



Transcript for the Q4FY22 Skilled Nursing Facility (SNF) Program for Evaluating Payment Patterns Electronic Report (PEPPER) Review

April 11, 2023

Hello everyone, let's go ahead and get started. It's 3:00 p.m. Eastern Standard Time. I want to welcome you all today to this webinar where we'll be discussing the Q4FY22 *Skilled Nursing Facility PEPPER*. I'm Annie Barnaby, and I work for RELI Group, Inc., who is contracted with CMS to create and distribute PEPPER reports.

Before we move on to the content of today's webinar, let's review some housekeeping items to make sure that the session runs smoothly. If you would like to utilize live captioning, please access the captioning by clicking on the Q&A panel.

Your lines will be muted during the presentation, so if you have questions, please submit them at any time using the Q&A panel on your computer screen. I will answer questions verbally at the end of the session as time allows, and a Q&A document will be created and posted for your reference.

If you have questions about the statistics in your individual PEPPER, I encourage you to submit your question through our Help Desk instead of addressing your question during this webinar. The Help Desk can answer specific questions and ensure that we are looking at the same report and the same information in your PEPPER to answer your question.

Here you'll see the Q&A panel that you can use if you have a question during the presentation. Please be sure to submit your question to all panelists. If you're viewing the webinar in full screen mode, you can still use the Q&A panel to ask a question. Click on the Q&A button, which is the question mark inside the box, as you can see here, type in your question, as we discussed on the last slide, be sure you send the inquiry to all panelists. Click the send button and then minimize button to return to full screen mode.

Our agenda today will cover the Q4FY22 *SNF PEPPER*, the target areas included in the report, a look at the new target areas, and a look at some other informative resources that are available for SNFs on our home page. Let's get started.

Today's presentation will be a high-level review of the PEPPER, so if you're familiar with PEPPER, this will be a nice refresher. But if you're new to PEPPER, you might still have questions at the end of the session. We have resources available to you to help if you do have questions. These resources can be accessed through the PEPPER website in the Skilled Nursing Facility "Training & Resources" section, and our website is PEPPER.CBRPEPPER.ORG.

Let's start at the very beginning. What is PEPPER? Well, PEPPER is an acronym that stands for Program for Evaluating Payment Patterns Electronic Report. A PEPPER is a comparative report that summarizes one facility's Medicare claims data statistics for areas that might be at risk for improper Medicare payments primarily in terms of whether the claim was correctly coded and billed and whether the treatment provided to the patient was necessary and in accordance with Medicare payment policy. In the PEPPER, these areas that might be at risk are called target areas.

The PEPPER—excuse me—summarizes your facility's Medicare claims data statistics for these target areas—excuse me, and compares your statistics with aggregate Medicare data of other hospitals in three different comparison groups. These comparison groups are all hospitals in the nation, all hospitals

that are in your Medicare Administrative Contractor or MAC jurisdiction, and all hospitals that are in the state.

These comparisons are the first step in helping to identify where your claims could be at a higher risk for improper Medicare payments. The PEPPER world, this could mean that your billing practices are different from most other providers in a comparison group. I do want to stress that the PEPPER cannot identify improper payments. The PEPPER is a summary of your claims data and can help you identify or alert you if your statistics look unusual as compared to your peers, but improper payments can only be confirmed through a review of the documentation in the medical record, along with the claim form.

Taking a look at the history of PEPPER, we can see that the program began back in 2003. TMF Health Quality Institute developed the program originally for short term acute care hospitals, and later for long term acute care hospitals. In 2010, TMF began distributing PEPPERS to all providers in the nation, and along the way, they developed PEPPERS for other provider types which you can see here on the slide.

Each of these PEPPERS is customized to the individual provider type with a target area that is applicable to each setting. Then in 2018, CMS combined the comparative billing report or CBR and the PEPPER programs into one contract, and the RELI Group and its partners, TMF and CGS, now produce CBRs and PEPPERS.

Now, while the CBR program produces reports that summarize Medicare Part B claims data, the PEPPERS summarize Medicare Part A data. These reports are produced for providers across the spectrum that help educate and alert providers to areas prone to improper Medicare payments. So why does CMS feel these reports are valuable and support their agency goals? Well, CMS is mandated by law to protect the Medicare Trust Fund from fraud, waste, and abuse. They employ several strategies such as data analysis activities, provider education, and early detection through medical review, which might be conducted by the Medicare Administrative Contractor, a recovery auditor, or some other federal contractor.

The provision of PEPPER to providers supports these strategies. The PEPPER is considered an educational tool that can help providers identify where they could be at a higher risk for improper payments. The providers can proactively monitor and take preventive measures, if necessary.

I should also mention that the Office of Inspector General or OIG requires that providers have a compliance program in place to help protect their operations from fraud and abuse. An important piece of compliance program is conducting regular audits to ensure that charges for Medicare services are correctly documented and billed and that those services are reasonable and necessary. The PEPPER supports that auditing and monitoring component of the compliance program.

Now that we have a sense of the history of the PEPPER program and why it was created, let's talk specifically about the newest release of PEPPER, Q4FY22. Again, the PEPPER only summarizes Medicare fee-for-service Part A claims data and does not include any other provider types such as Medicare Advantage claims.

Every time that a PEPPER is produced and released, the statistics are refreshed through the paid claims database. Therefore, if you're looking at a previous PEPPER release and comparing it to this release, you probably are going to see slight changes in your numerator, denominator, your percentile, those types of things. That could be because there are late claims that are submitted or corrected claims, which would both be reflected in the updated statistics.

Any time we produce a report, the oldest fiscal year rolls off as we add the new fiscal year.

In the PEPPER world, when we discuss skilled nursing facilities, or SNFs, that refers to free-standing SNFs, and SNF units, swing beds, or short-term acute care hospital. I mentioned before that there are some new target areas that are included in this release of the *SNF PEPPER*. The target areas and supplemental reports will be changing over time to provide information related to potential vulnerabilities for SNFs.

We do have two new target areas, high PT and OT case mix and *High Speech Language Pathology Case Mix*.

The target areas within the PEPPER pertain to a service or a type of care that's been identified as prone to improper Medicare payments. We construct the target areas as ratios where the numerator is a count of episodes of care identified as potentially problematic, and the denominator is a larger reference group that also includes the numerator. This calculation allows us to calculate a target area percent, and we'll talk about target area percents here in just a minute.

Here we have the target areas for the *SNF PEPPER*. Those that remain from the last release and the new target area that were introduced in the Q4FY21 and 22 releases. The newest target area in this Q4FY22 release is the *High Nursing Case Mix*.

Again, the target areas are going to continue to be redefined as we continue with our research and work with CMS subject matter experts. Let's take a look at the new target area *High Nursing Case Mix*, the calculation for the target area and the suggested interventions for that target area.

Actually, to do that, I'm going to share my screen. I've taken us here to the PEPPER home page. We'll talk a little bit about the resources that are available here in the on the PEPPER home page, but let's go down to the SNF user's guide. You can see all of the user guides for each of our facilities is available. And the user guide is a wonderful way to get information and, as we can see here in just a moment, take a look at new information that is added as well as all of the important information that remains from release to release for the PEPPER.

So, I'm just going to scroll down here and go to the *SNF PEPPER* CMS target areas. You can see here we do have the *High Nursing Case Mix* that is new as of this release. And in the numerator, for this new target area, *High Nursing Case Mix*, we have the count of SNF claims where the third character of the code representing the nursing payment group is one of the following: It's going to be either A, B, C, D, H, or L. That is in the numerator. Then in the denominator, we're going to look at the count of all SNF claims. So that's just a little peek into the new target area, the *High Nursing Case Mix*.

We will take a look at that in the actual PEPPER when we get to looking at the sample PEPPER.

But before we do that, let's talk about percentiles. I mentioned earlier that we do have the calculations, and we saw with the new target area calculation that the outcome of those calculations is going to be a percent. Then the PEPPER is going to reflect your percentile. I think that this slide can help us to understand how the percentiles are listed in the PEPPER and how those are calculated. This ladder image is a great representation of how we do that. Next to the ladder is a list of the target area percents sorted from highest to lowest. The first step our team takes when we calculate a percentile is to take all of those target area percents for a target area and a time period. We sort the target area percents from highest to lowest, and that's what the ladder represents. You can see the percents listed from highest to lowest down the ladder.

Next, we identify the point below which 80% of those percents fall. That point is identified as the 80th percentile. Any facility that has a target area percent that is at or above the national 80th percentile will be identified in the PEPPER as a high outlier.

A high outlier is identified in the PEPPER target area tab data by a red bold font. A high outlier outcome could potentially mean over coding, or it could just mean that your statistics look different for a justifiable reason.

Now, on the flip side, we also identify the point below which 20% of the hospital's values fall, which is the 20th percentile. That could mean that the facility may have some under-coding concerns. It is important to remember when we're talking about percentiles that the PEPPER always identifies the top 20% as high outliers in the PEPPER and for the coding focus target groups, the bottom 20% for low outliers.

These percentiles are a good way to get context and think about how our target area percent compares to the other facilities in the nation or in the jurisdiction or in the state. This context can help us think about whether that difference is what we expect to see or if there's something that, perhaps, we should be concerned with.

So, let's go now I promised we would take a look at the sample PEPPER. So, let's go ahead and do that now. Here we have the sample PEPPER that is available on the same page that we went to look at the user's guide. It is in the SNF "Training & Resources" section. We create this sample PEPPER out of, of course, sample data. This isn't a facility's PEPPER that we've just removed the information. This is a true sample. We offer it because we want everyone to be able to look and see what they're looking at when they are looking at a *SNF PEPPER*. We want to be able to have this sample PEPPER so we can review the data and the information and how it's prepared and presented in these webinars so that you can be prepared when you look at your own PEPPER.

The PEPPER obviously is released in an Excel workbook, and down here there are tabs for each of the sections that we're going to be looking at and each of the sections of the PEPPER. We start first with the purpose tab. This is a great tab to use that when you're looking for a summary of the PEPPER information. We have the *SNF PEPPER* version listed here. You can see down here on line 25. Then on line 26, we have the jurisdiction listed. So, when you receive your PEPPER, that information will be updated and have the reflected information for your jurisdiction.

Up here on line 11, we have the provider number. So, you can check all this information and see that you are looking at your PEPPER, of course, but also the correct jurisdiction and then, as always, we're reminded of the release which at this point is the Q4FY2022.

The next tab is the definitions tab. We saw a little bit of this information actually; we saw all of this information from the user's guide when we were looking at that. But I love the definitions tab because it is a great resource to have when you are looking at that detailed PEPPER data. It's very nice to have this definitions tab that has all this information, has the definition of the numerator and the denominator for all the target areas, and has that information so that you can just click right over to this tab and look at and remind yourself of the data that you're looking at when you're looking at these comparisons and your PEPPER outcomes.

Of course, we have each target area listed here and then next to it we have the target area definition, which lets you know what is included in the numerator and what is included in the denominator numbers that we're going to see when we look at each target area here in just a second.

Definitely use this definitions tab. As I said, I use it all the time, and it is really very handy to have there. After the definitions tab, we have the compare tab. This is going to give us a summary of the target areas, and it's going to give us, as we can see here in the definition, it says that the excuse me. The compare target reports is showing statistics for target areas that have reportable data. When we say reportable data, we mean 11 or more target discharges. Those target discharges are those numerator

values. That is because we are targeting the values and the discharges and the information that are vulnerable to potential incorrect payments.

So, this compare targets report tab has information for all of the target areas and then your target count, which is going to be your numerator count. Now, the percent is where your SNF facility falls. That is the percent calculation when we go back if we can go back to the definitions tab. When we do the calculations that are listed here, these percents are your facility's outcome. So, this would be the number next to the ladder, if you remember the ladder visual. That's going to be listed for your line on that ladder list as 83.4% because that was the outcome for your calculation for each of these target areas.

Now, you'll see the next three columns are the SNF national percentile, the SNF jurisdiction percentile, and then the SNF state percentile. You'll see different numbers here, obviously. These numbers, let's take this high PT and OT case mix target area. We have 44.2 in this column for our SNF national percentile. That means that 44.2% of the SNFs in the nation have a lower percent value than our SNF. Similarly, when we move over to the jurisdiction percentile, 45.6% of the SNFs in our jurisdiction have a lowest percent value or a lower percent value. Excuse me. Then, of course, it is repeated the information is listed for the state comparison group as well, the state percentile.

We can see this information for all of our target areas. This is a little bit of a summary tab. It lets us know where we stand in terms of how many what percentile we are in for the comparison groups here. It does have kind of an overview. We're going to get into a lot more detail. You'll see that here in just a second when we go to the first target area tab. Again, this is a great tab to have to get kind of a step back and an overview of the information before we dig right in to this next this first target area, the high PT, OT case mix.

Each of the target areas has a tab on the Excel spreadsheet. They're all going to look very similar to this. The data that is presented is going to look exactly like this format, but, of course, the numbers and the calculations for each of the target areas is going to vary.

Let's look at the fiscal year let's start at the very top and look at the fiscal years that are presented within this PEPPER. We have fiscal year 2020, 2021, 2022. Under that, we're going to have the outlier status. That is one of the biggest things that we're looking at here with the PEPPER. Am I an outlier for this target area. This sample SNF is not a target. Let's take a look at why and why not and look at the other information they have listed here or all the information they have listed here, I should say.

Under that we have the target area percent. Again, that's our calculation. If we go back to the definitions tab, when you do this calculation, we land at 76.0. That is our percent value for our data for this SNF. We are the sample SNF. Then we have those for all of the fiscal years. The most recent fiscal year, our percent outcome was 83.4. So how do we get that information? Well, we also have underneath the target area count which is going to be your numerator and then the denominator count, which is, of course, listed here as well. If we have any questions about what is represented in those numbers, we can easily go back to the definitions tab.

So, they literally divide these two numbers I should say the target count by the denominator count to get that outcome of 83.4 for this fiscal year. Underneath that denominator count, we have the numerator average length of stay, denominator average length of stay, numerator average payments, and numerator sum of payments. If there is no data, we can see here this little note underneath. The information there is not available for this sample provider. Don't panic if you have information there that says not calculated. It's just suppressed with the minimum requirements.

So, if we continue down, we have all of our calculations and where we fall. Underneath, we're going to look at our percentiles. Where do we fall when that red line is drawn across the list next to the ladder? That green line is drawn across that list. Are we above that 80th percentile line, or are we below that 20th percentile? Because we're not an outlier in any of these fiscal years, no, we are not. We do not count as an outlier. So, our list our percent was not listed above that red line, and it was not listed below that green line. We can see the information here as to why.

We have the national 80th percentile for this fiscal year was 91.5. So that line was drawn across in the list next to the ladder. The 80th percentile line was drawn through 91.5. Our calculation was 83.4. Obviously, that is not above that line. The same with the jurisdiction. 91.1. The state 80th percentile was 88.7. We fall below all of those numbers. The 20th percentile is also listed. So, are we under any of these? No, we are not under the national 20th percentile at 75.5 or the jurisdiction at 74.7 or the state at 70.5. So, we're right in the middle.

That is a good thing. We want to be, again, not necessarily a bad thing if you are an outlier, but it is good to see that you are your numbers fall within the normal limits or the normal list of those percent outcomes for each of the target areas.

Now, everybody looks at data differently. A lot of people are more visual. Some people are more driven towards looking at the raw numbers as we just did in the data and the tables above. For those of you, like me, who are a little bit more visually stimulated and learn visually, we have a chart here for each of the target areas. There's a lot of information that's listed on this chart, but we'll go through it and it will be very simple, as you can see.

These blue bars are the SNF facility's outcomes for each of the fiscal years, 2020, '21, '22.

Now, that is our percent value that is listed up here. That is our outcome. As you can see, they are listed here with those blue bars. We are not an outlier, so our blue bar is not going to be above any of these red lines that represent the 80th percentile. And they aren't, as you can see. The blue bars are also not going to be under any of these green lines that we can see here. That's the 20th percentile.

Because the national, jurisdiction, and the state percentiles for these for each of these outcomes, they are very close to each other. So, these line graphs and these chart points are almost right on top of each other. But the national 80th percentile is represented by a solid line with a diamond for each of the data points. The jurisdiction is a dashed line, and those are really almost basically right on top of each other for all three of the years. Then the state is a dotted line with a triangle. That's a little bit lower, but still not low enough for us to be in outlier status.

Kind of the same thing applies for the 20th percentile. Again, we have the national, the jurisdiction, and the state all with their own separate line and their own separate data point shape. Those fall within our blue lines because we were not 20th percentile outliers. We our percentage outcomes were above those points. We are not, as the sample SNF, listed as outliers for this target area, but for every target area, we provide, the PEPPER provides, suggested interventions. Let's say we are a high outlier or a low outlier or we want to see for our own information and education what would happen if we are one of these outliers. We don't want to provide a PEPPER to you that has all this information, all this data and leave you wondering what you're supposed to do with it. We want to help you see this PEPPER the whole way through and make sure that you know what steps to take so that you can avoid being an outlier status next year when the SNF is released. Therefore, we have the suggested interventions.

Let's look at the high outliers. Let's say we were a high outlier. This could indicate issues with MDS coding of the functional score of the patient. The SNF should review medical records, nursing, and therapy documentation to ensure the appropriateness of MDS coding specifically related to the 10 items

in section GG used for the PT and OT component. Obviously, that's very detailed. That's information that you can use as you go back and take the PEPPER to the different departments that are going to be able to help with this information, and then there is a similar suggested intervention for the low outlier as well.

That is a target area tab. We're going to look at the other ones. But this is all the information that you are going to get for each one of the target areas. So, let's go to the next one. *High Speech Language Pathology Case Mix*. This is a relatively new target area, but we do have the information here for the last three fiscal years, 2020, '21, '22. For this target area, we are identified as high outliers. We'll talk about exactly what that means as we go through here. Again, on one of the first lines of information is our target area percent. What is our outcome? Let's look just at 2022. We have 27.7%. We are a high outlier, and as I mentioned earlier in the slides, that is reflected in this red bold font. How did we get there? Well, if we want to look at the definitions, we can go back to the definitions tab, but our numerator count, our target count, is 793. Our denominator count when we do that calculation, we're going to come up with 27.7. When we go down to the comparative data table that's underneath, let's look at fiscal year 2022. The national 80th percentile is 24.6. Are we higher at 27.7? Yes, obviously. The jurisdiction and the state are also listed here, but I do want to point out and we can see here clearly that the high outlier status, the red bold font is only going to be indicated if you if your facility is above the national 80th percentile, which we are.

But, again, we can go through and look at the jurisdiction and the state. Moving down to the graph, these blue bars represent our percent outcomes from the calculation of the target area numerator and denominator definitions. In this target area, we're going to see something different than we saw in the first one because we are outliers in this target area calculation. So, when we look at the national 80th percentile line, it is within those blue bars because we are higher than that national 80th percentile. The 20th percentile are still listed down here. Obviously, we're not below the 20th percentile. We're above the 80th percentile. But you can see those are indicated as they will be on each of these target area tabs. We are a high outlier, so we would go through and look at the suggested interventions and take action so that we can take a look at what we might be doing wrong, or if these are figures that we would expect to see given our facility where is the patient population, all of those factors.

So, moving on to the *High Nursing Case Mix*, looks like we're a high outlier in this target area as well. Let's look at 2022. We have a target area percent of 33.2. Why is that? Well, our numerator count was 949. Our denominator count was 2860. Moving down to this next dataset, we can see that the 2022 fiscal year national 80th percentile was 27.7. Again, that's reflected in our graph. We have our blue bar here. You can hover I've been hovering over. You can see the values as they appear, 33.2, our value was 33.18. It was rounded up to 33.2 above. So that's another nice feature is that you can kind of hover over and get the information that you need. I'm looking at the national percentile here, 27.66. Again, whatever works best for you, if you if it's easier for you to look at the datasets and the numbers up here or if it's easier for you to look at this graph and hover over. You don't have to keep referring back and referring back. We want to make it as easy as possible for all of you. As always, we do have the suggested interventions for high and low outliers.

Our next target area is *20-Day Episodes of Care*. We are not an outlier for this target area. We're way down at 1.3%. But as we can see, the national 80th percentile is still pretty low as compared to the other target areas that we've been looking at. It's only 10.3%. The data chart reflects all of these numbers if we hover over, we're way down at 1.33, and the national percentile is way up here at 10.29 or 10.3.

For this target area, we do have the average length of stay, the denominator average length of stay. So, all of the beneficiaries, all of the information that is included in that numerator, we take that information, and we calculate the average length of stay. Same with the denominator. Again, we want

to give you the most information as we possibly can and the most beneficial information as we possibly can. We also have the target numerator, so that's the numerator, average payment for each of those years for, again, whatever is included in this numerator. Then the sum of payments. Some people like to look at the money, the dollar value. I don't blame you. That is another data point. That is another piece of information that can help you look at this target area from a different angle.

Let's look at *90+ Days Episodes of Care*. We are not an outlier here, but I do want to point out that if we look down here at the charge, our value our percent value calculation came out to 25.1. Now, the state and the jurisdiction data points are within our blue bar. As we mentioned before, the national percent is above. So, we are not an outlier because the only way that we would be an outlier is if we were higher than the 80th percentile nationally. But it is good to see that those data points that we are above the jurisdiction 80th percentile and our state 80th percentile. Not by much, but we are above that. We would be outliers in those comparison groups. The number the dollar amounts for this target area definitely something to take a look at. The average payment for a 90 day plus episode of care is 65 thousand dollars and then this sample PEPPER, the sum of those payments, the sum of the payments for the areas that might be at risk for improper payments is over \$17 million. Again, it is nice to have these dollar amounts to take a look and see how that affects this information affects every part of the SNF, and we have information that can help many departments.

This is a suggested intervention for a high outlier. We saw that we weren't a high outlier technically with the national 80th percentile for this target area. But we still were high outliers in the jurisdiction and the state. That might prompt us to, again, take these suggested interventions, do a review, take a look at the episodes of care, make sure everything is as it should be so that we can remain at least under the 80th the national 80th percentile, but also, perhaps, get out of the jurisdiction and state 80th percentile as well.

So, our last target area that we have is the *3- to-5-Day Readmissions*. We are not a high outlier in this target area, but we do have all the information that we've been looking at.

Okay. So how does PEPPER apply to providers? Well, the PEPPER can help a facility to identify areas where they may be outliers and, again, if that outlier status is something that should prompt an internal review within those target areas. We often get questions; do I have to use my PEPPER and do I need to take any action in response to my PEPPER? The answers to those questions are no. You're not required to use your PEPPER, though as we saw, it's helpful information. We would encourage you to at least download it and take a look. You're not required to take any action. However, it is important to remember that other federal contractors are also looking through the entire Medicare claims database. They might be looking for providers that could benefit from focused education or maybe even a record review. So, from your perspective, it would be nice to know if your statistics look different from others so you can decide if there's something to be concerned about and if you needed to take a closer look or if what you're looking at is what you would expect to see in your PEPPER.

PEPPERS are distributed in electronic format in a Microsoft Excel workbook and are available for two years from the original release date. We cannot send PEPPER through email because of the sensitive data housed within the PEPPER. We have to be judicial in the way that we distribute the PEPPER, and it cannot be sent through unsecured email. With this in mind, we do have a portal online that you can use to access your PEPPER. We encourage you to go to the portal and download your PEPPER so that you can have it in your files for your use.

You will need to enter some information to access your PEPPER through the portal. First, you'll be asked to enter your six-digit CMS certification number which is also referred to as the provider number or

provider transaction access number, the PTAN. This number is not your tax ID number or NPI number. For SNFs, the third digit will be a 5 or 6.

For the validation code on the portal access page, you will enter either a patient control number, which is found at form locator O3A on the UB04 claim form or a record claim number at O3B or the UB04 claim form. For a traditional Medicare Part A fee for service payment, who received services from July 31st, 2022, through September 30th, 2022. This means the from or through date on a paid claim is between those two dates.

Please note that these validation codes that you receive to the contact that is listed in the provider enrollment chain and ownership system, PECOS, that will be sent a contact with the validation code. So please note that the validation codes are updated for each release. You won't be able to see them for a previous PEPPER release. You can share your validation codes with others in the SNF as deemed appropriate, and we encourage everyone to either download the PEPPER, again, as you feel appropriate or share with your other departments so that everyone can be involved.

If you get your PEPPER and you see a lot of red and green indicating you as a high outlier or low outlier, don't panic. Remember that just because you're an outlier in your PEPPER, it doesn't mean any compliance issues exist, and it doesn't mean you're doing anything wrong. Again, we encourage hospitals to think about why that might be an outlier and if those statistics in their PEPPER reflect what they would expect to see.

If something doesn't quite feel right, coordinate with others within your hospital. Share the PEPPER information. Put your heads together and think about factors. Pull some records along with some claims and just evaluate to make sure that you're following those best practices.

We have a number of other resources that are available publicly on our website, PEPPER.CBRPEPPER.ORG. One of those resources is aggregate information for the target areas, both at a national and state level. Also, there is aggregate information regarding the target areas and the top DRGs. This information is updated each time we have a PEPPER release.

We also have peer group bar charts which are updated on an annual basis. Some time ago we did have providers who had asked us to make available a comparison that would be applicable to what they would consider their peer group. So, these peer group bar charts enable providers to look at that type of information. We have three different categories. We look at size, dictated by the number of episodes, location, which is either urban or rural, and ownership type, for profit or physician owned, nonprofit, church owned, or government.

We do update the peer group bar charts annually. If you find that you do not agree with how we are representing your SNF's ownership type or location, that information will need to be updated through CMS. We'll use the CMS provider of services file and that's maintained by the CMS regional offices. So, you'll need to contact them for that update.

A number of other resources can be found on the PEPPER website. Of course, there's the user guide that we saw, the PEPPER training sessions, a demonstration PEPPER, a spreadsheet that will identify the number of hospitals in each of those MAC jurisdictions and total by state, and some testimonials and success stories. There are some really nice success stories out there, one in particular from a Kentucky hospital that uses their PEPPER to help them identify under-coding.

As always, if you need assistance with PEPPER and you do not find the answer you need in the user's guide, please visit the PEPPER.CBRPEPPER.ORG website and click on the help/contact us button and then click on the Help Desk button. Complete the online form and a member of our staff will respond promptly to assist you. Please do not contact any other organizations for assistance with PEPPER. RELI

Group is contracted with CMS to support providers with obtaining and using PEPPER. If you have questions, please contact us. We are the official source of information on PEPPER. Please do not pay consultants to help you with PEPPER. We provide support at no cost to the provider and beware that not all consultants provide accurate information on PEPPER.

This is a screenshot of our website. We saw that earlier. Again, this is PEPPER.CBRPEPPER.ORG.

I want to thank you all for joining us today. I hope that you found this webinar to be beneficial. Of course, if you have any other questions, you can visit the Help Desk at PEPPER.CBRPEPPER.ORG.

I'm going to take some time now to go to that Q&A panel to answer some questions that we have or that were submitted. If you have a question, please feel free to use that Q&A panel right now.