Project: Comparative Billing Reports (CBR) and Program to Evaluate Payment Patterns Electronic Reports (PEPPER)

Customer (Agency)	Contract #	POC	Total Contract Value	Period of Performance	Description of Services/Supplies	Relevant (Y/N)	Additional Info
RELI (Mentor in FedPath JV) Relevant Experience							
CMS	GS-00F-213GA Order Number 75FCMC18F0096 **Comparative Billing Reports (CBR) and Programs to Evaluate Payment Patterns Electronic Reports Contractor (PEPPER)**	Nicole Hoey, CO 410-786-0489 Nicole.Hoey@cms.hhs.gov Charles Cowles, COR, 410-786-6872, Charles.cowles@cms.hhs.gov	$15,969,199.37	Base: 9/21/18-9/20/19 OY1: 9/21/19-9/20/20 OY2: 9/21/20-9/20/21 OY3: 9/21/21-9/20/22 OY4: 9/21/22-9/20/23	RELI provides services and tools in support of efforts to reduce Medicare FFS improper payments. We produce Comparative Billing Reports (CBRs), Program to Evaluate Payment Patterns Electronic Reports (PEPPERs), and First-Look Analysis Tool for Hospital Outlier Monitoring (FATHOM) reports to educate providers about Medicare policies and procedures. We assist CMS in addressing potential over-utilization and potential high-risk payment errors in the Medicare FFS program. This contract	Y - Since 2018, RELI has supported CMS in reducing Medicare FFS over-utilization and high-risk payment errors. We delivered projects on time and within budget, consolidating contracts and providing tools like CBRs, PEPPERs, and FATHOM reports to educate providers and reduce audit burdens. Our data analysis identified over-utilization and billing errors, and we managed inquiries from agencies like OIG and DOJ, contributing to	All work performed under this contract was satisfactory to the customer. RELI has CPARs available for this project.

						consolidated the two previous contracts into one contract and assists CMS in addressing potential over-utilization and potential high-risk payment errors in the Medicare FFS program.	investigations and legal cases. RELI fulfilled over 100 requests, demonstrating our commitment to addressing improper payments in the Medicare FFS program.	

04/30/2024 – CDC DHAP ITSDME&S

Past Performance Reference # 2: Comparative Billing Reports (CBR) and Program to Evaluate Payment Patterns Electronic Reports (PEPPER)			
OFFEROR NAME:	RELI Group, Inc.		
COMPANY who performed this work:	RELI Group, Inc.		
Relationship to OFFEROR:	X OFFEROR	PROPOSED SUBCONTRACTOR	
WORK PERFORMED AS THE:	X PRIME	SUBCONTRACTOR	
Name of Contracting Organization:	CMS		
Contract / Task Order Number (for subcontracts, provide the prime contract number and the subcontract number):	75FCMC18F0096 / GS00F213GA		
Contract Type:	Firm Fixed Price		
Total Awarded Price/Cost:	$ 28,440,587.55		
Final or Projected Final Total Price/Cost:	$ 28,440,587.55		
Delivery date/Period of performance (including base and options if applicable):	BY: 09/21/18 - 09/20/19 OY1: 09/21/19 - 09/20/20 OY2: 09/21/20 - 09/20/21 OY3: 09/21/21 - 09/20/22 OY4: 09/21/22 - 09/20/23 OY5: 09/21/23 - 09/20/24		
Contracting Officer's Name, Email, and Telephone Number:	Nicole Hoey, CO, 410-786-0489, nicole.hoey@cms.hhs.gov		
Program Manager's Name, Email, and Telephone Number:	John Davis, PM john.davis@religroupinc.com phone #		
North American Industry Classification System (NAICS) Code:			
CPARS/PPIRS Completed:	X YES	NO	

Description of the Requirement: Provide a concise explanation of the work performed, specifically related to how it is relevant to this solicitation's requirements.

Successful Completion of Projects: RELI submitted deliverables timely and within budget. We supported CMS in reducing Medicare FFS improper payments by consolidating contracts and providing tools like CBRs, PEPPERs, and FATHOM reports. We educated providers on payment errors and Medicare policies, reducing the burden of audits. Through data analysis, we identified potential over-utilization and billing errors, using various tools to generate reports for provider education. We handled inquiries from agencies like OIG and DOJ, contributing to investigations and legal proceedings. RELI fulfilled over 100 requests, including those related to legal cases, demonstrating our commitment to addressing improper payments in the Medicare FFS program.

Tasks Relevant to this PWS:

Task 1: Task Order Management: Under the CBR/PEPPER contract, RELI demonstrated exceptional project management capabilities by initiating and leading kick-off meetings that were crucial for setting project scope, objectives, and expectations with CMS. These meetings ensured all stakeholders were aligned from the outset, facilitating effective cross-team collaboration and resource allocation. This approach mirrors the requirements of DHAP Task 1.1, where a comprehensive briefing document and a clear outline of the strategic approach are essential for task order success. Our ability to integrate strategic project management practices directly supports our claim of meeting DHAP's stringent management expectations.

Technical Management and Planning: For the CBR/PEPPER project, RELI developed and regularly updated a detailed Technical Management Plan that outlined the technical approach, resources, and management controls. This plan was instrumental in navigating the complexities of the healthcare data environment and ensuring the project adhered to all regulatory and compliance requirements. The ongoing updates and revisions to the plan, as directed by the COR, ensured that the project remained on track to meet its goals, aligning with DHAP Task 1.2. This level of detailed planning and adaptability underscores RELI's capability to manage DHAP's requirements effectively, emphasizing our commitment to rigorous and responsive project execution.

Task 2: Applications/Systems Development, Enhancement, and Support:
Systems Development and Enhancement: In the CBR/PEPPER contract, RELI was tasked with developing and enhancing data analytics tools that were critical in identifying Medicare billing discrepancies and educating providers. By using state-of-the-art data tools and technologies, we ensured that all system enhancements were robust, reliable, and aligned with CMS's operational needs. This experience aligns with DHAP Task 2.1, which requires comprehensive and accurate capture of programmatic and technical requirements. RELI's ability to adapt and integrate new system functionalities demonstrates our technical acumen and preparedness to handle similar tasks under the DHAP contract.

Evaluation and Design: RELI's approach to the evaluation of tools and emerging technologies

ensured that the most effective solutions were implemented to meet the dynamic needs of CMS. Our team's proactive engagement in continuous technology assessment and alignment with CMS's architectural standards ensured that all system enhancements were compliant and optimally configured. This systematic evaluation and design process is in line with DHAP Task 2.2, emphasizing the importance of maintaining high standards in application and system design to support public health initiatives effectively.

Task 3: IT Project Planning and Management: Throughout the CBR/PEPPER project, RELI maintained a comprehensive suite of project documentation that adhered to the Enterprise Performance Life Cycle (EPLC) framework required by CMS. This included project charters, business cases, and detailed risk management plans, which facilitated transparent and effective project oversight and governance. Our meticulous documentation practices ensure compliance with federal project management standards, directly supporting the requirements outlined in DHAP Task 3, where accurate and detailed project reporting is critical for governance and oversight.

Resource Management and Monitoring: Effective resource management and scheduling were key components of our project management strategy under the CBR/PEPPER contract. RELI's project team developed and monitored detailed schedules, tracked task outcomes, and efficiently managed variances and resource allocations to meet project milestones. This proactive resource management strategy aligns with DHAP Task 3.2, demonstrating our capacity to optimize resource use and maintain project schedules in complex, data-intensive environments.

Task 4: IT Application/System Testing
Testing and Validation: For the CBR/PEPPER project, RELI implemented comprehensive testing protocols to ensure that all applications and systems met CMS's stringent functional and security requirements. Our rigorous testing process included unit, integration, validation, and system implementation testing, ensuring that each component functioned as intended before deployment. This thorough approach to IT application and system testing aligns with DHAP Task 4, emphasizing the importance of delivering fully functional and secure IT solutions in support of public health objectives.

User Acceptance Testing (UAT): Post-testing, RELI facilitated User Acceptance Testing (UAT) involving CMS stakeholders to validate the functionality and performance of the developed systems within the actual operating environment. This critical step ensured that all systems were not only technically sound but also aligned with end-user needs and expectations. Our robust process for conducting UAT and readiness reviews before system deployment is consistent with the practices outlined in DHAP Task 4, which requires comprehensive testing and stakeholder engagement to ensure system efficacy and user satisfaction.

Task 5. IT Systems Security
Security Compliance and Documentation: Under the CBR/PEPPER contract, RELI adhered to rigorous IT security standards and protocols to protect sensitive Medicare data. We provided all necessary security documentation, including privacy impact assessments and Security Assessment and Authorization (SAA) artifacts, to meet CMS's security requirements and

compliance protocols. This commitment to stringent security practices ensured the integrity and confidentiality of healthcare data, aligning with the standards expected under DHAP Task 5. Additionally, our ability to implement and manage comprehensive security measures demonstrates our capability to ensure compliance with all CDC security policies, reinforcing our qualification to handle similar responsibilities in the DHAP contract.

Security Solutions and Technical Advisement: RELI proactively addressed emerging security challenges by recommending and implementing advanced security solutions that enhanced the overall security posture of the CMS IT environment. Our team's expertise in evaluating, testing, and deploying technology solutions to augment system security played a critical role in maintaining the resilience and reliability of CMS's IT infrastructure. This approach aligns with the requirements of DHAP Task 5, where creative and effective technical solutions are crucial for addressing the security challenges inherent in public health IT systems. By providing expert consultation and technical support, RELI ensured that all systems were robust against evolving security threats, showcasing our ability to enhance and secure complex IT environments.

Task 6. Operations, Maintenance, and Retirement of IT Applications/Systems

Ongoing System Enhancement and Issue Resolution: Throughout the duration of the CBR/PEPPER project, RELI provided ongoing enhancement and maintenance services that were critical to sustaining the performance and functionality of CMS systems. Our approach included regular system assessments, timely resolution of technical issues, and updates to ensure alignment with the latest healthcare regulations and data standards. This ongoing commitment to system maintenance and enhancement ensures continuous improvement and operational excellence, directly supporting DHAP Task 6's focus on sustainable system operations and maintenance. Our experience demonstrates a proven ability to manage and optimize IT system performance over time, ensuring they continue to meet the evolving needs of public health programs.

System Retirement and Transition Planning: As part of the lifecycle management under the CBR/PEPPER contract, RELI efficiently planned and executed the retirement of outdated systems, ensuring a smooth transition to more advanced technologies. This process involved detailed planning, documentation, and stakeholder engagement to minimize disruptions and maintain data integrity throughout the transition phase. Our systematic approach to IT system retirement, including the preparation of detailed disposition plans and retirement protocols, aligns with the operational requirements of DHAP Task 6. This experience underscores our capability to manage the decommissioning and replacement of IT systems in a manner that ensures continuity of services and adherence to CDC's operational standards.

Task 7. Final Report / Transition Plan

Comprehensive Project Closure and Documentation: At the conclusion of the CBR/PEPPER contract, RELI meticulously prepared a final project status report that included a comprehensive analysis of the project's outcomes, challenges, and lessons learned. This final report was instrumental in providing CMS with a detailed retrospective of the project, facilitating an informed assessment of the project's success and areas for future improvement. This thorough documentation process aligns with DHAP Task 7, which requires a detailed final report and transition plan. Our ability to compile and present comprehensive project closure documentation ensures transparency and accountability, providing stakeholders with essential insights for future project planning and execution.

Transition and Sustainability Planning: RELI also developed a robust transition and sustainability plan to transfer all technical knowledge, application code, data, and related resources to CMS effectively. This plan included a clear timeline, resource allocation, and risk mitigation strategies to ensure a seamless transition without interruption or degradation of service levels. The detailed and methodical approach to crafting this transition plan demonstrates our expertise in aligning with DHAP Task 7's requirements for a planned transition methodology. This ensures that all project components are transferred to government or designee hands efficiently, maintaining the integrity and continuity of public health IT services.

These expanded explanations of our past performance under the CBR/PEPPER contract highlight RELI's deep expertise and proven track record in managing complex IT projects within the healthcare sector. Our comprehensive approach to project management, systems development, security, operations, and transition planning positions us as a capable and reliable contractor for the DHAP contract, ready to meet and exceed the demanding requirements of public health IT initiatives.

04/22/2024 - Centers for Medicare and Medicaid Services (CMS) Unified Case Management (UCM

Exhibit 1: Demonstrated Experience in AWS Cloud and other Enterprise Shared Services

• Relevant Corporate Experience
Comparative Billing Reports (CBR)/Programs to Evaluate Payment Patterns Electronic Reports (PEPPER): RELI is responsible for providing services and tools to CMS to help reduce Medicare Fee-For-Service (FFS) improper payments. Our team produces CBRs, PEPPERs, and First-Look Analysis Tool for Hospital Outlier Monitoring (FATHOM) reports. These reports, along with the additional ad hoc reports and analysis we perform, educate providers about Medicare policies and procedures and show how they compare to their peers. This assists CMS in addressing potential over-utilization and potential high-risk payment errors in the Medicare FFS program. RELI has extensive expertise in sampling, analyzing, and generating statistics at various levels of comparison, focusing on areas of high vulnerability (metrics) for various hospital settings and individual healthcare providers. The team

leverages the One Program Integrity system to perform FWA analysis by accessing and analyzing claims data housed in the IDR by using analytical tools like SAS, Business Objects, and IBM Cognos tools. The team is trained in using the newly implemented Snowflake for data processing efficiency. RELI pulls data extracts from CMSNet via connectivity into the IDR to a secure landing zone for final report creation and dissemination.

07/17/2023 - Centers for Medicare and Medicaid Services (CMS) Innovation Design, Development and Operations Contract (IDDOC)

Contract Name	Customer Name	Customer POC	Total Contract Value	Period of Performance	Prime/ Subcontractor	Is there a CPARS available, yes or no?
Comparative Billing Reports and Program to Evaluate Payment Patterns Electronic Reports (CBR/PEPPER)	CMS	Charles Cowles 410-786-6872 charles.cowles@cms.hhs.gov	$23,826,731.86	09/21/18 - 09/20/23	Prime	Yes

Brief Description of Services: RELI provides services and tools in support of efforts to reduce Medicare FFS improper payments. We produce Comparative Billing Reports (CBRs), Program to Evaluate Payment Patterns Electronic Reports (PEPPERs), and First-Look Analysis Tool for Hospital Outlier Monitoring (FATHOM) reports to educate providers about Medicare policies and procedures and assist CMS in addressing potential over-utilization and potential high-risk payment errors in the Medicare Fee-For-Service (FFS) program. This contract consolidated the two previous contracts into one contract and assists CMS in addressing potential over-utilization and potential high-risk payment errors in the Medicare FFS program.

- Agile Methodology: As the prime contractor, RELI's project team manages and executes the program with an optimum balance between governance and lean-agile solutions, covering the full spectrum of the new combined program. RELI's Program Director guides the program utilizing lean/agile methodologies, which benefits CPI from a program delivery perspective by promoting continuous improvement, visibility, alignment of business objectives to technical requirements, identification of cross-team dependencies, and adaptability to change. RELI's management approach is structured to streamline communication channels, optimize staffing, minimize risk impacts, reduce unnecessary government oversight, and reduce unnecessary costs.
- Tracking/Reporting: Each CBR and PEPPER is produced as an electronic report, and each includes multiple metrics, an overview of the topic and related payment vulnerabilities, applicable Medicare payment policy, and a list of resources to assist providers. CBRs are distributed only to providers whose billing patterns are different from those of their peers. The exact determination of who receives a CBR is specific to each CBR topic; however, each release includes criteria and thresholds related to the volume of claims and the allowed payment amount. PEPPERs are available to all providers. Three years of data is downloaded from the IDR, using SAS Enterprise Guide and Business Objects. SAS software is used to generate provider-level statistics as well as national and peer-group (i.e., state-level or specialty) statistics.
- Data Management and Securitization: Data security is a key element of our CMS CBR/PEPPER contract. RELI is responsible for providing services and tools to CMS to help reduce Medicare Fee-For-Service (FFS) improper payments. Our team produces Comparative Billing Reports (CBRs), Program to Evaluate Payment Patterns Electronic Reports (PEPPER), and First-Look Analysis Tool for Hospital

Outlier Monitoring (FATHOM) reports. These reports, along with additional ad hoc reports and analysis that RELI performs, educate providers about Medicare policies and procedures, and show how they compare to their peers. This assists CMS in addressing potential over-utilization and potential high-risk payment errors in the Medicare FFS program. RELI was tasked with creating a new CBR application. Data security was a critical component of this process, as claims level data was accessed via the Integrated Data Repository (IDR), CMS' data warehouse that integrates Medicare Parts A, B, C, D, and DME claims, beneficiary, and provider data.

- Data Management & Analysis Experience: On the Comparative Billing Reports (CBRs) and Program for Evaluating Payment Patterns Electronic Report (PEPPERs) project RELI helps CMS address potential over-utilization in the Medicare FFS program. CBRs and PEPPERs compare data on how an individual health care provider varies from other providers for a unique topic that has been identified as high-risk for billing errors. These reports analyze and summarize Medicare Part A, Part B, but may also focus on Part D or DME claims data. The Team uses CMS data tools (Teradata SQL, IBM Cognos, SAS Viya, and SAP Business Objects) and Microsoft products (MailMerge, VBA Code, Excel, and Access Databases) to analyze claims data and generate descriptive statistics that compare at how providers are billing on a particular vulnerability. These reports are shared with providers for education and self-audit purposes.

- Performing analytic studies using structured and unstructured data sources: CBR-PEPPER analysis encompasses a wide array of variables, and incorporates multiple facets of provider data (surveys, claims data, etc.) and synchronizes with known trends in the current medical environment to make accurate inferences.

- Experience with developing and maintaining data frameworks, models, and schemas: The CBR-PEPPER team established a data model and continues to maintain an internal database to help consolidate information across the various tools used on the project. This database is used to create reports that track KPIs on the program: provider feedback, report downloads, among others.

- Developing and working with ETL processes, scripts, and APIs: The CBR-PEPPER team uses MS SQL integration services (SSIS) and scripts to retrieve and stage data from multiple sources for incorporation into the database.

- Developing and managing a data catalog: As part of the tools used, the schema is self-documenting.

- Maintaining and archiving data (NARA 44 U.S.C. Chapter 31): The CBR-PEPPER team created and scheduled a reoccurring job that archives records in the database monthly.

- Digital Content: RELI educates healthcare providers on payment errors in the Medicare FFS program and on Medicare policies and procedures. From this and other relevant experiences, we recognize that a successful, vibrant community requires active moderation and facilitation, mutual trust among users, regular feedback, and up-to-date content that is responsive to user needs and preferences. The CBR/PEPPER contract supports development, production, and dissemination of comparative data reports for hospitals and other healthcare providers, as well as their use by CMS and CMS contractors. It also includes outreach and educational activities to encourage utilization of the reports to support meeting CMS' goals.

- Training & Change Management Support: RELI provides educational and training services as part of the CMS CBR/PEPPER contract. Our team educates providers about Medicare's coverage, coding and billing rules, providing educational resources such as webinars and proactive tools and websites to allow providers to assess their own state of compliance with Medicare payment policy. RELI supports healthcare providers with obtaining and utilizing their comparative billing reports. To encourage providers to access their reports, the team utilizes a variety of outreach strategies. For example, we distribute information directly to providers via email, informing providers when reports are available and when educational events are planned. The team maintains an email list and providers join the list via a link on the website. Recognizing the broad audience that CMS can reach through its outreach vehicles, RELI prepares announcements for CMS, which are published in the weekly CMS MLN Connects. We also prepare tweets which are disseminated via the CMS Twitter account. Related to provider education, the CBR and PEPPER websites have many available resources, including sample reports, aggregate data, user guides, and recorded webinars.

- Experience and Knowledge in Medicare FFS Processes and Policies (Part A and B): RELI has more than 20 years of experience measuring the impact of Medicare payment policies, including National

Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) on improper payments. The CBR-PEPPER team covers a wide range of topics and references multiple information sources (e.g., NCDs, LCDSs, the Program Integrity Manual [PIM], etc.) to identify the desired provider behavior, and structure our analysis to address those areas where guidelines aren't being followed.

Agile Tools Used: Atlassian Suite (Jira, Confluence)

06/08/2023 - RMADA 2 BRIA

Comparative Billing Reports (CBR) and Program to Evaluate Payment Patterns Electronic Reports (PEPPER)			
Contract Number	75FCMC18F0096 / GS00F213GA	Period of Performance	09/21/2018 – 09/20/2023
Customer Agency	CMS	Prime or Subcontractor	Prime
Total Contract Value	$ 23,826,731	CO Details	Nicole Hoey; (410) 786-0489
Contract Description and Relevancy to SOW			

RELI provides services and tools in support of efforts to reduce Medicare FFS improper payments. We produce Comparative Billing Reports (CBRs), Program to Evaluate Payment Patterns Electronic Reports (PEPPERs), and First-Look Analysis Tool for Hospital Outlier Monitoring (FATHOM) reports to educate providers about Medicare policies and procedures and assist CMS in addressing potential over-utilization and potential high-risk payment errors in the Medicare FFS program. This contract consolidated the two previous contracts into one contract and assists CMS in addressing potential over-utilization and potential high-risk payment errors in the Medicare FFS program.

- Educated the healthcare providers on payment errors in the Medicare FFS program and on Medicare policies and procedures. RELI supports CMS's ongoing efforts to detect and combat FWA by supporting accurate billing practices and to **reduce the burden on the provider** by reducing medical review audits. The CBR/PEPPER contract supports development, production, and dissemination of comparative data reports for hospitals and other healthcare providers, as well as their use by CMS and CMS contractors. It includes outreach and educational activities to encourage utilization of the reports to support meeting CMS's goals.
- **Data Management & Analysis Experience:** On the CBR/PEPPER project RELI helps CMS address potential over-utilization in the Medicare FFS program. CBRs and PEPPERs compare data on how an individual health care provider varies from other providers for a unique topic that has been identified as high-risk for billing errors. These reports analyze and summarize Medicare Part A and Part B but may also focus on Part D or DME claims data. The Team uses CMS data tools (Teradata SQL, IBM Cognos, SAS Viya, and SAP Business Objects) and Microsoft products (Mail Merge, VBA Code, Excel, and Access Databases) to analyze claims data and generate descriptive statistics that compare how providers are billing on a particular vulnerability. These reports are shared with providers for education and self-audit purposes.

Relevancy to Task 1.0 – Kickoff Meeting: As a prime, RELI has successfully attended the kickoff.

Relevancy to Task 2.0 – Project Management Plan and Reporting: As the prime contractor, RELI manages and executes CBR/PEPPER with an optimum balance between governance and lean-agile solutions, covering the full spectrum of the combined program. The program is guided using lean/agile methodologies which provides immediate benefits to CPI from a program delivery perspective, promoting continuous improvement, visibility, alignment of business objectives to technical requirements, identification of cross-team dependencies, and adaptability to change. Similar to what was outlined in BRIA SOW, RELI developed the Project Plan that details the steps and schedule for how all of the tasks are implemented and accomplished. RELI also created several ad-hoc reports to educate providers on Medicare policies and procedures.

Relevancy to Task 3.0 – Data Impact Analytics: As required on BRIA, RELI implemented several data management processes to retrieve and stage data from multiple sources for incorporation into the database, analyzed the data to gain insights that drive a business goal (burden reduction), and shared the results with providers for education and self-audit purposes using reporting and advance analytics tools.

04/14/2023 – Centers for Medicare & Medicaid Services (CMS) Chronic Conditions Warehouse (CCW) Virtual Research Data Center (VRDC)

Comparative Billing Reports and Program to Evaluate Payment Patterns Electronic Reports (CBR/PEPPER)	
Contract Name	Comparative Billing Reports and Program to Evaluate Payment Patterns Electronic Reports (CBR/PEPPER)
Contract #	75FCMC18F0096

Contracting Organization	Centers for Medicare & Medicaid Services (CMS)
Funding Amount	$23,826,731.86
Prime Contractor	RELI Group, Inc.

Highlights of our work: RELI is responsible for developing and maintaining the CBR/PEPPER website. This web portal hosts and serves as a platform for individual healthcare provider's Comparative Billing Reports (CBRs) and reports for hospitals, Program to Evaluate Payment Patterns Electronic Reports (PEPPERs). CBRs and PEPPERs are disseminated as educational tools through the website. These reports on the portal provide insights into billing trends and Medicare policy in support of CMS efforts to protect the Medicare Trust Fund.

Detailed Description of Services:

RELI's software development group has delivered web-based solutions since the early 2000's including numerous websites for CMS projects. This group created the file portal software leveraged by the current CBR/PEPPER contract.

RELI creates customizations for the content management system that provides the foundation of the CBR/PEPPER website. RELI provides contractors with encrypted FATHOM packages, which include Microsoft Access Database, PEPPER templates and User's Guides. Our team ensures that all Web content or communications materials produced, including text, audio or video conforms to applicable Section 508 standards.

The CBR/PEPPER web portals are maintained in a CMS ATO approved environment. The environment is managed by dedicated server and networking teams. The environment is actively monitored by the server and networking teams as well as by a separate security team.

26. Demonstrate your experience with development of Interactive Business Intelligence (BI) reports.

Comparative Billing Reports and Program to Evaluate Payment Patterns Electronic Reports (CBR/PEPPER)	
Contract Name	Comparative Billing Reports and Program to Evaluate Payment Patterns Electronic Reports (CBR/PEPPER)
Contract #	75FCMC18F0096
Contracting Organization	Centers for Medicare & Medicaid Services (CMS)
Funding Amount	$23,826,731.86
Prime Contractor	RELI Group, Inc.

Highlights of our work: RELI provides services and tools in support of efforts to reduce Medicare Fee-For-Service (FFS) improper payments. We produce Comparative Billing Reports (CBRs), Program to Evaluate Payment Patterns Electronic Reports (PEPPERs), and First-Look Analysis Tool for Hospital Outlier Monitoring (FATHOM) reports to educate providers about Medicare policies and assist CMS in addressing potential over-utilization and potential high-risk payment errors in the FFS program.

Detailed Description of Services:

Each CBR and PEPPER is produced as an electronic report, and each includes multiple metrics, an overview of the topic and related payment vulnerabilities, applicable Medicare payment policy, and a list of resources to assist providers. Three years of data is downloaded from the Integrated Data Repository (IDR), using SAS Enterprise Guide and Business Objects. We use SAS to generate provider-level statistics as well as national and peer-group (i.e., state-level or specialty) statistics.

The reports analyze and summarize Medicare Part A, Part B data, but may also focus on Part D or DME claims data. We use CMS data tools (Teradata SQL, IBM Cognos, SAS Viya, and SAP Business Objects) and Microsoft products (MailMerge, VBA Code, Excel, and Access Databases) to analyze claims data and generate descriptive statistics that compare billing on a particular vulnerability. These reports are shared with providers for education and self-audit purposes.

> RELI established a data model and maintains an internal database to help consolidate information across the various tools used on the project. This database is used to create reports that track KPIs including provider feedback and report downloads. We use MS SQL integration services (SSIS) and scripts to retrieve and stage data from multiple sources for incorporation into the database.

03/08/2023 – SSN CBR/PEPPER

A.1.1 Knowledge, experience, and understanding of complex modern medical technologies and current issues.

On our CBR/PEPPER prime contract, in partnership with CMS, Medicare Administrative Contractors (MACs), and policy subject-matter experts (SMEs), Team RELI works to identify vulnerabilities (topics/target areas) that are of the most risk to the Medicare Trust Fund. We identify the applicable selection criteria (i.e., procedure codes, diagnosis codes, modifiers, etc.) and the appropriate metrics to analyze based on the factors contributing to improper billing and payment. The methodology for each topic/target directly corelates to the applicable Medicare billing policies and guidelines.

We incorporate current policies in our topic design, and actively look for changes in policies and procedures. We look at external investigations (e.g. Comprehensive Error Rate Testing (CERT) data and the Office of Inspector General (OIG) studies), and work in collaboration with clinical personnel to develop relevant topics, incorporating data from current reports identifying potentially problematic provider billing patterns.

Our team tracks changes in policy over time and applies the most current guidelines to our report design and analysis. For example, we remeasured a topic evaluation, Drugs of Abuse Testing, that was conducted over 5 years ago. This topic contained a metric designed to address the existing policy at that point in time. Our team determined that changes in policy over the intervening years required a redesign of that metric to accommodate those changes in policy.

We monitor a multitude of resources to stay abreast of issues and changes in healthcare. The team follows resources such as CMS' MedLearn Matters newsletter, OIG's Workplan and published reports, the Medicare Payment Advisory Commission (MedPAC)'s Report to Congress, the Prospective Payment Systems (PPS)' final rules, the RACmonitor, and others. Payment methodologies change and new payment vulnerabilities are identified. PEPPER must evolve to remain useful to providers in their auditing and monitoring efforts.

Home Health Agencies (HHAs) and Skilled Nursing Facilities (SNFs) underwent major changes in their payment methodologies in the last several years. The Patient Driven Groupings Model (PDGM) was implemented for HHAs effective with care initiated on or after Jan. 1, 2020. The Patient Driven Payment Model (PDPM) was implemented for SNF stays beginning in fiscal year (FY) 2020. The goal of both new prospective payment systems (PPSs) was to focus on patient characteristics and resource use and reduce the emphasis on volume of therapy. The new PPSs also meant major changes to PEPPER target areas.

HHA payments prior to the PDGM were focused on the number of visits made to a patient. The implementation of the new PPS rendered 1 HHA target area irrelevant. The Current Procedural Terminology (CPT) studied training materials on the PDGM and designed new target areas to address the components of the new payment system. Estimated rates were developed using information from claims data until the new Health Insurance Prospective Payment System (HIPPS) code became available.

SNF payments under the prior Resource Utilization Group system were heavily influenced by the amount of therapy provided to patients. This design feature incentivized SNFs to provide the maximum amount of therapy, regardless of patients' needs, characteristics, or goals. The PDPM improved the accuracy and appropriateness of SNF payments by classifying patients into payment groups based on specific patient characteristics. The PDPM rendered four SNF PEPPER target areas irrelevant, so the team studied the new payment groups to design metrics that were appropriate for the new HIPPS codes.

CMS removed total knee arthroplasty (TKA) from the Inpatient Only List effective with procedures performed Jan. 1, 2018. Many patients are healthy enough that they do not require an inpatient stay, and Medicare can save money when the procedure is performed on an outpatient basis. A new target area for short-term acute care hospitals was recommended by Team RELI in the 2020 Target Area Assessment. The measure reports the percent of all TKAs that are performed on an inpatient basis, with the expectation that the percent will decrease over time.

Team RELI supports the CMS CPI in tracking and reviewing appealed extrapolated overpayments by Medicare Administrative Contractors (MACs) and Qualified Independent Contractors (QICs) on the Statistical Sampling & Overpayment Estimation (SSOE) program. We consumed data from several major CMS and CPI data warehouses to develop and run complex analytic and statistical code to conduct independent assessments of existing program integrity statistical extrapolation and estimation of overpayments processes to ensure Medicare Administrative Contractors and Unified Program Integrity Contractors (UPICs) approaches align with Chapter 8.4 of the CMS Program Integrity Manual. Team RELI provides statistical expertise to CMS, the MACS, and other stakeholders, on the sampling and estimation of overpayments, as well as to provide expert evaluation and guidance through the appeals process as requested by CMS to support or adjust overturned program integrity contractor estimation methods.

A.1.2 Knowledge and experience with developing clear and accurate reports on complex topics.

Data analytics and claims evaluation play a key role in determining which providers will be recipients on the CBR/PEPPER project. The range of complexity between topics can vary from average to high complexity. Data for these topics of focus/vulnerability are then converted into technical language using Integrated Data Repository (IDR) tools to extract, transform and report statistics.

Team RELI interprets the data to draw conclusions based on billing relationships between multiple types of services, distinct services provided at different times within specified date ranges, and even across Medicare claim types (Part A, Part B, and DME).

The result of the analysis is then incorporated into our reports which are developed in collaboration with clinical SMEs and CMS and disseminated to inform and educate the provider community. The analysis helped our customer to dig deeper within specific topics in selecting and identifying hospitals and/or providers with a high probability of improper payments.

The range of topics from durable medical equipment (DME) (determining if prior diagnoses warranted provision of medical equipment) to Air Ambulance (calculating distance traveled), to Lower Extremity Joint Replacement (LEJR) (looking back through claim history for any alternative therapy before a joint replacement) demonstrates the team's abilities to work with and effectively interpret the data in a wide variety of medical areas.

Team RELI's analytic staff are well-educated and experienced in data analysis and data visualization. Data visualization reflects the science and art of creating presentations that effectively tell a data story. The ad hoc analysis on growth in hospices is a good example of using data visualizations to tell a story.

Team RELI filed a Freedom of Information Act (FOIA) request for hospice PEPPER statistics in Jan. 2022. The FOIA request alerted the team to an unusual situation in the state of California. The California legislature had recently implemented a moratorium on the licensing of new hospices for a period of five years. This was done in response to the explosive growth in the number of hospices and investigative reporting that described fraudulent practices.

Hospice PEPPER statistics were available from fiscal years 2014 through 2020. Cluster bar and scatter charts were used to show how California's number of hospices increased from 2014 to 2020 at a much greater rate than any other state in the nation. Tile charts were used to simultaneously display two dimensions – the growth in PEPPER outliers and the growth in number of hospices. The tile charts also provided evidence that California led the nation in both number of hospices and number of PEPPER outliers. Donut charts showed how newly-opened hospices in California had a much higher rate of live discharges compared to older hospices in California, or compared to all hospices in the nation. All these visualizations were carefully chosen to clearly demonstrate the unusual situation in California.

Team RELI has experience designing data reports that are succinct and visually appealing for numerous CMS contracts including PEPPER/FATHOM. Team RELI's reports for CMS/CMS contractors (i.e., FATHOM) and for providers (i.e., PEPPER) incorporate multiple presentations of data, including tables and graphics. For CMS/CMS contractors, graphs illustrate the distribution of providers' claims data statistics, facilitating the easy identification of "outlier" providers, in particular those who are greater than two standard deviations from the mean. Another report identifies how provider's statistics change over time, and another facilitates identification of providers that are "outliers" in multiple risk areas.

In the provider reports, we include graphs to illustrate/highlight how a provider's claims data statistics may change over time and how they compare to aggregate data at the national, Medicare Administrative Contractor jurisdiction and state level. This can help spur independent drill-down, root-cause analysis and improvement efforts as indicated, the goal of which is to prevent improper Medicare payments. Team RELI also seeks feedback from users of the reports. One user comment to "boil this down to one number" led to the addition of the "National High Outlier Ranking

Report" in the PEPPER for short-term acute care hospitals, which ranks all hospitals in the nation based on their total number of high outliers (thus boiling it down to one number).

Likewise, when conducting ad hoc analyses, our team includes the visual representation of data analysis results to enhance/highlight findings.

A.1.3 Knowledge and experience with statistical analysis, including identifying outlier data and other anomalous billing patterns.

Team RELI has over 20 years of experience analyzing Medicare claims data to identify outliers and unusual billing patterns. On the CBR/PEPPER project, our team starts with the identification of a potential payment vulnerability. The topic may come from the OIG, the Comprehensive Error Rate Testing (CERT) program, or other sources. The team then decides what type of data from the Medicare claim is relevant to the topic. There are many fields on a claim that may be needed such as the Diagnosis Related Group (DRG) code, diagnosis codes, procedure codes, occurrence codes, etc.

Team RELI also uses CBR and PEPPER data in repeat studies to measure the effectiveness of the topic in achieving its desired outcomes. Team RELI's expertise in both CBR and PEPPER programs ensures that the analysis adequately addresses the area of vulnerability. Furthermore, additional reporting is provided to CMS which assesses CBR recipients and, through additional analysis, identifies providers who are outliers or at a higher risk to the Medicare trust fund.

After preliminary specifications are developed, data is obtained from the IDR. Claims data is queried for all providers in the nation – to assess geographic spread - and for at least three years to examine trends. Data is run through a series of quality checks to look for things like missing values, minimum and maximum values. Simple counts are created to understand the general distribution of the topic. Claims may be counted by month, quarter, or year, whichever time period is most useful for the topic. Counts by month are especially useful to determine whether seasonality is a factor for the topic.

Mean and standard deviation are calculated, and histograms are prepared to examine the distribution of the metrics. Providers with values above selected thresholds are examined to determine whether there are patterns by state, size, or Medicare Administrative Contractor (MAC) jurisdiction. Measures are tracked over time to see whether there is a pattern of increasing or decreasing utilization.

This process was most recently followed to examine Medicare Part B spending outside of the Hospice benefit. In addition to the primary metric of average number of Medicare Part B claims per hospice episode, data was collected to examine the types of Part B services. This information informed further refinement of the metrics. Since the types of services obtained by beneficiaries in three different places of service were similar, they were grouped together for the final recommended target area.

A.1.4 Knowledge, flexibility, experience, and capacity for innovation to develop ad hoc reporting, sometimes on short timelines.

Team RELI has extensive experience and expertise in responding to ad hoc requests in a timely and efficient manner. Since the business needs driving ad hoc requests vary, we identify and deploy appropriate resources to respond to each request. This could include personnel, data sets, software, analytic tools, or other resources. Our understanding of change management drives our communication approach that engages stakeholders, bolsters transparency, and maintains a client-centric focus. Our team is skilled in adapting schedules and resources to shifting priorities and has the flexibility to focus on workloads based on urgency and complexity.

Team RELI has consistently performed ad hoc reporting in a timely manner, without negatively impacting the scheduled delivery of existing reports on our current CBR PEPPER program. We incorporate Lean and Agile processes to identify and implement more efficient ways to deliver reports of value to CMS.

Team RELI's ability to respond rapidly to changes is based on our standard management processes, which are derived from and compliant with industry best practices, including Project Management Body of Knowledge (PMBOK) and Software Engineering Institute (SEI) Capability Maturity Model Integration (CMMI) standards. Our commitment to these principles enhances project quality and ensures we follow mature processes, leading to rapid execution and on-time delivery within budget. Our policies and procedures include feedback loops for transparency, continuous improvement, and performance measurement, and our strong core team can flex up to meet demands of the program. We used Robotic Process Automation (RPA) on the CMS Large Claims Appeals Settlement Program to address the volume and frequency of the ad hoc reporting.

During the COVID-19 Pandemic, Team RELI conducted a special study that evaluated the effect of the Public Health Emergency (PHE) on each of the CBR topics released during this timeframe. This evaluation included a trend over time analysis, which helped provide CMS a framework to determine the scope of the impact. Additionally, the report was restructured to include interactive dashboarding capabilities to facilitate customized breakdowns by topics.

Our team is proficient in providing support at data level as well as offering education to providers in a relatively short turnaround. We have provided data support on 13 distinct CBR topics to CMS entities for several evaluation studies. These topics include major public health crisis topics like the Opioid prescribers.

Examples of ad hoc reporting in short timeframes include:

- Our team received a request from CMS to provide a count of all National Provider Identifiers (NPIs) in specified cities who had received at least one of the last 10 CBRs. This request necessitated merging disparate data sources. We obtained accurate results by employing data cleansing logic to handle variations in the provider's address data. Additionally, we used zip code data in conjunction with address fields to identify CBR recipient NPIs in each of the specified cities.

- We received a special request from CMS to produce a comparative study between two drugs of abuse testing CBRs. This request was meant to evaluate the impact of CBR education on the recipients of the reports. Due to several factors, the request required complex analysis, which was further impacted by our efforts to make the comparison as equitable as possible with the CBR report developed by a prior contractor. Team RELI was able to deliver insightful conclusions in a timely manner despite various known limitations affecting the request (Changes in CPT codes, alterations in Metric Design, PHE impact, different statistical approaches, etc.).

Team RELI effectively and successfully responds to ad hoc requests from CMS and its support contractors. These ad hoc requests exclude data already collected by CMS and may be short-turnaround data collections or analysis, success stories, patient & family engagement, or other products deemed reasonable by CMS for an ad hoc request. For example, Team RELI's Quality Innovation-Quality Improvement Organization (QIN-QIO) most recent Contractor Performance Assessment Reporting System (CPARS) report states, "The QIN-QIO and its subcontractors remained flexible, available, and responsive post pandemic CMS ad hoc requests." Additionally, the CPARS state, "Monthly and ad hoc reports were submitted timely with attention to detail with outcomes clearly stated to keep CMS properly informed." Also, Team RELI "remained responsive and ensured timely delivery of requests for information and clarifications and frequent ad hoc reports."

Two recent examples include the unusual growth in hospices in the state of California and potential payment vulnerabilities in SNFs. The hospice ad hoc analysis is described in more detail in item #2 above. The SNF analysis started as an open-ended request from CMS to develop some areas for exploration. The team decided to take a closer look at nursing payment groups in the Patient Drive Payment Model. A variety of metrics were explored, and we presented CMS with a thorough analysis and recommendation to add a new target area. The report and recommendation were shared with the SNF payment subject matter experts at CMS who approved the target area with one small modification. The team's diligence to act quickly ensured that the new target area would be included in this year's reports.

Examples of earlier ad hoc analyses include:

- National analysis of Autonomic Nerve Disorder, Encephalopathy and Malignant Hypertension. This analysis led to a one-time analysis identifying hospitals that were outliers; contractor-specific results were shared with each contractor.

- Assessment of hospices with an average length of stay for general inpatient care of 21 days or greater.

- Development of a national map of FATHOM outlier hospitals.

- Outlier analysis of short-term target areas.

- National analysis of Recovery Audit Contractor vulnerable target areas (leading to addition of a number of target areas to the short-term acute care hospital reports).

- Appropriateness of use of condition code B4 for same-day, same-hospital admissions.

- In response to a help desk ticket investigation, Team RELI uncovered a problem in the way some hospices assigned patient discharge status codes for beneficiaries who died. The

analysis was expanded to all hospices across the country, and the results were shared with the CMS hospice subject matter experts.

- Assessment of outpatient observation stays within 30 days of discharge from a short-term acute care hospital and shared the results with CMS.
- Assessment of hospital emergency department evaluation and management codes as a potential new setting for the development of reports.
- Evaluation of hospice live discharges for the twelve months prior to and immediately following the implementation of Change Request 7677.
- Assessment of readmissions to short-term acute care hospitals following discharge from:
  o Long-term acute care hospitals
  o Inpatient rehabilitation facilities
  o Skilled nursing facilities
  o Home health agencies
- Evaluation of hospice services provided to beneficiaries residing in an assisted living facility, skilled nursing facility and nursing facility, resulting in new target areas added to the hospice reports.
- Assessment of opioid use associated with short-term acute care hospital admissions.

A.1.5 Knowledge and experience with web design, network and software engineering, and IT skills sufficient to develop an interactive online portal, maintain websites, and other projects as required.

Under our CDC IT Modernization project, Team RELI provided web design and migration services. We supported the migration of the Million Hearts Hospital and Maternal Mortality Review Information Application (MMRIA) websites from on-premises websites to the CDC cloud environment. We provided enhancements and updates to the websites to ensure continuity of the data. We also supported the redesign of the data preparation/analysis and reporting/publishing processes for the National Assistive Reproduction Technology (ART) Surveillance System (NASS) website, with a focus on automation and streamlining to reduce the time between data collection and reporting. Our team was responsible for rebuilding the Youth Risk Behavior Surveillance System (YRBSS) – Youth Online website to improve performance and refresh/update the user interface to improve user experience and standardize with other YRBSS websites. This involved redesigning the database, which housed many years of YRBSS data, to improve performance. We also supported the migration of this website to cloud.

Team RELI also provided web content management and development support for two websites maintained by the CMS Center for Medicaid and CHIP Services (CMCS): Medicaid.gov and InsureKidsNow.gov. Specifically, we provided CMCS with plain language website content development support (in conjunction with SMEs); identified opportunities for improved communication tools (such as infographics); and developed graphics to support web copy to improve the user experience.

We provided content and data support to CMS' CMCS Division of Communication and Outreach (DCO) in two ways: (1) Ongoing operations and maintenance, and (2) Content strategy for www.Medicaid.gov, www.InsureKidsNow.gov, and www.data.Medicaid.gov. Through these activities, we not only ensured that the existing sites were up to date and adhered to current web best practices and CMCS style guides, but also actively collaborated with stakeholders to enhance and modernize their websites, which included conducting audience research, developing revised website structures and content, and designing data visualizations.

We completed more than 100 website updates monthly of varying complexity and created new content for the sites weekly at the request of subject matter experts (SMEs) and content owners. This effort included collaborating with content owners for new pages, new frequently asked questions (FAQs), and new functionality. On CMCS, Team RELI was also responsible for developing visual materials to be posted on websites and user-focused documentation to support updating and maintenance websites, including how-to guides for Section 508 compliance, as well as submittal of web content change requests using JIRA. Our team reviewed submissions from content owners for adherence to the CMCS style guide, ensuring that visual branding was consistent, and maintaining a unified voice in posted content.

On our current CBR/PEPPER project, our operations team includes a web designer, a developer, and security & networking personnel. The web designer has supported CMS projects since 2000, designing and maintaining websites using industry standards (e.g., XHTML, CSS, and content management systems), including the CBR/PEPPER website. She has designed websites to restrict access to confidential content and meet privacy standards, according to guidelines set by CMS, contractors, OIG, and the DOJ. The web designer has ensured that websites, including the CBR/PEPPER website, meet accessibility standards, are optimized for high visibility in search engines, and adhere to policies and procedures for Team RELI, CMS, and other contractors.

Team RELI's software development group has delivered web-based solutions since the early 2000's, including numerous websites for CMS projects. The development group includes members with CMS project experience since 2006. The group created the file portal software leveraged by the current CBR/PEPPER contract, as well as customizations for the content management system that provides the foundation of the current CBR/PEPPER website. Our developers work closely with the web designer on efforts involving user-facing elements. The development group also creates and maintains integration solutions for third-party products and services.

Current CBR and PEPPER web portals are maintained in a CMS Authorization to Operate (ATO) approved environment. The environment is managed by dedicated server and networking teams. The environment is actively monitored by the server and networking teams as well as by a separate security team.

A.1.6 Knowledge and experience managing a help desk/call center and resolving provider issues and complaints, and providing clarity and education.

Team RELI has more than ten years of experience managing a help desk to address user concerns and recognizes the importance of clearly communicating the results of analysis to providers. On the current CBR/PEPPER project, reports are carefully worded to prioritize clarity and provide

clear guidance on billing practices. A high priority is also given to the education and outreach component of our dissemination process, and webinars are scheduled to provide additional explanation for each CBR topic and PEPPER report.

For those instances where the customer requires further clarification, channels of communication have been established to provide support. The CBR and PEPPER reports provide information on how to reach the help desk, and any inquiries are monitored and responded to on a daily basis. In addition, webinar attendees' feedback is collected and evaluated for each topic to ensure that all concerns and questions are addressed.

The ability demonstrated by Team RELI to take complex concepts and translate them into clear actionable guidelines helps ensure that the efforts put forth in analysis will have a greater impact on the provider community. Getting the message to the intended recipients in a clear and concise manner is treated with equal importance by Team RELI as the analysis itself.

The CBR/PEPPER help desk has received and responded to over 10,000 help desk tickets. All tickets received an initial response within two business days. Most tickets were addressed with an email response; however, help desk staff called individuals to provide additional clarification or more personalized education if indicated.

Team RELI also invites users to complete a satisfaction survey at the point of resolution of their ticket. It is a brief survey, and responses are voluntary and anonymous. The survey is provided in the spirit of continuous quality improvement, so that staff can identify problem areas in response time or technique. Since Sep. 21, 2018, 810 people have responded to the survey. Respondents are pleased with the help desk as evidenced by the following results:

- 95% were satisfied or strongly satisfied with the ability of help desk staff to address their issue
- 97% were satisfied or strongly satisfied with the timeliness of the response

Over the years, the Team RELI has made improvements to the CBR/PEPPER help desk system, including the addition of snippets for standardized and efficient replies, and the addition of proactive routing of validation codes to encourage provider retrieval of the PEPPERs. Furthermore, improvements have been made to the system's capabilities to calculate and display PEPPER retrievals in real time.

On our CMS National Plan and Provider Enumeration System (NPPES) project, Team RELI stood up, staffed, and currently implements a call center. Our team uses ServiceNow to manage and track all Tier 1, Tier 2, and Tier 3 Help Desk cases, tickets, and emails. To automate, we use an ACD phone system to track Help Desk call times and wait times to achieve the Government's outcomes and meet requirements related to help desk support. The number of emails/phone calls, length of calls, and status/resolution are recorded through ServiceNow and the ACD phone system and are reported to CMS leadership weekly to maintain transparency. As NPPES enumerator, Team RELI processes over 59,000 applications annually and handles on average 12,766 telephone calls monthly. In total, the call center handles over 154,000 phone calls per year. We use an automatic call distribution (ACD) phone system to track help desk calls and wait times.

A.1.7 Knowledge and experience with outreach and education directed to providers, professional associations, facilities, and other interested parties through, but not limited to, such means as: webinars, published articles, and presentations at professional conferences.

Team RELI begins the CBR and PEPPER process by researching provider groups and facilities that will utilize the reports. For the CBR releases, the team compiles a list of providers groups and associations that would benefit from targeted education and creates content for outreach emails sent by CMS. The PEPPER releases are also supported through targeted education and outreach.

For CBR, the outreach and education team has presented at national and regional conferences, local coding chapter events, and written multiple articles for the AAPC magazine (Healthcare Business Monthly) and the monthly publication "Compliance Today." On various topics. Quarterly articles for CBR are also published in Healthcare Business Monthly, so the CBR/PEPPER program can stay in the current healthcare news circuit. Other presentations include: HCCA Compliance Institute, the National Association for Home Care and Hospice, and AAPC HealthCon.

Team RELI combines its deep knowledge of PEPPER with skills in writing and presentation to educate various audiences. In May 2020, our team published an article in Compliance Today, *"Evaluating Medicare Fee-For-Service payment patterns for post-acute care,"* (Compliance Today, May 2020). This article educated providers on the way that PEPPER evolved to remain relevant in the face of revamped payment methodologies for three post-acute care provider types - Home Health Agencies, Inpatient Rehabilitation Facilities, and Skilled Nursing Facilities.

On April 13, 2022, Team RELI presented findings of an ad hoc analysis of hospices to the One Program Integrity All Users Data User Group. This quarterly webinar brings together data analysts and other interested parties from Medicare Administrative Contractors, Zone Program Integrity Contractors, law enforcement and others. Over one hundred individuals participated in the webinar and viewed the presentation.

Team RELI is the original developer of PEPPER and FATHOM and has produced these reports under multiple contracts with CMS since the early 2000s. Team RELI has demonstrated its expertise in helping providers use data from the reports to prevent and reduce improper Medicare payments by developing training and educational materials for PEPPER and FATHOM, providing one-on-one customer service through its help desk and maintaining a robust website (PEPPERresources.org).

Throughout our QIN-QIO region, Team RELI provides targeted technical assistance and engages providers and stakeholders in improvement initiatives through numerous Learning and Action Networks, made up of community health care leaders, patient advocacy representatives, subject matter experts and Team RELI staff. Through the networks, Team RELI provides educational webinars and conferences, encourages peer sharing, supports rapid testing of change ideas and spreads successful improvements.

Team RELI is a Hospital Quality Improvement Contractor and provides educational sessions to teach evidence-based best practices, strategies for improvement in tactical interventions proven to reduce harm and readmissions. Team RELI provides targeted quality improvement assistance to rural and critical access hospitals, as well as hospitals serving vulnerable and underserved populations to achieve measurable outcomes with a focus on patient safety, care transitions and opioids.

Team RELI provided training and education about the Quality Payment Program (QPP) for clinicians in individual or small group practices of fifteen or fewer clinicians. Technical assistance helps small practices, especially those that practice in historically under-resourced areas including rural areas, health professional shortage areas and medically underserved areas be successful in the Quality Payment Program.

Team RELI supported the Comprehensive Primary Care (CPC+) Regional Learning Network to strengthen primary care through regionally based multi-payer payment reform and care delivery transformation. In addition to participating in the initial design and implementation of central support for the CPC+ Regional Learning Network, Team RELI provides practice facilitators in Arkansas, Louisiana, Oklahoma, Greater Philadelphia and Michigan. These facilitators help practices navigate the requirements of CPC+ through coaching and region-specific outreach, including CPC+ learning events in their respective regions.

A.1.8 Knowledge and experience to support CMS CBR/PEPPER Portal and website.

On the CBR/PEPPER project, the software development group has delivered web-based solutions since the early 2000's including numerous websites for CMS projects. The group includes a lead developer with CMS project experience since 2006. The group created the file portal software leveraged by the current CBR/PEPPER contract. The group creates customizations for the content management system that provides the foundation of the current CBR/PEPPER website. Developers work closely with the Web Designer on efforts involving user-facing elements.

The Web Designer uploads CBR and PEPER resources to their respective website, including sample CBRs, demonstration PEPPERs, data resources, FAQs and training material. Providers use the CBR and PEPPER websites to access relevant news, FAQs, distribution schedules, Help Desks and the web-based file portals used to retrieve PEPPERs and CBRs. The Web Designer ensures that CMS can securely access and download PEPPER/FATHOMs, along with other CBR and PEPPER deliverables, through each respective website. The Web Designer provides contractors with encrypted FATHOM packages, which include Microsoft Access Database, PEPPER templates and User's Guides.

End users (providers) are supported by dedicated CBR and PEPPER help desk staff. The CBR/PEPPER helpdesk software was purpose-built for the project by current software development team members. The development team is intimately aware of user support system needs for CBR/PEPPER providers.

Through the help desk, the team provides support for users to log in to the portal to access CBR and PEPPER reports. We research and propose changes/updates to the website and portal to

allow for easier access to reports. We created an interactive distribution schedule for the PEPPER website to guide users through the portal access process with step-by-step instructions for each individual facility type. We also edited the language on the portal access page to be clearer about the information needed to enter to access the PEPPER. For CBR, we created an education and resources page for each release, and we posted the webinar slides, webinar recording and transcript, guidance and considerations document and Q&A document.

As the creators of the web-based file portal and help desk system software currently in use, the software development team is extremely well-positioned to provide system support and any future development or customizations that may be needed.

A.1.9 Knowledge and experience to handle inquiries from other agencies such as the Office of Inspector General (OIG), the Government Accountability Office (GAO); or from the press, other public or private entities, providers or provider associations, congressional staffers or reps, or the Office of Legislation that request calls and/or meetings

Over the course of the CBR/PEPPER contract, Team RELI routinely handles inquiries from outside agencies including OIG, DOJ, and many others. Our team receives requests through an intake mailbox and coordinates with CMS to evaluate, size, and plan the work needed to fulfill each request.

One example of an OIG request came during an ongoing OIG investigation into DME suppliers' billing practices and the falsification of referring physician NPIs on their claims.

Team RELI had already generated two CBRs related to 15 target L codes, but analysis was focused on Referring Physicians. The request from OIG was pertaining to the DME suppliers associated with the 15 target L codes included in the analysis.

Team RELI fulfilled the OIG DME Supplier Request for information regarding CBRs 202010 and 202106 as follows:

- Information was grouped at the supplier level to help identify discrepancies.
- Relationships between Referring NPI, beneficiary and Supplier were provided.
- Data was displayed for all NPIs in the national scope of analysis, but was also narrowed down to only show relationships that pertained to CBR recipients.

To date, Team RELI has fulfilled over 100 requests for information from numerous organizations (see Exhibits 1 and 2 below). One such request was related to the U.S. ex rel. Integra Med Analytics LLC v. Issac Laufer et al. case, in which attorneys were looking for information related to aberrant SNFs. Our team provided historical reports for the named SNFs. Defendants submitted document requests that led to additional requests for information from the DOJ. Our team retrieved archived annual reports that examined the SNF PEPPER statistics and provided those reports to the DOJ to address those additional requests. We also provided records of interactions with staff from the named SNFs, such as PEPPER Help Desk tickets and PEPPER training webinar registration, and records of the download of SNF PEPPERs.
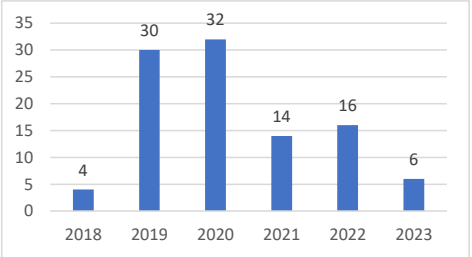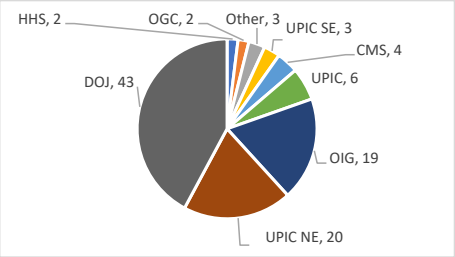

Exhibit 1: Count of Requests by Year

Exhibit 2: Requests by Organization

03/15/2021 - Data & Analytics Supporting Healthcare (DASH) BPA, RFP 210181 - Factor 1 Relevant Experience

Data Analytics - Describe where you have used various healthcare domain datasets (e.g. Medicare claims, beneficiary, hospital or other healthcare data) to solve business problem using data analytics.

1. Comparative Billing Reports (CBR) Program for Evaluating Payment Patterns Electronic Reports (PEPPER) (RELI - Prime); Organization: **CMS/CPI;** PoP: **09/21/2018 – 09/20/2023:** CMS uses CBRs and PEPPERs to detect potential over-utilization in the Medicare FFS program. CBRs and PEPPERs compare data on how an individual healthcare provider varies from other providers in areas identified as high-risk for billing errors. The reports analyze and summarize Medicare Parts A and B, Part D, and durable medical equipment (DME) claims data. The team uses CMS data tools (Teradata SQL, IBM Cognos, SAS, SAP Business Objects) and Microsoft products (MailMerge, VBA Code, Excel, Access) to analyze claims data and generate statistics that denote how providers bill for specific vulnerabilities. The reports are shared with providers for education and self-audit purposes. After delivering the reports, the program assesses subsequent billing patterns to determine if the reports had a positive impact on providers' billing behavior.