



Short-Term Acute Care Hospital PEPPER Review Webinar Questions and Answers

GENERAL

Q: In the Program for Evaluating Payment Patterns Electronic Report (PEPPER), how are hospitals compared to their peers? Are all acute care hospitals lumped together for comparison, or does PEPPER filter them by characteristics (e.g., size, teaching status, etc.)?

A: In PEPPER, the national, jurisdiction, and state comparison groups include all hospitals. There is no filtering based on size, teaching status, or any other characteristic. The PEPPER Team produces peer group bar charts that allow hospitals to compare their PEPPER statistics to those of their peers. For each of the target areas, the peer group bar charts identify the 20th, 50th, and 80th national percentile for hospitals in four categories:

- Location (i.e., urban or rural)
- Ownership type (i.e., for profit/physician owned, nonprofit/church, or government)
- Teaching status (i.e., major teaching, other teaching, or non-teaching)
- Surgical focus (i.e., surgical or other)

The peer group bar charts are updated annually; they are available on the “Data” page on the tab for short-term acute care hospitals at PEPPER.CBRPEPPER.org.

Q: If our jurisdiction percentile is 100 for a target area, does that mean we have the highest target area percent of all hospitals in the jurisdiction?

A: Yes. If a hospital has a percentile of 100 on the Compare Targets Report, it means that the hospital has the highest target area percent when compared to all hospitals in the comparison group (i.e., nation, jurisdiction, or state).

Q: What does the percentile number on the compare tab mean?

A: Percentiles indicate how a hospital’s target area percent compares to the target percents for all hospitals in the respective comparison group. For example, if a hospital’s jurisdiction percentile is 80.0, 80% of the hospitals in the Medicare Administrative Contractor (MAC) comparison group have a lower percent value than that hospital.