

Skilled Nursing Facility (SNF) PEPPER Webinar

Questions and Answers

September 29, 2026

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1. PEPPER Access

The following subsections address PEPPER access questions.

1.1 How do I access or regain access to my facility's PEPPER?

Please contact the Provider Enrollment, Chain, and Ownership System (PECOS) External User Services (EUS) Help Desk if you cannot log in to the Portal because your account is disabled, you have forgotten your User ID, or you need to modify your account to accurately reflect your Authorized Official (AO), Access Manager (AM), or Individual Practitioner status.

PECOS EUS Help Desk:

Website: https://eus.cms.gov

Email: EUS_Support@cms.hhs.gov

Phone: 1-866-484-8049

Hours of Operation: Monday through Friday, 7:00 a.m. to 7:00 p.m. ET

1.2 How can a corporate user access PEPPERs for multiple facilities?

Staff End Users (SEUs) with an approved PEPPER business function in the Identity & Access Management System (I&A) can download their organization's PEPPER through the PEPPER Portal. Access must be granted by an AO or AM. The AO or AM must grant access for each facility's CMS Certification Number (CCN).

Approval is granted at the CCN level. An AO or AM must authorize access for each individual facility CCN. Approval for one facility does not automatically provide access to other facilities, even when those facilities share the same AO or AM. Users must be granted access separately for each CCN they need to view in the PEPPER Portal.

Step-by-step instructions are available in the:

- I&A Quick Reference Guide
- Frequently Asked Questions

Once approved, SEUs will use the same login they use for the National Plan and Provider Enumeration System (NPPES) and PECOS.

1.3 Do I need a separate login for each facility?

No. SEUs use a single Identity & Access Management System (I&A) account to access the PEPPER Portal. However, an AO or AM must grant PEPPER access separately for each facility's CCN. Approval for one CCN does not automatically provide access to other facilities' CCNs, even if they are managed by the same AO or AM.

1.4 Is there a limit on the number of users who can access a facility's report?

No. There is no limit to the number of users who may be approved to access a facility's PEPPER. However, each user must be granted access by the facility's AO or AM through the I&A Management System.

1.5 How can I identify my facility's Authorized Official or Access Manager after leadership changes?

If you are unsure who serves as your facility's AO or AM, submit a pending role request in the I&A Management System and contact the PECOS EUS Help Desk. The EUS Help Desk can assist with identifying your organization's AO or AM and answering questions related to I&A role requests and PEPPER access.

2. Webinar Materials and PEPPER Notifications

The following subsections address webinar materials and PEPPER notification questions.

2.1 Will this presentation be recorded and available to view later?

Yes. The webinar recording, slides, transcript, and questions and answers document will be available on the PEPPER website in the Training and Resources section.

2.2 Is additional training available for users who are new to PEPPER?

Yes. Users new to PEPPER can access several training resources, including the webinar recording, presentation slides, the FY 2025 SNF PEPPER User Guide, a sample SNF PEPPER, and online FAQs available on the PEPPER website. Users with additional questions about their PEPPER or report results may submit questions through the PEPPER Help Desk at: CMS_CBRPEPPER@cms.hhs.gov.

2.3 Will I receive an email when a PEPPER is available?

Yes. Email notifications are sent to individuals who are registered in the I&A Management System as an AO, AM, or SEU with access to the applicable facility. Individuals who would like to receive PEPPER release notifications and updates may request to be added to the PEPPER email distribution list by emailing CMS_CBRPEPPER@cms.hhs.gov and providing their name, email address, and facility type(s) of interest.

3. PEPPER Scope, Release Schedule, and Report Content

The following subsections address PEPPER scope, release schedule, and report content questions.

3.1 How often is the SNF PEPPER released?

The Skilled Nursing Facility (SNF) PEPPER is released annually. Each report includes data from the previous three fiscal years and is made available through the PEPPER Portal when the annual release is published.

3.2 How many target areas are included in the FY 2025 SNF PEPPER?

The FY 2025 SNF PEPPER includes six target areas:

- High Physical Therapy and Occupational Therapy Case Mix
- High Speech Language Pathology Case Mix
- High Nursing Case Mix
- 20-Day Episodes of Care
- 90+ Day Episodes of Care
- 3- to 5-Day Readmissions

These target areas were identified as areas potentially vulnerable to improper Medicare payments and are intended to help facilities evaluate billing patterns and identify areas for further review. For additional information on these target areas, please refer to Section 1.1 of the SNF PEPPER User Guide: Skilled Nursing Facility (SNF) Program for Evaluating Payment Patterns Electronic Report (PEPPER) User Guide FY 2025 Release September 2026.

3.3 Why does the Compare Targets Report show only one target area?

The Compare Targets Report displays only target areas with reportable data for the most recent fiscal year. A target area will appear in the report only if the facility has at least 11 claims or episodes that meet the numerator criteria during that fiscal year. Target areas that do not meet the reporting threshold will not be displayed on the Compare Targets Report.

3.4 Are new artificial intelligence features used to calculate or scrub PEPPER data?

No. Recent PEPPER updates focused on redeveloping the program and implementing the secure PEPPER Portal for report distribution. The PEPPER methodology, target area calculations, benchmarks, and result interpretation continue to be based on established CMS-defined measures and existing claims data methodologies.

4. Data Interpretation and “No Data”

The following subsections address data interpretation and “no data” questions.

4.1 What does “No Data” mean?

A target area will display “No Data” if the facility does not meet the minimum reporting threshold for that target area. Specifically, fewer than 11 claims or episodes met the target area’s numerator criteria during the fiscal year. The reporting threshold is based on the numerator count, not the facility’s total number of claims, admissions, discharges, or episodes.

As a result, a facility may have more than 11 total discharges during the fiscal year and still display “No Data” if fewer than 11 claims or episodes meet the numerator definition for that specific target area.

For example, the 20-Day Episodes of Care target area will display “No Data” if fewer than 11 episodes had a length of stay equal to 20 days. Similarly, the 90+ Day Episodes of Care target area will display “No Data” if fewer than 11 episodes had a length of stay of 90 days or longer.

4.2 Is “No Data” a concern or a recommended action?

No. “No Data” indicates that the facility did not meet the minimum reporting threshold for that target area. It does not indicate a billing issue, compliance concern, or performance problem. Because there is insufficient reportable data, PEPPER does not provide suggested interventions for target areas that display “No Data.”

4.3 Does insufficient PEPPER data indicate a facility will be audited?

No. PEPPER is an educational tool designed to help providers evaluate billing patterns and identify areas for internal review. A facility’s PEPPER results, including “No Data” findings, do not determine whether the facility will be audited. Facilities that do not meet the reporting threshold for any target area may not receive a PEPPER report.

5. Outliers and Comparison Groups

The following subsections address outlier and comparison group questions.

5.1 How is outlier status determined in the SNF PEPPER?

PEPPER determines outlier status using national benchmarks. A facility is identified as a high outlier if its target area result is at or above the national 80th percentile. For coding-focused target areas, a facility is identified as a low outlier if its result is at or below the national 20th percentile. State and Medicare Administrative Contractor (MAC) jurisdiction comparisons are included for reference but are not used to determine outlier status.

5.2 Does a facility need to be an outlier nationally, by jurisdiction, and by state?

No. Outlier status is based only on the national benchmark. The state and MAC jurisdiction percentiles provide additional comparative information but do not affect whether a facility is identified as a high or low outlier.

5.3 Does being identified as an outlier indicate an improper payment or trigger an audit?

No. PEPPER is an educational tool and does not identify improper Medicare payments. PEPPER results, including outlier status, do not trigger audits. Instead, PEPPER is intended to help facilities identify billing patterns that may warrant additional review.

5.4 What actions should a facility consider if it is identified as a high outlier?

Facilities may consider reviewing a sample of claims that meet the target area criteria to determine whether the medical record documentation supports the coding and billing. If the review identifies opportunities for improvement, the facility may implement corrective actions, such as staff education or documentation training, and conduct a follow-up review to evaluate the effectiveness of those actions. Please refer to the User Guide, Table 3, Suggested Interventions for Outliers by Target Area, for additional information.

5.5 Does the MAC jurisdiction comparison reflect a facility's geographic location?

Not necessarily. The jurisdiction comparison is based on the MAC jurisdiction assignment contained in the claims data used to generate the PEPPER. If a facility believes its jurisdiction assignment is incorrect, it should contact the PEPPER Help Desk at CMS_CBRPEPPER@cms.hhs.gov for assistance.

6. SNF-Specific Target Area Questions

The following subsections address SNF-specific target area questions.

6.1 How is an SNF episode of care defined?

For PEPPER reporting, an episode of care is created using Medicare SNF claims for a single beneficiary. Claims are ordered chronologically and grouped into an episode of care. An episode may end when the beneficiary is discharged or does not return for continued care. A gap of more than 30 days between claims begins a new episode. Each episode is assigned to the reporting period in which the most recent claim's Through Date occurs.

6.2 Are the discharges included in PEPPER limited to planned discharges?

No. PEPPER does not distinguish between planned and unplanned discharges. Inclusion in a target area is based on the specific target area definition and claims data criteria. Depending on the target area, PEPPER uses information such as discharge status codes, dates of service, and claim characteristics to determine whether a claim or episode is included.

6.3 Does PEPPER verify whether therapy was actually provided for the High PT and OT Case Mix target area?

No. The High Physical Therapy (PT) and Occupational Therapy (OT) Case Mix target area is based on the Health Insurance Prospective Payment System (HIPPS) code reported on the claim. PEPPER does not perform a separate review to determine whether therapy services were actually provided. The numerator includes claims with qualifying HIPPS code values, while the denominator includes all eligible SNF claims for the reporting period.

6.4 Why might a claim be included in the High PT and OT Case Mix target area if the resident did not receive therapy?

Eligibility for the High PT and OT Case Mix target area is based on the HIPPS code reported on the claim, not on a separate review of therapy services provided. As a result, a claim may be included in the numerator if it meets the HIPPS code criteria used in the PEPPER methodology, even if therapy services were not separately verified by PEPPER.