



## Washington Hospice Keeps Focus on Patients

Heartlinks Hospice and Palliative Care in rural Sunnyside, Washington was one of the first hospices established in the nation with the oversight of Elisabeth Kübler-Ross, a pioneer in the study of end-of-life issues. A non-profit independent hospice, Heartlinks serves a mixed population of rural and urban, but the majority of their urban patients reside in assisted living facilities (ALFs).

When Rev. Ronald Jetter, executive director at Heartlinks, reviews their PEPPER, he expects to see their statistics, related to hospice services provided in their ALFs, as better than the majority of their peers.

The Program for Evaluating Payment Patterns Electronic Report (PEPPER) is an annual comparative data report that summarizes a hospice's Medicare claims data statistics for areas prone to abuse/improper Medicare payments.

"I download our PEPPER on the first day (that it becomes available) and share it within our organization; with our medical records, billing office manager and clinical director of quality assessment/performance improvement (QAPI)," Rev. Jetter said. "We review the report and discuss it at our next QAPI meeting. 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. The PEPPER is a great tool that validates and reinforces our internal findings. It 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."

"Hospice care provided to beneficiaries residing in facilities such as ALFs, skilled nursing facilities or nursing facilities is now under scrutiny by CMS," Rev. Jetter added. "While our PEPPER showed that we have a statistically higher than average percent of patients in ALFs, we have made medical record audits and staff training top priority for patients residing in these facilities. We passed our most recent CMS audit in August 2016 and no citations were issued in any area of our agency's operations."

Rev. Jetter noted that their PEPPER reflects what they expect to see in their data, based on their patient population and care patterns. Thus, they can focus on other activities, such as timely filing of the Certification And Survey Provider Enhanced Reports (CASPER).

"We exceed the minimum requirements for hospice care," he said. "And we want to be good stewards on behalf of our patients and of the Medicare Trust Fund."

What advice does Rev. Jetter offer to someone just starting to review PEPPER? – "Find a way to have a conversation with a colleague regarding their PEPPER. Find out how they are using their report. It's a great way to network and share, with the goal of learning."

For more on PEPPER, visit [PEPPERresources.org](http://PEPPERresources.org).

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