

Using PEPPER

- Share internally with others on your team
 - Compliance, finance, health information management, coding, utilization review, quality improvement, clinical, case management, documentation improvement, administration, etc.
 - Meet to review the results.
 - Look for increases or decreases, identify possible root causes.
- Review medical records, if indicated.
- Be proactive and preventive!

How to Prioritize PEPPER Findings

- Start with the Compare Targets Report.
- Consider outlier status/percentiles as compared to:
 1. Nation
 2. Jurisdiction
 3. State
- Consider “Number of Target Discharges” or “Target Count” (Numerator) and “Sum of Payments” (where available).
- Refer to the target area reports for detailed statistics, check for changes over time.
- Use “Top” reports to supplement analysis.

Using PEPPER, 1

- Coding – data source for coding validation audits.
 - Consider selecting records to review from the numerator for high outliers.
 - You may wish to further target records for review (e.g., by length of stay).
 - Share findings internally with coders; use as springboard for discussion and education.
 - Identify opportunities for documentation improvement.

Using PEPPER, 2

- Utilization review/quality
 - Consider selecting records for review from the numerator.
 - You may wish to further target records for review (e.g., readmissions, short stays, high therapy utilization, long stays, etc.).
- Billing errors
 - Patient discharge status, site of service, occurrence, condition codes; ancillary charges

Using PEPPER, 3

- Compliance – support auditing, monitoring and benchmarking activities.
 - Audit results used to develop specific action plans for ensuring compliant documentation, providing education regarding admission/treatment necessity and improving coding accuracy.
- Preparation for Recovery Auditors

Strategies to Consider....

- Do not panic!
 - Outlier status does not necessarily mean that compliance issues exist.
- If you are an “outlier,” determine why that may be.
 - Do the statistics reflect your operation? Patient population? Referral sources? Health care environment?
Verify by:
 - Sampling claims and reviewing documentation in medical record.
 - Reviewing the claim. Was it coded and billed appropriately, based upon documentation in the medical record?
- Ensure you are following best practices, even if you are not an outlier.