



**Short-Term Acute Care Hospital
PEPPER Webinar**

Questions and Answers

April 7, 2026

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1. PEPPER Access

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

PEPPER can be accessed through a secure portal on the CMS CBR PEPPER website. Only National Plan and Provider Enumeration System (NPPES) **Authorized Officials (AOs)** and **Access Managers (AMs)** with active [Identity & Access \(I&A\) Management System](#) accounts can access the [PEPPER Portal](#) and download the PEPPER. This login is the same one used to access the NPPES and Provider Enrollment, Chain, and Ownership System (PECOS) systems.

Staff End Users (SEUs) with an approved PEPPER business function in the [I&A System](#) can now download their organization's PEPPER through the [PEPPER Portal](#). **Access must be granted by an AO or AM.** If needed, AOs or AMs may also grant SEUs access to the Comparative Billing Report (CBR) business function.

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 NPPES and PECOS.

1.2 How do I identify my organization's Authorized Official or Access Manager?

The External User Services (EUS) Help Desk can assist you in identifying your organization's AO or AM and can answer questions about submitting a Staff End User role request with the PEPPER business function, if needed. Please note that you must have a pending role in I&A for the EUS Help Desk to provide the name of your AO or AM.

PECOS EUS Help Desk:

Phone: 1-866-484-8049

Email: EUS_Support@cms.hhs.gov

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

Website: <https://eus.cms.gov>

1.3 How many facilities have downloaded their report?

CMS monitors facility PEPPER download activity on a weekly basis. To encourage downloads, CMS sends reminder messages to Authorized Officials, Access Managers, and individuals on the PEPPER email list. CMS also shares reminders on social media (including X and LinkedIn) and through the Medicare Learning Network (MLN) newsletter.

These messages remind facilities to download their PEPPER and explain how a Staff End User can obtain access to download it. For step-by-step instructions on how Staff End Users can access the PEPPER Portal, see **Answer 1.1**.

1.4 Is there a limit to the number of users from a single facility who can access PEPPER?

No, there is no limit to the number of users from a facility who may be approved to download that facility's PEPPER.

1.5 Will individual PEPPERS be public?

No, individual PEPPERS are not public. Only individuals with the appropriate permissions can log into the PEPPER portal and download their own facility's report. However, the public may view a [sample PEPPER](#) on the [PEPPER portal](#).

1.6 How can I sign up to receive future emails if I'm not an Authorized Official or Access Manager?

Anyone can join the PEPPER listserv. To be added, send an email to the CMS Help Desk, CMS_CBRPEPPER@cms.hhs.gov with your name and, if applicable, your CMS Certification Number (CCN) and facility type.

1.7 What is an OSCAR number?

An OSCAR number is an older term for what is now called a CMS Certification Number (CCN). You may still hear people use "OSCAR" when they mean "CCN".

1.8 Is PEPPER only for Medicare Fee-For-Services (FFS) beneficiaries when Medicare is the primary payer?

Yes, PEPPER includes data for Medicare FFS beneficiaries when Medicare is the primary payer.

2. Webinar Materials

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

Yes, the webinar recording, slides, transcript, and questions and answers will be available on the PEPPER website under the [Training & Resources page](#).

3. PEPPER Release Schedule

3.1 What is the release date of the updated PEPPER?

The updated PEPPER, released in March 2026 replaces the previous February 2026 release. Refer to the PEPPER [User Guide](#) or release documentation for the exact updated release date.

3.2 Does the Short-Term (ST) Acute Care Hospital PEPPER include Critical Access Hospitals (CAHs)?

No, the ST PEPPER does not include CAHs. A separate CAH PEPPER will be released later this year.

3.3 When will PEPPERS for other facility types be released?

New releases will occur on a quarterly basis for Short-Term Acute Care Hospitals (STACHs) and annually for Long-Term Acute Care Hospitals (LTACHs), Critical Access Hospitals (CAHs), Home Health Agencies (HHAs), Skilled Nursing Facilities (SNFs), hospices, Partial Hospitalization Programs (PHPs), Inpatient Psychiatric Facilities (IPFs), and Inpatient Rehabilitation Facilities (IRFs). The annual reports are expected to be released by Fall 2026.

4. Comparative Billing Report (CBR)

4.1 What is a CBR?

A Comparative Billing Report (CBR) is a CMS educational report that compares a provider's Medicare billing patterns to those of similar providers to help identify unusual trends and support self-review and compliance efforts.

4.2 When will CBRs return?

CMS has paused CBRs while it updates the program. Although CBRs are expected to return, CMS has not announced when full distribution will resume.

5. Topic-Specific Questions

5.1 Are Inpatient Only (IPO) procedures included in the 1-Day Surgical target area, and what is included in the denominator?

Yes, the 1-Day Surgical target area includes same-day and one-day inpatient surgical stays, even if the procedure is on the IPO list. IPO status does not exclude a case.

The denominator includes only inpatient surgical stays that meet the 1-Day Surgical target area criteria for the reporting period, as defined in the PEPPER [User Guide](#). PEPPERS are aggregated and do not include patient-level detail.

Note: CMS removed 285 procedures from the IPO list effective January 1, 2026, and plans to fully eliminate the IPO list by January 1, 2028.

5.2 Can we receive patient specific data for cases included in the numerator?

No, patient-specific data cannot be shared due to confidentiality requirements.

5.3 Are patients who are transferred out for higher level of care included in the denominator or numerator?

Please refer to the [User Guide](#) for the numerator and denominator exclusions for each target area. The 1-Day Surgical target area excludes patients with discharge status codes 02 (discharged or transferred to a short-term general hospital for inpatient care), 07 (left against medical advice), 20 (expired), or 82 (discharged or transferred to a short-term general hospital for inpatient care with a planned acute care hospital inpatient readmission) from both the numerator and denominator.

5.4 Does being a low outlier mean there may be lost revenue?

Yes, being a low outlier can indicate potential revenue loss, as it may reflect under-coding, missed documentation, conservative admission or procedure selection, or other practices that result in lower-than-expected Medicare reimbursement compared to peers. While a low outlier does not automatically mean revenue is being lost, it may also reflect legitimate clinical or operational differences. It is a signal that warrants review to ensure services provided are fully and accurately documented and billed.

5.5 As CMS evaluates sepsis coding support and others move toward Sequential Organ Failure Assessment (SOFA)-based criteria, does PEPPER account for the fact that “septicemia” is an outdated term? Should PEPPER instead focus on severe sepsis going forward?

The Septicemia target area examines the Diagnosis-Related Groups (DRGs) assigned at hospital discharge, focusing specifically on DRGs associated with septicemia and severe sepsis. The PEPPER [User Guide](#) identifies the exact numerator and denominator DRGs included in this target area and should be referenced for detailed definitions.

CMS continues to evaluate the PEPPER target areas for potential updates to enhance the relevance and effectiveness of the metrics with each release.

5.6 Will CMS publish a definition of “severe sepsis” or recommend tools to establish severe sepsis?

PEPPER does not define severe sepsis or recommend tools for establishing the diagnosis. The Septicemia target area is based solely on the septicemia or severe sepsis DRGs specified in the PEPPER [User Guide](#).

5.7 How many quarters of high outliers trigger Medicare Administrative Contractor (MAC) audits?

PEPPER does not trigger MAC audits.

5.8 Does PEPPER include pediatric cases?

PEPPER data include Medicare beneficiaries only and do not include pediatric patients.

5.9 Does the 30-day readmission target indicate whether the readmission was for the same diagnosis?

No, diagnosis is not considered in the 30-day readmission target areas. The 30-day readmission target areas simply look at whether the patient returned to the hospital for care within 30-days of the previous admission. Refer to the PEPPER [User Guide](#) for additional details.

5.10 What has changed from the previous PEPPER?

Refer to the PEPPER [User Guide](#) for details on changes from the previous release.

5.11 Are high and low outliers calculated using statistical measures such as standard deviations from the median?

PEPPER determines outliers based on preset control limits. The upper control limit for all target areas is the 80th percentile. Coding-focused target areas also have a lower control limit, which is the 20th percentile. PEPPER draws attention to any findings that are at or above the upper control limit (high outlier) or at or below the lower control limit (low outliers for coding-focused areas only).

Note: In PEPPER, the term “outlier” is used when a hospital’s target area percent is in the top 20% of all hospital target area percents in the respective comparison group (i.e., is at/above the 80th percentile) or is in the bottom 20% of all hospital target area percents in the respective comparison group (i.e., is at/below the 20th percentile for coding-focused target areas). Formal tests of significance are not used to determine outlier status in PEPPER.