



Short-Term Acute Care Hospital (STACH) PEPPER Q2 FY 2026 Release Webinar

October 15, 2026

Thank you for joining today's presentation. We will begin momentarily.

Welcome to Today's PEPPER Webinar

ST Acute Care Hospital (STACH) PEPPER Q2 FY 2026

Release Agenda



Updates: *PEPPER Overview & Announcements*
(10 minutes)

Review: *Understanding Your PEPPER Report*
(20 minutes)

Discussion: *Questions & Answers*
(10 minutes)

Next Steps: *Closing & Resources*
(5 minutes)

We will begin momentarily.

All participants will be muted for the presentation. To submit a question, please enter your question in the Q&A box in Zoom.

PEPPER Overview

What Is a PEPPER?

- A Program for Evaluating Payment Patterns Electronic Report (PEPPER) is an electronic report that provides hospital-specific Medicare statistics for discharges and services vulnerable to improper payments.
- Each PEPPER includes statistics for the most recent fiscal years (FYs) for each area at risk for improper payments (“target areas”).
 - Q1: October – December
 - Q2: January – March
 - Q3: April – June
 - Q4: July – September
- The STACH PEPPER released on September 30, 2026, provides data from Q3 FY 2023 through Q2 FY 2026.
- PEPPER is generated only for hospitals with sufficient data (more than 11 discharges) for the target areas included in the report.

PEPPER Purpose

How to Use Your PEPPER?



PEPPER encourages providers to review data about their billing practices to help ensure they submit accurate claims for payment.



PEPPER compares your hospital's claims-data statistics with those of other hospitals in your Medicare Administrative Contractor (MAC) jurisdiction, your state, and the nation.



PEPPER educates providers about their payment patterns and potential risk for improper payments.



PEPPER can help strengthen compliance programs, prepare for audits, and improve documentation and care planning.

Note: PEPPER does not identify improper Medicare payments.

What Data Is Included in the STACH PEPPER?

- Claims for STACHs, as evidenced by a 0 in the third position of the CMS Certification Number (CCN) on the claim and claim type code 60 (inpatient).
- Services provided during the reporting period (Q3 FY 2023 through Q2 FY 2026).
- Final action claims with a valid medical record number, a Medicare payment greater than \$0, and a discharge status other than 30.
- Claims with a valid patient control number.
- Medicare Fee-for-Service (FFS) claims; excludes HMO or Medicare Advantage claims.
- Excludes any claims canceled by the MAC.

Note: For additional information about eligible claims specifications for the STACH PEPPER, refer to Table 1 in the ST PEPPER User Guide.

PEPPER Target Areas

- PEPPERS display information on hospital payment patterns for specific areas identified as potentially at risk for improper Medicare payments, referred to as **Target Areas**.
- These Target Areas were originally identified through Quality Improvement Organization reviews and studies conducted by the Office of Inspector General.
- Target Areas may change over time as MACs identify new risks and as policy changes are implemented.

Numerator

Discharges identified as potentially problematic



Denominator

The larger reference group that contains the numerator

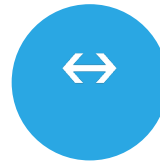
How to Use PEPPER

While PEPPER does not identify the presence of payment errors, hospitals can use PEPPER data to:



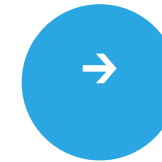
Review

Pinpoint areas for auditing or monitoring



Compare

Assess performance against national, MAC jurisdiction, and state peers

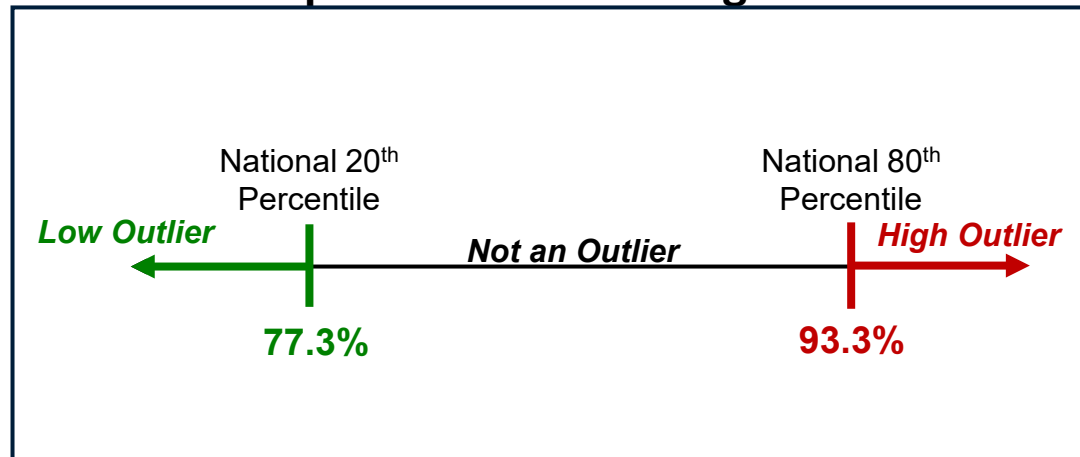


Act

Use findings to guide education, documentation, and monitoring

Interpreting High or Low Outlier Status

Example – Stroke ICH Target Area



- Individual hospital results for each target area and quarter are compared with the results of all hospitals nationwide to determine outlier status.
- If a target area percentage is at or below the National 20th percentile, the hospital is a low outlier for that target area and fiscal quarter.
- If a target area percentage is at or above the National 80th percentile, the hospital is a high outlier for that target area and fiscal quarter.
- PEPPER reports the National 20th percentile and low outlier status only for coding-focused target areas.
- If a target area percentage falls between the National 20th and 80th percentiles, the hospital is not an outlier.

ST PEPPER Target Areas: Coding-Focused

Coding-Focused

**1. Stroke
Intracranial
Hemorrhage
(ICH)**

**2. Respiratory
Infections**

**3. Simple
Pneumonia**

4. Septicemia

**5. Unrelated OR
Procedure**

**6. Medical CC or
MCC**

**7. Surgical CC
or MCC**

**8. Single CC or
MCC**

**9. Severe
Malnutrition**

**10. Ventilator
Support**

Stroke Intracranial Hemorrhage (ICH) Target Area

A Coding-Focused Target Area

The ICH Target Area measures the proportion of discharges assigned a Diagnosis-Related Group (DRG) for complex ischemic stroke or intracranial hemorrhage compared with all discharges assigned a DRG for ischemic stroke or intracranial hemorrhage with or without complication, including non-specific cerebrovascular accidents and transient ischemia without thrombolytic.

High outlier status may indicate over-coding or potential billing errors for DRGs 061, 062, 063, 064, 065, or 066.

Low outlier status may indicate issues with under-coding of these DRGs.

Numerator: Count of discharges for the following DRGs:

- **061** (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with major complication or comorbidity [MCC]),
- **062** (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with complication or comorbidity [CC]),
- **063** (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent without CC/MCC),
- **064** (ICH or cerebral infarction with MCC),
- **065** (ICH or cerebral infarction with CC or tissue plasminogen activator [tPA] in 24 hours),
- **066** (ICH or cerebral infarction w/o CC/MCC).

Denominator: Count of discharges for the following DRGs:

- **061, 062, 063, 064, 065, or 066,**
- **067** (precerebral occlusion without infarction with MCC),
- **068** (precerebral occlusion without infarction w/o MCC),
- **069** (transient ischemia without thrombolytic).

Example Target Area Calculation: Stroke ICH

- Hospitals with high or low outlier status may benefit from reviewing a sample of medical records to determine whether coding errors exist.
- The following example shows how claims are included in the STACH PEPPER Stroke ICH Target Area calculation.

#	Claim From	Claim Thru	DRG	PEPPER Target Area Attribution
1	10/04/2024	10/10/2024	062	Numerator and Denominator Q1 FY 2025
2	11/01/2024	11/11/2024	069	Denominator only Q1 FY 2025
3	12/12/2024	12/30/2024	065	Numerator and Denominator Q1 FY 2025
4	01/03/2025	01/05/2025	067	Denominator only Q2 FY 2025
5	09/04/2025	09/15/2025	063	Numerator and Denominator Q4 FY 2025

Septicemia Target Area

A Coding-Focused Target Area

The Septicemia Target Area measures the proportion of discharges assigned a DRG for septicemia or severe sepsis compared with all discharges assigned a DRG for simple pneumonia and pleurisy, respiratory system diagnosis with ventilator support, kidney and urinary tract infections, or septicemia or severe sepsis.

High outlier status may indicate over-coding or potential billing errors for DRGs 870, 871, or 872.

Low outlier status may indicate issues with under-coding of these DRGs.

Numerator: Count of discharges for the following DRGs:

- **870** (septicemia or severe sepsis with mechanical ventilation >96 hours),
- **871** (septicemia or severe sepsis without mechanical ventilation >96 hours with MCC),
- **872** (septicemia or severe sepsis without mechanical ventilation >96 hours without MCC).

Denominator: Count of discharges for the following DRGs:

- **193** (simple pneumonia and pleurisy with MCC),
- **194** (simple pneumonia and pleurisy with CC),
- **195** (simple pneumonia and pleurisy without CC/MCC),
- **207** (respiratory system diagnosis with ventilator support >96 hours),
- **208** (respiratory system diagnosis with ventilator support ≤ 96 hours),
- **689** (kidney and urinary tract infections with MCC),
- **690** (kidney and urinary tract infections without MCC),
- **870, 871, or 872.**

Example Target Area Calculation: Septicemia

- Hospitals with high or low outlier status may benefit from reviewing a sample of medical records to determine whether coding errors exist.
- The following example shows how claims are included in the STACH PEPPER Septicemia Target Area calculation.

#	Claim From	Claim Thru	DRG	PEPPER Target Area Attribution
1	10/04/2025	10/10/2025	870	Numerator and Denominator Q1 FY 2026
2	11/01/2025	11/11/2025	194	Denominator only Q1 FY 2026
3	12/12/2025	12/30/2025	872	Numerator and Denominator Q1 FY 2026
4	12/31/2025	01/03/2026	871	Numerator and Denominator Q2 FY 2026
5	01/03/2026	01/05/2026	207	Denominator only Q2 FY 2026

STACH PEPPER Target Areas: Admission Necessity-Focused

Admission Necessity-Focused

11. Percutaneous Cardiovascular Procedures

12. Total Knee Replacement

13. Syncope

14. Other Circulatory System Diagnoses

15. Other Digestive System Diagnoses

16. Medical Back

17. Spinal Fusion

18. 3-Day SNF

19. 30-Day Readmissions to the Same or Elsewhere

20. 30-Day Readmissions to the Same Hospital

21. 2-Day Stay Medical DRGs

22. 2-Day Stay Surgical DRGs

23. 1-Day Stay Medical DRGs

24. 1-Day Stay Surgical DRGs

3-Day Skilled Nursing Facility (SNF) Target Area

An Admission Necessity-Focused Target Area

The 3-Day Skilled Nursing Facility Target Area measures the proportion of claims with a 3-day inpatient stay before transfer to an SNF compared with all claims with an SNF transfer. A qualifying 3-day inpatient stay is required for SNF eligibility.

Higher rates may indicate unnecessary admissions used to qualify beneficiaries for SNF admission.

Numerator: Count of discharges to an SNF with a 3-day length of stay. Discharges to an SNF are identified by the following patient discharge status codes:

- **03** (discharged or transferred to an SNF),
- **61** (discharged or transferred to a swing bed),
- **83** (discharged or transferred to an SNF with a planned acute care hospital inpatient admission),
- **89** (discharged or transferred to a swing bed with a planned acute care hospital inpatient admission).

Denominator: Count of all discharges to an SNF, identified by the following patient discharge status codes: **03**, **61**, **83**, or **89**.

Example Target Area Interpretation: 3-Day SNF

Table 38 Hospital Statistics for 3-Day SNF-Qualifying Admissions

Time Period	Outlier Status	Percent (Numerator / Denominator)	Target Area Discharge Count (Numerator)	Denominator Count	Target Area Average Length of Stay (ALOS)	Denominator Average Length of Stay (ALOS)	Target Average Medicare Payment	Target Sum Medicare Payment
Q2 FY 2026	Not an outlier	16.3%	23	141	3.0	7.6	\$10,952	\$251,903

- Table 38 provides the hospital's target area statistics, while Table 39 provides the comparative data.
- Hospitals can compare their results with the national, jurisdiction, and state 80th percentiles.
- Outlier status is determined by comparing the hospital's target area percent to the national 80th percentile.
- In this example, the hospital's target area percent of 16.3% is below the 80th percentile for all three comparison groups.

Table 39 Comparative Data for 3-Day SNF-Qualifying Admissions

Time Period	National 80th Percentile	Jurisdiction 80th Percentile	State 80th Percentile	Percent (Numerator / Denominator)
Q2 FY 2026	28.6%	28.6%	24.6%	16.3%

30-Day Readmissions to Same or Elsewhere Target Area

An Admission Necessity-Focused Target Area

The 30-Day Readmissions to Same or Elsewhere Target Area measures the proportion of discharges for which the patient was readmitted to the same hospital or another STACH within 30 days of the index stay during the reporting period. Higher rates may indicate issues related to the initial stay, patient preference for the hospital, or limited access to alternative hospitals.

Hospitals identified as high outliers may review readmission cases for the appropriateness of admission, discharge, quality of care, DRG assignment, and billing errors.

Numerator: Count of index (first) admissions during the quarter for which a readmission occurred within 30 days to the same hospital or to another short-term acute care prospective payment system (PPS) hospital for the same beneficiary (identified using the Health Insurance Claim number).

Denominator: Count of all discharges.

Numerator and Denominator Exclusions:

- Exclude claims for the index admission where the patient discharge status is one of the following:
 - **02** (discharged/transferred to a short-term general hospital for inpatient care),
 - **07** (left against medical advice),
 - **20** (expired), or
 - **82** (discharged/transferred to a short-term general hospital for inpatient care with a planned acute care hospital inpatient readmission).
- Exclude claims with a diagnosis of rehabilitation and primary psychiatric as defined by the Clinical Classifications Software Refined (CCSR) diagnosis categories.

30-Day Readmissions to Same or Elsewhere Target Area Example

Example: Three Hospital Stays, One Qualifying Readmission

# (Index)	Index Adm. Provider	Index Adm. Date	Discharge Date	Patient Discharge Status Code	# (Next)	Next Adm. Provider	Next Adm. Date	Discharge Date	Next Adm. Counts as 30-Day Readm to Same or Elsewhere?
1	Hospital #1	03/25/2024	03/29/2024	01	2	Hospital #1	04/15/2024	04/17/2024	Yes, to Hospital #1 in Q2 FY24
2	Hospital #1	04/15/2024	04/17/2024	02	3	Hospital #2	04/17/2024	04/20/2024	No
3	Hospital #2	04/17/2024	04/20/2024	01	NA	No further admissions	No further admissions	No further discharge dates	NA

Note: This example is adapted from *Example 1: Three Hospital Stays, One Qualifying Readmission for Readmission Same and Readmission Same or Elsewhere Target Areas* in the STACH PEPPER User Guide (page 52).

2-Day Stay Medical DRGs Target Area

An Admission Necessity-Focused Target Area

The 2-Day Stay Target Area measures the proportion of medical stays with a 2-day length of stay compared with all medical stays during the reporting period. Higher rates may indicate unnecessary admissions related to the inappropriate use of admission screening criteria or outpatient observation.

Hospitals identified as high outliers may review a sample of 2-day stays to determine whether inpatient admission was necessary or whether care could have been provided on an outpatient basis (e.g., outpatient observation).

Numerator: Count of discharges for medical DRGs with an LOS equal to 2 days (through date minus admission date = 2 days).

Denominator: Count of discharges for medical DRGs.

Numerator and Denominator Exclusions:

- Exclude claims for the index admission where the patient discharge status is one of the following:
 - **02** (discharged/transferred to a short-term general hospital for inpatient care),
 - **07** (left against medical advice),
 - **20** (expired), or
 - **82** (discharged/transferred to a short-term general hospital for inpatient care with a planned acute care hospital inpatient readmission).
- Exclude claims with occurrence span **72** with the through date on or the day prior to the inpatient admission.

1-Day Stay Medical DRGs: Top DRGs Table

- Tables 50 and 51 show the top 20 DRGs for the 1-Day Stay Medical DRGs.
 - Table 50 provides the Hospital-level information.
 - Table 51 (shown here) provides the Jurisdiction-level information.
- DRGs are listed if they have at least 11 same-day or 1-day stays during the most recent four fiscal quarters.
- Excludes discharges with discharge status codes 02, 07, 20, and 82. Also excludes claims with occurrence span code 72 when the "through" date is on or one day before the inpatient admission date.

Table 51 Jurisdiction Top Medical DRGs

DRG	Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges for DRG	Average Length of Stay for DRG
871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	840	55,716	1.5%	7.4
291	HEART FAILURE AND SHOCK WITH MCC	812	33,931	2.4%	5.7
392	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITHOUT MCC	577	10,461	5.5%	3.9
309	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH CC	553	6,601	8.4%	3.4
690	KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	469	11,370	4.1%	4.2
641	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES WITHOUT MCC	463	6,923	6.7%	4.0
310	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITHOUT CC/MCC	459	2,801	16.4%	2.6
065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC OR TPA IN 24 HOURS	434	7,265	6.0%	4.2
189	PULMONARY EDEMA AND RESPIRATORY FAILURE	384	10,285	3.7%	5.7
312	SYNCOPE AND COLLAPSE	375	6,599	5.7%	4.0
069	TRANSIENT ISCHEMIA WITHOUT THROMBOLYTIC	306	2,860	10.7%	3.2
194	SIMPLE PNEUMONIA AND PLEURISY WITH CC	290	6,605	4.4%	4.0
193	SIMPLE PNEUMONIA AND PLEURISY WITH MCC	287	15,446	1.9%	5.6
287	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATHETERIZATION WITHOUT MCC	277	2,863	9.7%	3.6
378	GASTROINTESTINAL HEMORRHAGE WITH CC	275	8,526	3.2%	4.3
683	RENAL FAILURE WITH CC	270	8,846	3.1%	4.5
066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITHOUT CC/MCC	269	1,715	15.7%	2.7
603	CELLULITIS WITHOUT MCC	251	7,124	3.5%	4.4
281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH CC	231	2,834	8.2%	3.6
640	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES WITH MCC	227	7,395	3.1%	5.9
Top Medical DRGs		8,049	216,166	3.7%	5.4
All Medical DRGs		18,161	528,029	3.4%	5.8

ST PEPPER – National Outlier Ranking

Table 3 National High Outlier Ranking Report

- The National High Outlier Ranking Report provides an overview of the hospital's target area outlier status by quarter for all target areas.
 - High outliers are displayed as a red **1**.
 - Low outliers and non-outliers are displayed as **0**.
 - Target areas with no reportable data are displayed as **n/a**.
 - Totals are provided for each row and column.
- For additional information, refer to Section 2.2 (page 25) of the STACH User Guide.

Excerpt of Table 3 from Sample ST PEPPER

Target Area	Q3 FY 2023	Q4 FY 2023	Q1 FY 2024	Q2 FY 2024	Q3 FY 2024	Q4 FY 2024	Q1 FY 2025	Q2 FY 2025	Q3 FY 2025	Q4 FY 2025	Q1 FY 2026	Q2 FY 2026	Total
Stroke Intracranial Hemorrhage	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
Medical DRGs with CC or MCC	0	1	0	0	0	0	0	0	0	0	0	0	1
30-Day Readmissions to Same Hospital or Elsewhere	1	1	1	1	1	1	1	0	1	n/a	n/a	1	9
Total	3	5	3	3	1	1	2	1	3	0	1	3	26

Note: A "1" indicates high outlier, "0" indicates low or non-outlier, and "n/a" indicates no reportable data (fewer than 11 discharges).

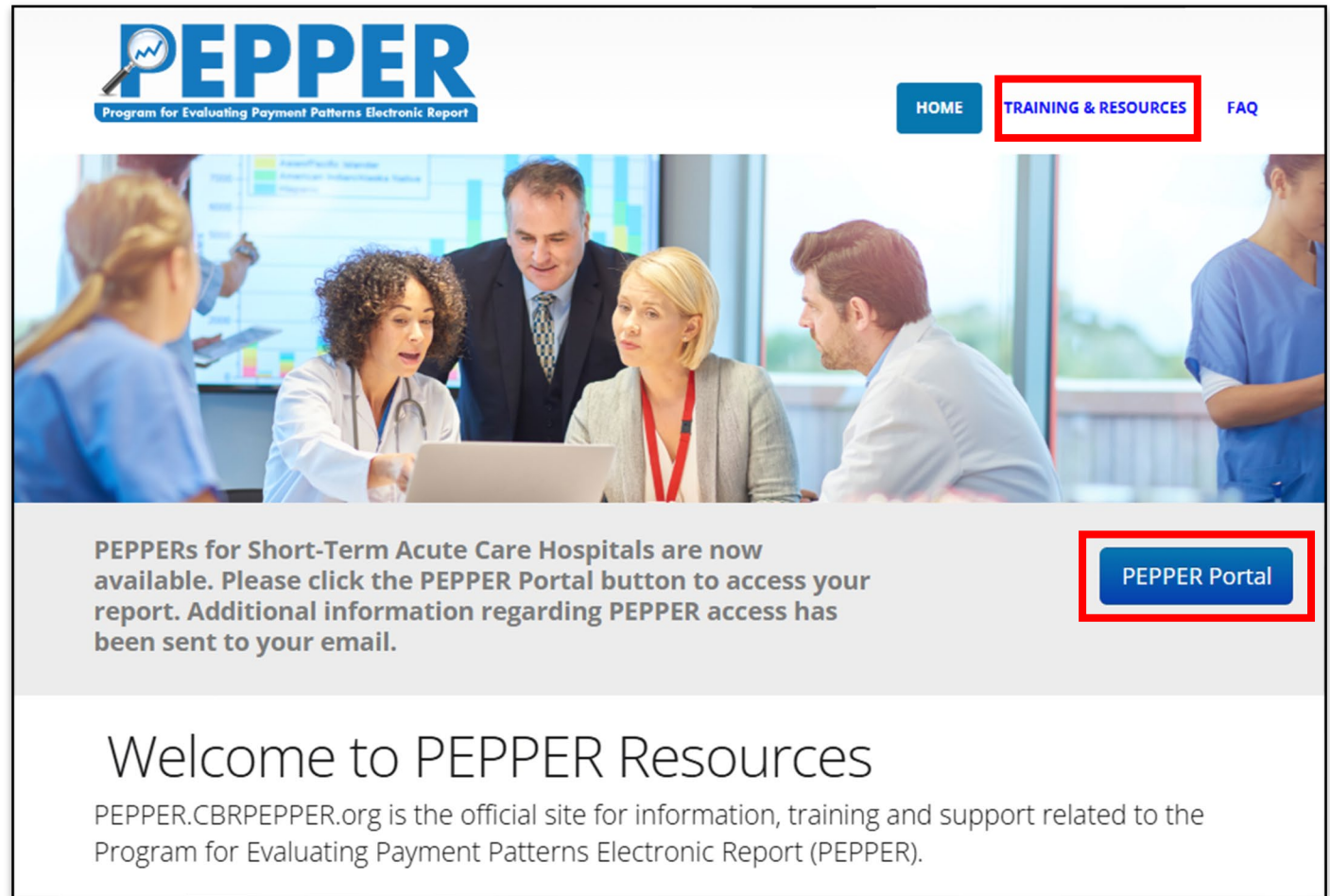
PEPPER Portal and Training and Resources



PEPPER Website

Visit the [CMS PEPPER website](#) for more information, including links to the following tools:

- PEPPER Portal
- Training & Resources
- FAQs

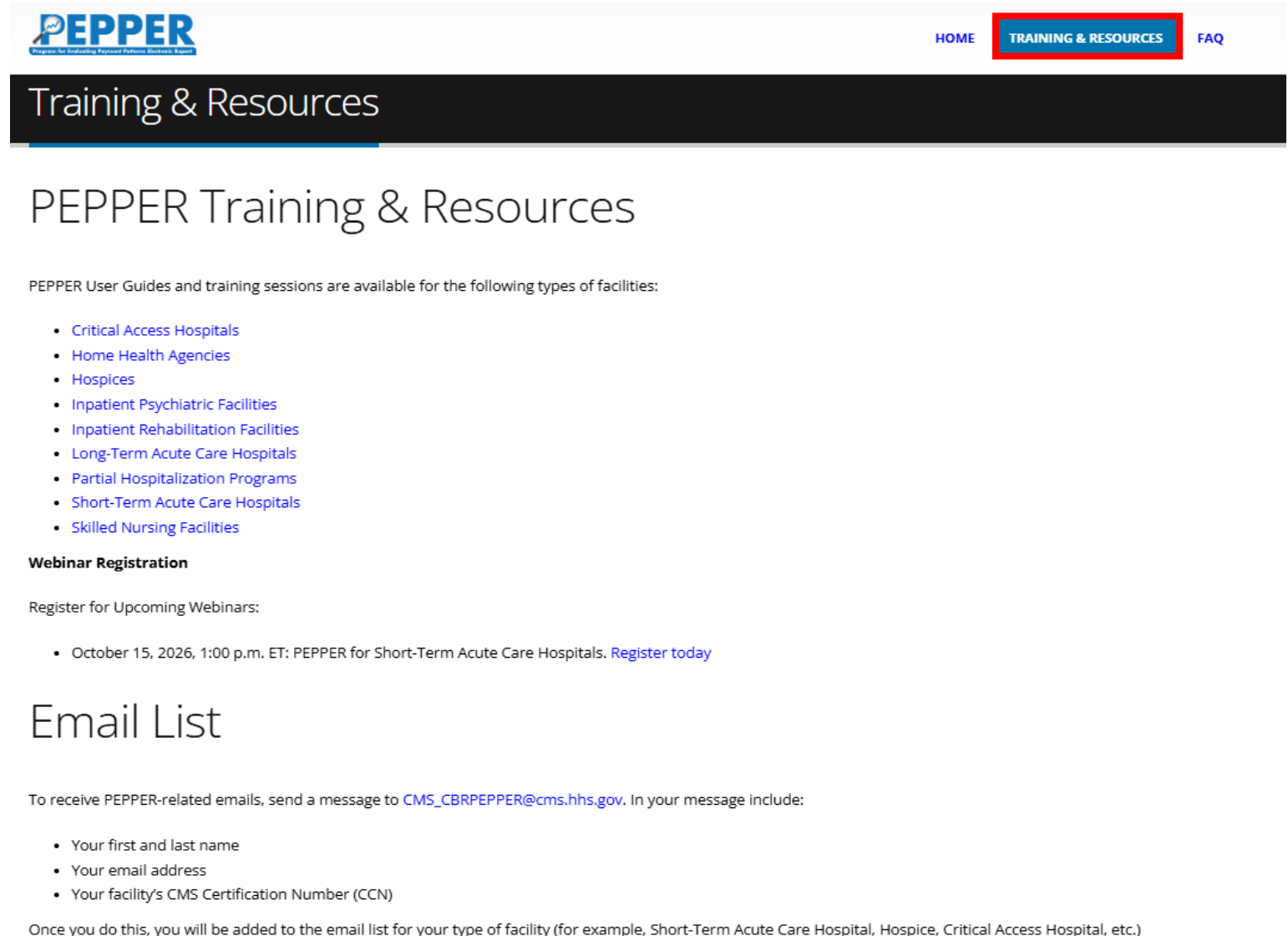


The screenshot shows the PEPPER website homepage. At the top left is the PEPPER logo with the tagline 'Program for Evaluating Payment Patterns Electronic Report'. To the right are three navigation buttons: 'HOME', 'TRAINING & RESOURCES' (highlighted with a red border), and 'FAQ'. Below the navigation is a large image of healthcare professionals in a meeting. Underneath the image is a grey banner with the text: 'PEPPERS for Short-Term Acute Care Hospitals are now available. Please click the PEPPER Portal button to access your report. Additional information regarding PEPPER access has been sent to your email.' To the right of this text is a blue button labeled 'PEPPER Portal' (also highlighted with a red border). Below the banner, the text reads 'Welcome to PEPPER Resources' followed by 'PEPPER.CBRPEPPER.org is the official site for information, training and support related to the Program for Evaluating Payment Patterns Electronic Report (PEPPER).'

PEPPER Training and Resources Website

Training & Resources:

- Information on Each Hospital
- Webinar Registration
- Sign Up for PEPPER Communications



The screenshot shows the PEPPER Training and Resources website. At the top is the PEPPER logo with the tagline "Program for Ensuring Payment Patients Know What to Expect". Navigation links include HOME, TRAINING & RESOURCES (highlighted with a red box), and FAQ. Below the navigation is a dark header with the text "Training & Resources". The main content area is titled "PEPPER Training & Resources". It states that PEPPER User Guides and training sessions are available for the following types of facilities:

- [Critical Access Hospitals](#)
- [Home Health Agencies](#)
- [Hospices](#)
- [Inpatient Psychiatric Facilities](#)
- [Inpatient Rehabilitation Facilities](#)
- [Long-Term Acute Care Hospitals](#)
- [Partial Hospitalization Programs](#)
- [Short-Term Acute Care Hospitals](#)
- [Skilled Nursing Facilities](#)

Below this is a section for "Webinar Registration" with the text "Register for Upcoming Webinars:". A list of upcoming webinars includes:

- October 15, 2026, 1:00 p.m. ET: PEPPER for Short-Term Acute Care Hospitals. [Register today](#)

The next section is "Email List" with the text "To receive PEPPER-related emails, send a message to CMS_CBRPEPPER@cms.hhs.gov. In your message include:"

- Your first and last name
- Your email address
- Your facility's CMS Certification Number (CCN)

At the bottom, it states: "Once you do this, you will be added to the email list for your type of facility (for example, Short-Term Acute Care Hospital, Hospice, Critical Access Hospital, etc.)"

PEPPER Specific Materials

Resources available for each PEPPER include:

- User Guide
- Webinar slides, transcript, and recording (available under Training Materials)
- Sample PEPPER (available under Demonstration PEPPER)



The screenshot shows the PEPPER website interface. At the top is the PEPPER logo with the tagline "Program for Evaluating Payment Patterns Electronic Report". Navigation links for "HOME", "TRAINING & RESOURCES", and "FAQ" are visible. The main heading is "Short-Term Acute Care Hospitals". Below this, the text reads "Training & Resources for Short-Term Acute Care Hospitals". A paragraph states: "PEPPER for Short-Term Acute Care Hospitals is available via the PEPPER Portal at <https://pepper-file.cbrpepper.org>." Under the heading "CURRENT PEPPER USER GUIDE:", there is a bullet point: "Short-Term Acute Care Hospitals PEPPER User Guide (PDF, Q2 FY 2026 Release, September 2026)". Under "PEPPER TRAINING MATERIALS:", there is a list of items for "Q1 FY26, June 2026 Release": "Webinar recording (YouTube)", "Webinar slides (PDF)", "Webinar transcript (PDF)", and "Webinar questions and answers (PDF)". Under "DEMONSTRATION PEPPER", there is a bullet point: "Demonstration PEPPER version Q2 FY 2026 (XLSX)".

PEPPER User Guide

PEPPER User Guides include:

- What's new?
- Overview of PEPPER Type and Using PEPPER
- Terms and Abbreviations
- Historical Target Area Definitions
- Readmission Examples



ST PEPPER User Guide Q2 FY 2026

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Questions & Answers



Call to Action

- 1 Complete the Webinar Feedback Survey
- 2 Register for the Staff End User (SEU) PEPPER Business Function
- 3 Download and Use Your PEPPER