



Transcript for the Q4FY22 *Inpatient Psychiatric Facilities (IPF) Program for Evaluating Payment Patterns Electronic Report (PEPPER)* Review

April 25, 2023

We can go ahead and get started. Thank you, everyone, for joining us today for the Q4FY22 *Inpatient Psychiatric Facility PEPPER* review. My name is Annie Barnaby, and I work for RELI Group, Inc., who is contracted with the Centers for Medicare & Medicaid services (CMS) to produce and distribute PEPPER reports.

Our agenda today includes a review of the most recent release of the PEPPER for inpatient psychiatric facilities, the Q4FY22 PEPPER that was released in early April of 2023. I will share a sample PEPPER with you so we can see what the PEPPER file looks like and what the data shows us. We will also be reviewing some other resources, including the national and state level data and peer group bar charts. 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 have resources available to you to help if you do have questions. These resources can be accessed through the PEPPER website in the IPF "Training & Resources" section and our website, of course, 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 summarizes your facility's Medicare claims data statistics for these target areas 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. In the PEPPER world, this means 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 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 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 on the slide here.

Each of these PEPPERS is customized to the individual provider type with the target areas that are 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.

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. So why does CMS feel these reports are valuable to support their agency goals? Well, CMS is mandated by law to protect the Medicare Trust Fund from fraud, waste, and abuse. They use several strategies to achieve this goal, 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 PEPPERS 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 the providers have a compliance program in place to help protect their operations from fraud and abuse.

An important piece of a compliance program is conducted 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 a 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, the fiscal year 2022. Again, the PEPPER only summarizes Medicare fee-for-service Part A claims data and does not include any other payer 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 release of the PEPPER and comparing it to this release, you're probably going to see slight changes in your numerator or denominator, your percentile, those types of things. This could be that 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.

Let's talk now about the improper payment risks that are pertinent to IPFs. IPFs are reimbursed through the IPF prospective payment system, PPS. The primary risk we focus on in PEPPER relates to coding errors or unnecessary admissions. Those of you who have been working with PEPPER for a long time know there have been changes in these target areas over the years, and some significant since we first started producing the reports in 2003. The original target areas were identified primarily from information based on a review of the IPF PPS, coordination with CMS IPF subject matter experts, and analysis of national claims data.

The target areas are evaluated every year so that we can ensure that all target areas included in the report remain applicable and beneficial. Target areas are constructed as ratios and expressed as percents. The numbers represent discharges-exclude me-the numerators represent discharges that may be identified as problematic, and the denominator generally includes all discharges. Coding related target areas generally include the numerator—in the numerator, the discharges that have been identified as prone to DRG coding errors, and the denominator includes these discharges as well as a larger comparison group.

This slide and the next slide show the target areas for the *IPF PEPPER*. These PEPPER target areas were approved by CMS because they have been identified as potentially prone to improper Medicare payments in IPFs. There are no new target areas for this release of the *IPF PEPPER*.

If you're looking for more information regarding co morbidities, you can find downloads available on the CMS site, and the exact page is listed here for your reference. These slides will also be posted to the IPF "Training & Resources" page on PEPPER.CBRPEPPER.ORG. So, if you're looking for the link, you can go to the slides and use the link there.

When we look at the PEPPER, we're going to see our information and our data and the data for our sample PEPPER relayed in terms of percents and percentiles, specifically the 80th percentile. How do these percentiles work? 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 is a list of the target area percents sorted from highest to lowest. The first step our team takes when we calculate your hospital's percentile is to take all of these target area percents for a target area and a time period. We take the target area percents for all of the hospitals in the nation and then we sort them from highest to lowest, and that is 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 these hospitals fall, and that is the point that is identified as the 80th percentile. So, any hospitals that have 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 by red bold font, and we will see that when we get to our sample PEPPER here in just a moment. A high outlier outcome could potentially mean overcoding or it could just mean that your statistics look different for a justifiable reason. Now, we do see the 20th percentile marked on the slide, but the *IPF PEPPER* only identifies the top 80th percentile. So, with that in mind, let's head over to our sample PEPPER so that we can see the document and see how all of the data is presented.

PEPPER, as you can see, is presented in an Excel workbook format. Within that workbook, we have these tabs at the bottom of the report that we can take a look at, and we will take a look at. Each tab, of course, represents different information, but we start with the purpose tab. This is kind of—it really is an introductory tab for the PEPPER report. It lists our provider number so we can confirm that. It lists our jurisdiction number and area so that when we are looking at the jurisdiction information, we can make sure that we know which jurisdiction is being referenced. We do have some information about the fiscal years, when those begin and end. We have some information that we already covered about how the target areas are constructed, and then, of course, we have information that guides us to the user's guide. I do encourage everyone to use the user's guide when you're looking at your PEPPER. It has all of this information, and it's a wonderful resource.

The purpose tab, as I said, is really an introductory tab. It gives you some information about the PEPPER. But if we move on to the second tab, definitions, this information is listed in the user's guide. But this tab lists the target areas for the *IPF PEPPER*. There's two, three, four, five—five target areas. They're listed down here on the right. Then next to each one is the definition. Now, the definition lists out the information and the discharges that are included in the numerator count and the denominator counts. As we move on to our target area tabs, we will see these numerator and denominator data listed for us. So, we want to make sure that we understand what is included in those numbers when we see them on the target area tabs.

This definitions tab is really very handy to have when you're looking at your PEPPER. As I said, the information is in the user's guide, but when you are looking at the level of detail of data within the PEPPER, it is nice to have this definitions tab that you can click back to so that you can know what discharges are included in the numbers that you're seeing. So, it's a handy guide that I encourage everyone to use when you're looking at your PEPPER.

All right. The compare tab is kind of an introductory tab of data. We're not quite into the target areas yet, but this tab is going to give us some information about our target areas, and we have the

information as it is listed here up top, but I will walk you through the chart below as well. We have looking at the target area *Comorbidities*, we have our numerator count. Again, if we have any questions about what's included in that, we can click over to our definitions tab. Let's read it out. It's a short one. So why not. The numerator for *Comorbidities* is a count of discharges with at least one comorbidity on the claim. Clicking back to the compare tab, this sample PEPPER—I'll just going to call it we. We have 300 discharges with at least one comorbidity on the claim. The next column over is our percent. That means when we're looking at that ladder visual that we saw on our slides, as the hospital's outcomes are listed from highest to lowest next to that ladder, as we said, we draw a line on the outcome or across the outcome I should say below which 80% of the providers fall. Now, this percent column for us, if we drew a line across the 36.6 percentile, that, for us, as it's listed here as our percent, that means that 36.6 excuse me. I'm sorry. The percent is our outcome. We have 36.6% as our comorbidity target area outcome. Moving on to that national facility percentile, if we drew a line through the 77.8 on the ladder, that is where we would fall. 77.8% of the facilities nationwide have a lower percentile than us. Facility jurisdiction percentile is 93.5. 93.5% of the facilities in our jurisdiction have a lower percent value for this *Comorbidities* target area. Then you can see the state percentile, 84.6.

We'll see in a minute as we go to the co morbidities target area tab that we're about to get a lot more detailed information for this target area, but as I said, this compare tab is kind of an introductory tab. It's certainly not as overreaching as the purpose tab, but we're not getting into the nitty gritty as much as we are when we get to the target area tabs. We do have the sum of payments for these three target areas as well for our sample PEPPER facility.

Great. So, let's dig in to the *IPF PEPPER* target area tabs. We begin with the co morbidities target area. Every single target area tab is displayed as we are going to see on this first co morbidities target area tab. We start with a table that focuses on our facility's data outcomes. We're looking at our three fiscal years for the release, 2020, 2021, and 2022.

The information that we have listed is going to show us first our outlier status. In 2020, we were a high outlier. We were not a high outlier in 2021 or 2022. When we get a little bit further down in the information, we will see that we can look and see how our target area percent has changed over the years. Of course, we have it in numerical value here as well. As I mentioned, the high outlier status is indicated here in the red bold font. So, you want—you can be able to see where you are high outlier right away. And in 2020, we were a high outlier with that 48.2%. As we saw on the tab before, our outcome is 36.6% this year, this most recent year, I should say, fiscal year 2022.

We have our target count listed. So that's everything that's going to be in the numerator. Whenever you whenever we're talking about target counts or target areas, we are talking about the numerator in that calculation that we saw on the definitions tab. The denominator count is 820. So, let's just click back really quickly. Our target count is 300, as we saw. That's the number of discharges with at least one comorbidity on the claim. Then this 820 is the count of all of our discharges for fiscal year 2022.

The next line down shows us the target average length of stay. So, for those discharges with at least one comorbidity listed on the claim, the average length of stay was 16.5. The average of all of our discharges, the denominator average length of stay, was 14.2. We also have some data and some information about our payment amounts. This is focused on the numerator counts, but we have the average payment here. So, for 2022 fiscal year, our average payment for a claim that had at least one comorbidity listed was \$15,702. Our sum of payments for the entire fiscal year was \$4.7 million. Of course, this table is, as I said, very focused—100% focused on your facility. We have all this information here because we want to give you all the information that we used to calculate your outcome and to show you where the 80th percentile and the 20th percentile for this target area is listed.

We don't want to just give you a list or one chart. We want you to have all the data that we have so that you can really dig in and see where you're falling as compared to the nation, the jurisdiction, and the state. Moving down to that second table, we're going to be looking at the comparative data. Again, we have it for all three years, fiscal years '20, '21, and 2022. The national 80th percentile, if we want to look at how that's changed over the years, small, no change from 2020 to 2021, and then a small change from 2021 to 2022. We'll see how that plays out in our graph here in just a second. The national 80th percentile and the national 20th percentile are both listed here, and we have the—those words in red bold font and green bold font because the information listed below and the 80th percentile and the 20th percentile indicate a low outlier. We only focus on the national numbers and the national 80th and 20th percentile for those. So, we would not have high—excuse me. We would not have red bold font or green bold font for any jurisdiction or state 80th percentile or 20th percentile information just to make it to show you and to focus in on the nation a little bit more. We have those that are what relegate if we're high outlier or not.

Let's look at 2020 because we were a high outlier in that fiscal year. The national 80th percentile that year was 36. Our target area percent was 48.2. If we think about that ladder, our target area percent listed on that list is going to be 48.2. Now, if we draw a line through 36%, obviously 48.2 is higher than 36. So, we are at or above that 80th percentile mark, and, therefore, we were listed as a high outlier.

As I said, you know, the national 80th percentile has changed a little bit. Our target area percent changed a little bit as well, enough that we were not an outlier for these past two fiscal years.

So, moving down to the graph, we have, as I said before—I'll say it again. We have all of this information listed for all of the target areas, but we want—we like to include this graph because everybody looks at data differently. Everybody looks at information differently. I like to look at this graph, but other people understand it better and can reference it better when they are looking at their facility table information and the comparative data table information. All of this information we saw in the top two tables is reflected down in the co morbidities graph. These blue bars are our facility's outcomes. In 2020, we were at 48.2. What's really nice about the graph is if you hover over, you can see the value pops up, 48.17. We round it up. Same with 2021 and 2022. Even if you are looking at the graph, if you want to have a quick reference, they have them there for you.

Now, those blue bars track us over the three years, but the national jurisdiction and state 80th and 20th percentile are tracked and graphed over those three years. Let's look at the national 80th percentile first. The 80th percentile are the red lines, as you can see with their plot points. National 80th percentile is going to be the solid line with a diamond for plot points. Looking at the table above—the tables above, it would make sense that this 90—or excuse me, this 2020 80th percentile plot point is within our blue bar. Our outcome was higher than the national 80th percentile outcome. Of course, it is tracked over those three years, and we can follow it right here if we'd like. 36, 36, and then 37.4. We do show you the jurisdiction plot points as well for the 80th percentile. It's going to be a dashed red line with a square for the plot points. Then the state is that dotted line with a triangle for your plot points. Again, if we have the state or the jurisdiction plot points that are within our blue bars, our outcome graph, and we are not indicated as a high outlier, we're going to know that it's only that national number that we're looking at for the 80th percentile.

This target area does also look at the 20th percentile. So, if we think back to our ladder, if you draw if you drew a line on that list of outcomes below which 20% of the providers fell, you would have the 20th percentile, the national 20th percentile. Those are indicated on the graph almost the same as the national 80th percentile except they are in green and, of course, they are a lower number. So, they're lower here on the graph. The national 20th percentile is same as above, except in green, a solid line, with diamonds for the plot points, jurisdiction, green dashed line with squares, and then the state, a

green dashed line with triangles. So, we've given you all of this data. We've given it to you in table form. We've given it to you in graph form. What next? How do you take this information and apply it to your facility? We help you out with that as well.

We have on every tab and in the user's guide suggested interventions. If you are looking at your PEPPER and you're saying, well, I'm a high outlier. What can I do? What does this mean? We have that information for you here. We let you know this could indicate potential overcoding. A sample of medical records with co morbidities coded should be reviewed to determine whether coding errors exist.

As we learned from the slides, the PEPPER does not show you and does not indicate improper payments. That is something that only an internal review can provide. But it is letting us know in an educational format—these are educational reports—the PEPPER is letting us know that our outcomes differ from our peers on a national level and jurisdiction and state, perhaps. We were a high outlier for that one year. Even if you are not a high outlier or low outlier, it's a great idea to look at your PEPPER, look at these suggested interventions because really our goal is always best practices. Even if we're not high outliers or low outliers, we want to make sure that we're doing everything that we can to remain compliant and to follow those best practices.

So, this information is not just for those who are outliers. We have the suggested interventions for low outliers as well. Of course, you can read through that. But this is really helpful information for everyone to know where they might focus their attention when they are doing their annual compliance review and they are implementing their compliance program.

So, let's move on to *No Secondary Diagnoses*. This looks quite empty as compared to our co morbidities tab and target area. One, because we're only indicating the 80th percentile for this target area, for *No Secondary Diagnoses*. Second, because we can see in this top table, we have no data listed. Well, what does that mean? If we look right at the bottom or underneath that first table, no data indicates that either the target number or the denominator number is less than 11. So that 11 number is the threshold that we have established internally and through our research, through the development of the PEPPERS, and if your outcomes—excuse me. If your calculation with your target or denominator is less than 11, you're going to see no data.

So, I kind of like that this is on the sample PEPPER because it can show you, don't panic if you have a PEPPER that says no data. I know it can be kind of jarring for one when you go to that target area and see that especially since we have such rich data on the other target area tabs. That just means that we have that lower count so that we have a no data listed. A comparative data table is still going to show us our national 80th percentile, which is graphed, but of course we have no blue graphs because we have no data for this target area. Suggested interventions, as I said, it's always a great idea to take a look at those and see what other facilities will be doing if they are marked as high outliers and where that vulnerability to the trust fund falls.

We really do want everyone to understand and get involved in the protection of the trust fund because it really does take all of us. So, we have this information for you here even if you have no data or if you are not a high outlier for the target areas.

Moving on to the *Outlier Payments*, it looks like we have the same situation here, no data. But this in the comparative data table, for this target area, we do have data for the national and the jurisdiction 80th percentile. Of course, our suggested interventions. Okay. We're back to some data with our target areas. Let's take a closer look at *3-to-5-Day Readmissions*. It looks like for 2020 and 2021, we were a high outlier for this target area, and it's always interesting to me to see what the national 80th percentile is marked at, where that line is drawn. For these *3-to-5-Day Readmissions*, look at how small the number is for the national 80th percentile. Comparatively if we go back to co morbidities. We have

5.7%. That line across that ladder has 5.7 next to it. For co morbidities, it had 36. So, it's just another piece of information, comparative data, not only between you and the nation and the jurisdiction and the state but also between different target areas that are listed here and how that national 80th percentile changes as well.

So even with that low target area—excuse me—that low national 80th percentile being at 5.7%, up top, our outcomes for 2020, 2021 did indicate that we are a high outlier. But let's look at 2022, our target area percent was 4.3. How did we get there? Our next two lines will show us that. Our target count is 35, and then our denominator count is 820. What was the average length of stay for those discharges that are included in the target count in those 35 target counts? Well, the average length of stay was 11.1. What about the average length of stay for the denominator? Those discharges included in the denominator. Well, it was 14.2. The average payment and sum of payments, again we're only looking at the target areas, so we're only looking at the numerator. But for those 35 target counts in fiscal year 2022, we were paid an average of a little over \$9,000 and a total for that fiscal year of a little less than \$323,000. We can track in the table—and of course in the graph as well—that our target count has gone down for this target area over the three years. Our denominator count has stayed rather steady, a little bit of a drop, of course, in that second year. But that is why, because our target count has dropped. We have fallen out of the high outlier status.

The second table down, as always, has the national 80th percentile. As I said before, it's 5.7, 5.9 and then 5.9. We can see that graphed down in the graph as always, with the solid red line and the red diamond for the target area plot points 80th percentile plot points for each of those three fiscal years.

These blue bars, again, are our outcomes, and we would expect to see that plot point for the national 80th percentile fall within our blue bars for 2020 and 2021.

First, we have our suggested interventions. Some of these target areas are going to have more information in that target area or that suggested interventions. That's just dependent on the target area and the discharges that are included in the numerator and denominator. Finally, we have the 30-day readmission. I won't go into too much detail since we looked at all the other target areas. But for this target area, we were a high outlier all three years. Three years running. Our target area percent has gone down pretty steadily as we can see on the graph as well as up here in this first table.

We have all the information that we've seen with the other target areas. We have our target count, our denominator count and all of the other data that you can check out in that first table. The national 80th percentile has held rather steady over these three years, and, of course, we expect to see it within our blue bars down in the graph. Of course, we do have the suggested interventions for high outliers.

After the target area tabs, the PEPPER has two extra tabs here. It has a list of your facility's top DRGs for the most recent fiscal year. The description—the DRG number and description are listed here. Then we have some data, the total discharges for the DRGs, the proportion of the discharges for that DRG to total discharges. So, for psychoses, 87.1% of our discharges had this DRG. Then the average length of stay for that DRG. Obviously, there are three other DRGs listed with their description. This is great information, and it's kind of almost taking a step back again. We eased in with the compare tab and then we're easing out with the top DRGs. It's great information to have especially the proportion of those discharges to total discharges, the average length of stay. We have all of that information here for you. Then in the next tab, we have the jurisdiction's top DRG for the most recent fiscal year. This is the same layout of information, but, of course, these top DRGs are different for the jurisdiction as we were for our facility, but we can use these two tabs to compare the two.

Psychosis was number one for us. Also, number one for the jurisdiction. We can just kind of click back and forth and see where our top DRGs fell in regard to the jurisdiction top DRG list. 881, depressive

neurosis is third in line for us and about fourth in line for the jurisdiction. It's just some extra information along with the target area that's listed there.

How does PEPPER apply to providers? Well, the PEPPER can help a facility to identify areas where they may be outliers and if that outlier status is something that should prompt an internal review within these target areas. We often get the 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 it's helpful information, and we would encourage you to 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 that you can decide if there's something to be concerned about and if you need to take a closer look or if what you're looking at is what you expect to see in your PEPPER.

The PEPPERS are distributed in electronic format in Microsoft Excel workbook as we saw, and they are available for two years from the original release date. We cannot send PEPPER through e mail. Because of the sensitive data housed within the PEPPER, we have to be judicial in the way we distribute the PEPPER, and it cannot be sent through unsecured e mail. With this in mind, we do have a portal online that you can use to access your PEPPER, and we encourage you to go to the portal and download your PEPPER so that you can have it in your files for your use. Let's look in detail about how to access your PEPPER. When you access your PEPPER, you will be asked to enter some data and information. In preparation to go to the portal to get your PEPPER, you will first need to have your six-digit CMS certification number. The third digit of this number will be a 4, if you are a freestanding IPF hospital, if you are a short-term acute care hospital, the third digit will be a 0. If you're critical access hospital with an IPF unit, the third digit will be a 1. This is also referred to sometimes as the provider number or PTAN. This is not the same as your tax ID or your NPI number.

The validation codes for your PEPPER have been e mailed to the HARP administrator on file for your facility. A new validation code will be required each time a PEPPER is released. The validation code that you use successfully to access earlier release will no longer be valid or accepted for a new release.

If you get your PEPPER and you see a lot of green and red indicating you as a high outlier or a low outlier, don't panic. Remember that just because you're an outlier in your PEPPER, it doesn't mean any compliance issues exist. It doesn't mean you're doing anything wrong. Again, we encourage hospitals to think about why they might be an outlier and if those statistics in their PEPPER reflect what they expect to see. If something doesn't quite feel right, coordinate with others in 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 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 top DRGs. At the national level, data is available for freestanding IPF and IPF distinct part units. 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 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, which is number of discharges, location, which is either urban or rural, ownership type, for profit or physician owned or 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 hospital's ownership type or location, that information will need to be updated through CMS. We utilize 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 resources can be found on the PEPPER website. Of course, there's the user's guide, the PEPPER training sessions, a demonstration PEPPER, spreadsheet that will identify the number of hospitals in each of those MAC jurisdictions in total and 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 used 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 PEPPER.CBRPEPPER.ORG website and submit a Help Desk ticket through the help/contact us. Please do not contact any other organization for assistance with PEPPER. RELI Group is contracted with CMS to support PEPPERs with obtaining and using their PEPPER. If you have any questions, please contact us. We are the official source for information on PEPPER. Please do not pay consultants to help you with PEPPER. We provide support at no cost to the provider. Beware that not all consultants provide accurate information on the PEPPER.

This is a screenshot of our home page. You can see IPF, our facility type is listed right here. We have links to all the resources we discussed earlier.

I would like to thank you all for joining us today and for taking time out to learn about the *IPF PEPPER*. If you have any questions at all, please don't hesitate to reach out to us at our Help Desk through the home page.