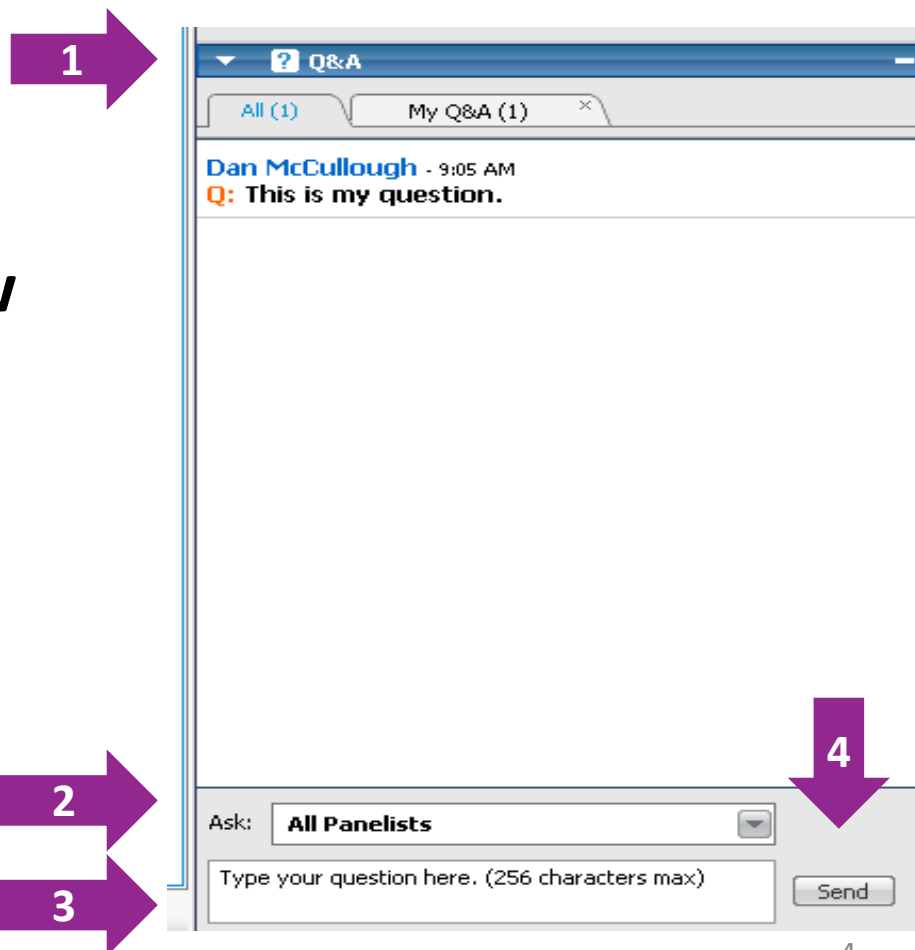


Questions will be answered verbally, as time allows, at the end of the session.

To Ask a Question in Split Screen

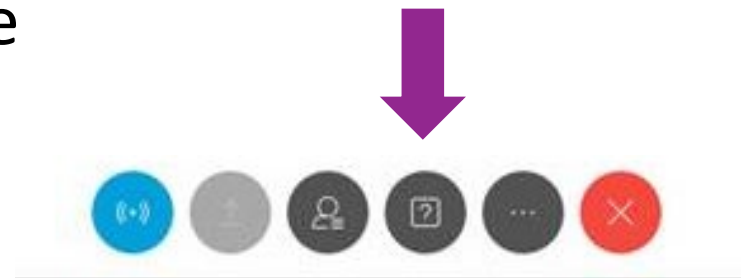
Ask your question in Q&A as soon as you think of it.

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.



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 the window and to see the full screen again.



Agenda

- Review the Q4FY20 *Inpatient Rehabilitation Facility (IRF) Program for Evaluating Payment Patterns Electronic Report (PEPPER)*.
- 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
recorded training
sessions available
in the IRF “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 Health Quality Institute developed PEPPERS for short-term acute care hospitals (STACHs) and, later, long-term acute care hospitals (LTCH); 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 IRFs (2011); hospices and partial hospitalization programs (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.

Q4FY20 *IRF PEPPER* Release

Summarizes statistics for three federal fiscal years:

- 2018
- 2019
- 2020

Statistics for all time periods are refreshed with each release.

The oldest fiscal year rolls off as the new one is added.

IRF Improper Payment Risks

IRFs are reimbursed through the IRF prospective payment system (PPS).

IRFs can be at risk for improper Medicare payments due to coding errors or unnecessary admissions.

IRF PEPPER target areas were identified based on a review of the IRF PPS, coordination with CMS IRF subject matter experts, and analysis of national claims data.

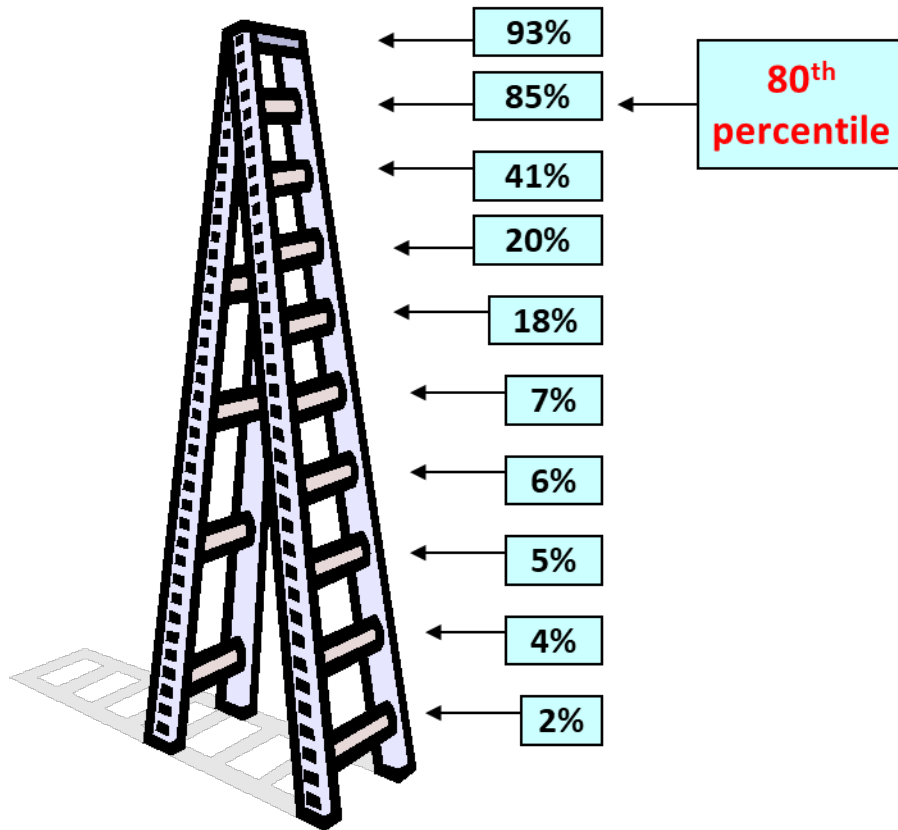
PEPPER Target Areas

- Areas identified as potentially at risk for Medicare improper payments (e.g., coding or billing errors, unnecessary services)
- A target area is constructed as a ratio:
 - Numerator = discharges identified as potentially problematic (i.e., likely to be miscoded or admitted unnecessarily)
 - Denominator = larger reference group that contains the numerator

IRF PEPPER Target Areas

- *Miscellaneous CMGs*
- *CMGs at Risk for Unnecessary Admissions*
- *Outlier Payments*
- *STACH Admissions Following IRF Discharge*
- *3- to 5-Day Readmissions*
- *Short Stays*

Percentiles in PEPPER



- Percentile tells us the percentage of IRFs that have a lower target area percent.
- Target area percents at/above national 80th percentile are identified as “outliers” in PEPPER.

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 to take any action in response to their PEPPER statistics.



Why not take advantage of this free comparative report provided by CMS?

PEPPER Distribution

- PEPPER is distributed in an electronic format.
- Each release of PEPPER will be available for approximately two years from its original date of release.
- PEPPER cannot be sent via email.
- It is available via the PEPPER Portal:
 - Visit PEPPERFILE.CBRPEPPER.org.
 - Links to the portal can be found on the PEPPER homepage: PEPPER.CBRPEPPER.org.

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.
 - Freestanding IRF
 - Third digit of this number will be a “3.”
 - STACH
 - Third digit of this number will be a “0.”
 - Critical access hospital
 - Third digit of this number will be a “1.”

Required Information to Access PEPPER via the PEPPER Portal, Freestanding IRFs

- Validation Code:
 - Enter either a patient control number (found at form locator 03a on the UB-04 claim form) or a medical record number (found at form locator 03b on the UB-04 claim form) for a traditional Medicare Part A Fee-for-Service patient who received services from July 1, 2020, through Sept. 30, 2020 (“from” or “through” dates on a paid claim).
- The validation code may be shared with others in the IRF as deemed appropriate.
- The validation code is updated for each release.

Required Information to Access PEPPER via the PEPPER Portal, IRFs w/in STACHs or Critical Access Hospitals

- An email with the validation code was sent to the QualityNet administrator on file.
- The validation code may be shared with others in the IRF, as deemed appropriate.
- The validation code is updated for each release.
 - Validation codes for STACH IRF units are valid through 2021

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? Specialized programs/services? Patient population? Referral sources? Health care environment? Verify by:
 - Sampling claims and reviewing documentation in medical record.
 - Reviewing the 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 Data

- National-level and state-level data is available at PEPPER.CBRPEPPER.org on the “Data” page.
 - Target areas
 - Top case mix groups (CMGs)
 - Average length of stay (ALOS) by CMG tier and discharge destination
- This data is also available at the national level for all IRFs, including the following:
 - Free-standing IRFs
 - IRF distinct part units
- This data is updated annually following each report release.

Peer Groups

- Allows comparison of PEPPER statistics to providers' peers.
- For each of the target areas, the peer group bar charts identify the 20th, 50th, and 80th national percentile for IRFs in three categories:
 - Size (i.e., number of discharges)
 - Location (i.e., urban or rural)
 - Ownership type (i.e., profit/physician-owned, nonprofit/church, or government)

Peer Group Bar Charts

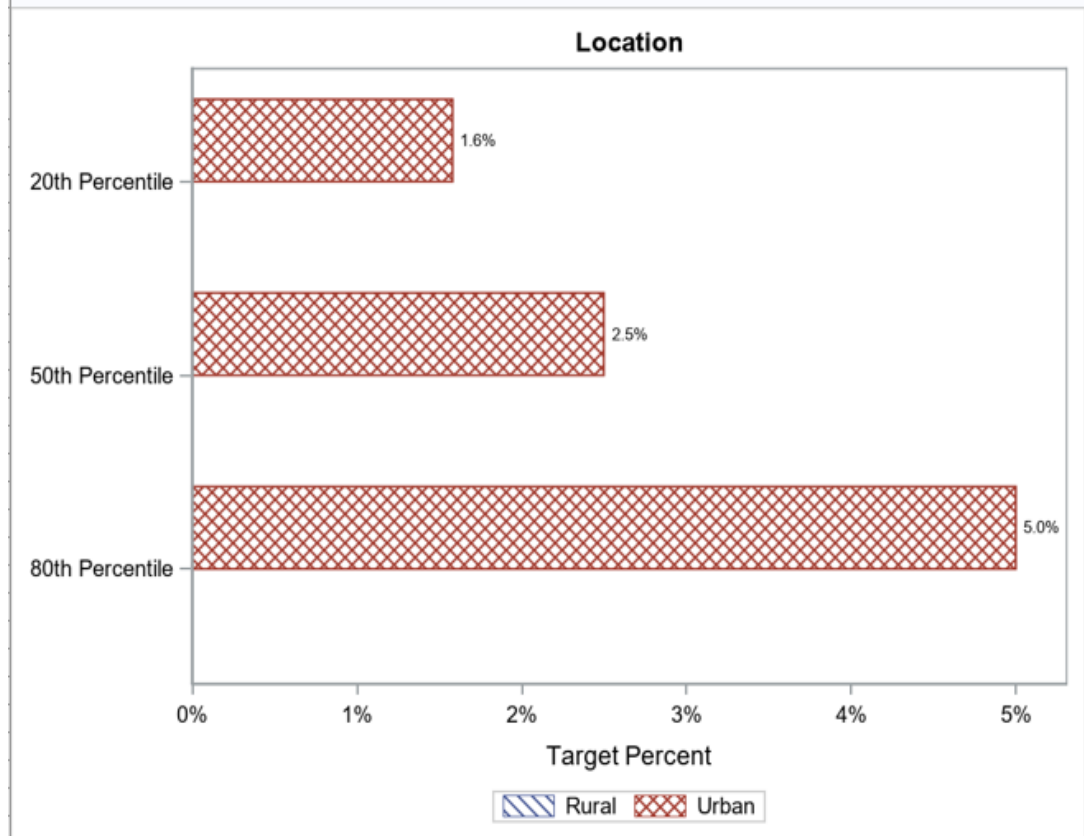
- Will be updated annually
- Refer to “Methodology” and “IRFs by Peer Group” files for additional details
- Disagree with your ownership type or location?
 - Contact your CMS Regional Office Coordinator with any updates/corrections

Example: *CMGs at Risk for Unnecessary Admissions*

Percentiles by Peer Group - Inpatient Rehabilitation Facility Q4FY19

Target Area: CMGs at Risk for Unnecessary Admissions

Demographic Group	20th Percentile	50th Percentile	80th Percentile
Urban	1.6%	2.5%	5.0%



Note: A peer group must have at least 11 providers with reportable data to be presented in the chart.

Data source: Medicare Fee-for-Service discharges between Oct. 1, 2018 and Sep. 30, 2019.

Statistics are based on providers with at least 11 discharges in the numerator.

PEPPER.CBRPEPPER.org

“Training and Resources” Page

- ☒ *IRF PEPPER* User’s Guide
- ☒ Jurisdictions spreadsheet
- ☒ Recorded PEPPER training sessions
- ☒ Sample *IRF 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.

CARES Act

Please note: Policy guidance cited in published CBRs and PEPPERS are based on non-public health emergency Medicare rules. Please check with your Medicare Administrative Contractor to determine if a particular service or supply is impacted by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act, published in March 2020, addresses Medicare flexibilities related to the COVID-19 crisis.

Success stories: How your peers have used their PEPPER

[Go to Success Stories](#)

SHORT-TERM ACUTE CARE HOSPITALS

- [User's Guide \(PDF, 32nd Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)

CRITICAL ACCESS HOSPITALS

- [User's Guide \(PDF, 9th Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)
- [Map of CAH PEPPER Retrievals by State](#)

HOME HEALTH AGENCIES

- [User's Guide \(PDF, 5th Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)
- [Map of HHA PEPPER Retrievals by State](#)

HOSPICES

- [User's Guide \(PDF, 9th Edition\)](#)
- [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](#)
- [Map of IPF PEPPER Retrievals by State](#)

INPATIENT REHABILITATION FACILITIES

- [User's Guide \(PDF, 10th Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)
- [Map of IPF PEPPER Retrievals by State](#)

LONG-TERM ACUTE CARE HOSPITALS

- [User's Guide \(PDF, 14th Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)
- [Map of LT PEPPER Retrievals by State](#)

PARTIAL HOSPITALIZATION PROGRAMS

- [User's Guide \(PDF, 7th Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)
- [Map of PHP PEPPER Retrievals by State](#)

SKILLED NURSING FACILITIES

- [User's Guide \(PDF, 8th Edition\)](#)
- [Training & Resources](#)
- [PEPPER Distribution - Get Your PEPPER](#)
- [Map of SNF PEPPER Retrievals by State](#)

Questions?

- Visit the Help Desk at PEPPER.CBRPEPPER.org.