



What Did Your PEPPER Tell CMS?

HARMONY UNIVERSITY
The Provider Unit of
Harmony Healthcare International, Inc. (HHI)

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- Business Development
- Revenue Cycle
- Specialties:
 - SNF Process Improvement, MDS3.0, Revenue Cycle, Electronic Medical Record Software, 3rd Party Reimbursement, Contract Negotiations
- MBA, Health Systems Administration

What Did Your PEPPER Tell CMS?



- Disclosure: The planners and presenters of this education activity have no relationship with commercial entities or conflicts of interest to disclose
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- Presenter: Matthew P. McGarvey, MBA

Objectives

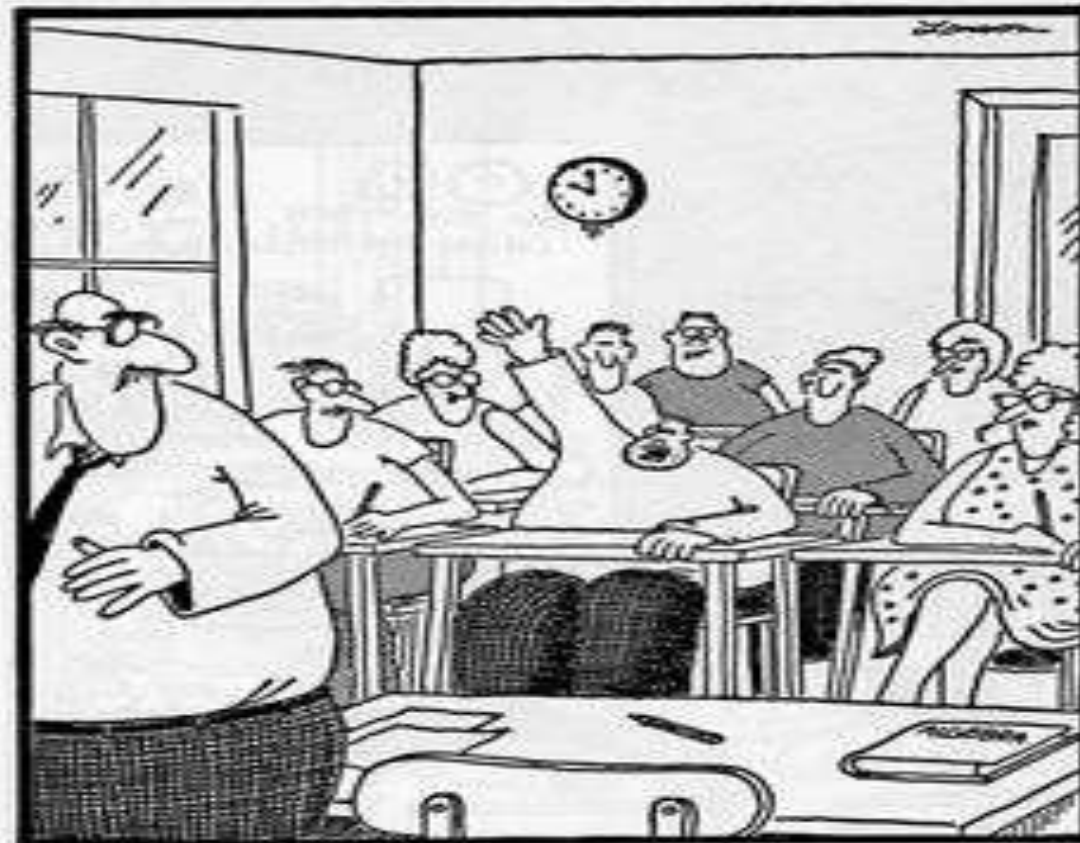
- Learner will be able to:
 - State three variables contributing to initiation of the PEPPER in the long-term care setting
 - Discuss the relevance of PEPPER percentile ranking
 - Define the calculations leading to PEPPER Target Areas
 - Communicate a summary of their PEPPER data to key staff
 - Identify their facility-specific risk factors for Medicare reviews
 - Develop a facility-specific action plan in response to PEPPER Data

Most People Just Ask Me for Golf Advice



**"OK, fine! If that's the way you wanna play,
I'll make obnoxious gurgling sounds the
next time you're putting for birdie!"**

My Goal Today.....



"Mr. Osborne, may I be excused? My brain is full."

Defining PEPPER

Know Thy Data

PEPPER



- Report contains detailed facility-specific Medicare Part A claims data in certain targeted areas and compares the SNF to other SNFs nationally
- Skilled Nursing Facilities (SNFs) should sign up to receive email notification that your PEPPER is available
- PEPPERResources.org from the PEPPER HELP Desk
- (<http://pepperresources.org/HelpContactUs.aspx>)

Compliance

- The Office of Inspector General encourages SNFs to develop and implement a compliance program to protect their operations from fraud and abuse
- Beginning in 2013, SNFs are required to have a compliance program
- As part of a compliance program, a SNF should conduct regular audits to ensure services provided are necessary and that charges for Medicare services are correctly documented and billed

Compliance

- The Program for Evaluating Payment Patterns Electronic Report (PEPPER) can help guide the SNF's auditing and monitoring activities
- There is no “Good” or “Bad” PEPPER
- Facility Specific

Where is My PEPPER?

- **3rd Round April 2015**
- **It's Available NOW!!**
- Freestanding SNFs received via a **secure portal on the PEPPERresources.org website**
- SNFs/Swing beds that are part of a short-term acute care hospital (3rd digit in the PTAN/CMS certification number/provider number = “U”) will receive electronically via QualityNet secure file exchange



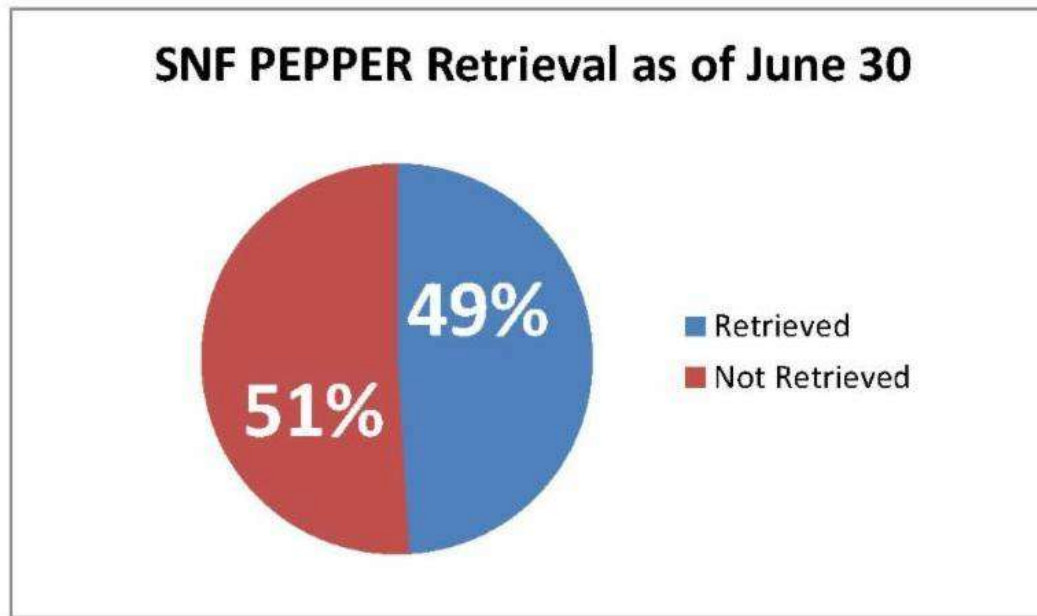
Accessing Your SNF PEPPER

- Access to the PEPPER is restricted to the provider's Chief Executive Officer, President or Administrator
- Corporate offices and/or facility management companies will need to obtain PEPPERS from each individual provider in their organization

Are SNF Providers Accessing their PEPPER?



- This was as of June 30, 2014



Understanding Claims Data and Target Areas

PEPPER



- Targeted areas were derived from Office of Inspector General (OIG) Reports
- Based on these reports, areas are high risk for fraud, waste and abuse
- PEPPER gives **provider-specific** Medicare data statistics for services vulnerable to improper payments

Methodology Behind PEPPER



Fraud, Waste and Abuse

- The Government Accountability Office has designated Medicare as a program at high risk for fraud, waste and abuse
 - Payments to skilled nursing facilities (SNFs) have been identified as vulnerable to abuse
 - In 2012 the Office of Inspector General (OIG) found that approximately 25% of SNF claims were billed in error

Fraud, Waste and Abuse

- The infamous Thomas Burton article published in the *Wall Street Journal* certainly didn't help

Does the Government Now Have a Roadmap?



PEPPER



- Allows providers to see how their facility compares to all other SNFs:
 - Nationally (ALL SNFs)
 - Medicare Administrative Contractor (MAC)
 - State
 - SNFs with same MAC in the same State

State Reference Example

- Jurisdiction 5
Wisconsin Physician Services:
Total 2,730
- South Carolina 23
- Tennessee 79
- Texas 27
- Utah 12
- Virginia 33
- Virgin Islands 1
- Vermont 2
- Washington 101
- Wisconsin 14
- Virginia 5
- Wyoming 6

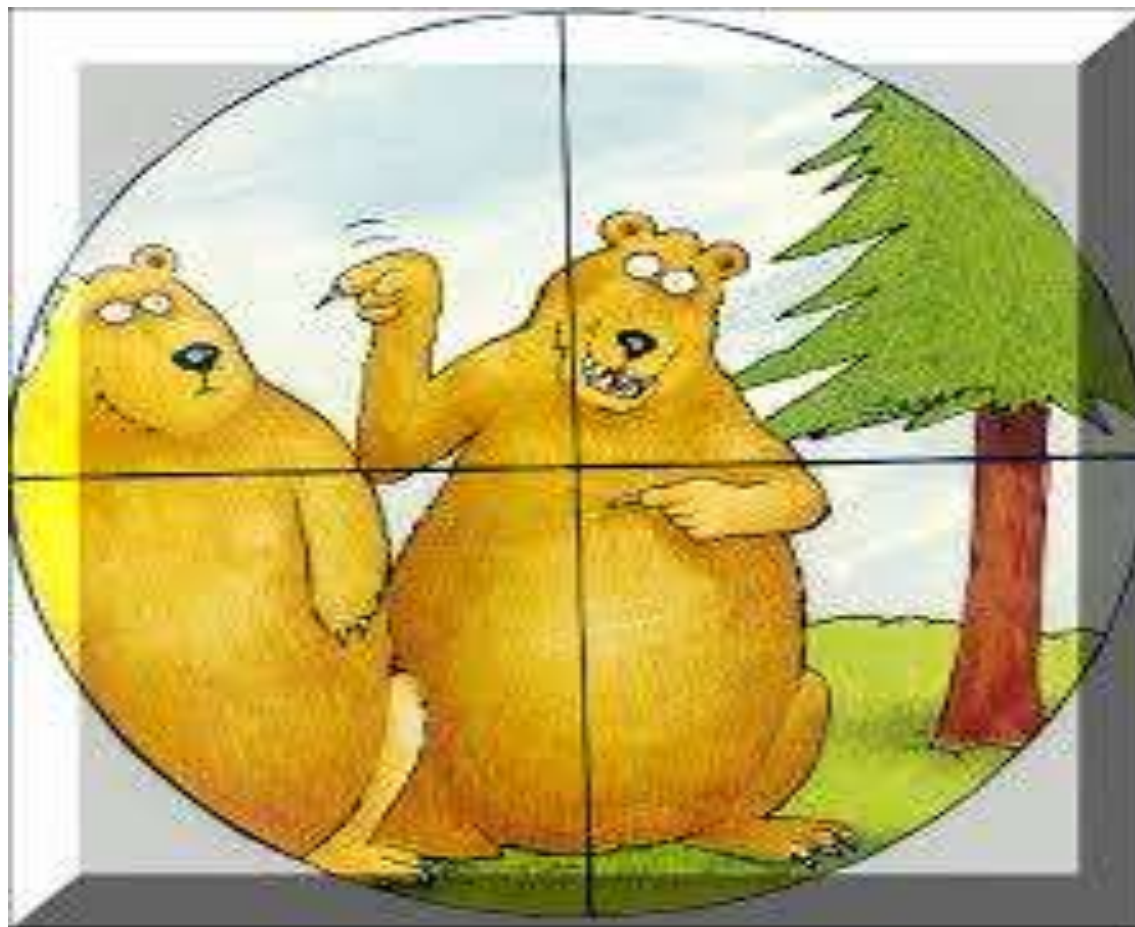
Claims Data

- The SNF PEPPER provides SNFs with their jurisdiction, state and national percentile values for each target area with reportable data for the most recent **four fiscal years**
 - **FY 2014** (October 1, 2013 through September 30, 2014) is displayed on **the first table**
 - When the target (numerator) count is **less than 11** for a target area for a time period, statistics are **not displayed**

Claims Data

- Claim “From Date” and claim “Through Date” fall within the time period of October 1 through September 30

Target Areas



Target Areas

- Therapy RUGs with High ADLs
- Non-therapy RUGs with High ADLs
- Change of Therapy Assessment
- Ultra High RUGs
- Therapy RUGs
- 90+ Day Episodes of Care



A Closer Look at Target Areas

Target	Description
Therapy High ADL	Proportion of days billed within episodes of care ending in the report period with RUG equal to RUX, RVX, RHX, RMX, RUC, RVC, RHC, RMC, RLB, to days billed within episodes of care ending in the report period for all therapy RUGs
Nontherapy High ADL	Proportion of days billed within episodes of care ending in the report period with RUG equal to SSC, CC2, CC1, BB2, BB1, PE2, PE1, IB2, IB1 in RUG III; HE2, HE1, LE2, LE1, CE2, CE1, BB2, BB1, PE2, PE1 in RUG IV, to days billed within episodes of care ending in the report period for all nontherapy RUGs
Change of Therapy Assessment	Proportion of assessments with AI second digit equal to D within episodes of care ending in the report period, to all assessments within episodes of care ending in the report period
Ultrahigh Therapy RUGs	Proportion of days billed within episodes of care ending in the report period with RUG equal to RUX, RUL, RUC, RUB, RUA, to days billed within episodes of care ending in the report period for all therapy RUGs
Therapy RUGs	Proportion of days billed within episodes of care ending in the report period for therapy RUGs, to days billed within episodes of care ending in the report period for all therapy and nontherapy RUGs
90+ Day Episodes of Care	Proportion of episodes of care ending in the report period at the SNF with a length of stay of 90+ days, to all episodes of care ending in the report period at the SNF

Compare Target Report

- Page 1 (after introduction)
 - FY 2014 only
 - When the SNF's percent is at or **above the national 80th percentile** for a target area, the SNF's percent is printed in **red bold**
 - When the SNF's percent is at or **below the national 20th percentile** for a target area, the SNF percent is printed in **green italics**
 - When the SNF is not an outlier, the SNF's percent is printed in **black**
 - Blank if less than 11 SNFs or episodes in group
-

Episode of Care

- Based on episodes of care
- Defined as a series of claims for a patient where the difference between the “Through Date” of one claim and the “From Date” of the subsequent claim is less than or equal to thirty days
 - Admission through Discharge
 - Considered same Episode of Care if readmission to SNF (billed again) within 30 Days of discharge
 - **Data includes episodes of care that end in period reported**

Target Count



- Number of Episodes of Care
 - ◆ Shows Volume of Care
 - ◆ The “Target Count” can also be used to help prioritize areas for review
 - ◆ Areas in which a provider is at/above the 80th percentile that have a large target count may be given higher priority than target areas for which a provider is at/above the 80th percentile that have a smaller target count
-

Percentiles

- Percentiles are calculated for each of the three comparison groups:
 - State
 - Medicare Audit Contractor (MAC/FI) jurisdiction
 - Nation
- SNFs are to focus on National Data
 - Given the MAC may potentially use data for Additional Documentation Requests (ADR) reviews, all data is important
- SNFs whose target percents are at or above the 80th percentile (i.e., in the top 20 percent) are considered at risk for improper Medicare payments with areas at risk for overcoding
- SNFs whose target percents are at or below the 20th percentile (i.e., in the bottom 20 percent) are considered at risk for improper Medicare payments with areas at risk for undercoding

RUGs with High ADLs

- Therapy and Non-therapy RUGs
 - Accurate documentation of care provided by Direct care staff
 - Accurate coding of MDS (Section G)
Accuracy of Late Loss ADLs (Bed Mobility, Transfer, Toilet Use and Eating)



Therapy RUGs with High ADLs

- **Numerator:** Count of days billed within episodes of care ending in the report period for Rehabilitation and Rehabilitation Extensive RUGs
 - All Rehab “C” or “X” Days
 - Also includes RLB
- **Denominator:** Count of days billed within episodes of care ending in the report period for all Rehabilitation RUGs

Therapy RUGs with High ADLs

■ RUG-IV Examples:

- RUX, RVX, RHX, RMX, RLX

- RUC, RVC, RHC, RMC

Non-therapy RUGs with High ADLs



- **Numerator:** Count of days billed within episodes of care ending in the report period for Nursing RUGs
 - ◆ All Non-therapy “E” Days
 - ◆ Also includes BB1 and BB2 (Low ADL)
- **Denominator:** Count of days billed within episodes of care ending in the report period for all Nursing RUGs

Non-therapy RUGs with High ADLs



■ RUG-IV Examples:

- HE2, HE1

- LE2, LE1

- CE2, CE1

- PE2, PE1

- BB2, BB1

Therapy RUGs

- Therapy and Nursing Documentation to support skilled coverage criteria
 - Medical necessity of Therapy
 - Interdisciplinary Review at Medicare Meeting for therapy and nursing clinical criteria
 - Access to skilled coverage for Nursing
 - Education related to Medicare Benefit Policy Manual revised Chapter 8 “Coverage of Extended Care (SNF) Services Under Hospital Insurance” implemented January 7, 2014
 - Minutes Accuracy MDS to Logs
 - Auditing and monitoring
-

Therapy RUGs

- **Numerator:** Count of days billed within episodes of care ending in the report period for Rehabilitation RUGs
- **Denominator:** Count of days billed within episodes of care ending in the report period for **all** RUGs



Ultra High Therapy RUGs

- Provision of clinically appropriate intensity of therapy based on an individualized plan of care:
 - Monitoring Therapy Documentation
 - Auditing by a non-vested entity
 - Communication with Contract Therapy
 - Awareness of unwritten policies that impact compliance
 - There should not be benchmarks or “rules”
 - Education related to Medicare Benefit Policy Manual revised Chapter 8 “Coverage of Extended Care (SNF) Services Under Hospital Insurance” Section (30.2.2.1) *titled “Documentation to Support Skilled Care Determinations”* implemented January 7, 2014
-

Ultrahigh Therapy RUGs

- **Numerator:** Count of days billed within episodes of care ending in the report period with RUG equal to Rehabilitation Ultra High or Ultra High Extensive (RUC, RUB, RUA, RUX, RUL)
- **Denominator:** Count of days billed within episodes of care ending in the report period **for all Rehabilitation RUGs**
 - Not Total RUGs

Ultrahigh Therapy RUGs

■ RUC

■ RUB

■ RUA

■ RUX

■ RUL

90+ Day Episodes of Care

- Therapy and Nursing Documentation to support Skilled Coverage Criteria
 - Clinically Appropriate Length of Stay
 - Interdisciplinary Review at Medicare Meeting for therapy and nursing clinical criteria compliance
 - Clinically Appropriate Access to skilled coverage for Nursing
 - Education related to Medicare Benefit Policy Manual revised Chapter 8 “Coverage of Extended Care (SNF) Services Under Hospital Insurance” implemented January 7, 2014
 - Auditing and monitoring
-

90+ Day Episodes of Care

- **Numerator:** Count of episodes of care ending in the report period with a length of stay of 90+ days
- **Denominator:** Count of all episodes of care ending in the report period

Change of Therapy Assessment



- Accurate and timely completion per Medicare requirements
 - ◆ Resident Assessment Instrument (RAI) Manual Requirements
 - ◆ High Risk of Non-Compliance due to complexity of the regulatory requirements
 - ◆ Therapy Minutes Accuracy
 - MDS
 - COT Reviews

Change of Therapy Assessment

- **Numerator:** Count of assessments with AI second digit equal to “D” within episodes of care ending in the report period
 - “D” is a Change in Therapy Assessment (COT)
- **Denominator:** Count of all assessments within episodes of care ending in the report period
 - COT initiated October 1, 2011 (FY 2012)

Change of Therapy Assessment



- Regulatory Requirements for completion
 - Appropriate COT Exceptions
 - October 1st COT requirement changes practical application
 - Accurately Combining Assessments
- Accurate Billing of Other Medicare Required Assessments (OMRAs)
 - Auditing and monitoring Correct Billed Days
 - Process for communicating pending COTs at month's end
 - Education and Training

And Now.....



Here Comes the Fun Part!!!!

Target Count and Percent



Target	Description	Target Count	Percent
Therapy High ADL	Proportion of days billed within episodes of care ending in the report period with RUG equal to RUX, RVX, RHX, RMX, RUC, RVC, RHC, RMC, RLB, to days billed within episodes of care ending in the report period for all therapy RUGs	3,833	18.4%
Nontherapy High ADL	Proportion of days billed within episodes of care ending in the report period with RUG equal to SSC, CC2, CC1, BB2, BB1, PE2, PE1, IB2, IB1 in RUG II; HE2, HE1, LE2, LE1, CE2, CE1, BB2, BB1, PE2, PE1 in RUG IV, to days billed within episodes of care ending in the report period for all nontherapy RUGs	119	18.2%
Change of Therapy Assessment	Proportion of assessments with AI second digit equal to D within episodes of care ending in the report period, to all assessments within episodes of care ending in the report period	167	6.7%
Ultrahigh Therapy RUGs	Proportion of days billed within episodes of care ending in the report period with RUG equal to RUX, RUL, RUC, RUB, RUA, to days billed within episodes of care ending in the report period for all therapy RUGs	7,466	35.8%
Therapy RUGs	Proportion of days billed within episodes of care ending in the report period for therapy RUGs, to days billed within episodes of care ending in the report period for all therapy and nontherapy RUGs	20,847	97.0%
90+ Day Episodes of Care	Proportion of episodes of care ending in the report period at the SNF with a length of stay of 90+ days, to all episodes of care ending in the report period at the SNF	27	3.2%

Percentiles



Target	Description	Target Count	Percent	SNF National %ile	SNF Jurisdict. %ile	SNF State %ile
Therapy High ADL	Proportion of days billed within episodes of care ending in the report period with RUG equal to RUX, RVX, RHX, RMX, RUC, RVC, RHC, RMC, RLB, to days billed within episodes of care ending in the report period for all therapy RUGs	3,833	18.4%	17.3	12.0	13.6
Nontherapy High ADL	Proportion of days billed within episodes of care ending in the report period with RUG equal to SSC, CC2, CC1, BB2, BB1, PE2, PE1, IB2, IB1 in RUG III; HE2, HE1, LE2, LE1, CE2, CE1, BB2, BB1, PE2, PE1 in RUG IV, to days billed within episodes of care ending in the report period for all nontherapy RUGs	119	18.2%	38.6	32.5	40.2
Change of Therapy Assessment	Proportion of assessments with AI second digit equal to D within episodes of care ending in the report period, to all assessments within episodes of care ending in the report period	167	6.7%	15.0	19.0	10.8
Ultrahigh Therapy RUGs	Proportion of days billed within episodes of care ending in the report period with RUG equal to RUX, RUL, RUC, RUB, RUA, to days billed within episodes of care ending in the report period for all therapy RUGs	7,466	35.8%	27.6	31.9	31.8
Therapy RUGs	Proportion of days billed within episodes of care ending in the report period for therapy RUGs, to days billed within episodes of care ending in the report period for all therapy and nontherapy RUGs	20,847	97.0%	77.6	88.2	92.1
90+ Day Episodes of Care	Proportion of episodes of care ending in the report period at the SNF with a length of stay of 90+ days, to all episodes of care ending in the report period at the SNF	27	3.2%	2.4	3.4	1.4



Target Report Interpretation and Trending

Target Area Reports

- **Comparative Data** for National, State and Jurisdiction:
 - ◆ Some include 80th and 20th percentile
 - ◆ Some **only include 80th percentile**
- Comparing the Facility relative to the 80th and 20th percentiles gives additional insight into how significant a “risk area” may be

Target Area Reports

- Traditional thinking is that “As Long as my {rates, revenue, etc...} Aren’t Too High, I am OK...”
- PEPPER Takes Traditional Thinking and Turns it on its Ear...

Target Area Reports

- There is no “Good” or “Bad” PEPPER
- The Data must make sense
- Facilities above the 80th percentile may be providing appropriate care
 - ◆ Documentation must support the care provided
 - ◆ Monitoring and/or auditing should be conducted

Target Area Reports

- CMS has developed “suggested interventions” that SNFs may consider when assessing their risk for improper Medicare payments
 - These are “generalized suggestions and will not apply to all situations”
 - Additional analysis is needed
-

Target Area Reports

- **Target area graph** provides a visual representation of the SNF's target area percent over **three years**
 - What do your trends reveal?
 - What staffing changes have occurred at your facility?
 - What census trends have changed at your facility?
 - Does the Data make sense?

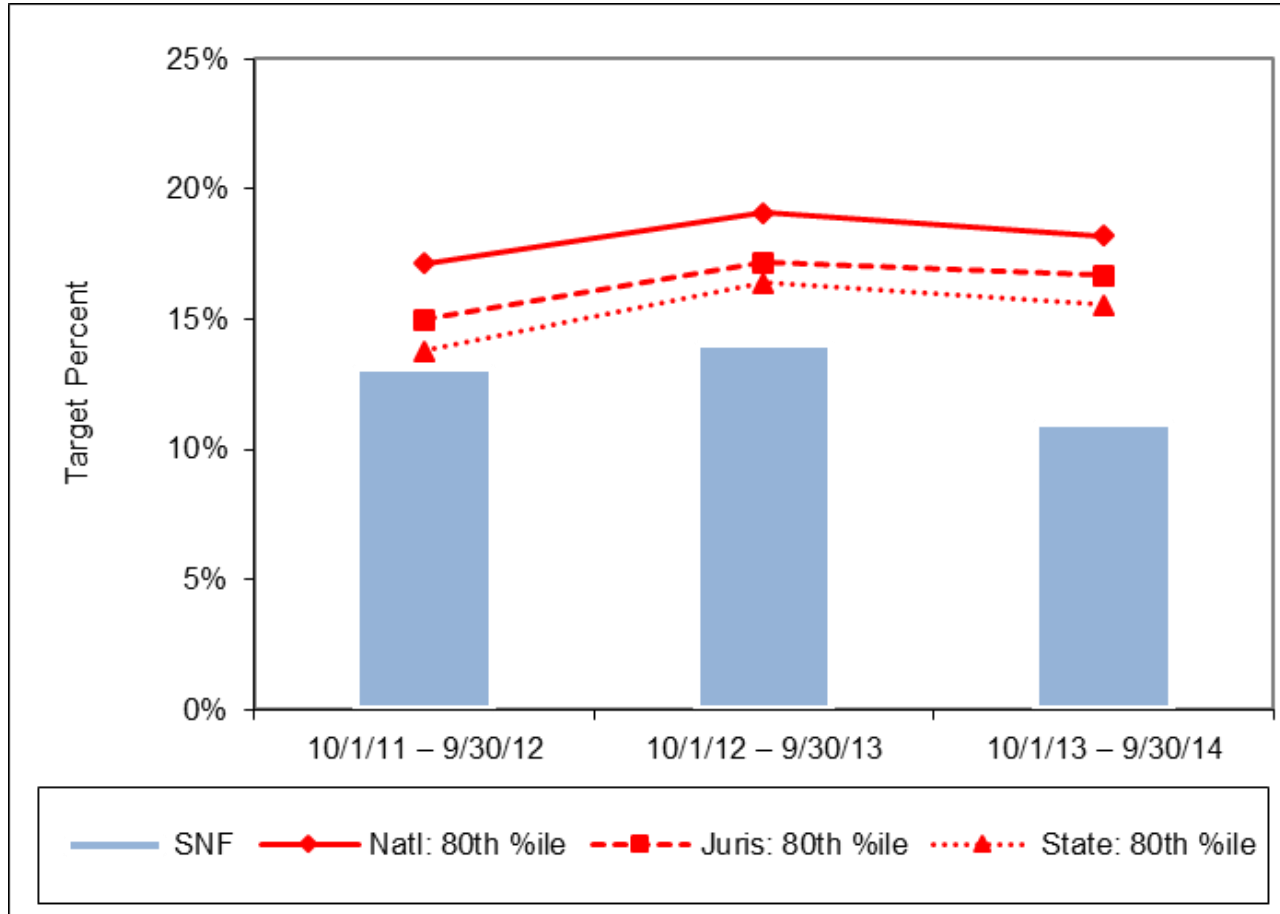
Target Area Reports

- Facilities below the 20th percentile:
 - ◆ Are you meeting Medicare Skilled Coverage criteria and providing Skilled Care?????
 - ◆ Are you undercoding?

Target Area SNF Data

- **Target Area SNF Data Table titled “Your SNF” includes** total number of episodes of care for the target area (numerator) and total (denominator)
 - ◆ Roughly correlates to Patients’ Episodes
 - ◆ Based on the definition of the target area

Target Area Graph - COT



Target Area SNF Data



YOUR SNF	10/1/11 – 9/30/12	10/1/12 – 9/30/13	10/1/13 – 9/30/14
Target Area Percent	13.1%	14.0%	11.0%
Target Count (Numerator: count of assessments with AI second digit equal to “D” within episodes of care ending in the report period)	684	723	590
Denominator Count (count of all assessments within episodes of care ending in the report period)	5210	5155	5,357

Target Area Graph - COT

- This could indicate that the SNF is experiencing challenges with delivering services to the beneficiary as anticipated
 - The SNF may look into factors that lead to the need for the COT assessment (e.g., can care planning be improved? Are there issues with completing therapy as scheduled?)
 - Has there been a change in Therapy Staff or Management? Patient census?
-

Comparative Data-FY2014



Target Area	20th Percentile	50th Percentile	80th Percentile
Therapy RUG Days	86.3%	93.2%	97.2%
Ultra High RUG Days	31.4%	57.8%	75.9%
Therapy High ADL Days	20.4%	33.4%	48.4%
Non-Therapy High ADL Days	10.6%	21.4%	39.0%
90+ Day Episode of Care	7.4%	14.0%	25.5%
Change of Therapy Assessments	7.2%	12.0%	18.2%





HHI Analysis

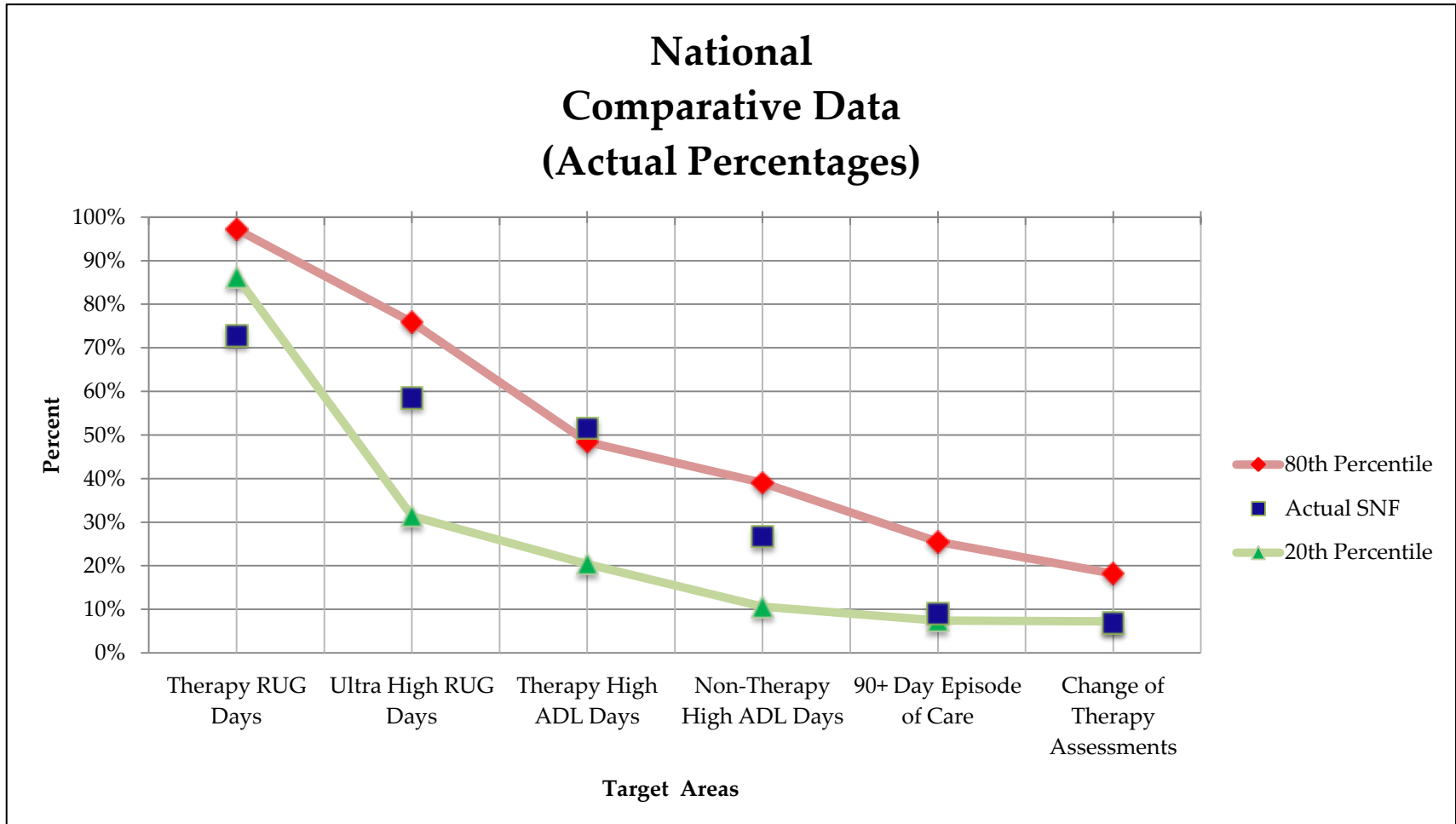
FY 2014 PEPPER ANALYSIS

Harmony Healthcare International, Inc. (HHI)
 430 Boston Street, Suite 104, Topsfield, MA 01983
 MAC: NHIC

Target Areas	Target Count	Percent	Percentile Ranking		
			National	Jurisdiction (MAC)	State
Therapy High ADL Days	2,730	51.6%	85.30	82.70	83.10
Non-Therapy High ADL Days	528	26.7%	58.30	46.10	40.00
Change of Therapy Assessments	60	6.9%	19.90	34.00	40.00
Ultra High RUG Days	3,097	58.5%	64.60	71.40	69.30
Therapy RUG Days	5,292	72.8%	8.80	13.70	15.00
90+ Day Episode of Care	19	9.0%	25.90	36.90	32.90

 ≥ 80th Percentile
 ≤ 20th Percentile

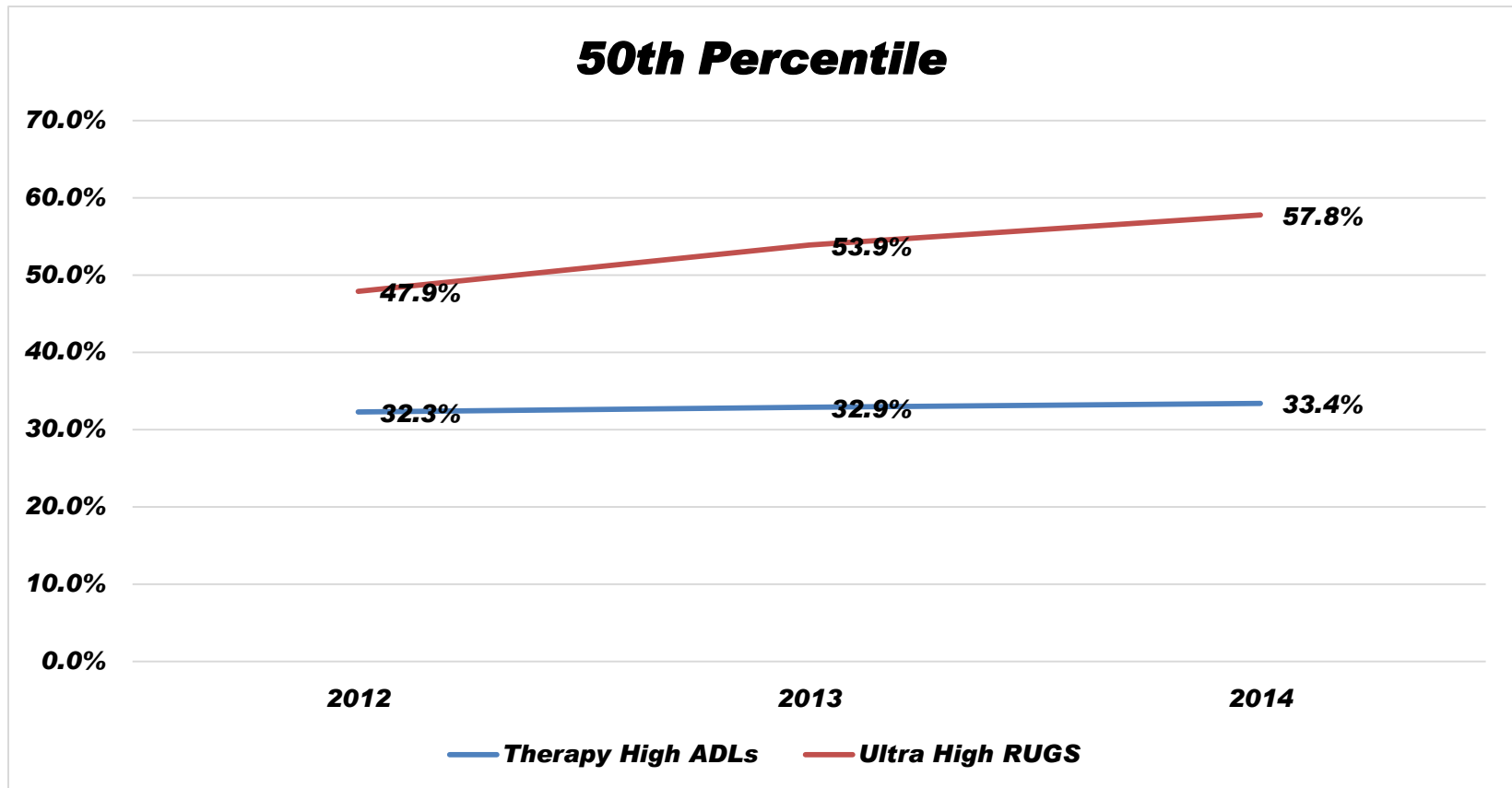
HHI Comparative Data



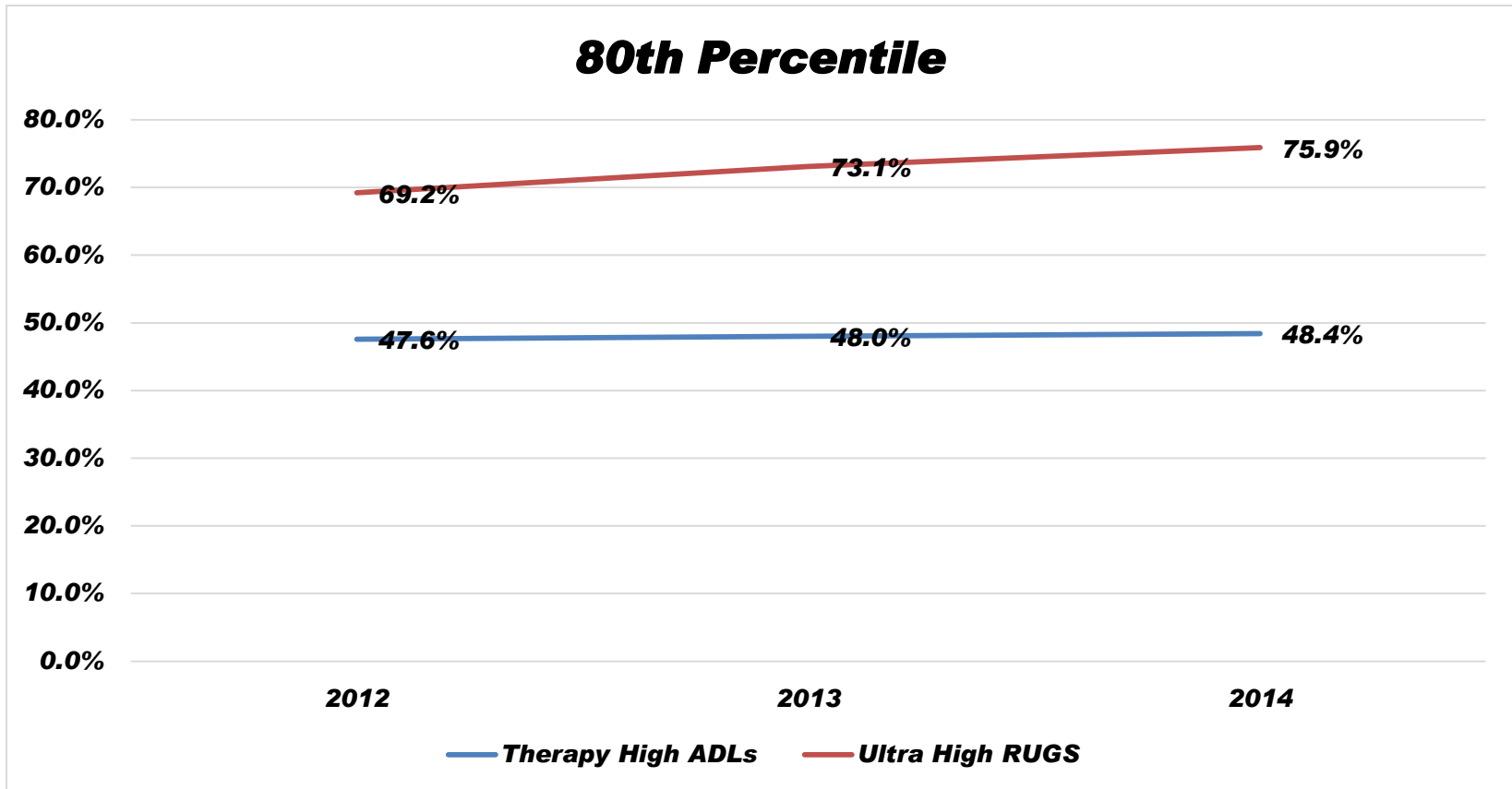
PEPPER over the Years



50th Percentile Over the Years



80th Percentile Over the Years



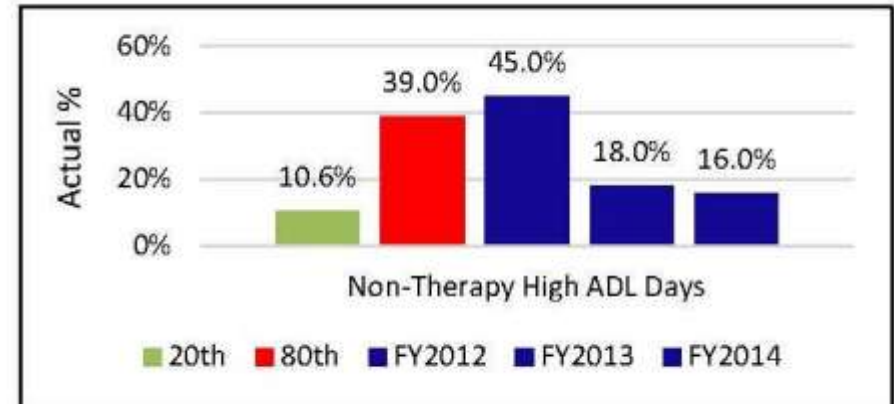
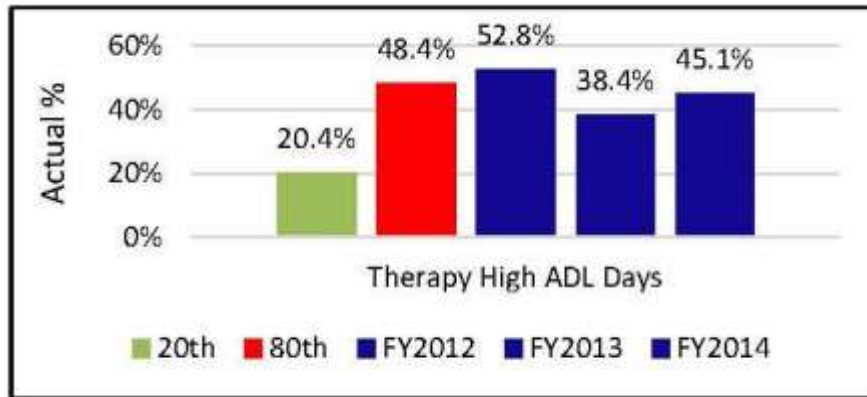
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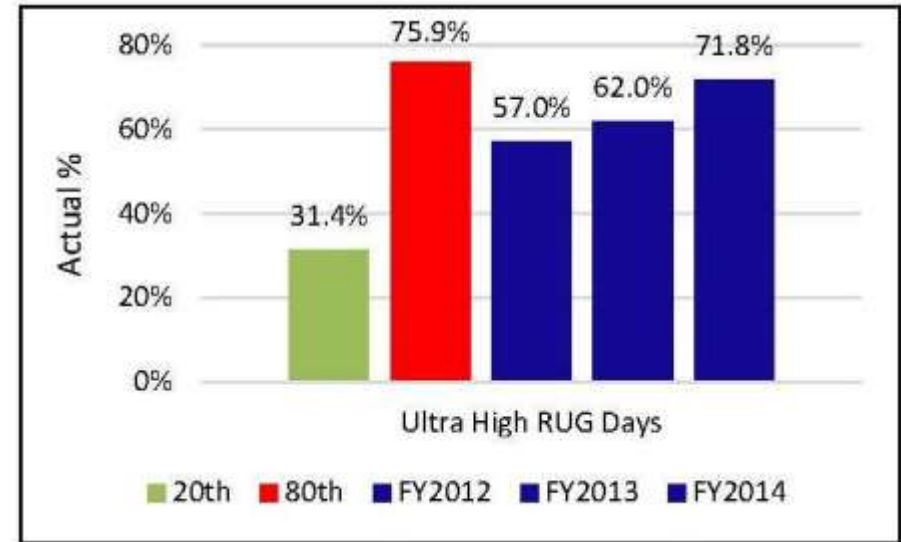
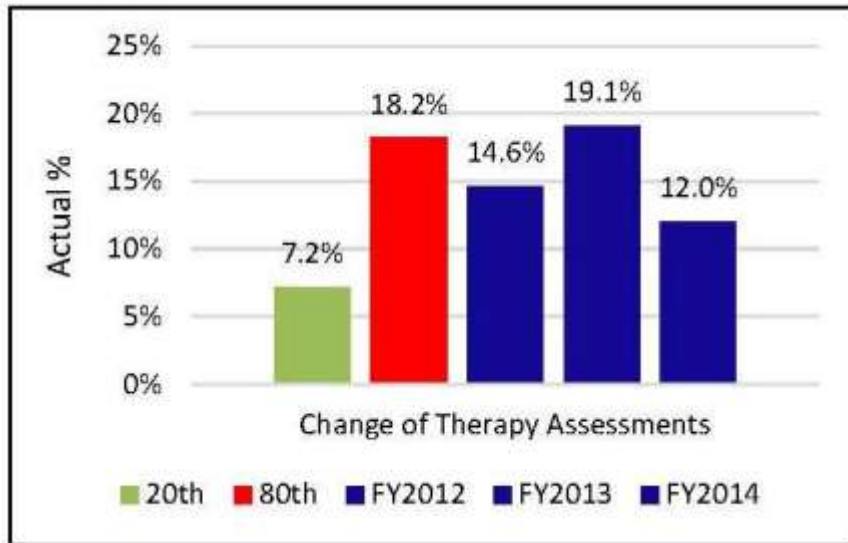
FY2014 PEPPER ANALYSIS
Harmony Nursing Home
430 Boston Street, Topsfield, MA 01983
MAC: National Government Services [NGS]

Target Areas	FY2014 20th	FY2014 80th	FY2012	FY2013	FY2014
Therapy High ADL Days	20.4%	48.4%	52.8%	38.4%	45.1%
Non-Therapy High ADL Days	10.6%	39.0%	45.0%	18.0%	16.0%
Change of Therapy Assessments	7.2%	18.2%	14.6%	19.1%	12.0%
Ultra High RUG Days	31.4%	75.9%	57.0%	62.0%	71.8%
Therapy RUG Days	86.3%	97.2%	92.2%	90.9%	93.2%
90+ Day Episode of Care	7.4%	25.5%	22.0%	26.0%	21.0%

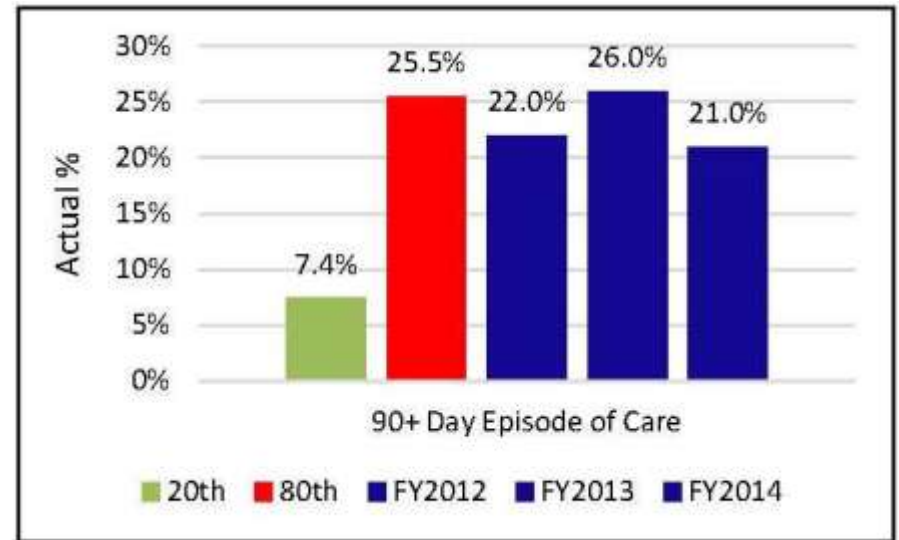
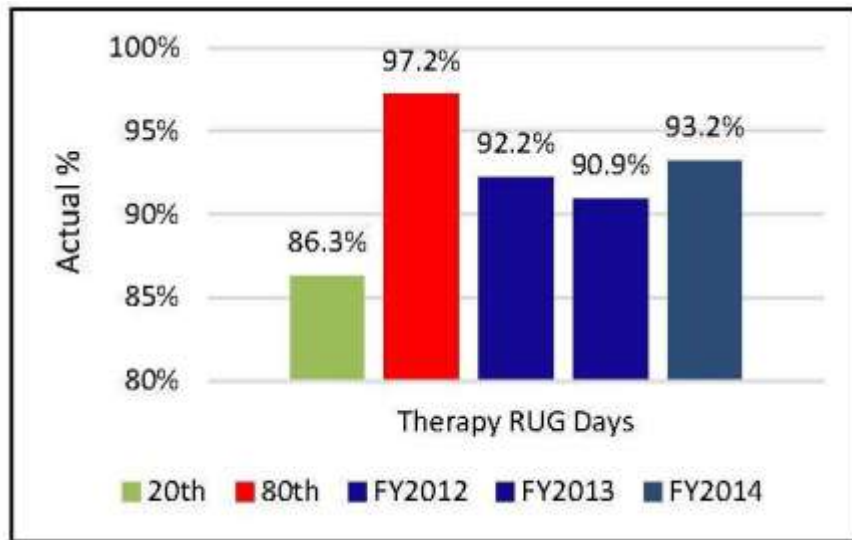
HHI Comparative Data



HHI Comparative Data



HHI Comparative Data



Facility Specific Risk Factors

- Focus on National Data
- Risk Assessment
- Review areas approaching or at outliers (80th percentile, 20th percentile)
- Discuss with the team facility characteristics that may lead to High/Low Utilization target areas
 - Does the data make sense?



Developing a Compliance Action Plan

Compliance



Compliance is
the foundation for accurate and
appropriate reimbursement

Seven Elements of Compliance



PREPARE

- Policies and Procedures
 - Reporting and Investigating
 - Education and Training
 - Prevention and Response
 - Auditing and Monitoring
 - Responsibility/Oversight of Compliance Officer/Committee
 - Enforcement, Discipline and Incentives
-

80th Percentile



- Therapy RUGs with High ADLs and Non-therapy RUGs with High ADLs
- Reasons for 80th percentile:
 - ADLs are overcoded?
 - Facility accurately documents care they provide per MDS requirements?

80th Percentile



- Ultra High RUGs and 90+ Day Episodes of Care
 - Skilled services provided do not meet skilled coverage criteria?
 - Patients are appropriately accessing their benefits?

20th Percentile



- COT Assessments
- COT Assessments have been missed?
 - Therapy intensity is not clinically appropriate?
 - COT Assessments have been completed but not billed?

20th Percentile



- Ultra High RUGs and 90+ Day Episodes of Care
 - Patients are not being offered their skilled benefits when clinically appropriate?
 - Patients do not meet skilled coverage criteria?

Developing an Action Plan

- Oversight of Compliance Officer/Committee
- “Charged with the responsibility for developing, operating and monitoring the compliance program, and who reports directly to the owner(s), governing body and/or CEO”

Focus on Compliance

- Auditing and Monitoring
- “The use of audits and/or other risk evaluation techniques to monitor compliance, identify problem areas, and assist in the reduction of identified problems”
 - Detect
 - Prevent
 - Deter

Auditing and Monitoring



■ Monitoring

- Common management tool
- Determines how effective the controls are
- Know what is happening in the field
- Day to day reviews
- Includes self reviews and peer reviews

Auditing and Monitoring

■ Auditing

- Completed by someone with no vested interest
- Risk Adjusted Selection
- Formalized Approach
- Established Approach

Focus on Compliance-Education



- Education and Training
- “The development and implementation of regular, effective education and training programs”
- Easy to understand Focused Education

Focus on Compliance-Education



■ Risk Areas

- ADL Documentation
- Therapy Documentation
- Therapy Minutes Accuracy
- Nursing Documentation
- MDS Accuracy
- Billing Accuracy

■ Compliance with technical and clinical Medicare Requirements

Presence of Appropriate Documentation

- The Medicare Benefit Policy Manual states that “While the presence of appropriate documentation is not, in and of itself, an element of the definition of a “skilled” service, such **documentation serves as the *means* by which a provider would be able to establish, and a Medicare contractor would be able to confirm, that skilled care is, in fact, needed and received in a given case.**”

Communication



- Communicate High Risk Areas to Staff
 - ◆ Employees
 - ◆ Contract Providers
- Communicate Plan to ensure compliance
- Establish a code of conduct prioritizing compliance
- OIG requires “effective line of communication between the compliance officer and all employees, including a process, such as a hotline or other reporting system, to receive complaints, and the adoption of procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation”



Compliance Plan of Action

- *High Therapy ADLs (82nd percentile)*
- *Goal Ensure Documentation supports coding*
 - CNA Competencies
 - MDS Coordinator **Education**
 - **Monitor** accuracy of ADLs in MDS to medical record documentation
 - Update **Policy and Procedure** for CNA ADL Documentation



Plan of Action Update 8-1-14

- ADL documentation Policy and Procedure updated, reviewed and approved by all Department Heads (goal attained)
- Mandatory CNA ADL Education (with policy review) on 7/31/14 (see attached handouts and attendance)
- MDS Coordinators attended HHI MDS Competency Course
- 3 monthly Monitors of MDS Accuracy on each unit were reviewed with 80% compliance (see attached)
- **New action**-Follow-up education with MDS Coordinators
- Review 10 monthly Monitors on each unit

Conclusion

- PEPPER is a Tool for Ensuring Compliance with High Risk Areas
- Accurate and Appropriate Reimbursement for Care Provided
- Compliance is the Foundation for Accurate and Appropriate Reimbursement

Know Thy Data



Know Thy Data

- I'd be happy to help you with a FREE analysis of your PEPPER
- Looking for a deeper dive?? Let's talk about a Medicare Risk & Revenue analysis. Email me: mmcgarvey@harmony-healthcare.com



Bibliography

- Office of Inspector General, U.S. Department of Health and Human Services (OIG) “Inappropriate Payments to Skilled Nursing Facilities cost Medicare more than a Billion Dollars in 2009” (November 2012)
- OIG “Questionable Billing by Skilled Nursing Facilities” (December 2010)
- PEPPERResources.org
 - PEPPER HELP Desk:
(<http://pepperresources.org/HelpContactUs.aspx>)
- Skilled Nursing Facility Users Guide
 - http://pepperresources.org/LinkClick.aspx?fileticket=xnGEABk7_dU%3d&tabid=172
- UB-04 claim form

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