

Eli's Hospice Insider

Benchmarks: New PEPPER Benchmarking Reports Zero In On Hospice Fraud & Abuse Hot Spots

Discharges, GIP, CHC and diagnosis coding highlighted for the first time.

You may be putting yourself on reviewers' radar if your data varies significantly from your peers' and next month you'll know.

The newest version of Medicare's PEPPER benchmarking reports are due out around April 18, says PEPPER contractor **TMF Health Quality Institute** on its website www.pepperresources.org.

New: The 2016 report, which will include 2015 data, will add benchmarks on four new measures: Live Discharges Revocations; Live Discharges with LOS 61-179 Days; Claims with Single Diagnosis Coded; and No General Inpatient Care or Continuous Home Care, according to the newly updated Hospice PEPPER User's Guide.

Old: The report will continue to furnish benchmarks on Live Discharges No Longer Terminally Ill; Long Length of Stay; Continuous Home Care Provided in an Assisted Living Facility; Routine Home Care Provided in an Assisted Living Facility; Routine Home Care Provided in a Nursing Facility; and Routine Home Care Provided in a Skilled Nursing Facility. The latter four measures on ALF, SNF and NF data were added last year (see Eli's Hospice Insider, Vol. 8, No. 5).

"These PEPPER target areas were approved by [the **Centers for Medicare & Medicaid Services**] because they have been identified as being potentially at risk for improper Medicare payments," TMF notes in the Guide.

Target: Under hospice payment reform, hospices receive a higher payment rate for days 61 and up, the User's Guide notes. Thus, "there is a target area to monitor the percent of all beneficiaries discharged alive with a LOS of 61-179 days. Hospices that have a high proportion of beneficiaries with a long length of stay may be admitting beneficiaries who do not meet the hospice eligibility criteria."

Plus: "Hospices that discharge alive a high proportion of beneficiaries from the hospice benefit may be admitting beneficiaries who do not meet the hospice eligibility criteria," TMF warns. "This may also be an indication of quality of care concerns or that financial concerns are driving hospice services. All three target areas addressing live discharges focus on these issues."

Revocations carry additional concerns, TMF says. "The hospice cannot revoke the beneficiary's election," the Guide reminds providers. The hospice cannot request nor demand the beneficiary revoke his/her election. CMS has identified concerns related to patterns of revocations and elections of the Medicare hospice benefit for the purpose of potentially avoiding costly hospitalizations and/or expensive procedures, drugs or services."

For links to the newly updated User's Guide, training resources, and distribution information (including how to log in and view your report via the PEPPER Resources Portal), go to www.pepperresources.org and scroll down to "Hospices."