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The Honorable Dara Corrigan,
Director, Center for Program Integrity
Deputy Director, The Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Ave SW, Washington, DC 20201

Demographics:

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PEPPER Request for Information – NPHI Response

The National Partnership for Healthcare and Hospice Innovation (NPHI), a member organization representing not-for-profit, community-based hospice and palliative care providers nationwide, is pleased to submit these comments in response to the Centers for Medicare and Medicaid Services' (CMS) Request for Information (RFI) concerning the format, presentation, and utility of Program for Evaluating Payment Patterns Electronic Reports (PEPPERS). As you know, fraud, waste and abuse issues continue to persist in the hospice space, with bad actors expanding their operations into new markets throughout the country. The PEPPERS can play a pivotal role in identifying these bad actors, in addition to ensuring that hospice providers are aligned with Medicare policies and billing procedures. Our members are overwhelmingly supportive of the PEPPERS and hope that CMS will soon resume their regular publication.

Presentation Comments

One suggestion is that the percentile terminology used in the reports can be confusing and would benefit from clarification, for example by making the percentile targets more clearly indicated within the report, but overall, the current presentation and graphs are straightforward and user-friendly, particularly for those not deeply involved in the field. The descriptions at the top of the reports are helpful. Including numerator data on each tab and organizing peer comparison data more effectively would improve clarity for users, especially those new to hospice settings. Additionally, providing an explanation when certain data is combined over multiple years rather than reported on an annual basis would help hospices better understand the peer comparisons. We also suggest reporting all data on one tab to make it easier to compare to peers in the jurisdiction and the nation.

Lastly, it is important to maintain national and state profiles on the PEPPERS website for tracking state trends.

Accessibility Comments

NPHI members utilize PEPPERs in various ways, with most using them frequently for developing operational action plans and informing senior leadership, while others incorporate the data into provider group meetings, where there is significant interest. Recent changes have made the data more accessible to compliance staff, and the Excel format is preferred for its flexibility. Members believe it would be useful to receive PEPPERs more frequently, as they are currently published only in April for hospice providers. At a minimum, we suggest releasing semiannual reports or even implementing a quarterly publication schedule.

Education, Training, and Other Resources Comments

Several NPHI members report using the supplemental training materials available on the PEPPER website, especially for orienting staff new to the hospice industry. We recommend that CMS should provide an explanation when adding or removing target areas in PEPPERs. More generally, CMS could improve its communication about audit priorities

Data Utilization Comments

We have several suggestions concerning improvements to make the PEPPERs more user-friendly and the data easier to interpret. Some members have difficulty in explaining data using national percentiles, which often are not as relevant to hospices as state-level data. There was also a discussion about adapting figures for PowerPoint or other formats, with the consensus that the data is easily downloadable in PDF formats. We also suggest that CMS provide an explanation about how it retrieves Part D and Part B claims data, as some of our hospices have difficulty replicating this data internally. Additionally, timely access and more granular reporting, such as breaking down Part B data by SNF, type of outpatient therapy, DME, and physician specialty, would be helpful.

Future Enhancements Comments

We are concerned about apparent inconsistencies between the data that is included in PEPPERs and the data used by CMS and its contractors to target audits of hospice providers, particularly regarding the targeting of long lengths of stay and General Inpatient (GIP) outlier status. As stated on the PEPPER website itself, "the *Hospice PEPPER* identifies providers whose data results suggest they are at risk for improper Medicare payments as compared to all hospices in the nation." It stands to reason that the Medicare Administrative Contractors ought to utilize these reports to ensure the proper targeting of audits so that all stakeholders, including both auditors and providers are actively attuned to the same hospice quality metrics. The PEPPERs only have value to providers if the MACs actually use their results to target audits. Currently, based on information gleaned from providers, we see no evidence that MACs are targeting audits based on the PEPPER results. We strongly encourage CMS to

emphasize the importance of MACs targeting audits on these areas identified by CMS as high priority for improper payment.

Conclusion

Thank you again for the opportunity to provide comments on CMS's Request for Information on CBRs & PEPPERS. As always, NPHI appreciates the opportunity to provide insight and commentary into how various proposed regulatory, compliance, and quality reporting changes may impact the not-for-profit hospice and palliative care provider community. If you have any questions concerning these comments or would like to discuss these issues further, please contact NPHI's Policy Director, Ethan McChesney, at emcchesney@hospiceinnovations.org.

Sincerely,



Tom Koutsoumpas
Founder and CEO
NPHI