Transcript for the Q4FY22 *Short-Term (ST) Acute Care Program for Evaluating Payment Patterns Electronic Report (PEPPER)* Review

March 14, 2023

Well, once again, I would like to welcome you to this webinar. The webinar today is going to be a review of the Q4FY22 *Short-Term Acute Care PEPPER*. My name is Annie Barnaby. I work for RELI Group, Inc. We are contracted with the Centers for Medicare & Medicaid services (CMS) to produce and distribute CBR reports.

Before we move on to the content of today's webinar, let's just review some other housekeeping items to ensure that the session runs smoothly. If you would like to utilize live captioning for today's presentation, as I said before, please access the captioning by clicking on the chat panel so that you can click on that link, and it will have live captioning available for you.

Your lines will be muted during this presentation. We are making a recording, and that helps it so that the recording is not interrupted or compromised.

If you have any questions, however, you can submit them at any time. We're going to switch over, instead of the Q&A panel, please use the chat panel, and you can submit your question there. I will answer questions verbally at the end of the session, as time allows, but we also will use those questions that you've submitted to create a Q&A document, and it will be posted within two weeks of today's event on the PEPPER website.

Our agenda today will cover the Q4FY22 *Short-Term PEPPER*, the target areas included in the report, and take a look at some other informative resources that are available for the *Short-Term PEPPER* on our home page. So, 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, and we do have resources available to you to help if you do have questions. Those resources can be accessed through the PEPPER website in the short-term training and resources section. Then our website is, of course, 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. PEPPER is a comparative report that summarizes one short-term facility's Medicare claim data statistics for areas that might be at risk for improper Medicare payments. This primarily is 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 summarizes your facility's claims data statistics for these target areas and compares your statistics with aggregate Medicare data of other facilities in three different comparison groups. Those comparison groups are all the facilities in the nation, all the facilities that are in your Medicare Administrative Contractor or MAC jurisdiction and then all the facilities that are in your state.

These comparisons are really the first step in helping to identify where your claims could be at a higher risk for improper Medicare payment. In the PEPPER world, that means that your billing practices are different from most other providers in the comparison group.

I do want to stress that the PEPPER cannot identify improper payments. The PEPPER is a summary of your claims data. It can help you identify or alert you if your statistics look unusual compared to your peers, but improper payments can only be confirmed through review of the documentation in the medical record along with the claim form.

Taking a look at the history of the 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. This is where it all started. Later, for long-term acute care hospitals. In 2010, TMF began distributing PEPPERs to all providers in the nation. 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 target areas that are applicable to each setting. And 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 claims data. These reports are produced for providers across the spectrum that help educate and alert providers to areas that are prone to improper Medicare payments. The CMS field of these reports—excuse me—CMS feels that these reports are valuable and support their agency goal. Tongue twister there. CMS is mandated by law to protect the Medicare trust fund from fraud, waste, and abuse. They employ several strategies to meet this goal, such as data analysis activities, provider education, and early detection through medical review, which might be conducted by the Medicare Administrator Contractor, or recovery auditor, or some other federal contractor. The provision of PEPPER provides supports this strategy. The PEPPER is considered an educational tool that can help providers identify where they could be at a higher risk for improper payments and a provider can proactively monitor and take 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. PEPPER supports that auditing and monitoring component of your compliance program.

All right. So, let me talk more specifically now about the newest release of PEPPER, which is version Q4FY22, which means that it summarizes statistics through the 4th quarter of fiscal year 2022. There are 12 federal fiscal quarters that are summarized in each release of the PEPPER. Note we do follow the federal fiscal years. So, quarter one is October through December. Quarter 2 is January through March and so on. Also, I like to remind people that the PEPPER is only summarizing Medicare fee-for-service Part A claims data. We don't include any other payer types such as Medicare Advantage claims. We are strictly focused on the Medicare fee-for-service Part A claims. Also remember that every time that we release or produce a new PEPPER, we refresh all those statistics for those 12 quarters. We go to the claims data and the paid claims data base to download the statistics. Everything is refreshed. If you're

looking at an earlier release of the PEPPER and comparing it to this release, you're probably are going to see slight changes in your numerator or denominator, your percentile, those types of things. That could be because there are late claims that are submitted, corrected claims, and that new data will be reflected in the updated statistics. You can expect to see some slight changes from one release to the next in those target area statistics. Of course, any time we produce a report, the oldest quarter rolls off as we add that new one on.

Let's talk now about the improper payment risks that are pertinent to short-term acute care hospitals. Short-term acute care hospitals are reimbursed through the IPPS, the Impatient Prospective Payment System, by DRGs, diagnosis related groups. The primary risk we focus on in the PEPPER has to do with unnecessary admissions, coding errors, and billing errors.

Those of you who have been working with PEPPER for a long time know that there have been changes in these target areas, some significant since we first started producing them in 2003. The original target areas were identified primarily from information gained by the quality improvement organization, medical record reviews as well as OIG studies.

Again, those target areas are evaluated every year. Our team looks at them to see if they're still applicable. The target areas have changed as new risks are identified by recovery auditors or Medicare Administrative Contractors or as policy changes are implemented.

Target areas within the PEPPER are basically a service or a type of care that has been identified as prone to improper Medicare payments. In the PEPPER, we construct these target areas as ratios where we have a numerator that is a count of discharges that could be problematic, and the denominator that includes the same numerator discharges. It allows us to calculate a target area percent. We'll talk about target area percents here in just a moment.

The short-term acute care hospital PEPPER currently has a long list of target areas. It is a very large report. There is a lot of information in the report, and, of course, not all the target areas are going to be of interest to everyone. But the PEPPER does include all target areas and data for each facility. The target areas that are listed on this slide here are focused on coding related issues. These target areas have been created to help identify not only the potential for over-coding but also the potential for under-coding where the hospital may be leaving some money on the table. So, we identify not only providers whose target area statistics are high compared to others we call those high outliers but where their target area statistics are low, they are low outliers, and that could represent under-coding.

There were three target areas that were removed with this release; excisional debridement, emergency department evaluation and management visits, and chronic obstruction—obstructive pulmonary disease, which is listed on the next slide. These changes are a result of the research that we do to ensure that the target areas included are beneficial to facilities.

We do have a number of target areas that are focused on admission necessity, and those are listed here on this slide. For these target areas, we only identify high outliers when the provider is at or above the national 80th percentile.

Here you can see that COPD target area was removed, but you can also see that *Percutaneous*

Cardiovascular Procedures and the *Spinal Fusion* target areas have changes that were made in this release. The *Spinal Fusion* target area has been modified to include outpatient claims and the *Percutaneous Cardiovascular Procedures* target area had a change to the denominator to remove CPT code 92941 and HCPCS code C9606.

As we saw earlier, each of our target areas has a numerator and a denominator definition. This is an example of a target area included in the PEPPER *Total Knee Replacement*. In the numerator for this target area is the count of discharges with at least one of the ICD 10 PCS knee replacement procedure codes. Then the denominator is the count of discharges with at least 1 of the ICD codes plus outpatient claims with CPT code 27447. That calculation is used for the data that's reported from this specific target area. So, in the PEPPER, we show you your target area percent, but we also calculate the percentile for you. The percentiles help give us context so that we can understand how our percent and our values compared to those of most other hospitals in the nation in our jurisdiction and in our state. We are able to get some context by using these percentiles and we use the percentiles to identify those providers who might be identified as high outliers or low outliers.

So how do these percentiles work? Well, this slide can help us to understand how the percentiles are calculated. The ladder image is a great representation of how we do that. Next to the ladder, you can see a list of percents sorted from highest to lowest. Imagine those are the percent outcomes for each of the facilities across the nation and in each of the other comparison groups.

They are the target area percent outcomes for each target area. When we create the PEPPERs, the first step we take is to sort those target area percent outcomes for a specific target area and the time period. We take the target area percent outcomes for all the facilities and we sort them from highest to lowest. That's what the ladder represents. You can see the percents listed from highest to lowest on the ladder.

Next, we identify the point below which 80% of these facilities fall. That point is identified as the 80th percentile. Any facilities that have a target area percent outcome that is at or above that national 80th percentile will be identified in the PEPPER as a high outlier. A high outlier is defined in the PEPPER target area tab data by red bold font. In a high outlier outcome, it could mean over-coding or it could just mean that your statistics look different for another justifiable reason.

Now, on the flip side, we also identify the point below which 20% of the facility's values fall which is the 20th percentile. That could mean that the facility maybe has some under-coding issues. It's important to remember though that when we're talking about percentile in the PEPPER, the PEPPER will always identify the top 20% as high outliers in the PEPPER and the bottom twenty-five—or, excuse me, the bottom 20% for low outliers. They are a good way to get context and think about how your target percent outcome compares to 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 more concerned with.

So, I'm going to go now to the sample PEPPER for the short-term release. I'll share my screen here. We can take a look at the PEPPER and at the information that's listed in the PEPPER and we can get a great look at how it all plays out in the report.

So, this is the Q4—oops, sorry about that—this is the Q4FY22 *Short-Term Acute Care PEPPER*. You can

see that it is in Excel format. The PEPPERs are distributed in an Excel file format. You'll see why here as we go through. This really is the best way to present all this data.

You can see down here with Excel; we can use these different tabs. So, we're not going to look at all the target areas today because, as I said before, there is a lengthy list of target areas for this *Short-Term Acute Care PEPPER*. But let's start with this first tab here at the bottom that is the purpose.

The purpose tab is pretty self-explanatory, but it does give us good reference material. We can make sure that we are looking at the PEPPER that we want to look at, the *Short-Term PEPPER*, version Q4FY22. It reiterates the jurisdiction, our jurisdiction. I'm going to be looking at this and talking about this PEPPER as if I'm a facility. I'm going to confirm, yes, I'm in jurisdiction 00015. It gives us some information about the statistics that are analyzed, the federal fiscal year information so that we know what we're looking at when we take a look at this PEPPER.

It's just a great way to kind of introduce us to the report, introduce us to the PEPPER. There's some very detailed information, and this is kind of a good refresher to kind of start out.

When we go to the next tab, definitions, again, it's aptly named. It is the definition list for all the target areas included in the *Short-Term PEPPER*. So, we can see here the target area is listed in this first column, and then in column B, we have a definition of how that target area is calculated. We have the numerator definition and then the denominator definition for each of these target areas. This is a great resource to have when you're looking at your PEPPER. You can have all this information right here on this tab to kind of reference back if you have issues or if you get lost as to what exactly you're looking at. You have all that information right here. I'm scrolling quickly because I know because there are a lot of target areas.

The user guide is also a great resource to use when you're looking at your PEPPER and when you're looking at your outcomes and comparisons. But it is kind of nice to have these definitions here so that you can just click back if you need to.

Okay. Let's move on to the compare tab. Now, we talked about percentiles and we're going to see percentiles a little bit more on each of the specific target area tabs. But this compare tab shows us the percentile that is listed for the specific hospital as compared to each respective comparison group. So, let's take this first target area, *Stroke Intracranial Hemorrhage*. It has our number of target discharges, and that's just listed for our reference. Then it has our percent of 91.4. That is our outcome.

Now, we go to this next column, and it says hospital national percentile. My hospital has 69.9 percentile. That means that 69.9% of the hospitals in the nation have a lower percent value than me. That's the same for the jurisdiction and it's the same for the state. So, 80.8 means that 80.8% of the hospitals in my MAC jurisdiction have a lower percent outcome than 91.4.

Then very close here with the state, 82.1% of the hospitals in my state have a lower percentile value excuse me lower percent value than me.

This is a great tab to get a lot of information on all of the target areas kind of all in one place. We do have outcomes. We do have calculations, and you can see some red and some green here. That's okay. We're going to take a better look at some of those when we click through to the target areas. But you

can get a great look at a lot of information and then where you fall as a facility in terms of how many of those hospitals in each of those reference areas fall below you with their outcomes.

Okay. Let's move on to the outlier rank tab. This is a tab that provides, as you see here at the top, a comparison to all other short-term acute care hospitals in the nation. Your hospital's national percentile is used to determine high outlier status, and you can see the quarters are listed here at the top. And then, of course, as we've seen before, the target areas are listed from top to bottom here.

The hospital with the greatest total number of high outliers is assigned a rank of one, and then the hospital with the second greatest number is assigned a rank of two and so on. If I look at this table, I can see my hospital's details. I can see that I was again, let's just look at *Stroke Intracranial Hemorrhage*. I can look at my outcomes here from way back going back to the first quarter of fiscal year 2020, and I was marked as number one. I had a number one ranking for this specific target area for some of those years. This, again, is a great visualization of the fact that your statistics are, of course, going to change with every PEPPER. Again, if you're comparing to another PEPPER, some of this information that you see especially on this most recent quarter, they're going to be changed. They are going to have some changes there. But this can show you your history of where you rank for each of these target areas over the years.

We can see here for *Ventilator Support*, my facility was number one every quarter for the last two years, last three years. So, we might want to make a note to take a look at that when we go through our PEPPER.

Again, this compare tab, the outlier tab, those are great resources to have all this information in one tab so that you can take a look and say, which of these target areas do I need to look at more than the others, perhaps, or which do I want to look at first? Where am I an outlier? Where might I have some trouble that I need to take a look?

Okay. So, first tab here that we have, our old familiar, first listed target area: *Stroke Intracranial Hemorrhage*. For each of these tabs, we do have the hospital, my hospital is Q2990. We can check and make sure these are my data, but, of course, that's never going to be a problem. The information is there if you would like to double check and triple check.

Let's look at let's compare two quarters here. So, let's compare quarter 4, the 4th quarter of fiscal year 2022, the most recent quarter that we're looking at, and then let's look at compare that, I should say, to the 4th quarter of fiscal year 2021. Now, this my hospital has had some high outliers in the past. We can see here they are red bold font as we expected them to be if we are in that high outlier status. But we've not been a high outlier status since the last quarter of last year of 2021.

We took those steps. We looked at the interventions, and I'll talk about the interventions here in a second. But that's what the PEPPER can do to help you. You can take a look at the counts for the target areas. We can look at the target area average length of stay for a beneficiary, the denominator length of stay. Not only do you get the count that we are looking at for this target area in the denominator excuse me numerator and denominator, but then you get the average length of stay for each of those as well. You can see both for the numerator and the denominator in this high outlier quarter is about 5.4 or 5.3, almost the exact same thing.

You can look at the average Medicare payment for this specific target area for this hospital and for this target area. So, as we're high outlier, we've had about 687 thousand dollars. The total sum of all Medicare payments was over $1.1 million for my facility for this quarter.

So, let's compare that again down to the 4th quarter of last year, 2022. The most recent quarter that we're going to see on this report. Again, we have our percent outcome listed here, 91.4. That's because we had 64 in the numerator and 70 in the denominator. So, let's say wait a minute. I'm looking at the PEPPER. I forget with these represents. I can click back to this definition tab and take a look at *Stroke Intracranial Hemorrhage*. I'm not going to read this out to you, but we can take a look and say, okay. That 64 represents this numerator definition. That 70 represents what's listed here in that denominator.

We're down to 91.4 for our percent outcome, and that's way down from the 97.2, just four quarters ago. Again, we have these counts. We have the average length of stay for those 64 patients. We have the average length of stay for those 70 patients. Excuse me. Then we have the average Medicare payment. It's up a little bit, $17,000, almost $18,000. And then the total Medicare payment for this target area for this quarter, for my hospital, was about $1.15 million. All this data can show you, first of all, of course, if you are an outlier according to the comparisons to each of those peer groups, and then it can also show you how the changes that you've made according to past PEPPER reports and the work that you've done with your compliance program and the work that you've done with your internal audits, how that's making a difference and how you can maybe get back down to being out of outlier status on either side, you know, up at the top, high outlier, or the low outlier.

Now, let's look at the suggested interventions. If you are a high outlier, which we are, each one of these tabs, each one of these target areas is going to have those suggested interventions for each of the either the high outlier or the low outlier.

So, let's say that I'm looking at this way back in quarter 4 of FY 2021, I'm a high outlier what can I do? We don't just want to give you all this data. It's a lot of data, as you can see and as we've been talking about. It's a lot of information to take in. But we didn't want to and we don't want to just give you this information and say good luck to you. We want to help you to move forward with this information. What can I do? How can I change? What can I what kind of interventions can I use? And here we can see with this *Stroke Intracranial Hemorrhage* target area, this could mean potential over-coding. Then, what can I do with it? A sample of the medical regards for these DRGs could be reviewed and determined if coding errors exist. It's very specific related, of course, to the calculation for the numerator for each of the target areas and a similar intervention is suggested for the low outliers as well if you are a low outlier in this target area.

So, as I said, I'm going to just flip through excuse me. I'm sorry. Let me go through this *Stroke Intracranial Hemorrhage* graph before we go on to the next target area that we're going to look at.

Now, we have this tab that is for the *Stroke Intracranial Hemorrhage*. We have all this information that we just reviewed. We have our percent. We have our percentiles. We are going to have that information shown to us again on the next tab, and I don't know if you can see, but in the bottom here, each of the target areas has an informational tab, I should say, results tab, just saying stroke, and then following that, directly after that, it has the graph of the information. Everybody learns differently. Everyone takes

in this data differently.

So, we wanted to be able to appeal to all types of learners and every type of person that can see what they are looking at. If you like to visualize the data, here we have it for you in this graph. So, let's break down this graph real quickly.

We have the bar graph here in the back. That is for us. That's for my hospital. Again, for each quarter. Let's focus on Q4 FY 2022. We have 91.43. 91.4, that's where that comes from. That is our percent outcome, this blue line or this blue bar I should say.

Let's just scroll down a little bit so we can take a look at Q4 FY22 down here in this table. This is going to give us a list of the data that we see in visual form here in this graph. The national 80th percentile for this target area is 93.8. Now, what was our outcome again? I can hover over it and see 91.43. This national 80th percentile is this solid line with a circle in the middle. That point, as you can see, falls above our blue bar. We are not above that 80th percentile. The jurisdiction is 91.3. The jurisdiction line is a dashed line with a square.

We are at 91.43. It's hard to hover over because the state, I think, is right above on the jurisdiction, but the jurisdiction is at 91.3. The state is at 91.4. Like I said, they are almost the same, the state is this dotted line with a triangle.

We have also this information in the data for the 20th percentile. That's going to be up here in this green line or these green lines, I should say. The national 20th percentile, again, we have the straight line with a circle for each data area. We are far above that 20th percentile. So, we are not a low outlier. You can see that for the jurisdiction and the state as well.

Okay. Let's move to the *Septicemia* target area because we saw on this outlier ranking that was *Ventilator Support*. But I do like to look at *Septicemia*, let's take a look at *Septicemia* and take a look at these outcomes. Again, I'm not going to go into as much detail because we did just look at *Stroke Intracranial Hemorrhage* very closely. I'm just going to point out what we can see in a low outlier target area as we are here.

We've been I have been my facility has been a low outlier for many of these last three years, last 12 quarters. I am a low outlier here. My 46% was in the bottom 20th percentile. My target area discharge count that's the numerator is 86. The denominator count is 187. Again, if I have any questions, I can go to the definitions tab.

We have the same information, the average length of stay for the numerator and denominator, average Medicare payment, and then the target area sum of Medicare payments.

We also have suggested interventions. My facility is having a bit of an issue falling into that low outlier status. So as my as the facility leader, I'm asking myself, why are we there? What can I do to make sure that there's not something wrong and that this is information and data and numbers that I should be seeing?

Again, I'm going to go to those suggested interventions for the low outliers. It says this could mean they are coding our billing errors related to under-coding of those specific three DRGs. Then it tells me take a sample of the medical records for other DRGs. List them there. Review them. Determine if coding coding

areas—coding areas—coding errors exist. Excuse me. Goodness.

Then it reminds us that a diagnosis of *Septicemia* must be determined by a physician. So, it not only gives you an area of where to pull the records, but it also tells you a little bit about what you should be looking at when you review those medical records.

Let's skip on over to the *Septicemia* graph right next door. We have, just as we saw with the *Stroke Intracranial Hemorrhage*, we have the graph up here for our visual learners. That's me. Then we have the data list down here that gives us all the percentile data so that we can compare it up here to this graph.

Now, we saw here, we were a low outlier. I was a low outlier for all of these quarters except for Q3 and Q4 of 2020. If we take a look, Q3 and Q4, again, these blue bars are our outcomes, and for those two quarters, you can see the green 20th percentile markings and line graphs and data point dots are within those blue lines.

That's because we were not below the 20th percentile markings for any of those. Again, for all the rest of them, all the rest of the quarters, we're up above. Now, you may see some of these triangle data points. That's the state jurisdiction excuse me the state 80th percentile. To be an outlier, to be identified as a low outlier, as a high outlier, you don't have to be an outlier in all three of those areas. You just have to be for that national 20th percentile. That's why it's in green.

As you can see, the national if we look for the circle data point, it is, we are, I should say, well below those dot points for our bar graph outcomes for all of the quarters except for these two here.

Again, this is, of course, a sample PEPPER. We have sample data.

I'm going to go through I'm going to click quickly through these just so you can see that we do have the same information for all of the target areas. There's a lot of target areas. Malnutrition, my facility has a bit of a problem. We're big time high outliers for that.

I just am going to get to the end here because I want to show you this informational tab that we have here at the end of the report.

This these last four one, two, three, four tabs show us the top medical DRGs for different areas. So, this tab that we're on now is the top medical DRG for same and one day stay discharges for the most recent four fiscal quarters. We have esophagitis and disorders of the digestive system. So, we have information here that can show us, this is the top for us. Then this is the top for us surgical DRGs. Now we can look on this next tab at the jurisdiction, top medical DRGs. Do ours match? Do they not? Why do they? Why might they not? And that's even more information that you can use to compare your information to those within your jurisdiction.

I'm going to stop sharing now. Again, we have we've looked at a lot of information. If you have any questions, please don't hesitate. I'm going to go through the rest of the slides, but like I said, I will answer your questions at the end as time allows.

So, let's talk a little bit about how the PEPPER can apply to providers. Well, as we talked about, the PEPPER can help a facility to identify areas where there may be outliers. That outlier status is something

that should prompt an internal review within those target areas. Again, we have those suggested intervention that's are listed in the PEPPERs. We often get questions like: do I have to use my PEPPER? Do I need to take any action in response to my PEPPER? The answer to these questions is no. You're not required to use your PEPPER, although as you can see, it is very helpful. It's full of a lot of really great beneficial data.

We would encourage everyone to download it and take a look, but 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 medical review. So, from your perspective, it would be nice to know if your statistics, excuse me, if your statistics look unusual so that you can take you can see if it's something you need to be concerned about and you can take a closer look if you need to.

As we saw, the PEPPERs are distributed in electronic format in a Microsoft Excel workbook. They are available for two years from the original release date. We cannot send PEPPERs through e mail because of the sensitive data housed within the PEPPER. We have to be judicial in the way that we distribute the PEPPERs, and it cannot be sent through unsecured email.

There are specific people who are authorized to receive a PEPPER. We don't give access to just anyone. We only release a PEPPER to that specific provider, which is why we have the portal and the specific validation code requirements. Not just anyone can come to the website and get your PEPPER information. The PEPPERs are not available for public release, and we do not provide PEPPERs to other contractors.

So, I mentioned the portal. With all that in mind about who has access, we do have the online portal that you can use to access your PEPPER. We encourage you to go to the portal and download your PEPPER so you can have them in your files for your use. You don't have to use it right away. If you download your PEPPER, you have your file at hand. You don't have to worry about going to the portal when you do have time to sit down and really take a look at it. You will need 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 the provider transaction access number or the PTAN. This is not your tax ID and is not an NPI number. You will be asked to provide a validation code on the portal access page. For a short-term facility, the code is e mailed to the HARP administrator on file. If your facility has a distinct part unit or IPF or PHP, your PEPPERs will be available in the same folder as the *Short-Term PEPPER* in the portal. If you are the contract person, if you're the HARP administrator for that validation, you can share that validation code with others in your facility so you can share the information and get a look at the PEPPER and take a look at everything that has to offer, share it with the departments, and in your facility.

A new validation code is required each time a PEPPER is released. The validation code that you used to successfully access your PEPPER the previous year or early release, those will no longer be valid or accepted for a new release.

Once you've received the PEPPER, let's say you see a lot of red in there, a lot of that red bold print that indicates you're a high outlier, what should you do? Well, first thing, what you should not do is panic. Do

not panic. Remember, an outlier status does not necessarily mean that compliance issues exist. By design, 20% of the providers are always going to be identified as an outlier for each of the PEPPER target areas.

But if you are an outlier, I want you to think about why that might be. Again, do the statistics in your PEPPER reflect what you know given your operation, your patient population, referral sources, your external health care environment, and any changes to maybe services or staffing? Do you have any concerns or samples and claims? Make sure the documentation in the medical record supports the services that were submitted. Review the claim and make sure it was coded and billed appropriately based on that documentation in the medical record.

The bottom line really is to ensure that you're following best practices even if you're not an outlier and the data shared in the PEPPER is a great way to start that internal review and take a look at your internal compliance.

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

Here you can see one of those resources, the national high outlier ranking report by provider for the time frame for this PEPPER release, Q4 FY22.

We also have peer group bar charts which are updated on an annual basis. Some time ago we had providers who asked us to make available a comparison that would be applicable to why they would what they would consider their peer group. So those peer group bar charts enable providers to look at that type of information.

We have four categories. We have location, which is urban or rural. Ownership type is profit or physical owned, nonprofit church, teaching status, and surgical focus.

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

I'm going to go to that website now. I'm going to go to our home page and show you where you can access those peer group bar charts that I was just talking about. We will come back here and take a look well, I'll switch over to the training and resources page in a second. But here we are at the home page, PEPPER.CBRPEPPER.org. Those peer group bar charts charts and the other resources are over here on the data tap. Of course, we are looking and talking today about short-term acute care hospitals. I'm going to click there. We have all of this information. If you scroll down, you can see that national ranking and the peer group bar charts.

The slide that I just brought up is going to discuss this as well, but this is the training and resources page that we have for this short-term acute care hospital. We have one of these for each of our facility types. If you can see here, we have the user's guide available to you. This will be updated with this year's

review. We have separate PEPPER training sessions if you want to break down all the different parts of the PEPPER and get a little bit more information just focused on those specific items. You can go here.

We did change the PEPPER format a little bit, but it has been quite a bit now. So, if you want to take a look at that, you can, at what has changed. We do have the sample PEPPER. That's what we looked at. We have some PEPPER testimonials and then we have other resources. So, make sure that you go to that training and resources page. It's a great stop to make to get all of that information. As you can see, we do have the PEPPER user guide. This is just a list of the things that we just went through. So those success stories are really nice. There is one from a Kentucky hospital that used their PEPPER to help identify under-coding. So, we would love to hear from you if you have a testimonial or success story with PEPPER.

As always, if you need assistance with PEPPER and you do not find the answer you need in the user's guide, please visit PEPPER.CBRPEPPER.ORG. Click on the help/contact us button and then the Help Desk button. A member of our staff will respond to assist you. Do not contact any other organization for assistance with PEPPER. RELI Group is contracted with CMS to support providers with obtaining and using the PEPPER. If you have any questions, please contact us. We're the official source of information on PEPPER. Please do not pay any other organization to help you with PEPPER. We provide support at no cost to you, and you should always be aware that not all organizations can provide accurate information on the PEPPER like we can.

We did take a look at the website, but here's a screenshot. I won't bore you by going through that again. Before we go to questions, I am just going to share our home page again because I do want to share that information that is available to everyone navigating to the PEPPER website. We have this information about PEPPER, the training and resources tap is sectioned off again into the sections for each of the facilities that we provide a PEPPER and short-term facilities is no different. We don't want you to be frustrated, we don’t want you to be lost looking at the PEPPER. We want you to understand what you're looking at. We're always here to help with that Help/Contact Us button.

I do want to thank you all again for joining us, and thank you for your attention. I hope you found this to be beneficial. We do have one question that's come through. Will the slides be available to participants? Yes. I'm going to share my screen once again because they are available right now. If you go to I'm going to start from the beginning. If you go to the PEPPER home page and click on training and resources. Go to the short-term acute care hospital. We have right here, download the handouts. That will allow you to download the PowerPoint presentation that you just saw. A transcript this recording and a transcript will be available as well, again, within two weeks of today's date so you can have all of this information, if you forgot something or you want to take a closer look but maybe the detail isn't in the slides, you'll have that transcript as well and, of course, the Q&A document.