

Home Health Agency (HHA) and Partial Hospitalization Program (PHP)

PEPPER Webinar

Questions and Answers

September 24, 2026

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1. PEPPER Access

The following subsections describe how to obtain access to the Program for Evaluating Payment Patterns Electronic Report (PEPPER).

1.1 How do I identify my organization's AO or AM?

The External User Services (EUS) Help Desk can help identify your organization's Authorized Official (AO) or Access Manager (AM) and answer questions about submitting a Staff End User (SEU) role request for the PEPPER business function, if needed.

Note: You must have a pending role in the Identity & Access (I&A) Management System (I&A) for the EUS Help Desk to provide the name of your AO or AM.

Provider Enrollment, Chain, and Ownership System (PECOS) EUS Help Desk:

Website: https://eus.cms.gov

Email: EUS_Support@cms.hhs.gov

Phone: 1-866-484-8049

Hours of Operation: Monday - Friday, 7:00 a.m. - 7:00 p.m. EST

1.2 My user account has been deactivated. How can I reactivate it?

Please contact the PECOS 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 update your account to accurately reflect your AO, 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 - Friday, 7am-7pm EST

1.3 We are unable to log in to the PEPPER Portal. Who can help?

Email the CMS PEPPER Help Desk at CMS_CBRPEPPER@cms.hhs.gov so the Team can assist you with the login issue.

1.4 Who should I contact with questions about my PEPPER results?

Submit a question through the Help Desk link in the PEPPER Portal or email CMS_CBRPEPPER@cms.hhs.gov.

2. Webinar Materials and Report Availability

The following subsections provide information and resources related to the webinar materials.

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

The webinar recording, slides, transcript, and Q&A document will be available on the PEPPER website in the Training and Resources section.

2.2 Will there be a separate presentation for the SNF PEPPER?

The Skilled Nursing Facility (SNF) PEPPER webinar was held on September 29, 2026. The webinar recording, slides, transcript, and Q&A document will be available on the PEPPER website in the Training and Resources section.

2.3 Where can I find the PEPPER website and reports?

The PEPPER website is https://pepper.cbrpepper.org/index.html. Select the PEPPER Portal link on the website to access available reports.

2.4 How can I retrieve or print the presentation slides?

The slides are available on the PEPPER website in the Training and Resources section.

2.5 How long will the Calendar Year (CY) 2025 PEPPER remain available to download?

The CY 2025 PEPPER will remain available until the next PEPPER release in 2027. CY 2025 data will also be included in the 2027 release because HHA and PHP PEPPERs contain three years of data.

2.6 Can I still download my 2023 and 2024 PEPPER online?

Past PEPPERs are not available for download. The current release includes data for CY 2023 through CY 2025.

3. PEPPER Release Schedule, Scope, and Data

The following subsections provide answers to questions related to the PEPPER release schedule, scope, and data.

3.1 Is this webinar for Home Health Agencies?

This webinar covers the CY 2025 PEPPERs for Home Health Agencies (HHAs) and Partial Hospitalization Programs (PHPs). The webinar was combined because the core PEPPER information is similar across facility types.

3.2 Are there separate PEPPERs for HHA and PHP?

Yes, separate PEPPERs are produced for each facility type, including HHAs and PHPs.

3.3 Is PEPPER available only for HHA and PHP?

PEPPERs are available for a variety of hospital and facility types, including short-term acute care hospitals, long-term acute care hospitals, critical access hospitals, skilled nursing facilities, inpatient psychiatric facilities, inpatient rehabilitation facilities, home health agencies, partial hospitalization programs, and hospices.

3.4 How often are HHA and PHP PEPPERs generated?

HHA and PHP PEPPERs are generated annually. The next release is expected in 2027. The release schedule will be posted on the CBR PEPPER website when available.

3.5 Are iQIES and PEPPER similar in data collection?

PEPPER uses Medicare fee-for-service claims data for the applicable reporting period. PEPPER is a separate program and is not related to the Internet Quality Improvement and Evaluation System (iQIES), an internet-based system that includes survey and certification functions. For more information about iQIES, visit the CMS webpage for the Internet Quality Improvement & Evaluation System (iQIES) | CMS.

4. Topic-Specific Questions

The following subsections provide answers to topic-specific questions.

4.1 What is an outlier and what is the difference between a high and low outlier?

An outlier indicates that a facility's target area rate differs from that of its national peers. A high outlier generally means that the facility's rate is at or above the national 80th percentile. A low outlier means that the facility's rate is at or below the national 20th percentile. Outlier status is intended as a flag for internal review and should be interpreted in the context of the target area and the facility's patient population.

4.2 Why might a PEPPER display "No Data" for a target area?

"No Data" is displayed when a facility does not have reportable data for a target area. For example, an agency with fewer than 11 claims meeting the numerator criteria for a target area would not have reportable data and would have no data displayed for that target area.

4.3 How is the HHA Average Number of Periods at high outlier calculated?

The rate compares the number of periods paid to the HHA with the number of unique beneficiaries served during the reporting period. In the webinar example, 899 periods divided by 212 unique beneficiaries resulted in an average of 4.24 periods per beneficiary.

4.4 How should Non-LUPA Payments measure and 80th percentile be interpreted?

The Non-LUPA Payments target area compares the number of periods that did not receive a LUPA payment with the total number of paid periods. The national 80th percentile represents a provider-distribution benchmark, meaning that 80% of providers had a Non-LUPA Payments target area percentage at or below that value. It is not a national average LUPA rate and should not be used to calculate or estimate the national LUPA rate by simply reversing the percentage.

5. HHA-Specific Questions

The following subsections provide answers to HHA-specific questions.

5.1 For Functional Impairment Medium, does the measure pull from the Start of Care or Discharge OASIS?

The functional impairment category used to identify claims for the Functional Impairment Medium HHA target area comes from the third position of the Health Insurance Prospective Payment System (HIPPS) code on the claim. As of January 1, 2020, the HIPPS code has been assigned by the Medicare Grouper program within the Fiscal Intermediary Shared System (FISS). For more information, visit the CMS Home Health PPS | CMS webpage.

5.2 Which OASIS questions affect the Functional Impairment High and Medium target areas?

The functional impairment category used to identify claims for the Functional Impairment High HHA target area comes from the third position of the Health Insurance Prospective Payment System (HIPPS) code on the claim. As of January 1, 2020, the HIPPS code has been assigned by the Medicare Grouper program within the Fiscal Intermediary Shared System (FISS). For more information, visit the CMS Home Health PPS | CMS webpage.

5.3 What does “No Data” under Low Visits mean?

It means the agency did not have reportable data for that target area because it had fewer than 11 claims meeting the numerator criteria. This can occur for any agency and is not unique to a particular provider.

5.4 Does the HHA PEPPER provide patient-level details about readmissions, diagnoses, and financial impact?

No. The HHA PEPPER does not provide patient-level details.

6. PHP-Specific Questions

The following subsections provide answers to PHP-specific questions.

6.1 Does the PHP target area identify admissions without individual psychotherapy?

Yes. The target area identifies patients who did not receive individual psychotherapy during treatment in the program. As noted during the webinar, individual psychotherapy should be included as part of the patient's comprehensive treatment plan.

6.2 Does Partial Hospitalization include Intensive Outpatient services at the same location?

The PHP PEPPER is limited to claims with condition code 41, which indicates partial hospitalization. The PHP PEPPER does not include claims billed for intensive outpatient services, which are identified by condition code 92.

7. Audits, Internal Review, and Follow-Up

The following subsections provide answers to questions related to audits, internal review, and follow-up.

7.1 Are reimbursements by insurance companies to HHAs monitored?

No. For PEPPER, only Medicare fee-for service claims are used to calculate the target areas.

7.2 Will the webinar cover recommended audits or actions when an agency is outside a target area?

Yes. The PEPPER user guide includes suggested interventions for high outliers and, where applicable, low outliers. Facilities may review claims that meet the numerator criteria and examine supporting medical records to identify potential billing, coding, or documentation patterns that may contribute to their target area results.

7.3 Do PEPPER outliers trigger audits?

No. PEPPER is an educational tool, and its outlier status is not intended to trigger an audit. Providers may use PEPPER results to identify areas for internal review and to inform audits or secondary reviews of billing practices.

7.4 Is there public data showing audits triggered solely by PEPPER results?

No. PEPPERs do not trigger audits and are intended for educational and internal review purposes.

7.5 What would a second review look like after implementing changes?

After allowing time for education or process changes to affect billing practices, select a new sample of cases submitted after the intervention. Review the same areas examined previously to determine whether coding or documentation practices have changed and whether the intervention was effective. When the next PEPPER becomes available, compare the updated target area results with prior results to assess whether billing patterns changed following the intervention.