



Inpatient Psychiatric Facility PEPPER Review Webinar Questions and Answers

April 24, 2019

Q: Are PEPPERs available to the public? Who has access to the PEPPERs?

A: The PEPPERs are not available to the public; they are released only to the provider whose statistics are summarized in that report. Our team does not send PEPPERs to the Medicare Administrative Contractors (MACs) or Recovery Auditors (RAs), although they have the ability to generate PEPPERs using the FATHOM Access databases.

Q: Has there been any consideration for comparing actual payment of numerator comorbidity claims to what payment of numerator claims would have been if there had been no comorbidities (e.g., dollar impact)?

A: Thank you for the suggestion; this will be shared with our analytical team for consideration.

Q: How is the information that is presented in the PEPPER obtained?

A: The IPF PEPPER target areas, which are areas that are identified as those at risk for improper payments, were developed based on a review of the Inpatient Psychiatric Facility (IPF) Prospective Payment System, coordination with the Centers for Medicare & Medicaid Services (CMS) subject matter experts, and analysis of national claims data. The statistics are calculated using information from paid claims for Medicare fee-for-service beneficiaries. Please see the claims inclusion/exclusion criteria (page 4 of the IPF PEPPER User’s Guide) for additional details:

INCLUSION/EXCLUSION CRITERIA	DATA SPECIFICATIONS
Inpatient psychiatric facilities or distinct part units of acute care or critical access hospitals	Third through sixth positions of the CMS Certification Number are between “4000” and “4499” (for freestanding facilities) or third position = “S” (short-term) or “M” (critical access)
Services provided during the time periods included in the report	Claim “Through Date” (discharge date) falls within the three fiscal years included in the report.
Claim with valid medical record number	UB04 FL 03a or 03b is not null (blank)

INCLUSION/EXCLUSION CRITERIA	DATA SPECIFICATIONS
Medicare claim payment amount greater than zero	The hospital received a payment amount greater than zero on the claim (<i>Note that Medicare Secondary Payer claims are included.</i>)
Final action claim	The patient was discharged; exclude claim status code "still a patient" (30) in UB04 FL 17
Exclude Health Maintenance Organization claims	Exclude claims submitted to a Medicare Health Maintenance Organization
Exclude cancelled claims	Exclude claims cancelled by the Medicare Administrative Contractor