Transcript for the Q4FY20 *Hospice Program for Evaluating Payment Patterns Electronic Report (PEPPER)* Review

May 11, 2021

I want to welcome you all today to the Q4FY20 *Hospice PEPPER* review. I'm Annie Barnaby and I work with a RELI Group, Inc., who is contracted with CMS to distribute PEPPER reports.

Our agenda today includes a review of the most recent release of the PEPPER for hospices. The Q4FY20 PEPPER that was released in early April of this year, 2021. I will share a sample PEPPER with you so that 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. So, let's get started!

Today's presentation will be a high-level review of the PEPPER. So, if you're familiar with the 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 web site and the hospice "Training & Resources" section. And our web site is PEPPER.CBRPEPPER.ORG.

Let's start at the very beginning. What is PEPPER? PEPPER is an acronym that stands for Program for Evaluating Payment Patterns Electronic Report. A PEPPER is a comparative report that summarizes one hospital'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 hospital'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, which in the PEPPER world 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 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 acute 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 this 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.

Why does CMS feel that these reports are valuable and support their agency goals? CMS is mandated by law to protect the Medicare Trust Fund from fraud, waste, and abuse, and 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 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, encourages providers to have a compliance program in place to help protect their operations from fraud and abuse. An important piece of a 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.

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, Q4FY20. 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 the Q4FY19 release of the PEPPER and comparing it to this release, you probably are going to see some slight changes in your numerator or denominator, your percentile, those types of things. That could be because 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 one.

Now, let's look at the improper payment risks that are pertinent for hospices. Hospices are reimbursed through the Medicare Hospice Benefit, which requires the beneficiary to elect the level of care or the hospice benefit. There is a risk for inappropriate beneficiary enrollment in the Medicare Hospice Benefit, and there's also abuse of the Medicare Hospice Benefit, as well as the four different levels of hospice care. These target areas in the *Hospice PEPPER* were identified, first of all, by a review of the MHAB—or, excuse me, the MHB, a review of oversight agency reports, an analysis of claims data, and in coordination with CMS subject matter experts. Over time, we review reports identifying improper payments, which might be produced by the OIG or other CMS contractors, and we also conduct national level data analysis. We do assess the target areas each year, and as new risks are identified, the target areas are updated accordingly. As the healthcare landscape changes, the target areas will continue to change over time as we continue to evaluate areas that are at risk for improper payments.

In the PEPPER, we calculate statistics for these target areas, which are essentially areas that have been identified as at a higher risk for improper Medicare payments, which could be due to coding or billing errors, or maybe there are unnecessary services. In the PEPPER, we calculate or construct these target areas as a calculation as either a rate or a percent. In target areas reported as a ratio, the numerator and denominator represent different units. In target areas reported as a percent, the numerator and denominator are the same units. The target areas are constructed this way so we can compare each of the target areas equally.

So here we have a list of the *Hospice PEPPER* target areas and you can see there are various target areas that have been on the PEPPER for quite some time. But there is a new one that is down in red, and it is the average number of Part D" claims per hospice episode. And that is a new target area as of the Q4FY20 release, so as of this release.

I just want to take a minute to mention that the handouts and the slides for this presentation are available on our web site under the hospice area “Training & Resources” tab. So be sure to download those at PEPPER.CBRPEPPER.ORG if you need a copy of the slides.

This slide shows the calculations for two target areas, *Live Discharges No Longer Terminally Ill*, and *No General Inpatient Care or Continuous Home Care*. This info illustrates how these target areas are put together.

For the *Live Discharges No Longer Terminally Ill* target area, we have a numerator of the count of beneficiary episodes discharged alive, expired in a medical facility, or expired place unknown. We are excluding beneficiary transfers, revocation, discharged for cause, or those who moved out of the service area. So, all of those episodes make up the numerator for this target area. Then, in the denominator, we're looking at all of the beneficiary episodes discharged by death or alive during that report period. When we calculate the target area percent for these target areas, we divide the numerator by the denominator, and then we multiply by 100 and that gives us the result for this target area for the provider.

The No GIP or CHC target area in the numerator, we're looking at count of beneficiary episodes that had no amount of general inpatient care or continuous home care, and the denominator is the count of all bene episodes discharged by death or alive by the hospice during the report period. You can see those denominators are very similar for both of these target areas. And this is just an illustration of two of those areas to show you exactly how those numerators and denominators—what makes up the numbers on those numerators and denominators.

So, we’ve seen how the percents or the ratios are calculated for the target areas and when we are looking at a PEPPER we are also going to be seeing not only the hospice outcome, which would be a percent or a ratio number. But we’re also going to see what percentile the hospice falls under for each of the target areas. So, how do the 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. So, that would be the outcomes from highest to lowest for all the outcomes in the nation, in the jurisdiction, or in the state. 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 the hospices in the nation and we sort them from highest to lowest, and that is what the ladder represents; you can see the outcomes listed from highest to lowest down the ladder. Next, we identify the point below which 80% of those hospitals fall, and that point 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 target area tab data by red bold font. A high outlier outcome could potentially mean over-coding, or it could just mean that your statistics look different for another justifiable reason.

Before we review a PEPPER, let's review the comparison groups. The visual on this slide reminds you that we do have those three comparison groups: nation, jurisdiction and state. Sometimes the MAC jurisdiction comparison group is confusing to people—to simplify, think about that group as being comprised by all of the providers that submit their claims to the same MAC. This is a way of giving us a smaller group to compare with than nation, and larger one than our state.

So, I'm going to go ahead and pull up a sample PEPPER for us so we can take a look. And to do that I'm going to our home page PEPPER.CBRPEPPER.ORG. Which is where I also mentioned you can find the handouts. Okay. So, on my screen or on your screen you can see the sample PEPPER that is available, again, on our PEPPER web site: PEPPER.CBRPEPPER.ORG. And there is a sample PEPPER for all of the different types of facilities that we release PEPPERs for. And you can see they are released in an Excel spreadsheet format. And along the bottom you can see that we have all of these different tabs. We have all of these different sheets within this Excel spreadsheet.

We begin on the first tab, of course. The purpose. And I like to think of this one as just kind of an overview, a step back. It tells you a little bit about the PEPPER program. It tells you your provider number. It tells you the fiscal years that we're looking at within this PEPPER release, the Q4FY20 release. And it tells you the jurisdiction under which this hospice falls. So, again, this kind of takes you, centers you, let's you know what you're going to be looking at as we move through these other different tabs.

The second tab is the definitions tab. And this tab contains a wealth of information about the calculations for each target area. You can see here the target areas are listed down—whoops—down the left-hand side of the screen. And then provided on this tab we have the information that is included for every one of the numerators and every one of the denominators. So if you're going through your *Hospice PEPPER* and you begin to think, well, I'm a little bit lost. What am I looking at? I forget what's included in this data. When we get to the target area data tabs you will see there is a wealth of information. There is a lot of data. There is a lot of numbers. So, this definitions tab is a great place to go back to get centered again and to take a look and ask yourself, okay, this is what's included in my numerator. When I'm looking at this number, that is what this number represents.

It's also actually provided in the *Hospice PEPPER* user's guide that's also found on the web site. And we will go through that in a little bit as well. But it is nice to have this information on the PEPPER when you're going through your report.

This next tab is the compare target report for the four quarters ending in Q4FY2020. And, of course, that is the PEPPER that we're looking at. You can see here the compare targets report displays statistics for

target areas that have reportable data. And in this PEPPER, reportable data indicates that there are 11 or more target discharges. So, the numerator of those—or denominator of those target areas is 11 or more. In the most recent time period. And as we know, percentiles indicate how a hospice's target area percent compares to the target area percent outcomes for all different hospices in that comparison group. So, for example, if a hospice's jurisdiction—you can see this hospice's jurisdiction percentile for the live discharges is 32. So, 32% of the hospices in that jurisdiction, in the MAC jurisdiction, have a lower percent value outcome than that hospice for this target area. So, you can see here the percent rate for each of the target areas is listed. And then the percentile that they fall. So, on that ladder, that is where, in that list of, from highest to lowest, when you draw, not only the 80th percentile line but when you draw the 32.8 percentile line across that ladder for live discharges, not terminally ill, this hospice falls on that line that's drawn through that 32.8 percentile. And then it also has the sum of payments for each of those target areas as well.

Each of the tabs below on the bottom of this excel spreadsheet represents a different target area. I'm not going to walk you through all of them because that would be very dry. So, let's just take a look at the *Live Discharges No Longer Terminally Ill* as an example. You can see here in each the tabs for each target area, it's set up in this same format. At the top we have the data outcomes and the data information for your hospice. And, again, there is a reminder that if no data is listed here, that means the target, or the denominator count is less than 11 and then it's suppressed. So, 11 is that threshold that we have set. We can see this hospice for the years included in this PEPPER, FY2018, FY2019, and FY2020, this hospice was not an outlier. So, they were not in the top 20 percentile for this target area. So, let's see what that actually looks like when we look at their data. So, their target area percent. Their target area outcome. For this most recent year, 2020, was 5.3%. And, actually, we can see that didn't change from FY2019. For each of the years, we have the target count which would be the numerator count. And remember, we have that definitions tab if we get confused or if we forget what's included in that target count, what's included in that numerator count. We can always go back and take a look at the specifics. But we have the target counts here for each of those years and then, of course, the denominator count. So, we give you your outcomes for each of the target areas, but we also give you the raw data so that you can see how those were calculated. We also offer the target, the numerator. When we say, "target count", we are talking about a numerator. We are talking about, we can see the target average length of stay was 230 in FY2020. And then the denominator length of stay. The target average payment and then the target sum of the payments.

So, again, this is a wealth of information. We have not only our percent outcome but we have that raw data. And then we do have some extra data points that are listed there for our information so that we can take a look at ourselves, we can take a look at how our percent outcomes are falling within the percentiles across each of these three years. We can see how our hospice's data has changed over those three years. And whether that's something that we need to be looking into internally. Even if we're not an outlier.

Underneath the information in the data for the specific hospice, we do have the comparative data. So, you can see down the left-hand side national jurisdiction and state are all listed here. And then across the top we have the fiscal years, again. The percentiles are listed down here. So, the FY2020, they were

in the 13.4 percentile. So that means 13.4% of the hospices were, had a lower outcome than they did. And we can see if we think to ourselves, where on that ladder is the 13.4 percentile? Where is that line drawn? Well, it's drawn through 5.3%. That's our outcome as this hospice.

Not only do we provide the data and the outcomes in a chart form, but we also have in graph form down below. Everybody looks at data differently and it's nice to have these two depictions of where we fell as a hospice in these three years. The hospice outcomes are listed here for each of the three. That's the bar chart part of this graph. And then there are line plot points, line graph plot points for the national 80th percentile, the jurisdiction 80th percentile is the dashed line. And this dotted line represents the state's 80th percentile. It changes year to year as well. And this represents that the 80th percentile is high above this hospice's outcomes. Because this hospice was not an outlier. They were not in the 80th percentile for this target area.

Finally, on each of the tabs, we give you the information, we give you your data. And then we have suggested interventions. So, if you were above the 80th percentile in your hospice outcomes, what does that mean? Of course, we have all of this data, we have all of this information. And then we take a step back and we say, now what should I do with it? What can I do if I'm an outlier? What can I do for with this information? Of course, we always encourage everyone to use the PEPPER and use that information and use that data. It's across all those three years. This is a free report provided by CMS. Even if you are not in the 80th percentile, you can still use this data to see what's going on in your hospice and how things have changed over the years. But if you are in that 80th percentile, we do have suggested interventions that are listed down here. A medical record documentation review should be reviewed or should be audited for beneficiaries discharged alive to determine whether enrollment in the hospice was appropriate. So that's just one of the suggested interventions that's down here on this tab for this target area. And each of the target areas have those suggested interventions.

As I said, I'm not going to walk through all of them because that would be not very fun for everyone. But each of these tabs is a different target area. Here we have *Live Discharges Revocations*, live discharges with the length of stay of 61 to 179. *Long Length of Stay*, with this target area, we can see in those first two years: 2018 and 2019, this hospice was not an outlier. However, in 2020, it was marked as a high outlier. And we can see that even easier than looking at these numbers. Not that that's difficult to do. Not just looking at this line, but we can also see, as I mentioned, that data and that outcome is in red bold font. So, this target area percent outcome for this hospice was 28.7. So, on the ladder, they are at 28.7. And you can see the 80th percentile, that line drawn across, in FY2020 was below that for the national and for the jurisdiction. And then that's referenced, of course, down here in the graph. We have this hospice's outcomes as the bar chart here in 2020. And we can see the national. That's this straight line. And then the jurisdiction, that's this dotted line. We can see those outcomes, those plot points for that line graph fall within this bar chart area that represents the hospice's outcomes.

We're gonna look at the suggested interventions a little bit more closely if we are the sample hospice because we are a high outlier for this target area. And, of course, as I said, we do have those suggested interventions listed there.

Okay. We have continuous home care. For this target area we can see no data listed. We know not to panic when we see that. There is not a problem, there is not an issue, there is not a mistake in the data.

A lot of people have that that comes to their head right away. And we can remember that this means that the target count or the dominator count is less than 11. When that happens, you're going to see no data.

Routine home care and assisted living. Their target area percent for the sample hospice, we can see that red bold font. They were a high outlier all three years for this outcome. And it looks like they were a high outlier for the national and the jurisdiction because this is their target area percent outcome. This is where they land on the ladder. And we can see for the national and the jurisdiction, those outcomes on the ladder are lower than this target area percent. Excuse me. This target area percent is higher than the 80th percentile. Sorry.

Okay. Let's move on. *Routine Home Care Provided in a Nursing Facility*. *Routine Home Care Provided in a Skilled Nursing Facility*. Hospice statistics for *Claims with a Single Diagnosis Code*. So only one diagnosis. No GIP or CHC. We saw this on our slides as an example of the calculations.

Long GIP stays. Average Part D claims. And then as we go through the last four tabs, are not target areas but instead another group of data that we can look at and another group of comparison data. This tab here, hospice top terminal diagnosis CCS diagnosis categories for the most recent fiscal year. So, remember: this PEPPER represents three fiscal years. This tab specifically represents fiscal year of 2020. And we're looking at the top diagnosis categories for this hospice. And you can see that here. Dementia, circulatory or heart disease, cancer, stroke, respiratory disease. We can take a look at this information, and we can take a look at the jurisdiction results for the same thing. How do my top diagnosis categories compare to the jurisdiction top diagnosis categories?

We can see that they do share some. They are not ranked in the same order but there are some similarities between the two category lists.

More data for you. The hospice live discharges by time. The revocation. There were 74 episodes. This is for all three of those fiscal years. No longer terminally ill, there were 63. We can have the proportion of the revocation of live discharge episodes and then the average length of stay.

And, again, we have the jurisdiction information so that we can compare our hospice information that was listed on this data tab to the data that's listed on this data tab.

I'm going to take a moment now to, before we go back to the slides, show you our home page. It is obviously very important to be very familiar with our home page and the information that we have listed there. This is our home page, PEPPER.CBRPEPPER.ORG. We do have these quick lists up here about PEPPER. Of course, that gives you information about the program, training, and resources. Those are listed for each of the facility types for which we provide PEPPERs. There is a data tab, frequently asked questions. The help/contact us tab is going to be where you're going to go if you absolutely need to submit a *Help Desk* ticket. What's great also about the home page is that there are, I call them quick links to the PEPPER portal which is what you're going to use to access your PEPPER. And we will look at that in a little bit more detail in a couple of minutes. And then there is this distribution schedule that has information about your validation code, how you can access the portal, how your PEPPER is distributed, another link to the “Training & Resources” page. So, those are two, kind of quick links, like I said, that are here for you and that are front and center.

And then down at the bottom here, we do have the links. These are basically the training and resources. It's everything you're ever going to see if you go to the "Training & Resources" section up here. But we have the User's Guide, training and resources. We will go over that in a minute at the end of the program as well. PEPPER distribution. The portal page, and then there is a map of the *Hospice PEPPER* retrievals by state which is sometimes interesting to take a look at.

Now that we've taken a look at the PEPPER, how does PEPPER apply to providers? The PEPPER can help facilitate to identify areas where hospices 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 is no. You're not required to use your PEPPER, though it's helpful information and we would encourage you to at least 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 some focused education or maybe even a record review. And so, from your perspective it would be nice to know if your statistics look different from others so then you can decide if there's something to be concerned about and if you need to take a closer look internally, or if what you're looking at is what you expect to see in your PEPPER. And again, it is a free report from CMS, so why not take advantage, while you can?

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

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. Even if you don't analyze it right away, you have it in your files to take a look whenever you decide or you do have time to review it with the appropriate personnel within your hospice.

You will need to enter some information to access your PEPPER. First, you'll be asked to enter your six-digit CMS Certification Number, which is also referred to as the provider number or Provider Transaction Access Number, the PTAN. This number is not your tax ID or an NPI number. And for hospices, the third digit of this number will be a "1." For the validation code on the portal access page, you will enter a patient control number, found at form locator 03a on the UB-04 claim form, or a medical record number, found at form locator 03b on the UB-04 claim form, for a traditional Medicare Part A Fee-for-Service patient who received services from July 1, 2020, through Sept. 30, 2020. That can serve as your validation code, that internal information that you can look up, again, make sure that you are looking at a traditional Medicare Part A Fee-for-Service patient, make sure you're looking in that timeframe for when they received services. And remember, this is only traditional Medicare Part A Fee-for-Service, no Medicare Advantage, no other types of claims like that.

Also, we send an email to the contact that is listed in the Provider Enrollment, Chain and Ownership System, PECOS. That validation code will go to that contact that's listed within PECOS and it can be

shared with others in the hospice as is deemed appropriate. Now the validation code is updated for each release, so make sure that you are looking at the correct email and at the correct patient control number if you decide to use that internal information instead for your validation number or for your validation code.

Before we move on, let me go to the portal so we can take a look at what that looks like. This is the portal that you will use to download your PEPPER. It is located at PEPPERFILE.CBRPEPPER.ORG. And, again, as I said on the home page, we do have this handy click link and, of course, then it takes you to the same spot. And you can see you have to enter your first name, last name, your e mail, the provider information, your CMS certification number. Again, that six digit number. And then the validation code. Now for hospices as we just went through, you can use that internal information. You can use that medical record number or that patient number. So, that really is nice because that is information that you can find on your own if you don't want to worry about going to that PE COS contact and getting the validation code that way. At the bottom of the portal form, we ask that certify that you are one of these personnel within your hospice. That's to let us know that you do have the authority to receive the PEPPER. If you have the authority within your hospice to receive the PEPPER, if you have been assigned that responsibility but you do not have one of these job titles, I don't want that to dissuade anyone from accessing their PEPPER. Please just choose the title that's listed here that closely matches your title or your job responsibilities. We want to make sure that only those who are authorized to view this report these are not publicly available. The only person that is authorized to view this report for each hospice is the one that is looking at the *Hospice PEPPER* and that is downloading it. So, be sure, don't let this dissuade you. Like I said, don't stop when you see that and think, oh, I'm not one of these titles. You can pick the one that most closely matches yours and then, of course, share that PEPPER file within your organization as you see fit. Who else might be interested in the data and, of course, it is applicable in many different departments.

Now once you receive your PEPPER, and let's say you see a lot of red in there, what should you do? First thing, what you should not do is panic. Remember, 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, any changes in services or staffing? If you have any concerns, sample some claims. Make sure the documentation in the medical records supports the services that were submitted. Review the claim, and ensure it was coded and billed appropriately based upon the documentation in the medical record. The bottom line is to ensure that you're following the best practices, even if you're not an outlier.

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 a state level. Also, there is aggregate information regarding the target areas, the top terminal diagnoses, and the live discharges by type. 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 had asked us to make available a comparison that would be applicable to what they would consider their peer group. And so, those peer group bar charts enable providers to look at that type of information. We have three different categories. We look at size, dictated by the number of episodes, location, which is either urban or rural, and ownership type, which is for-profit or physician owned, nonprofit or church owned or government.

We do update those peer group bar charts annually. If you find that you do not agree with how we are representing your hospice'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.

And this is just a look at what the peer group bar charts look like. This is an example of the *Long Length of Stay* target area peer group bar chart for ownership type. We can see the 20th, 50th, and 80th percentile for each of the demographic groups. These peer group bar charts have also been reformatted in order to be compliant with 508 accessibility standards.

Again, a number of other resources can be found on the PEPPER website as we saw. Of course, there's the user's guide, the PEPPER training sessions, a demonstration PEPPER that we just reviewed, a 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 do not find the answer you need in the User's Guide or any of our other resources, please visit the PEPPER.CBRPEPPER.ORG website and click on the Help/Contact Us button, then click on the *Help Desk* button. Complete the online form, and a member of our staff will respond promptly to assist you. Please do not contact any other organizations for assistance with PEPPER.

RELI Group is contracted with CMS to support providers with obtaining using PEPPER. If you have questions please contact us. We are the official source of information on PEPPER. Please do not pay consultants to help you with PEPPER, we provide support at no cost to you, so, and beware that not all consultants provide accurate information on PEPPER.

This is a screen shot of the, our home page that we just took a look at. Again, I want to thank you all for joining us today for this review of the PEPPER.