Transcript for Q4FY18 Hospice PEPPER Review
May 16, 2019

All right. I think we'll go ahead and get started. I would like to welcome all of you to today's review of the Hospice PEPPER. My name is Kimberly Hrehor and I work for the RELI Group, which is contracted with the Centers for Medicare and Medicaid services, or CMS, to produce and disseminate the PEPPERs. For those interested in live captioning of today's events, you can access the captioning by clicking on the link in the Q and A panel. It's the first question you'll see there.

Today I'm going to be focusing on the newest release of PEPPER for hospice, version Q4FY18.

Now, today I'm going to be focusing on the newest release of the PEPPER for hospices, which is version Q4FY18. For this year's PEPPER, we do not have any changes that we're going to be needing to review today, no new target areas, no changes to existing target areas, and no changes to the supplemental report. What I plan to do is conduct a high-level review of the PEPPER, so this will be mostly beneficial for those of you who are new to PEPPER. I will also be reviewing a sample Hospice PEPPER. We will talk about the additional resources that are available for users on our website, and then we'll hopefully have some time for questions and answers at the end of the session.

Now, if you have questions after today's training and you feel like you need a little bit more information, I would encourage you to visit our website and utilize the recorded training sessions that are available there. I've made those as several different short segments or chapters that will cover all of the aspects of the PEPPER, including percents, percentiles, a thorough review of each of the target areas, the PEPPER and each of those types of details. It'll also include a detailed description of how we identify hospice episodes, which is one of the units that we use to measure hospice services in the PEPPER. So feel free to access those there at your leisure.

So what is PEPPER? PEPPER is an acronym that stands for Program for Evaluating Payment Patterns Electronic Report. And essentially, the PEPPER is a comparative report that summarizes one hospice's Medicare claims data statistics for areas that might be at risk for improper Medicare payment, primarily in terms of whether the claim was correctly coded and billed and whether the treatment that was provided to the patient was necessary and in accordance with Medicare payment policy. In the PEPPER, we call these target areas, and we're going to review the target areas in just a few minutes. In the PEPPER you're going to find your Medicare claims data statistics summarized for these areas, and then we compare your data with aggregate Medicare data of other hospices in three different comparison groups.

The first one is all hospices in the nation. Second is all hospices in the Medicare Administrative

Contractor or MAC jurisdiction, then lastly, in the state. These comparisons are the first step in identifying where you could be at a higher risk for improper Medicare payment, which, in terms of the PEPPER, really just means that your billing practices are different from most of the other hospices in the comparison group. I do want to stress that the PEPPER cannot identify the presence of improper payments, but it can alert you if your statistics look different so you can decide if there's something there that you need to take a closer look at.

The PEPPER has been around for a number of years. Originally it was developed back in 2003 for short-term acute care hospitals. A little bit later, another type of PEPPER was made available for long-term acute care hospitals. Back then, it was made available through the Quality Improvement Organizations.

Then, in 2010, TMF Health Quality Institute began distributing PEPPERs to all hospitals in the nation under a new contract with CMS, and over the years they developed PEPPERs for other types, as you can see in the second session of the slide. The Hospice PEPPER has been available since 2012. Last year, in 2018, CMS combined the Comparative Billing Report, or CBR, and the PEPPER programs into one contract. And so now, this one contract is making available comparative reports for a wide range of providers, with the PEPPER focusing on Medicare Part A claims and the CBRs focusing on Part B claims. Now, the RELI Group is contracted with CMS through the Center for Program Integrity Provider Compliance Group, and we, along with our team members, TMF and CGS, are going to continue to produce the PEPPERs.

Now, this change should be transparent to most of you in the provider community. You might notice a few formatting changes to the PEPPER or the users' guide, and we do have a new website, but our team is continuing the production of the PEPPERs and the support that the provider community has become accustomed to.

So why does CMS feel that the provision of PEPPERs to hospices is supportive of their own internal goals? Well, CMS is mandated by law to protect the Medicare trust fund from fraud, waste, and abuse, and they employ a number of strategies to meet this goal, such as provider education and early detection through medical review, which may be conducted by the Medicare Administrative Contractors, the recovery auditors, or any of the -- another set of federal contractors that work with CMS. The provision of PEPPERs to providers supports these strategies. CMS considers the PEPPER to be an educational tool that can help providers identify where they might be at a higher risk for improper payments, so then they can proactively monitor and review or take any preventative measures as necessary. I also should mention that the Office of Inspector General encourages providers to have a compliance program in place to help protect their operations from fraud and abuse. And an important piece of the 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 a compliance program.

So now let's focus more specifically on the Hospice PEPPER, the newest release of the Hospice PEPPER, which is version Q4FY18, which means that this version or this release summarizes statistics through the fourth quarter of fiscal year 2018. This newest release of the Hospice PEPPER was made available on April the 5th, and for most of you who are familiar with PEPPER, you know that it summarizes statistics for three federal fiscal years so this newest report has years 2016, 2017, and 2018. And as a reminder, the federal fiscal year starts October the 1st and it runs through September the 30th of the following year. Each time we produce a new release of the PEPPER, we download all of the claims data from the integrated data repository, and we refresh the statistics for all of the target areas and all of the time periods in the PEPPER. So keep that in mind if you're looking at your new PEPPER and comparing it with last year's PEPPER. It's a very good chance that you may see some slight differences in numerator or denominator counts because over the year, there may be a late claim submitted, there could be adjusted claims or other changes that might be impacting your claim dara, so just keep that in mind that there could be some slight differences as you look at your PEPPER. We do roll off the oldest fiscal year, and we add on the most recent fiscal year with that new release of the PEPPER.

So let's now talk about hospice improper payment risks. Hospices are reimbursed through the Medicare Hospice Benefit, which does require that the beneficiary elect that benefit. There is the risk for inappropriate beneficiary enrollment in the Medicare Hospice Benefit as well as abuse of that benefit in the four levels of care, routine home care, continuous home care, general inpatient, and respite. The target areas originally were identified for the Hospice PEPPER based on close coordination with CMS subject matter experts, a review of the payment system, reviewing reports that have been focused on improper payments pertinent to hospices, which may be through OIG or contractors, Med Pac, and also National data level analysis. Some of you who are familiar with the PEPPER know that we started out with only a couple of target areas in the Hospice PEPPER, and over the years, that number of target areas has grown quite a bit. We now have 11 target areas in the Hospice PEPPER. We do assess these target areas on an annual basis to ensure that they are continued -- or that they have continued applicability to the hospice community, and of course if there are new things that we look that we might want to add to the PEPPER, we will do an assessment, and any changes are submitted and coordinated with CMS.

I should also mention that there is an annual report that is prepared by the Comprehensive Error Rate Testing contractor, that's the CERT contractor, they conduct annual -- random reviews to estimate payments across all pay provider types for CMS, and they do put out an annual report. The 2018 Medicare Fee-For-Service improper payments report. And it also includes information on hospices.

The non-hospital-based hospices had a 1.78 billion-dollar projected improper Medicare payments for 11 percent improper payment rate, and the hospital-based hospices had $275 million in projected improper payments, with a 19.3 percent improper payment rate.

If you're interested in looking at the details of that report, it's available on the CMS website at CMS.HHS.gov/CERT, C-E-R-T.

There's also been a new report put out recently, last summer, actually, by the Office of Inspector General, and it really is a portfolio that with vulnerabilities pertaining to the hospice program. And it's not just focusing on payment vulnerabilities but also vulnerabilities that are related to quality of care. I just bulleted some take-aways from this report. If you haven't seen it, I would encourage you to go to the OIG's website and download it. It really does have a lot of great information in there, and I think that several of the target areas in the Hospice PEPPER are related to some of the information that you'll find in this portfolio. And before I move on, I'll also say that recently I was at a health care compliance conference, and it's obvious to me that home health and hospice are continued focus -- to be -- are going to be a continued focus of federal efforts related to fraud, waste, and abuse. There were a number of sessions that were discussing vulnerabilities within the hospice and home health programs, and so I do think that we can expect there to be a continued focus at the federal level on -- on reducing improper payments for home health and hospice services.

All right. So let's move on now and talk about the target areas. In the PEPPER, as I mentioned, we have these target areas that are associated for these areas at risk, and we do construct these as ratios, where we're going to have a numerator that is a count of episodes or claims or days that have been identified as potentially problematic, and then we compare the numerator to a denominator, which is simply a larger reference group that allows us to calculate a target area percent. And several of the target areas are based on hospice episodes, and without getting into too much of a detailed description, essentially, a hospice episode is where we string together the claims for a beneficiary into one episode of care. And so the target areas that are based on episodes are reporting on the hospice services that are provided to that beneficiary during their entire episode of care. So keep that in mind as you're looking at your PEPPER, and the statistics also represent the services that -- for the episodes that end in that fiscal year. So it's possible that you may have a long episode of care, and some of those services were provided in the previous fiscal year, but we count all of those statistics with the episode in the fiscal year in which it ends. Sometimes we get questions about that.

All-righty. So here is a listing of all of the target areas in the Hospice PEPPER. You will see, as I mentioned, we have 11 of them now. There are three target areas that are focused on live discharges. One of them, the original -- one of the original target areas is live discharges, not terminally ill, and then CMS asked us to add another a few years later, one looking strictly at

revocations, the other one looking at live discharges that have a length of stay of 61 to 179 days. The long length of stay is also one of those original target areas, here we're looking at episodes that are greater than 180 days in length.

The next four target areas are looking at continuous home care in an assisted living facility, and then the others are looking at routine home care in either an assisted living facility, in a nursing facility, or in a skilled nursing facility. These four target areas were added a few years ago after there was an OIG study that came out that found financial incentives for hospices to provide services to beneficiaries who were residing in one of these types of facilities. We also have a target area that looks at claims with a single diagnosis coded.

One thing I will say to this group today is, we have been made aware that there are some hospices, a small number of hospices, actually, that are participating in a pilot project called Medicare Care Choices Model, the MCCM pilot. I believe there are about 97 hospices across the nation that are involved in this pilot project. We have heard from CMS and from a couple -- actually, from one hospice, asking about the claims and whether they were included in the PEPPER. And so for this release of the PEPPER, the claims for the beneficiaries who were enrolled in this pilot project, they are included in your PEPPER, and we have been made aware that for some of those hospices that have a large number of beneficiaries, it's affecting their statistics for this target area claims with single diagnosis coded because they can only put one diagnosis on the claim. So I just wanted to point that out, if any of you listening today are participating in that model, please be aware that those claims are included. We are exploring with CMS the option of excluding them for next year's release, but keep that in mind as you're evaluating your statistics, and so you might want to just tell yourself you can expect to have a little bit higher number for that target area.

And the last couple of target areas on the list here focus on episodes with no GIP or CHC, and then the long GIP stays here we're looking at the GIP stays that are -- I think it's greater than five consecutive days. Yep. Greater than five consecutive days.

Now, I just included in here a couple of target area definitions, just to give you a feeling for how we structure the target areas. So live discharges is -- this is live discharges no longer terminally ill. In the numerator, our definition is the number of beneficiary episodes discharged alive, and that means the patient discharged status code does not equal to 40 or 41 or 42. We do exclude the beneficiary transfers, we exclude the revocations, discharge for cause, and moved out of the service area, so we are just looking at those live discharges no longer terminally ill in the numerator. The denominator is the count of all of the beneficiary episodes that were discharged either by death or alive during that report period. So you can see we have the numerator, the denominator. We divide the numerator by the denominator, multiply it by 100, and that gives us the target area percent. So you'll find the target area percent in your PEPPER.

Second example down there, episodes that don't have GIP or CHC, we have the numerator, the definition, which is the beneficiary episodes that had no GIP or CHC, denominator is simply the total number of beneficiary episodes, discharged by death or alive by the hospice.

Most of you could probably calculate your own target area percents using your internal claims data for the target areas in the PEPPER. The value of the PEPPER is where we calculate the percentiles, which can help give you some context, thinking about how does your statistic compare with those of other hospices in the nation, in the jurisdiction, or in the state. So that's where the percentiles really are very helpful. So I'm going to spend just a couple minutes explaining how we calculate those percentiles and how you can interpret them when you're looking at your PEPPER.

To calculate the percentiles, the first thing that we do is we take the target area percents for all of the hospices for a particular target area and time period. So maybe we're talking about live discharges no longer terminally ill for all hospices in the nation for fiscal year 2018. We take those target area percents, then we sort them from highest to lowest. So like here on the slide, we just have a small example, percents that are sorted highest to lowest in accordance with those rungs on the ladder. The next step is to identify the point below which 80 percent of those percent values fall. And that point is identified as the 80th percentile. Any target area percents that are at or above the national 80th percentile are identified in the PEPPER as outliers, what we call outliers, and you'll see your target area percent in red, bold font, that visual cue.

Any hospices that have a target area percent below the 80th percentile are not identified as an outlier. So I'd like for you to keep this example in your mind as we walk through a sample PEPPER, which I'm going to do right now. Okay. You should be seeing on your screen now the first page of the Hospice PEPPER. The PEPPER is distributed electronically as a Microsoft Excel workbook. You will navigate within the PEPPER by clicking on these worksheet tabs along the bottom of the screen.

When you open your PEPPER, it opens to this first page called the purpose page. You will see your CMS certification number or provider number, or PTAN, then your provider name. This is going to identify the most recent quarter of statistics summarized in that PEPPER, so this is through the fourth quarter of fiscal year 2018. The version number will be found here, and then your jurisdiction comparison group will be identified here. The jurisdiction comparison group is made up of all of the hospices that submit their claims to the same MAC for Medicare reimbursement as you do. And so you'll see your MAC's name listed right here in your PEPPER.

The next tab is the definitions tab, and here's where you will see the complete numerator and denominator definitions for each of the target areas included in the PEPPER. So if you're looking at the statistics in your PEPPER and you're trying to figure out what does the numerator

represent or the denominator, you can click on the definitions tab and find those definitions right there.

The compare targets report is the next tab of the PEPPER, and I like to call this report the heart of the PEPPER. It's the only place within the PEPPER that you can see your statistics for all of the target areas all in one place. The couple of caveats. This is only displaying data for the most recent fiscal year, so this one is for the four quarters ending fiscal year 2018, and the target areas are only going to be included on this report if you have sufficient data to generate the statistics. If the volume of claims or days or episodes that you have is too small, less than 11, to calculate statistics, then that target area will not be listed on this report.

Let's quickly take a look and see what this means here. So here for this target area live discharges not terminally ill, there's a brief description of the numerator and denominator. Here's going to be your numerator or your target count. So this is the number of episodes that were discharged alive, no longer terminally ill.

When we compare the numerator to the denominator, which is not on this report, we doing the our target area percent of 5.3. So 5.3 percent of our hospices' discharges were live, no longer terminally ill. What does that mean, though? We don't really have a good feeling for if that's relatively high or relatively low. And this is where the percentiles come in very handy. They can help give us that context, thinking about where does our percent fall in that distribution from highest to lowest?

So here we see that our national percentile is 25.5. This tells us that 25.5 percent of the hospices in the nation have a lower target area percent than we do. So if we think about that ladder distribution, we are about three-fourths of the way from the top, or 25 percent up from the bottom. So we're kind of toward the lower end of that ladder. So we give -- it gives us some -- a way to think about where in that distribution our hospice with our target area percent falls, and so we can understand that we are towards the low end of the scale.

Now, when we compare ourselves to all of the hospices in our jurisdiction comparison group, we are at the 34.5 percentile. This means that 34.5 percent of the hospices in the jurisdiction have a lower target area percent than we do. So about one-third of the way from the bottom of that ladder distribution. And then for our state, we are at the 35 percentile, so 35 percent of the hospices in our state have a lower target area percent. And this is the only place within the PEPPER that you will see your exact percentile. You won't see these numbers reflected anywhere else on the reports in your PEPPER.

The last column here identifies the total amount of Medicare reimbursements that you received for these numerator episodes. And you'll notice that for some of the target areas, the sum of payments is not calculated. We are able to calculate the reimbursement information for

the target areas that are based on episodes, but we are not able to parse out that reimbursement information for the target areas that are based on days.

Now I'll scroll down just a little bit here, so we can see that this hospice has their target area percent in red, bold font for this target area, routine home care in a SNF. The target area percent of 82.2 percent places them at the 98.9 national percentile, which means that 98.9 percent of all hospices in the nation have a lower target area percent. So then again, thinking about that ladder, this percent is way at the top of that distribution, almost at the very top. When we look at our comparison to jurisdiction, a little bit lower, 92.6, but still pretty high. And then when we compare ourselves to our state, 87.0 percent of the hospices in our state have a lower target area percent than we do.

Okay. Let me do a quick look at the target areas. Now, each of the target areas has its own separate report in the PEPPER. Each report has their tab. And when you click on the tab, first thing you'll see is the graph. Here, we are showing you your hospice's target area percent over the three fiscal years. This is a nice way to see if your target area percent might be changing over time. Here we see a slight decrease in life discharges no longer terminally ill, so if this hospice was perhaps looking at that, then they can see that their efforts have had some improvements.

We can also see how our target area percent compares to the 80th percentile, which are these three red lines up here. This is the national 80th percentile, the solid red line. The jurisdiction 80th percentile is the dashed line. And the state is the dotted line. If our target area percent exceeded the national 80th percentile, then we would be seeing our statistics in the table below identified with red, bold font in this cell here.

Now, in the table below the graph, we have the numbers that are behind those -- the visual up there. So here you're going to see your target area percent over those three years. This is the number that's graphed as these blue bars. You're going to see your numerator count; this is the number of episodes for this target area, discharged alive, no longer terminally ill. Here is the denominator. Then we see the average length of stay for the numerator, the average length of stay for the denominator, the total amount of Medicare -- I'm sorry -- the average amount of Medicare reimbursement for the numerator episodes, and then the total amount of Medicare reimbursement for the numerator episodes.

There was a question that came in in advance of the webinar today asking about the calculations for these lengths of stay. These stays or the average length of stay is based on the episode, and each episode is counted individually and included individually in these length of stay averages in the time period for the fiscal year in which that episode ends. So we want to think of it as kind of analogous to a discharge where the length of stay of a discharge is counted in the month or the year when that discharge is ending. For the hospice statistics, we're looking

at the time period in which that episode ends. So just keep that in mind. And if there are multiple episodes for the same beneficiary, we count each individual episode in the time period in which it ends.

Okay. Below that, then, are the comparative data. These are the percent values that are at the 80th percentile for nation, jurisdiction, and state. And these are the numbers that are represented by these red lines up here in the graph.

The final piece of information in the target area report are these suggested interventions when you're above the 80th percentile. This is a very general guidance, information, what it might mean to a hospice if they are a high outlier, and if they were interested in looking at a review of records or sampling some records, what might they look at, what might they be addressing. These are just some suggested interventions. These are also included in the PEPPER user's guide, and we've included them in the PEPPER itself as well.

So now I'll just click on each of these reports so you can see, they're really all formatted in the same way. Now, here, for this one, the live discharges revocation, you'll notice there's only one blue bar. And why might that be? Well, remember, we can only calculate statistics if the numerator count is 11 or more. So for this second time period, we had exactly 11 episodes in the numerator. We cannot calculate the statistics when there are fewer than 11 episodes, and so that's why you'll see the blank cells here and no bars on the graph. Just means you have small volume. It's not anything to be concerned with. It certainly is possible that you may see an empty graph and data table, and that would occur if you don't have sufficient data for any of the time periods. So there's nothing wrong with the PEPPER, it just means you have small volumes, and it's not really a concern. A lot of hospices do not have reportable data for this target area. I believe only about 4 percent of hospices do, so most of you will have an empty worksheet for this one.

Now, I also would like to say just a few words about the routine home care in a nursing facility and in a skilled nursing facility. You'll notice this hospice is really high for routine home care provided in a SNF and they hardly have any data for routine home care in a nursing facility. We've heard from hospices that are in various states where the state has different licensing requirements for skilled nursing facilities or nursing facilities. And so it certainly is possible that the way that the licensing is required to be -- way these facilities are licensed affects the numbers in your PEPPER.

And so that's one of those things that's really helpful for you to be aware of when you're looking at your PEPPER. If you're in one of those states that requires these types of providers to be licensed as a SNF, you may have a very high number of days providing to beneficiaries residing in a SNF, so that may not be a concern for you, and you may have very small numbers of days or small target percents for days provided in a nursing facility. So do keep those types of

things in mind when you're looking at your PEPPER. Remember that the PEPPER is simply summarizing the claims data, doesn't mean that anything is wrong, it's just trying to get you to think about whether it's what you expect to see, and if not, then perhaps you should take a look. Now, the other thing about these four target areas is that we obtain the – or, we classify claims in assisted living or nursing facility or skilled nursing facility based on the Q code, that site of service code that is submitted by hospice on their claim form. So if your staff, your billing staff are not applying the correct code there, that could also be something to look into. And we have some references on our website that can help give you some guidance on those site of service or Q codes.

Claims with a single diagnosis coded. Okay. I do want to just review quickly the couple of supplemental reports that we have in the Hospice PEPPER. This one summarizes the top terminal diagnosis categories for the most recent fiscal year. These are based on the clinical classification system diagnose categories. We identify the total number of decedents for each of those categories, the proportion to total, and the hospice's average length of stay. This is available for your hospice, and then aggregated at the jurisdiction level where you can see the same type of information at the jurisdiction. We have the jurisdiction and the national average length of stay. And then the final report here summarizes the live discharges for your hospice over the most recent three fiscal years. So it will tell you for these types of live discharges how many episodes were there, what is the proportion of the live episode discharges, and what was the average length of stay for those episodes. This is for your hospice and then at the jurisdiction level, we have that information aggregated for you. And these are supplemental reports; they have no bearing on risk for improper payment, just included for your information.

Okay. Let me go back to my presentation now. This is just really a map that shows you those MAC comparison groups. You see there are those four MACs that process claims for hospices and home health agencies so keep in mind the jurisdiction comparison group is comprised of those hospices that submit their claims to the same MAC.

Okay. So sometimes I'm asked by providers, do I have to use my PEPPER? Do I have to take any reaction or response to what I see in my PEPPER? And the short answer to those questions is no, you're not required to access your PEPPER or to take any response to the statistics in your PEPPER. The PEPPER is simply a roadmap. It can help flag, identify areas that might be under focus by other auditors. Keep in mind that all these other contractors have access to all of the claims data, and it's a good possibility that they're sifting through those claims data looking for providers who could perhaps benefit from some education, maybe some focused review, or some other activities based on whatever they find in your claims data. So the PEPPER really is a nice way to help give you that heads-up if your data looks different, so, that way, you can decide if there's something there that concerns you, you can take the next step, dig a little deeper, coordinate internally, and see if there's anything -- if there are any changes that you

need to make.

How do you obtain your PEPPER? As in the previous years, the PEPPER is distributed through our portal, through the website PEPPER.CBRPEPPER.org. I do know that sometimes the hospices have a hard time accessing their PEPPER. There is not any registration that's necessary to access your PEPPER. You will need a couple of pieces of information. One is your six-digit CMS certification number, and the other is a patient control number or a medical record number from a claim for a traditional fee-for-service Medicare beneficiary that was receiving services at your hospice between July 1st and September 30th of last year. There are some hospices that have to contact us for a validation code, and that's okay. You'll get that little notice when you visit the portal to access your PEPPER. Just know that we certainly want to help you get your PEPPER, so that if you're interested and you're having a hard time, contact us through our help desk. We don't want you to be frustrated. We don't want you to, you know, waste your time. We want to help you get your PEPPER.

Just to comment also, I think actually I saw a ticket come through our help desk within the last day or two. If you have a validation code that worked for you last year, it's not going to work for you again this year. We change these validation codes. We refresh them with each release. So you will need a new validation code for each time you want to come and get your PEPPER.

Once you do have your PEPPER, well, let's say there's a lot of red in there. What should you do? Well, one thing you should not do is panic. Remember that just because you're an outlier, it doesn't mean that you're doing anything wrong, that you have any compliance issues that exist, but again, think about why you might be an outlier. Some of these things that we've already talked about, so just -- if you feel a little uneasy looking at your statistics, I always encourage folks to take a closer look. If something doesn't quite feel right, take the next step and dig a little deeper. The main point is to ensure that you're following the best practices, even if you're not an outlier in your PEPPER.

Each year, following the release of the PEPPER, we update the national level and state level data that are available on the website. This is for all of the targeted areas and the top terminal diagnosis report and the live discharges by type. You can find those on the data tab of the website. They have been updated for fiscal year '18. We have also recently updated the peer group bar charts, which do allow you the opportunity to compare your hospice to a smaller subset of hospices that you would consider to be your peers. So for each of these target areas, we do identify the 20th, the 50th, and the 80th percentile at the national level, for hospices in three different categories. We look at size, which is based on number of episodes, we look at location, which is rural versus urban. And we look at ownership type, which is for-profit or physician-owned, versus nonprofit, church-owned, versus government. These have been updated for the hospices, and they are available on the data tab. There are a couple of

documents there that detail out how we put these together. If you do find that you have a disagreement with your ownership type or location, as identified in that hospices by peer group file, contact CMS to correct that information. We utilize the provider of services file, which is maintained by CMS, to identify or classify hospices' ownership type and their location.

This is an example of what one of these peer group bar charts looks like. This is for the long length of stay target area. The top blue set of graphs is -- or bars, rather, is based on size. So for long lengths of stay, the smallest hospices have the highest percentile. That's the lightest blue bar. For location, which is the middle set of bars, the pink, urban is a little bit higher than rural, urban being the lighter pink, rural being the darker pink, and the bottom chart there is ownership type with the nonprofit or church-owned having the lowest and the for-profit having the highest percentiles there.

There are a number of other resources on the website, including that users' guide, so please feel free to download the users' guide. We have a spreadsheet that identifies the total number of hospices in each jurisdiction, as well as by state. There are those recorded training sessions, a sample PEPPER, history of the target area changes, those job -- the job aid it and the ML Matters article I briefly mentioned, and we have some success stories that have been shared with us over the years by actual hospices out there in the trenches along with you all, who have found the PEPPER useful and supportive of their internal activities.

If you need help either obtaining your PEPPER or if you have a question about the statistics in your PEPPER, please contact us through our help desk. A member of our team will respond promptly to assist you. And just as a reminder, please don't contact other organizations or associations. We are the official source of information for PEPPER, and we want to make sure that your question is answered correctly. This is a view of our website, the home page, and you can see the blue bar pointing to the hospice section where you can easily access the users' guide, the training and resources, the distribution page, as well as a map of the PEPPER retrievals.