

Eli's Hospice Insider

Quality: Benefit From The Feds' PEPPER Push

Learn from these hospices' PEPPER examples.

If you think diving into your free PEPPER report is a waste of time, Medicare's PEPPER contractor would like you to think again.

The PEPPER is an annual comparative data report that summarizes your Medicare claims data statistics "for areas prone to abuse/improper Medicare payments," PEPPER contractor **TMF Health Quality Institute** explains in a series of releases offering case studies of how PEPPER reports have helped home health and hospice agencies. PEPPER report data, used properly, can "support providers' efforts to identify and prevent improper Medicare payments," TMF stresses.

Hospices' PEPPER reports cover 10 high-risk areas: Live Discharges □ Revocations; Live Discharges with LOS 61-179 Days; Claims with Single Diagnosis Coded; No General Inpatient Care or Continuous Home Care; 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.

TMF started issuing hospice PEPPER reports in 2012, adding the SNF and ALF measures in 2015 and the Discharge, coding, and GIP/CHC measures last year (see Eli's Hospice Insider, Vol. 9, No. 4). As of last November, about 56 percent of hospices had accessed their reports, the **Centers for Medicare & Medicaid Services** said in an Open Door Forum.

Medicare provides benchmarking data for the target areas on a national, Medicare Administrative Contractor, and state level.

Resources: Access your PEPPER reports online at <https://pepperresources.org>. And get more details about your new hospice PEPPER report in an April 25 webinar from TMF. You can register for the session via a link at <https://pepperresources.org/Training-Resources/Hospices>.

Ways To Use PEPPER Reports May Surprise You

Check out TMF's case studies of hospices that are utilizing PEPPER reports, to figure out how using them can benefit you □ perhaps in ways you haven't thought of.

Case Study #1: A Good PEPPER Is Still A Helpful PEPPER

Bluegrass Care Navigators, a hospice provider in Kentucky, finds its PEPPER reports show good numbers in the target areas. But that doesn't mean the hospice is then done with the report, TMF says. The agency's good showing under PEPPER frees up resources to conduct focused monitoring in other areas of performance, relates Bluegrass' VP of compliance and quality improvement **Eugenia Smither**.

How it's used: Smither analyzes the report, distributes it internally to each office and reviews it with staff at each facility's office, she reports. In addition to comparing themselves to the MAC, state, and national numbers, Bluegrass compares the PEPPER for each of their provider numbers, internally.

"We find the state comparison most helpful for us," she says. "It reflects the regional differences in patient population better than the MAC jurisdiction comparison group.

"I also use PEPPER as a compliance tool to report findings to our board of directors," Smither says. That's something HHAs may want to take note of, considering the QAPI and governing board changes coming up in the new Home Health

Conditions of Participation taking effect in July.

To make it easier for the board and offices to understand, Smither converts the report into "a dashboard to summarize the information," she added.

Advice: "Read the report in its entirety, then go back to each section to study it in detail," Smither offers. "Understand how the numerator and denominator are defined so that questions can be answered and you can explain differences in the statistics if needed. For example, recently we consolidated two provider numbers into one; as a result, for that time period, the live discharges statistics were a little higher than usual. But it was expected given the consolidation."

Case Study #2: Compensating For A Red Flag

Heartlinks Hospice and Palliative Care in Sunnyside, Wash., expects its PEPPER data to be "better than the majority of their peers," it says. But the agency's PEPPER shows "that we have a statistically higher than average percent of patients in ALFs," allows Heartlinks exec Rev. **Ronald Jetter**.

That doesn't mean that that care isn't expected or legitimate. But there's no escaping the fact that "hospice care provided to beneficiaries residing in facilities such as ALFs, skilled nursing facilities, or nursing facilities is now under scrutiny by CMS," Jetter notes. Thanks in part to the PEPPER report's data, "we have made medical record audits and staff training top priority for patients residing in these facilities," he says, pointing out the hospice's recent survey with no citations issued in agency operations.

How it's used: Jetter shares the report with all relevant personnel, including medical records, the billing office manager, and the clinical director of quality assessment/performance improvement. "We review the report and discuss it at our next QAPI meeting," he relates. "Our QAPI team meets on a monthly basis to identify areas where care might have been less than excellent."

"We have established a comprehensive auditing program focused on patient care and accurate documentation," Jetter continues. PEPPER "also allows us to look at trends over time and enables comparison to our peers. Data is the way we all have to look at things from a different viewpoint."

Advice: Network with your colleagues to see how they're using their reports in their organizations, Jetter suggests.

Note: Find more details of each agency's PEPPER experience via links at <https://pepperresources.org/PEPPER/Success-Stories>.