



## PEPPER Sessions Chapter 2 Data ST Acute Care Hospitals

During this session, I'm going to talk about the data that are summarized in the PEPPER for short-term (ST) acute care hospitals.

When you look at the data and the statistics in your PEPPER, you need to keep in mind that it's based on traditional Part A Medicare Fee-for-Service claims, as identified by the UB-04 claim that's been submitted to your Medicare Administrative Contractor for Medicare reimbursement.

We identify these claims for inclusion in the PEPPER based on specific inclusion criteria, which are listed on this slide. Claims have to be Part A or B final action claims submitted by the short-term hospital. The Medicare claim payment amount must be greater than \$0. Now, we do include Medicare secondary payer claims, as long as the Medicare claim payment amount is greater than \$0. Now, the PEPPER does not include HMO claims, Medicare Advantage, or Medicare replacement, and we also exclude canceled claims.

I would encourage you to refer to the PEPPER user's guide, which is available at [pepper.cbrpepper.org](http://pepper.cbrpepper.org) for the data specifications. And it is important for you to consider these inclusion criteria, as well as the target area, numerator, denominator definitions, if you are attempting to identify your episodes that are summarized in your Short-Term PEPPER.

When you review your statistics in the PEPPER, you'll notice that the data are organized by federal fiscal quarters according to the discharge date on the claim. The federal fiscal year begins Oct. 1st and ends Sept. 30th of the next year. So the first quarter of the federal fiscal year represents discharges that occurred October through December, the second quarter January through March, and so on.

The Short-Term PEPPER summarizes the most recent 12 quarters of data statistics. With each new release, the oldest quarter will drop off as a new quarter is added. For each release of PEPPER, we refresh all statistics by downloading the claims data for all of the time periods included in the PEPPER, so it is possible that there may be slight changes in the numerator or denominator counts for prior time periods if there were late claims submitted for that quarter, or if there were adjustments made to claims during that quarter. It is also possible that percentile values change slightly from one release to the next.

While discussing the data in PEPPER, please be aware of a data restriction imposed by CMS, which requires us to suppress your hospital's 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 time period, and it may appear that there is data missing in the PEPPER. In some cases entire target area reports or graphs may not have any hospital data. In addition, jurisdiction or state percentiles are not calculated if there are fewer than 11 hospitals with reportable data for the target area in the jurisdiction or state; the jurisdiction or state percentiles will not be reported in this instance, and users will see blank cells and missing data points on the graph. And here is a sample image of a data table that's empty, and it's due to the data restriction, and not due to any error or problem in the PEPPER itself.

I should also add that it is possible that a hospital does not receive a PEPPER; this would occur if the numerator count was less than 11 for all target areas and for all time periods included in the PEPPER.

Sometimes we get questions on why the statistics in the PEPPER are so old, so I want to explain how we process the claims data. When we generate the PEPPER, we want to make sure that the summarized claims data are accurate and complete. We do have to wait four months after the most recent month in a reporting time period before we download the claims to analyze them for inclusion in the report.

So that means that data for the fourth quarter FY19 pepper, which is July through September, those data were downloaded at the end of January 2020.

The data processing, quality checks, and report production and distribution require an additional five to six weeks.