Transcript for the Q4FY20 *Skilled Nursing Facility (SNF) Program for Evaluating Payment Patterns Electronic Report (PEPPER)* Review

May 19, 2021

I'd like to welcome you all today to this review of the Q4FY20 *Skilled Nursing Facility PEPPER*. My name is Annie Barnaby and I work for RELI Group, Inc. We are contracted with the Centers for Medicare & Medicaid Services (CMS) to produce and distribute the PEPPER reports.

Before we move on to the content of today's webinar, let's review some housekeeping items to ensure that the session runs smoothly. If you would like to utilize live captioning for today's presentation, please access to captioning by clicking on the Q&A panel and using the link that is shared in that panel. Your lines will be muted during the presentation so that the recording of the session is not interrupted or compromised. But if you have questions, please submit them at any time using the Q&A panel on your computer screen. I will answer questions verbally at the end of the session as time allows.

If you have questions about your specific PEPPER, I encourage you to submit your question through our Help Desk instead of addressing your question during this webinar. The Help Desk request can ensure that we are answering your specific question and looking at your PEPPER to help resolve your inquiry.

Here you'll see the Q&A panel that you can use if you have a question during the presentation. Be sure to submit your question to "All Panelists" so that all panelists can be involved in the inquiry and response. If you're viewing the webinar in full screen mode, you can still use the Q&A panel to ask a question. Click on the Q&A button, which is the question mark inside a box, as you see here. Type in your question   as we discussed on the last slide, be sure that you're sending the inquiry to all panelists. Click the "send" button and the "minimize" button to return to full screen mode.

Our agenda today will cover the Q4FY20 *SNF PEPPER*, the target areas included in the report, a look at the new target area, and the research and preparation being pursued for that new *PDPM High Utilization Code* target area that will be introduced in the Q4FY21 release and a look at some other informative resources that are available for SNF on our home page. So let's get started.

Today's presentation will be a high level review of the PEPPER so if you are familiar with PEPPER, this will be a nice refresher. But if you are 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 website in the SNF "Training & Resources" section and our website is, of course, 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 SNF Medicare claim 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 skilled nursing

facility, your SNF Medicare claims data statistics for these target areas and compares your statistics with aggregate Medicare data of other SNFs in three different comparison groups. These comparison groups are all the SNFs in the nation, all the SNFs that are in your Medicare Administrative Contractor, or MAC jurisdiction, and then all the SNFs that are in your state. These comparisons are the first step in helping to identify where your claims could be at a higher risk or improper Medicare payments, which in the PEPPER world means that your billing practices are different for 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 review of the documentation in the medical record along with the claim form.

Taking a look at the history of the 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 the providers in the nation and along the way they developed PEPPERs for other provider types, which you can see here on the slide. Each of these PEPPERs is customized to the individual provider type with the target areas that are applicable to each setting. In 2018, CMS combined the comparative billing report, or CBR, and the PEPPER programs into one contract and the RELI Group and its parents, 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. The widest CMS field of these reports are valuable and support their agency goal. 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 detention through medical review, which might be conducted by the Medicare administrative contractor or recovery auditor or some other federal contractor. The provision of PEPPER providers supports this strategy. The PEPPER is considered an educational tool that can help providers identify where they could be at risk at a higher risk for improper payments and the provider 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. And 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 your compliance program.

Now that we have a sense of the history of the PEPPER and why it was created, let's talk specifically about this newest release of the PEPPER Q4FY20. Again, the PEPPER only summarizes Medicare fee for service Part A claims data and does not include any other provider types such as Medicare advantage claims.

Every time that a PEPPER is produced and released, the statistics are refreshed through the pay claims database. Therefore if you're looking at a previous PEPPER release and comparing it to this release

you're probably going to see some slight changes in your numerator or denominator, your percentile, those types of things. We'll talk about exactly what those mean if you're not familiar here in a minute here in the webinar. These changes could be because there are late claims that are submitted or corrected claims, which would both be reflected in those updated statistics. Any time we produce a report, the oldest year rolls off as we add that new fiscal year.

Beginning October 1, 2019 SNFs are reimbursed through the PDPM, when previously they were reimbursed through the SNF prospective payment system based on resource utilization groups. The *SNF PEPPER* target areas and supplemental reports will be changing over time to provide information related to potential vulnerabilities of the PDPM rather than those that were vulnerable under the RUG system.

Target areas are created to address the potential risk areas with SNF. In the last PEPPER release, the target area *3- to 5-Day Readmissions* was introduced and in this release the target area *PDPM High Utilization Codes* was introduced. When CMS implements a new payment methodology, studies that identify payment vulnerabilities are not yet available sometimes. And with that in mind, the *PDPM High Utilization Codes* target area that was introduced in this Q4FY20 *SNF PEPPER* was investigational and at the time it was designed there was very little experience with the new payment system. So with that in mind, in preparation for the Q4FY21 release, of the *SNF PEPPER*, next year in April 2022 this target area has been refined to reflect more experience with the PDPM.

The first digit of the PDPM code represents the physical and occupational therapy component of SNF services. So codes that begin with C, D, G, H, K, L, O, or P were cross walked to the ultrahigh rehabilitation and very high rehabilitation RUGs under the prior payment methodology. While the ultrahigh and very high rehabilitation RUGs were prone to overuse and abuse in the RUG system, they're not always associated with those highest level of payment in the PDPM. So a high percent in this target area indicates a SNF has a higher percentage of patients in the two highest function score groups within each of those four clinical categories.

So I just say that again so that you can understand that we do have that new target area, the *PDPM High Utilization Codes* and we'll talk about it briefly when we go through the sample PEPPER that was introduced for this year. However, we are still investigating that target area. We are tweaking the design so that we can bring you the most beneficial information under that new payment system. So while this target area was introduced this year, it will most likely change next year, again, so that we can provide the most beneficial and refined data for you within the PEPPER.

So as we said before, the target areas within the PEPPER pertain to a service or a type of care that's been identified as prone to improper Medicare payments. We construct these target areas as ratio where the numerator is a count of episodes of care identified as potentially problematic and then the denominator is a larger reference group that also includes the numerator. This calculation allows us to calculate a target area percent outcome. And we'll talk about those target area percents here in just a moment. But just remember that for each of those target areas, each SNF has their own outcome and has their own percent outcome for each of those target areas.

And here we have the target areas for the *SNF PEPPER* for this release. As you can see, we do have that new target area of *PDPM High Utilization Codes* that was added for this release. As we discussed, this

target area is going to be redefined and refined for the next PEPPER release as we continue our research and work with CMS subject matter experts.

We also have the *20-Day Episodes of Care* and *90+ Day Episodes of Care*, and the target area introduced in the Q4FY2019 release *3- to 5-Day Readmissions*.

For each PEPPER target area, data is displayed for the SNF outcome, as we discussed before the percent outcome for each of the SNFs, as well as where the SNF falls in the percentile for that target area. So how do the percentiles work? Well, 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 imagine those are the percent outcomes for each of the SNFs across the nation and in each of the other comparison groups. So these are the target area percent outcomes for each target area. So the first step our team takes when we calculate your facility's percentile is to take all of those target area percent outcomes for a specific target area and the time period. We take the target area percent outcomes for all the facilities in the nation and we sort them from highest to lowest and that's what the ladder represents. You can see the percents listed from highest to lowest down the ladder.

Next, we identify the point below which 80% of those facilities fall and that point is identified as the 80th percentile. So any facilities that have a target area percent outcome that is at or above the national 80th percentile will be identified in the PEPPER as a high outlier. A high outlier is defined in the PEPPER target area tab data by red bold font and a high outlier outcome could potentially mean over coding or could just mean that your statistics look different for another justifiable reason.

Now, on the flip side, we also identify the point below which 20% of the facility's values fall, which is the 20th percentile. And that could mean that the facility maybe some under coding concerns. It's important to remember though when we're talking about percentile that the PEPPER will always identify the top 20% as high outliers in the PEPPER and the bottom 20% for low outliers. These percentiles are a good way to get some context and think about how your target area percent outcome compares to other facilities in the nation or in the jurisdiction or in the state. This context can help us think about whether that difference is what we expect to see or if there's something that perhaps we should be more concerned with.

I'm actually going to go to our sample PEPPER now so we can see in an actual document how all of this data is presented. So here you can see a sample PEPPER, and this is available on our website at pepper.cbrpepper.org. And we begin with the first tab, as you can see of course it is distributed in an Excel spreadsheet format and we have these tabs along the bottom that we're going to we will review each one but each tab contains data or information that is pertinent of course to the *SNF PEPPER* data and outcomes. This first tab, the purpose tab, I like to call it kind of a snapshot and overview, an introduction to the PEPPER file. We of course have the purpose of the *SNF PEPPER*. We have an identification of the three federal fiscal years that are covered within this PEPPER. We have the jurisdiction for this specific sample SNF facility, and then again we just remind everyone that it is the Q4FY20 pepper that we're looking at. After we have that introduction, we go to the definitions tab, that's the second tab over here. Now, you can see we talked about previously the calculations for each of the target areas. And we talked about how each of the target areas, each facility has a percent

outcome.

This tab, the definitions tab, has all the information that you can need in a handy list that tells you how each of those target areas is calculated. And when you're going through the PEPPER and we'll see here in a minute there's a lot of information on each of these tabs. But when you're going through the PEPPER and you're looking at your numerator outcome, your denominator, you're looking at your percentile, where you fall within the percentile, it's nice to have these definitions that are here for you in the same file. They're also available in the user's guide but it's nice to have them handy here so that you can take a look and say to yourself, okay, wait a minute, what am I looking at again?   When I see this number, what does that represent? All listed here for you.

Next is the compare tab. Now, you'll see at the beginning of the compare tab that the PEPPER lets us know that the compare targets report, what we're looking at right now, displays statistics for target areas that have reportable data. So now what is reportable data?   Well, reportable data is 11 or more target discharges. And when we say the word "target discharges" that's the numerator. We're talking about that numerator number that we saw in this definition. So that is the minimum threshold that has been set. So if you have less than 11 target discharges, you're not going to see that target area listed here. And, again, you can revert back to these definitions to see what each of those target areas, how those are calculated.

So we saw four target areas listed there. There are four target areas on this PEPPER. However, we only see three listed here so we know from the information above that that target area must have less than 11 target discharges, that's why it is not listed. These are the percentiles for this SNF and, again, the percentiles show how a SNFs target area percent outcome compares to the target percents for all the SNFs in each comparison group. You can see the national percentile, the jurisdiction percentile, and the state percentile.

Let's look at the jurisdiction. A jurisdiction percentile of 89.1. So that means that 89% of the SNFs in the jurisdiction, in that MAC comparison group, have a lower percent value than that SNF. And, again, this is a lot of information that is provided for you before we even get into each target area.

I'm going to go to the *20-Days Episodes of Care* target area. Let's take a look at this one first because it is not new to this PEPPER release and we can see a more robust listing of the data here because this is a standing target area that has been around for all three of the fiscal years that are discussed in this PEPPER release.

We start out with your SNF, your facility data. That is at the top here. We start out letting you know where you stand with the calculations, your data. We start with are you an outlier. Do you have outlier status? Again, the 80th percentile, which would be the top 20 percentile. So this sample SNF and this is true sample data. We're not looking at a facility's information here. I just want to let everyone know. This SNF was not an outlier in any of those three years. But we still have the information here, their target area percent, that's their percent outcome. We can see that across for all three years. And in 2020 they would be on that ladder. They would be that 3.6%. It would be listed on the ladder in descending order and they would be at that 3.6% line.

And then we move down to the target count. Again, that's your numerator. It's your numerator

information. And let's use our handy dandy definitions tab to take a look at what that target count represents. So let's go back to the definitions tab for our 20th day episodes of care. So that's going to be the count of episodes of care ending in the report period with a length of stay of 20 days. Then before we go back the denominator is going to be all the episodes of care ending in the report period. So the numerator we've got a length of stay of 20 days. Denominator, all episodes of care. So, again, this SNF had a very small or a low number target area percent. They had 19 stays that were 20 days. They had 529 complete days of care. The average length of stay is here for you. The denominator average length of stay is here for you. And we also have the average payment for the numerator. Average payment was a little under $14,000 and then the total sum of all the payments in the numerator for this SNF again, this is just this facility's information here up top. We have $265,000. So, and, again, we have here a reminder that anything that has less than 11 is suppressed, you're not going to see it. So if you're looking at your SNF and you see no data or information that looks like its missing, but it's not missing. There's not anything wrong. There's not an error in the report but it's not listed because that target or the denominator count is less than 11.

So we can see the 80th percentile for all three of the fiscal years for the national, the jurisdiction, and the state. That's your comparative data. So not only on every tab do we have your data but we also have your comparative data. That's the meat of the PEPPER, right? A lot of information that you can have. Your percent outcomes are great to see but the comparative data is where you can, again, compare yourself to your peers in either the nation, the jurisdiction, the state, whatever you'd like to do. All there for you. It's all there on that one tab.

The data that we just reviewed obviously is in short form. We also give you the data in a graph form and this is all the data that we just looked at in a graph form. So we have all three fiscal years listed. These bar graph outcomes are the facility's outcomes for each of these fiscal years. You can see the national 80th percentile is this straight line or this solid line. This jurisdiction is the dashed line and then the state is that dotted line. Either way that you are best in consuming your information, we have you covered for each of these tabs. Not only do we have the data and the data represented in graph form for you, but we also have a suggested intervention. What if I am a high outlier?   Well, that could mean that the SNF is continuing treatment beyond the point where the services are necessary. Not only, again, do we give you that data but we also tell you how to proceed. What should I do?   I'm concerned about the numbers that I'm seeing. The SNF should review documentation for beneficiary episodes of care with a length of stay of 20 days to make sure that the beneficiary's continued care is appropriate and that they received the skilled level of care, review the appropriateness of plans. So it's, again, a reminder to do an internal review, take a look at your internal records, and just see where you stand. Maybe there is, as I said before, a completely reasonable reason for your data to be in that high outlier status because of where you're located, your patient population, all those types of things. And that's okay. However, if you are taking a look and you're not sure what you do with that high outlier status, we have that suggested intervention down there for you.

Moving on to the *90+ Days Episodes of Care*. This is a great example of that 11 count. We have the no data listed for fiscal years 2018 and then 2020, or the one that just ended. So we have that information there and we know that we see no data. There's not a problem. There's not an error in the report, it's

just that target or the denominator for this target area, for this facility, was less than 11.

But we still have down in the graph here all the information graphed out so that you can take a look. And it is always interesting to have those percentiles available to you so that you can see where they fall, how they change over the years. Again, it's just so much information. It's fascinating in how much you can learn from each of the tabs on your PEPPER.

Finally, we have the *3- to 5-Day Readmissions*. Again, this provider was not an outlier for any of the fiscal years reviewed in this report. And you can see again, of course, the percentile outcomes for each of those fiscal years. It's in graph form and then we do have those suggested interventions.

I am going to take a quick look at this *PDPM High Utilization Codes* target area. This is new for 2020 and I just want to reiterate that when the new payment methodology came out we took the data and we took the studies that were available to us at that time that identified payment vulnerabilities and we used the data that we had. There were payment methodology studies. There was information that was not yet available when this target area was created. Of course, we did introduce the new target area because we had that new payment methodology, the PDPM, and, again, we didn't have a lot of the experience yet with that new payment system. We created the target area with the information that we had. However, we are taking a look, we're continuing our research, we're continuing to work with the CMS subject matter experts and other experts in the field so that we can examine this target area, take a look at it, and we can analyze the data. We can analyze that research and change the status for those numerators, for those denominators so that the outcomes can be more representative of what you are seeing as compared to your peers.

So we do have information listed here for this target area. However, when you're looking at your PEPPER and when you're looking at these outcomes just know that this target area was introduced right away when that PDPM methodology came out and that we are looking at it and we are redefining it and refining it as we go.

So there you have it. That is the entire PEPPER. As I said before, we have some informational tabs here at the beginning and then each target area has its own tab as you go along there on the bottom. We looked at the PEPPER, how does the PEPPER apply to providers? Well, the PEPPER can help a facility to identify areas where they may be outliers and if that outlier status is something that should prompt an internal review within those target areas. Again, we have those suggested interventions. We often get questions do I have to use my PEPPER and do I need to take any action in response to my PEPPER. The answer to those questions are no. You're not required to use your PEPPER, though it is helpful. We would encourage you to download it and take a look but 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 you need to be concerned about and if you need to take a closer look or if what you're looking at is what you expect to see in your PEPPER.

As we continue on with the slides, I just want to reiterate again that the chat function on this webinar is

not being monitored and the Q&A panel is the best way to submit a question. I promise I will get to as many questions that are submitted there as possible as time permits at the end of the webinar. But the chat message board is not being monitored so therefore if you submit a question there I won't be able to get to it.

As we saw, the PEPPERs are distributed in electronic format in a Microsoft Excel workbook. 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 email. 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, download your PEPPER so that you can have it in your files for your use. You don't have to use it right away but if you go to the portal and download your PEPPER, you have the file at hand. You don't have to worry about going to the portal when you do have time to sit down and really take a look at it. Now, you will need some information to access your PEPPER through the portal. First, you'll be asked to enter your six digit CMS certification number, which is also referred to as the provider number or the Provider Transaction Access Number, or the PTAN. This number is not your tax ID and it's not an NPI number. Let's take a look now actually at the portal so we can see what it looks like and what type of information they ask. Actually, before we go there, let's talk about the validation code.

You will be asked to provide a validation code on the portal access page. For a SNF, you can either for this validation code you can either enter a patient control number, which is found at locator 03a on the UB 04 claim form or a medical record number, which is found at form locator 03b on the UB 04 claim form. This would be one of those two things: A patient control number or medical record number for a traditional Medicare Part A fee for service patient who received services from July 1, 2020 through September 30, 2020. So that means the from or through dates on a paid claim is between those two dates. And remember this is for Medicare Part A fee for service patients only. If you are a short term acute care hospital SNF, the validation code was emailed to your quality network administrator that's on file. If you'll contact that person for your validation code. And you can share that validation code with others within your SNF so that you can share the information that's in the PEPPER and take a look at everything that it has to offer, share that within your departments and within your facility.

Let's take a look, again, like I said at the portal. You're asked to provide your name, your information, the provider name. Here is the CMS certification member area, your provider number, your PTAN, there's other names for that certification number. And here is that validation code section. At the bottom of the portal, we do ask that the user certifies that they are one of these listed positions at the facility, the CEO, the president, administrator, so on. I want everyone to know that anyone who has the authority, the actual authority within the SNF to retrieve the PEPPER can do so. If that person, if that's you and you do not fit one of those job titles, you can simply select the title, check the box or the one that best describes your position. So I don't want anyone to get down to the bottom of this page and think, oh, I can't receive my PEPPER or I can't download my PEPPER. It has to be one of these people within my organization. No, you can download that PEPPER if you have the authority, again, within your facility to do so. And as I said before, please be sure to share your PEPPER with other departments in your SNF so that everyone can utilize all of that great data that is reflected.

Now once you receive your PEPPER, let's say you see a lot of red in there, a lot of that red bold print that indicates that you are a high outlier. What should you do? First thing, what you should not do, is panic. Do not panic. Remember, an outlier status does not necessarily mean that a compliance issue exists. 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 what that might be? 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 healthcare environment, and any changes of services or staffing? Do you have any concerns, samples, and claims? Make sure the documentation in the medical records supports the services that were submitted, review the claim, and make sure it was coded and billed appropriately based on that documentation in the medical record. The bottom line really is to ensure that you're following best practices, even if you're not an outlier. And the data that's shared in the PEPPER is a great way to start that internal review and to take a look at your internal compliance.

We have a number of other resources that are available publicly on our website. Again, that is pepper.cbrpepper.org. One of those resources is aggregate information for the target areas, both at a national and a state level. There is aggregate information regarding the target areas and 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. Sometime 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 enabled providers to look at that type of information. We have three different categories. We look at size, which is dictated by the number of episodes. Location, which is either urban or rural. And then ownership type, which would be for profit or physician owned, nonprofit, church owned or government. Again, we do update the peer group bar charts annually. If you find that you do not agree with how we are representing your SNF'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 here we have an example of one of those peer group bar charts. It is for the target area *20-Day Episodes of Care*. And you can see this is for location. So we have the 20th percentile, the 50th percentile, the 80th percentile reflected here in chart form and then also in graph form for you. This is just an example, again, there are many more peer bar charts on the website. A number of other sources can be found on the PEPPER website. There's the user's guide. There will be this recorded training session. There is a number of chapter training sessions for specific PEPPER areas of interest. There's a demonstration PEPPER, a spreadsheet that will identify the number of SNFs in each of the MAC jurisdictions, and there are 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 identify under coding.

As always, if you need assistance with PEPPER and you do not find the answer you need in the user's guide, please visit the pepper.cbrpepper.org website and click on the help/contact us button and 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 organization for assistance with PEPPER. RELI

Group is contracted with CMS to support providers with obtaining and using PEPPER. If you have any questions, please contact us. We are the official source of information on PEPPER. Please do not pay any other organizations to help you with PEPPER. We provide support at no cost to you. And you should always be aware that not all organizations can provide accurate information on PEPPER.

This is a screenshot of our website. You can see at the top there we do have all the resources and information that we talked about. Also, we have all of the facility types for which we provide and distribute PEPPERs. And for each of those facility types, you can see SNFs down there in the bottom right hand corner. We have everything that we just talked about, the user's guide. We have "Training & Resources." We have the PEPPER distribution for the portal and then we have the map of the *SNF PEPPER* retrievals by state.

Before we go to questions, I am going to just share our homepage again because I do want to just share the information that is available for everyone that is navigating their way to the PEPPER website. We have this information about PEPPER. The "Training & Resources" tab is sectioned off, again, into those sections for each of the facilities that we provide a PEPPER, and skilled nursing facilities is no different. If you scroll down you can see the "Training & Resources" page. You have that map of the PEPPER retrievals by state. You have the user's guide. Do not be afraid to utilize this user's guide. It is 15 pages long. It has a wealth of information. It has pretty much all the information that we've gone over in this webinar. We have what is PEPPER and we have a great introduction to the PEPPER. And we have information in here about why each of the target areas was created. There's data specifications, inclusion criteria so that when you're reading through this user's guide you can say what exactly does, you know, a SNF or hospital with a swing bed mean?   What am I talking about when I read that? And we have, again, the target areas listed. So utilize this user's guide. It does have a lot of information and it is there for you all the time, so download it and you can have it at your fingertips.

The recording of this webinar will be posted within two weeks of this date and then of course the PowerPoint slides are available and the transcript will be available as well. We did have a change in the PEPPER format that came about several years ago and if you are interested, if you are not new to PEPPER and you're maybe used to older format, this will walk you through what you're seeing now, this newer format. We have the list of the jurisdictions, the PEPPER testimonials, as I said, and then just a wealth of other information that you can use. So we don't want you to be frustrated, we don't want you to be lost when you're looking at the PEPPER. We want you to understand what you're looking at and of course we're always here to help with that help/contact us tab.

I want to thank you all again for joining us today. I hope that this has been a beneficial review of the *SNF PEPPER*.