

IPF Questions and Answer Session

>> Good day and welcome to the Inpatient Psychiatric Facility PEPPER Q and A session. Today's conference is being recorded. At this time I would like to turn the conference over to Ms. Kim Hrehor. Please go ahead.

>> Thank you. Again, my name is Kim Hrehor. I work for TMF Health Quality Institute, which is under contract with the Centers for Medicare & Medicaid Services to develop, produce and disseminate the PEPPER for the inpatient psychiatric facilities. PEPPER stands for Program for Evaluating Payment Patterns Electronic Report. Now, the PEPPER for inpatient psychiatric facilities was distributed in a hard copy format. It was sent by Federal Express on June 22nd to the CEO, or for the units of acute care hospitals, to the CEO to the attention of the psychiatric unit, and those reports should have been delivered on June 22nd. If you've been having trouble locating your report, you might want to check with someone in your shipping or receiving, your mail room area, reception or front desk, whoever signs for Federal Express deliveries to see if they can track the package down. If you're not successful finding the PEPPER then please do visit our website, that would be PEPPERresources.org, all one word, PEPPERresources.org, and we have a help desk there where you can submit a request for assistance to-- so we can help you get your PEPPER. We did host a web-based training session on June 29th. We did record that session. It has been made available on our website in the IPF training and resources section along with the questions and answers that were received during that call. We also have the Inpatient Psychiatric Facility PEPPER User's Guide available on our website. One thing that I'd like to mention today that was also mentioned during the web-based training was the fact that we discovered that there has--was a typographical error in the date of the most recent time period in the target area worksheet for the graph and for the hospital data table. It was listed as 1-1-10 through 12-31-11 and that should have been 12-31-10 so I do apologize for the--for that typographical error and I do hope it does not cause undue confusion, but the PEPPER includes the most recent 12 fiscal quarters of data that are organized into three 12-month time periods. In case some of you were wondering when the next PEPPER will be distributed, at this time our plans are to distribute it on an annual basis. We don't have the future frequency or the timing of that distribution to be set yet; however, that will be developed in conjunction with CMS and we will share more information about upcoming releases as well as any other information through our e-mail list or through CMS's communication listserv. The purpose of our call today is to provide an opportunity for inpatient psychiatric facilities to ask questions about PEPPER now that they've had the ability to review the report and to use it for a few weeks. As mentioned at the beginning of the call, today's call is being recorded and we will also make this recording available on our website. At this time, I would like to open up for audience questions.

>> Thank you, if you would like to ask a question, you can do so by pressing the star key, followed by the digit 1 on your touchtone telephone. If you are using a speakerphone, please make sure your mute function is turned off to allow your signal to reach our equipment. Once again, please press star 1 on your touchtone telephone to ask a question and we will pause for just a moment to assemble the queue.

[Pause]

>> And as a reminder that is star 1 if you do have a question, we will go first to Linda Hogel [phonetic].

>> Hi, this is Linda and I just want to clarify this date discrepancy. When I look at the, you know, the graph, I can see that but when I look at the comparison grid, it says, "Target report 4 quarters ending quarter 1, fiscal year 2011." Is that correct or not?

>> The compare worksheet is correct.

>> Okay.

>> The only places where the date is incorrect is on the four target area worksheets.

>> Okay. Thank you.

>> We are so sorry for that.

>> That's okay. I just want to make sure that I was making all my corrections accurately.

>> You did.

>> And once again that is star 1 if you do have a question at this time.

[Pause]

>> And we'll go next to Michael Davis [phonetic].

>> Ah, yes, hi, good afternoon. I was just curious as to the results of the report. Do you think that this data may be used by CMS perform any types of RAC audits within the psychiatric hospitals?

>> At this point in time, we are not aware of any audits that CMS has planned. We simply provide the reports to the hospitals as a tool that could be used to help prevent improper payments. I would imagine the efforts to recoup improper payments could expand to the IPF setting at some point the future but we don't have any information with regards to that.

>> Thank you.

>> You're welcome.

>> And we'll go back to Linda Hogel.

>> I just was curious. You may have mentioned this, why it's only an annual report as compared to a quarterly report for the acute side.

>> Right, when we put together the reports for the Short-term Acute Care Hospitals, we were able to aggregate the data in 12 quarters. Because of the way we are restricted from displaying the data in the reports, that is we are not able to display statistics for a target area if the numerator or the denominator count is less than 11.

>> Uh-huh.

>> We have to aggregate the statistics into three 12-month time periods so that facilities would receive reports that had some amount of useful data in them. And so, because of the way that we're aggregating the data, we are sending out the reports at this point in time on an annual basis. The other consideration was related to the--the expense of distributing the reports. We currently--the Inpatient Psychiatric Facilities do not have access to the electronic distribution method that is available to short-term acute care hospitals and that's why we have to send these out through--in a hard copy format, through Federal Express which is--does represent a fairly significant cost, and so that was the other part of the puzzle. But primarily it's because of the way we put together the statistics into the three 12-month time periods.

>> Okay, thank you.

>> You're welcome.

>> Now my next question was going to be, can we access it electronically and you already answered that, so.

>> That's correct.

>> Okay. Thank you.

>> You're welcome.

>> And we will go next to Marianne Berube [phonetic].

>> Hi, I have a question in regards to the initial report. Was the initial report supposed to have been mailed to the hospital CEO or COO recently? Was that supposed to be at the end of June?

>> The reports were sent to the CEO--addressed to the attention of the CEO, it was not a name that was listed on the envelope, it was simply addressed to the attention of the CEO for those freestanding inpatient psychiatric facilities; for the units of acute care hospitals, it was addressed to the CEO, to the attention of the psychiatric unit.

>> Oh okay.

>> And so those were sent June 22nd.

>> Okay, and so what I just heard you previously comment is that we'll get this initial report and then somewhere down the road there'll be identified in timeframe for the next 12-month period.

>> That's correct.

>> And that will still be sent hard copy?

>> At this time, that's the plan, yes.

>> Okay thank you.

>> You're welcome.

>> And as a reminder, if you do have a question, you can press star 1 on your touchtone telephone.

[Pause]

>> And we will go next to Chris Fox [phonetic].

>> Is the--the four quarters ending Q1-2011, what is that date?

>> The quarter 1--quarter 1-2011 represents October, November and December of 2010. Keep in mind these are fiscal--federal fiscal year quarters and the fiscal year begins in October. So the first quarter is October, November and December of 2010.

>> Okay, thank you.

>> You're welcome.

>> And we will take a follow up question from Marianne Berube.

>> Hi, I have another question. Could you explain what the outlier payment target area, what--what is that speak addressing a little bit more.

>> Sure. The outlier payment target area measures the percent of discharges that had an approved--an outlier approved amount that is greater than zero dollars on the claim. So what it represents is the percent of patients--Medicare patients I should say, that have outlier payments associated with their claim and a high percentage of outlier payments could represent a concern with perhaps correct billing on the claim or you might want to make sure that the patients are being admitted appropriately and that their treatments are necessary and so on.

>> So I guess my question is how is that--how is that determined?

>> How is the outlier payment determined?

>> I mean how do you extrapolate that information of the claim payment? Is it based on a specific length of stay, a benchmark from Medicare for inpatient psych facilities?

>> Are you asking how the outlier payment is calculated?

>> Right.

>> I am not an expert on the inpatient psychiatric facility prospective payment system. In my research there, I found a number of--of resources on the CMS website that describe how the outlier payment is calculated and is--there are a number of factors that go into that. On our question and answer document from the training, I did have this question asked, "What is an outlier payment?" And I've got a link to a fact sheet in that--in that question and answer document that might be a good place--

>> Okay.

>> For you to start as far as understanding better how the outlier payment is calculated.

>> I will just go on this PEPPEResource.com site and pull up that webinar training with that answer and question section?

>> Actually it's PEPPEResources.org and you would go to the training and resources section of the inpatient psychiatric facilities.

>> Okay.

>> When you go to our homepage, you'll see four blue buttons for--

>> Right, yeah, I clicked--I clicked that one, yeah.

>> And so, then you go to the training and resources page and then there is a question and answer document from the training.

>> Okay, thank you.

>> You're welcome.

>> And as a reminder, if you do have a question, you can press star 1 on your touchtone telephone. That is star 1 if you have a question.

[Pause]

>> And there are no further questions at this time.

>> While we are waiting for additional questions to percolate, I do want to remind all of you who are participating today, I mentioned a few times the resources that are available on the website PEPPEResources.org. If you haven't been there, I would encourage you to--to visit. We also have a data tab, which includes national level data for all four of the inpatient psychiatric facility target areas. The reports are aggregated in three different ways. You'll find a report that includes the aggregate statistics for all IPFs in the nation, that would include units and freestanding. We also have reports that are for national level data for freestanding IPFs only and then we have another couple of reports that represent statistics for units only. So if you're interested in that type of information, you could visit our website. Another document that we have out there shows the 20th percentile, the 50th percentile or the median and the 80th percentile for all four target areas and it shows where those levels are for units as well as freestanding facilities so if that's something that would interest you, I would encourage you to visit the website and click on the data tab and see the national level statistics that are there. One other thing you could do while you're on our website, we are always interested in feedback from our customers as to how we could improve the report, both in terms of presenting the information as well as what type of information we include. And so we are always interested in suggestions for new target areas that we could consider for inclusion in a future report or revisions that we might make to--to the current target

areas. There is a feedback link on every page of our website. It's at the top of the page and so I encourage you--if you have some--some suggestions to offer, to visit the website and click on the link and share those with us.

[Pause]

>> Are there no other questions, Brandy?

>> Oh, it looks like we do have a question from Tunisia Jones [phonetic].

>> Yes, thank you, could you please just clarify on the hospital top DRGs most recent four quarter page? Can you just explain--just give me a breakdown and explain a little bit more to me 'cause I'm pretty much confused with understanding that, far as with the total discharges for the DRGs?

>> Sure. You're looking at the hospital top DRGs report?

>> Yes.

>> Okay. What this report represents are the DRGs for which your hospital would have at least 11 discharges in the most recent four quarters. Those are listed in order of total discharges for that DRG. So as you look at your report, you'll first see the DRG number and then the DRG description. The third column there, total discharges for the DRG, that number is the number of discharges that your hospital had for that DRG in the most recent four fiscal quarters.

>> Now, when you say the most recent four fiscal quarters, can you actually give me those months 'cause I was a little confused?

>> Sure. This PEPPER, the most recent quarter is quarter 1 fiscal year 2011 and so the months then that are represented would be January 1, 2010, through December 31st, 2010.

>> Okay, so this is saying data from 2010, I was thinking data from 2011, the first of January through March of 2011.

>> Oh I see.

>> It was kind of confusing 'cause I was trying--look 'cause my CEO asked me about one of them in particular, he didn't understand why it was so low, one of the particular DRGs. So this is the total discharges status for 2010. This whole report represent 2010 data, am I right?

>> Well, the most recent 12-month period is--I'm sorry, is 2010.

>> Okay, okay.

>> But if you're looking at your target area worksheet, remember we have three 12-month time periods.

>> Yes.

>> So for this report, that would represent 2008, calendar year 2008, calendar year 2009 and calendar year 2010.

>> Okay.

>> And the most recent four quarters on those top DRG reports is calendar year 2010.

>> Okay.

>> I hope that helps.

>> Yes, thank you so much.

>> You're welcome.

[Pause]

>> And as a reminder, that is star 1 if you do have a question. We will go next to Linda Hogel.

>> You know, now I'm confused about the dates again because when I look at the compare report, it says four quarters ending quarter one fiscal year 2011; first of all, whose fiscal year are you referring to?

>> The fiscal year that we refer to is the federal fiscal year. The federal fiscal year runs October 1 through September 30th. So when we're talking about quarter one, quarter one is October, November and December.

>> October, November, December. Okay, alright. That helps.

>> You're welcome.

>> Thank you.

>> And as a reminder, that is star 1 if you do have a question. We will go next to Liz Collins [phonetic].

>> Hello. I'm going to go back to the top DRGs and I guess I need some clarification. When I look at specific for Yale-New Haven Hospital, it's showing us an example for which I'm assuming again is the one year—January 1st, 2010, through December 31st, 2010—psychosis, 27,000 discharges for that DRG. And we have a psychiatric hospital that--so it says then, just taking--if you look at it, we have Yale-New Haven Hospital has about let's say 30,000 discharges per year. But the psychiatric inpatient service itself has--you're looking at maybe 2,500 discharges a year.

>> Okay. The first thing I'd like for you to verify is that the title of the report. Does it say "Jurisdiction Top DRGs"?

>> Yes, Jurisdiction Top DRGs, most recent four quarters and it's the last page of the specific report. But it says, you know, on the very front of this, it says Yale-New Haven Hospital. But I guess I thought IPF was inpatient psychiatric facility.

>> It is. And we provide two different top DRG reports in the PEPPER. The first one is titled "Hospital Top DRGs," and that report reflects your hospital's statistics. If you're looking at the report that is titled "Jurisdiction Top DRGs", that report represents the total--I'm sorry, the top DRGs in terms of volume of discharges for all of the IPFs in the jurisdiction, in the MAC/FI jurisdiction.

>> Okay, you know what? I just got my hands on this today. So, unfortunately I haven't been able to do all the drill down but I--so when the packets were sent out, how many different reports were there in those packets?

>> The report started out--the first page of the report is a letter.

>> Yes.

>> Then the second page is two-sided. The first side includes the definitions and the back side of that is the compare worksheet.

>> Right, got it.

>> Then, you would have three more pages. The next page would have the comorbidity and the outlier payments.

>> Right.

>> Then the next page would have three- to five-day readmissions and 30-day readmissions.

>> Oh, I see what you're talking. I got you.

>> Okay? And then the last page would have the hospital top DRGs as well as the jurisdiction top DRGs.

>> Ah, okay. I was looking at the last page. Sorry about that.

>> That's okay.

>> Thank you.

>> You're welcome.

>> We all need more time.

[Laughter]

>> This is true.

[Pause]

>> And so we'll go back to Linda Hogel.

>> Okay now, I'm a little confused. I thought I understood the last page and now I'm confused. On the inpatient psych facility for your jurisdiction, the total discharges for that--that's for that particular DRG,

so between--for myself it's all of the discharges in Ohio and Kentucky, 16,543 were for psychosis. That's what I'm seeing on here, correct?

>> If that's the jurisdiction that you're included in, yes that would be--

>> Okay, okay.

>> That would be how you would interpret it.

>> So, that's not my data. That's the jurisdiction data. The page before it, when it says, "The hospital top DRGs", those are mine?

>> Correct.

>> Okay. Okay, I just want to clarify that because I thought I heard you say something different when you were explaining that just now, so thank you.

>> You're welcome.

>> And we will go next to Todd Smith.

>> Yeah, this might be very basic but can you go over the target report page and address the percent column and how that relates to the percentile columns?

>> Sure. I will do my best. Keeping in mind that percents and percentiles are sort of difficult to explain--

>> That's why we're having trouble.

>> --on a call, right. But, basically, the hospital's target area percent, you can see your hospital target area percent on the data page.

>> Right.

>> And the percentiles are calculated for all three of these comparison groups by taking all of the facilities who are in each comparison group and ranking from highest to lowest the target area percents. So you can see the national comparison group would have the largest number of hospitals. Then there would be a smaller number of hospitals in the jurisdiction and then the smallest number in the state. Now I'm going to--I want to talk now and focus on just the national comparison group because that's what we use to calculate the percentiles that determine outlier status.

>> Okay.

>> So, we have all the hospitals in the nation. Their target area percents for a target area for a time period. Those are all ranked in order from highest to lowest. The top 20 percent of those percents, target area percents, the top 20 are at or above the 80th percentile. And so, those are going to be identified as outliers in the PEPPER. For the coding-focused target area, the bottom 20 percent are at or

below the 20th percentile. And so, those would be identified as low outliers. So we calculate the percentiles for each of these three comparison groups.

>> Um-hmm.

>> But we identify outliers based on the national percentiles. And we do include in the training session that we did a couple of weeks ago a review of how the percents and the percentiles are calculated. There is a picture example that includes a ladder that might help. So, if you weren't able to participate in the training, I would encourage you to perhaps listen to that.

>> Yeah, I sure will.

>> But I hope that gives you a little better understanding.

>> Okay, thank you.

>> You're welcome.

>> And as a reminder, that is star 1 if you have a question. We will go next to Susan Jackson [phonetic].

>> Okay.

[Pause]

>> Hi, this is actually John Kim [phonetic] calling on behalf of Susan Jackson. I have a question, I may be missing a couple of pages from this report. But, looking at the first page that I've got here that's titled Compare Targets Report Four Quarters ending Q1 fiscal year 2011, I have 30-day readmissions and just to--not to disclose our facility's specific information. Looking at the hospital national percentile, we were--if I were to see a 90 percentile in that column under hospital national percentile, and I looked on the following subsequent pages, the one with the actual graph on it that is basically the 30-day readmissions graph. I can see that the 80th percentile under the comparative data shows that for that same period the 80th percentile was about 21.6 percent.

>> So if I'm interpreting this correctly, then our facility if we are--if we had a number of for example 90 percent, then we're basically we're not doing so good then. Is that--is that the way we need to be interpreting that?

>> Well, okay, without walking through your exact report with me.

>> Um-hmm.

>> When we're looking at the compare worksheet, and let's say that whatever number is listed in the cell for the national percentile, your hospital's national percentile, that tells you that your hospital's target area percent, which is in the cell to the left of the national percentile, it tells you that your hospital's percent is greater than, however--okay, I'm looking at a report that has the hospital national percentile as 80.1.

>> Um-hmm.

>> The hospital's percent is 20.4.

>>Um-hmm.

>> So that tells you that the target area percent, your target area percent of 20.4 is greater than the target area percent of--

>> At the national level.

>> 80 point—right-- 80.1 percent of hospitals in the nation. So that tells you that, yes, you're in the top 20 percent.

>> With having readmissions higher than, basically higher 30-day readmissions then?

>> Correct.

>> Okay.

>> Correct. Now, it doesn't necessarily mean that there's anything wrong. Again, I should stress that PEPPER does not, can not identify the presence of improper payments, but it can give you a clue or some sign as to where you might want to look to reassure yourself if that everything is--that patients are being admitted necessarily, that they are stable upon discharge, that diagnoses and procedures are coded correctly, that documentation within the medical record supports the necessity of the admission, and all of those conditions that are billed, those type of things.

>> Okay. When I read target percent, should I interpret that as meaning actual percent? Or is that, because it looks like it's taking our actual data and creating, it's basically--I mean our numbers here that make up the target percentile are looking like they're based off of our actual figures. So, is that a misnomer in my reading?

>> Are you looking at the compare still?

>> Yeah. I'm looking at both compare and I'm looking at both the graphs as well.

>> Okay. In the graph, there's--your hospital's statistics are represented by those blue bars.

>> Okay.

>> And that represents your hospital's target area percent for those three time periods.

>> Okay.

>> And then in the table below the graph where it says, the row that says, target percent, that does represent your hospital's target area percent for that time of period.

>> Okay.

>> Okay. Thank you.

>> You're welcome.

[Pause]

>> And as a reminder that is star 1 if you do have a question. Star 1, if you a question at this time - And we will go next to Kathy Fain [phonetic].

>> Yes. After reading the PEPPER report and the User's Guide, is it fair to say that what the compare report does is pretty much rank all inpatient psych facilities as to the discharges such that we've fallen to the percentile based on an overall ranking compared with all other facilities whether it's nation, state or jurisdiction?

>> Yes. I think that's accurate to say that not only in the compare but also in the target area worksheet.

>> True.

>> So, yes in essence the statistics in PEPPER allow you to compare your hospital to the three different groups, one being state, one being MAC/FI jurisdiction and the other being all in the nation.

>> Yeah, so it's just that you've got a lot of DRGs, you won't show up this much maybe that [inaudible] or I may have said that backwards.

>> Thank you.

>> You're welcome.

[Pause]

>> And now, are there no questions at this time.

[Pause]

>> I would like to remind those of you who might be looking through your reports right now that if any of your target area worksheets are missing a blue bar or all the blue bars on the graph or if your data table is missing values, that simply means that there were not eleven or more discharges in the time period or all the time periods in order for us to report the statistics in your PEPPER. So if you see target area worksheets that are missing data, it's because of the restriction that we have to not display those statistics. And it doesn't mean that there is anything wrong with your report or that there is an error, it is just means that there were not enough discharges to report the statistics.

>> [Inaudible] you I have a question from the Lavern Jenkins [phonetic].

>> Good afternoon. What information then will be distributed using the QNet?

>> We are currently using Quality Net to distribute the PEPPERS for short-term acute care hospitals and critical access hospital.

>> Um-hmm.

>> And inpatient facilities will continue to get their information via the personal delivery?

>> At this time, that is the plan. I mean, if something should change at some point in the future, we will certainly communicate that information out to the providers. But at this time, that is the plan.

>> And they will continue to be sent to the hospital directors.

>> At this time, yes.

>> Okay. Thank you.

>> You're welcome.

[Pause]

>> And as a reminder, that is star 1 if you do have a question. That is star 1 if you have a question at this time.

[Pause]

>> I would also like to take an opportunity to remind those that if you have not joined our e-mail list, you can do that on the home page of our website. I also want to say, and this is important to mention, that we don't send out e-mails on a frequent basis. We only send them out when we have important information to share with providers about the distribution of reports or training opportunities. So, if you're concerned about getting your e-mail box full of stuff, don't be concerned about that from us but do join them, our listserv, so that we can get the information out to you in a timely fashion.

[Pause]

>> And as a reminder that is star 1 if you do have a question at this time.

[Pause]

>> If there are no additional questions, I would like to thank all of you for joining us today. We will, as I mentioned earlier, post the recording of this call on our website in the training and resources section. Brandy let's give one more chance for questions.

>> And that is star 1 if you do have a question. Please make sure your mute function is turned off to allow your signal to reach our equipment. That is star 1 if you do have a question.

[Pause]

>> And we will go back to Marianne Berube.

>> Sorry. I was just on the website to sign up for e-mails but I can't find it.

>>Okay. If you are on the home page, that would be PEPPERresources.org.

>> Right.

>> There is a gray box toward the right middle upper side of the page to join our e-mail list to receive updates on training and PEPPER distribution.

[Pause]

>> I don't see it.

>> Are you on the home page?

>> I thought I was. It's the PEPPERresources.org/home.

>> Yes, that should be the right page. We have a blue text bar and then to the right of that is a gray box that says, "Join our email list."

>> Got it. Thank you.

>> You're so welcome. Any other questions before we end our call today?

[Pause]

>> There are no further questions from the phone lines.

>> Well, once again, thank you so much for participating and if you have additional questions at some point in the future, please visit our website, and we have a help desk tab where you can submit questions or requests for assistance.

>> Thank you very much and I hope you all have a wonderful afternoon.

>> And this concludes today's conference. We do thank you for your participation.

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