Using PEPPER

- Share internally with others on your team
  - Compliance, finance, health information management, coding, utilization review, quality improvement, clinical, case management, documentation improvement, administration, etc.
  - Meet to review the results.
  - Look for increases or decreases, identify possible root causes.
- Review medical records, if indicated.
- Be proactive and preventive!
How to Prioritize PEPPER Findings

- Start with the Compare Targets Report.
- Consider outlier status/percentiles as compared to:
  1. Nation
  2. Jurisdiction
  3. State
- Consider “Number of Target Discharges” or “Target Count” (Numerator) and “Sum of Payments” (where available).
- Refer to the target area reports for detailed statistics, check for changes over time.
- Use “Top” reports to supplement analysis.
Using PEPPER, 1

- Coding – data source for coding validation audits.
  - Consider selecting records to review from the numerator for high outliers.
  - You may wish to further target records for review (e.g., by length of stay).
  - Share findings internally with coders; use as springboard for discussion and education.
  - Identify opportunities for documentation improvement.
Using PEPPER, 2

- Utilization review/quality
  - Consider selecting records for review from the numerator.
  - You may wish to further target records for review (e.g., readmissions, short stays, high therapy utilization, long stays, etc.).

- Billing errors
  - Patient discharge status, site of service, occurrence, condition codes; ancillary charges
Using PEPPER, 3

- Compliance – support auditing, monitoring and benchmarking activities.
  - Audit results used to develop specific action plans for ensuring compliant documentation, providing education regarding admission/treatment necessity and improving coding accuracy.

- Preparation for Recovery Auditors
Strategies to Consider....

▷ Do Not Panic!
   – Indication of high outlier status does not necessarily mean that compliance issues exist.

▷ But: Determine Why You are an “Outlier.”
   – Sample claims using same inclusion criteria.
   – Review documentation in medical record.
   – Review claim; was it coded and billed appropriately based upon documentation in medical record?

▷ Ensure following best practices, even if not an outlier.