



PEPPER Sessions Chapter 2 LT, CAH, IPF, IRF

During this session, I am going to talk about the data that are summarized in the PEPPER for the long-term acute care hospitals, critical access hospitals, inpatient psychiatric facilities, and inpatient rehabilitation facilities.

So when you're looking at the data and the statistics in your PEPPER, keep in mind that it only summarizes Medicare claims data. It does not include any other type of payers. The PEPPER statistics are calculated based on paid Medicare, traditional Medicare fee-for-service Part A claims that are submitted to your MAC, or Medicare Administrative Contractor, for reimbursement. And these claims are identified for inclusion in the PEPPER based on specific inclusion criteria, which are listed here on this slide. Claims are included in the PEPPER if the claims facility type is hospital. It has to be an inpatient Part A claim from the applicable provider type, which is determined by the CMS certification number. And again, the certification numbers are different, which identify the long-term acute care hospitals versus critical access hospitals, versus inpatient psychiatric and inpatient rehabilitation facilities. The claim must have a valid medical record number. Fixed Medicare claim payment amount--that has to be greater than \$0, and we do include Medicare secondary payer claims in the PEPPER, as long as the Medicare claim payment amount is greater than the \$0. It must be a final action claim. We do not include HMO claims-- that would be the Medicare Advantage or the Medicare replacement. Those claims are not included in the PEPPER statistics, and we also exclude canceled claims.

I am going to refer you to the applicable PEPPER user's guide for the data specifications that are related to these criteria. And you can find the user's guide at the website, pepper.cbrpepper.org. And it is important that you use these inclusion criteria if you are attempting to identify your hospital discharges that are summarized in the PEPPER, in case--in the case that you want to take a look at a few medical records.

When you're looking at your PEPPER, it's important to keep in mind that the statistics are organized into three 12-month time periods, based on the federal fiscal year. And that would be also according to the discharge claim--excuse me--the discharge date on the claim. Remember, the federal fiscal year runs October 1st through September the 30th of the next year. So, the current PEPPER release is referred to as the Q4FY19. That means that through the fourth quarter of fiscal year 2019, and it summarizes the statistics for discharges at the hospital between October 1, 2016 through September the 30th, 2019. And then that would be, of course, for fiscal years 2017, 2018, and 2019. PEPPER summarizes the most recent 3 fiscal years of data statistics. Each time we produce a PEPPER, the oldest time period rolls off and the newer time period is added on. In addition, every time we generate a PEPPER, we download the claims data statistics for all the time periods that are included in the PEPPER. And so you may see some slight changes in the numerator or denominator counts for the target areas, which could be due to late claims being submitted, or perhaps claim adjustments being processed. You will also see some slight changes in the percentiles, again, as a result of those changes in the claims data for other providers, as well.

We sometimes get the question about why the PEPPER statistics seem to be so old. Well, first of all, we do have to wait four months after the last month in a time period, for the providers to submit their

claims data. By the fourth month, we have 95% of the claims submitted for that last month. So, we have to wait four months after the most recent month in a time period before we can start downloading the claims data to analyze for inclusion in the PEPPER. Data for the fiscal year ending September 30 are downloaded at the end of the following January. Then the data processing, the quality checks, the report production, and the distribution require an additional three months. So, it does take us some time to put these statistics together. But in the interim, providers can calculate their own statistics by using their own claims data to track and trend in between those PEPPER releases. And I would recommend that you use the same inclusion criteria and target area numerator and denominator definitions, if you are attempting to do that. That will give you the best estimation of your PEPPER statistics.

While we're talking about the data in the PEPPER, you need to be aware of a restriction imposed by CMS that requires us to suppress your statistics from being displayed when the numerator or denominator count is less than 11 for a target area in any time period. When the numerator or denominator count is less than 11, the PEPPER will display blank cells for that particular time period, and it may appear that there is data missing in the PEPPER. In some cases, entire target area worksheets may not have any provider data. In addition, jurisdiction or state percentiles will not be calculated if there are fewer than 11 providers in the jurisdiction or state that have reportable data. The jurisdiction or state percentiles will not be reported in that instance, and so the users will see the blank cells. So, if you are seeing missing data in your PEPPER, as in the sample images here, either in the graph, the data table, or the comparison data table, it's due to this data restriction and not to any errors or problems in the PEPPER itself.