PEPPER Summarizes Medicare Data

- Paid Medicare claims (UB-04)
  - Inpatient part A claim from the applicable provider type, as determined by the CMS certification number (LT, CAH, IPF, IRF)
  - Claim has a valid medical record number
  - Medicare claim payment amount > zero (note: includes Medicare secondary payer claims)
  - Final action claim
  - Exclude HMO claims (Medicare Advantage)
  - Exclude canceled claims

- See the applicable PEPPER User's Guide (available at PEPPER.CBRPEPPER.org) for data specifications.

PEPPER Data

- Organized in three 12-month time periods based on federal fiscal year (FY).

FY 2017	FY 2018	FY 2019

- Q4FY19 release summarizes statistics for discharges between Oct. 1, 2016 through Sept. 30, 2019 (fiscal years 2017, 2018 and 2019).

Why are the statistics in PEPPER so old?

- TMF must wait four months after the most recent month in a reporting time period before downloading the claims data to analyze for inclusion in the report. Data for the fiscal year ending September 30 are downloaded at the end of the following January. Data processing, quality checks, report production and distribution require an additional three months.
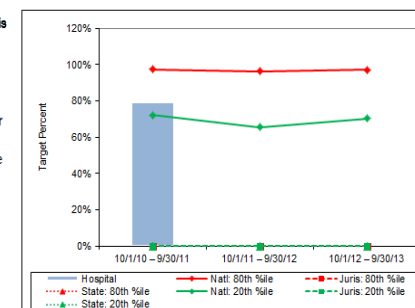
PEPPER Data Restriction

- Due to CMS data restrictions, the PEPPER will not display statistics when the numerator or denominator count is less than 11 for a target area in any time period.
  - Some providers may not see any data for some target areas or time periods.
  - A few providers will not have a PEPPER available.

Excisional Debridement

Need to audit? When reviewing this information, you may want to consider auditing a sample of records if you identify:

- Increasing or decreasing Target Percents over time resulting in outlier status
- Your Target Percent (first row in the table below) is above the national 80th percentile
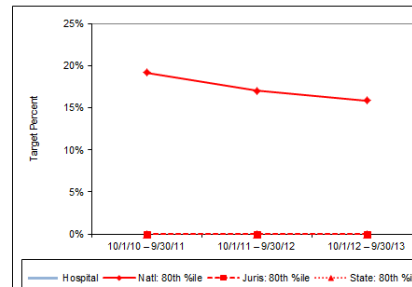- Your Target Percent is below the national 20th percentile

YOUR HOSPITAL	10/1/10 – 9/30/11	10/1/11 – 9/30/12	10/1/12 – 9/30/13
Target Area Percent	79.2%	*	*
Target Discharge Count (Numerator: count of discharges for 43 DRGs (46 prior to FY 2012) affected by procedure code 86.22, that have procedure code 86.22 coded on the claim)	19		
Denominator Count (count of all discharges for the 46 DRGs)	24		
Target (Numerator) Average Length of Stay	34.3		
Denominator Average Length of Stay	36.7		
Target (Numerator) Average Payment	$40,959		
Target (Numerator) Sum of Payments	$778,229		

Short Stays Resp System Diagnoses

Need to audit? When reviewing this information, you may want to consider auditing a sample of records if you identify:

- Increasing Target Percents over time resulting in outlier status
- Your Target Percent (first row in the table below) is above the national 80th percentile

YOUR HOSPITAL	10/1/10 – 9/30/11	10/1/11 – 9/30/12	10/1/12 – 9/30/13
Target Area Percent	*	*	*
Target Discharge Count (Numerator: count of discharges for DRGs 207 (respiratory system diagnosis with ventilator support 96+ hours), 208 (respiratory system diagnosis with ventilator support <96 hours), 177 (respiratory infections and inflammations with MCC), 189 (pulmonary edema and respiratory failure) or 193 (simple pneumonia and pleurisy with MCC) that occurred on the day of or day after the short stay outlier threshold was met)			
Denominator Count (count of all discharges for DRGs 207, 208, 177, 189, 193)			
Target (Numerator) Average Length of Stay			
Denominator Average Length of Stay			
Target (Numerator) Average Payment			
Target (Numerator) Sum of Payments			