Transcript for the Q4FY21 *Hospice Program for Evaluating Payment Patterns Electronic Report (PEPPER)* Review

May 17, 2022

Hello everyone, I'd like to welcome you all today to the *Hospice PEPPER* review for Q4FY21. My name is Annie Barnaby, and I work for RELI Group, Inc., who is contracted with the Centers for Medicare & Medicaid Services (CMS) to produce and distribute PEPPER reports.

Our agenda today includes a review of the most recent release of the PEPPER for hospices, the Q4FY21 PEPPER that was released in early April 2022. I will share a sample PEPPER with you, so we can see what the PEPPER file looks like, and what the data shows us. We'll take a look at the new target areas for this release. We will also be reviewing some other resources, including the national and state level data, and peer group bar charts. So let's get started!

Today's presentation will be a high-level review of the PEPPER, so if you're familiar with PEPPER, this will be a nice refresher. But if you're new to PEPPER, you might still have questions at the end of the session, and we have resources available to you to help if you do have questions. These resources can be accessed through the PEPPER website in the hospice "Training & Resources" section. Our website is PEPPER.CBRPEPPER.org.

Let's start at the very beginning. What is PEPPER? PEPPER is an acronym that stands for Program for Evaluating Payment Patterns Electronic Report. A PEPPER is a comparative report that summarizes one facility's Medicare claims data statistics for areas that might be at risk for improper Medicare payments, primarily in terms of whether the claim was correctly coded and billed and whether the treatment provided to the patient was necessary and in accordance with Medicare payment policy. In the PEPPER, these areas that might be at risk are called "target areas."

The PEPPER summarizes your facility's Medicare claims data statistics for these target areas and compares your statistics with aggregate Medicare data of other hospitals in three different comparison groups. These comparison groups are all hospitals in the nation, all hospitals that are in your Medicare Administrative Contractor or MAC jurisdiction, and all hospitals that are in the state. These comparisons are the first step in helping to identify where your claims could be at a higher risk for improper Medicare payments. In the PEPPER world, this means that your billing practices are different from most other providers in the comparison group. I do want to stress that the PEPPER cannot identify improper payments. The PEPPER is a summary of your claims data and can help you identify or alert you if your statistics look unusual as compared to your peers, but improper payments can only be confirmed through a review of the documentation in the medical record along with the claim form.

Taking a look at the history of PEPPER, we can see that the program began back in 2003. TMF Health Quality Institute developed the program originally for short-term acute care hospitals, and later, for long-term acute care hospitals. In 2010, TMF began distributing PEPPERs to all providers in the nation, and along the way they developed PEPPERs for other provider types, which you can see on this slide. Each of these PEPPERs is customized to the individual provider type with the target areas that are

applicable to each setting. Then, in 2018, CMS combined the Comparative Billing Report, or CBR, and the PEPPER programs into one contract, and the RELI Group and its partners, TMF and CGS now produce CBRs and PEPPERs.

While the CBR program produces reports that summarize Medicare Part B claims data, the PEPPERs summarize Medicare Part A claims data. These reports are produced for providers across the spectrum that help educate and alert providers to areas that are prone to improper Medicare payments. So, why does CMS feel that these reports are valuable and support their agency goals? Well, CMS is mandated by law to protect the Medicare Trust Fund from fraud, waste, and abuse, and they employ several strategies to meet this goal, such as data analysis activities, provider education, and early detection through medical review, which might be conducted by the Medicare administrative contractor, a recovery auditor, or another federal contractor. The provision of PEPPERs to providers supports all of these strategies. The PEPPER is considered an educational tool that can help providers identify where they could be at a higher risk for improper payments. The providers can proactively monitor and take preventive measures if necessary. I should also mention that the Office of Inspector General, or OIG, requires that providers have to have a compliance program in place to help protect their operations from fraud and abuse. An important piece of a compliance program is conducting regular audits to ensure that charges for Medicare services are correctly documented and billed, and that those services are reasonable and necessary. The PEPPER supports that auditing and monitoring component of a compliance program.

Now that we have a sense of the history of the PEPPER program, and why it was created, let’s talk specifically about the newest release of this PEPPER, Q4FY21. Again, the PEPPER only summarizes Medicare fee-for-service Part A claims data and does not include any other payer types, such as Medicare advantage claims. Every time that a PEPPER is produced and released, the statistics are refreshed through the paid claims database. Therefore, if you’re looking at a pervious release of the PEPPER and comparing it to this release, you probably are going to see some slight changed in your numerator or denominator, your percentile, those types of things. That could be because there are late claims that are submitted, or corrected claims, which would both be reflected in the updated statistic. Any time we do produce a report, the oldest fiscal year rolls off as we add the new one.

Now, let’s look at the improper payment risks that are pertinent for hospices. Hospices are reimbursed through the Medicare Hospice Benefit, which requires the beneficiary to elect the level of care for the hospice benefit. There is a risk for inappropriate beneficiary enrollment in the Medicare Hospice Benefit, and there’s also abuse of the Medicare Hospice Benefit, as well as the four different levels of hospice care. These target areas in the *Hospice PEPPER* were identified, first of all, by a review of the MHB, a review of oversight agency reports, an analysis of claims data, and in coordination with CMS subject matter experts. Over time, we review reports identifying improper payments, which might be produced by the OIG or other CMS contractors, and we also conduct national level data analysis. We do assess the target areas each year, and as new risks are identified, the target areas are updated accordingly. As the healthcare landscape changed, the target areas will continue to change over time as we continue to evaluate areas that are at risk for improper payments.

In the PEPPER, we calculate statistics for these target areas, which are essentially areas that have been

identified as at a higher risk for improper Medicare payments, which could be due to coding or billing errors, or maybe there are unnecessary services. In the PEPPER, we calculate or construct these target areas as a calculation as either a rate or a percent. In target areas reported as a ratio, the numerator and denominator represent different units. In target areas reported as a percent, the numerator and denominator are the same units. The target areas are constructed as a ratio, where the numerator represents a number of episodes or claims or days that have been identified as potentially at risk, and then the denominator is a larger reference group that allows us to calculate a target area percent.

On this slide we can see the target areas, or I should say, some of the target areas that are included in the *Hospice PEPPER*. These are all established target areas, so none of the target areas listed here are new for this release.

However, we do have three new target areas, there are listed here. As you can see, they are focused on Medicare Part D claims across different areas of residence for the beneficiaries. Last year's *Hospice PEPPER* release included a broader view of the Part D claims, but that target area was discontinued to make way for these three more focused target areas that look at those different sections of Part D claims. With these new target areas comes a deeper understanding of the distribution for Part D claims and allows specific hospice facilities to concentrate on the area that is of most interest to them.

This side shows the calculations for two of the target areas in this PEPPER, *Live Discharges No Longer Terminally Ill* and no general in-patient care or continuous home care and this info on the slide illustrates how we put these two target areas together. For the live discharging, no longer terminally ill target area, we have a numerator of the count of beneficiary episodes where the beneficiary was discharged alive, expired into medical facility or expired in a place unknown. We are excluding beneficiary transfers, revocations, instances where the beneficiary was discharged for cause or beneficiaries who moved out of service area. Those of episodes makeup the numerator for this target area and then in the denominator we're looking at all of beneficiary episodes discharged by death or alive during that report period. When we calculate the target area percent for these target areas, we divide the numerator by the denominator and then we multiply by 100 and then this gives us the result for this target area for the provider. The no GIP or CHC target area in the numerator we are looking at count of beneficiary episodes that had no amount of general inpatient care or continuous home care and the denominator is the count of all beneficiary episodes discharged by death or alive by the hospice during the report period. So, those are just two examples of how the target areas are calculated. We get to our sample PEPPER, we are going to see that the PEPPER lets us know how each of the target areas is calculated and then that information is in the users' side as well.

When we get to the PEPPER again, we are going to see that there are percentiles that is are marked for each of the facilities for each of the target areas. And this slide can tell us and help us understand how those percentiles work. They are different of course from the percent outcomes that we may see from a target area. And the ladder image is a great representation of how we calculate those percentiles in the PEPPER. Next to the ladder is a list of target area percents sorted from highest to lowest. So those are the facility's target area outcomes from the calculations that we just talked about.

The first step our team takes when we calculate a percentile is to take all of these target area percents for a target area and a time period. We sort the target area percents or outcomes from highest to

lowest and that is what the ladder represents. You can see the percents list from highest to lowest down the ladder.

Next, we identify the point below which 80 percent of those percents fall and that point is identified as the 80th percentile. So, any facility that has a target area percent that is at or above the national 80th percentile will be identified in the PEPPER as a high outlier. A high outlier is identified in the PEPPER target area tab data by red bold font. A high outlier could potentially mean over coding or it could just mean that your statistics look different for another justifiable reason.

Before we review a PEPPER, let's review the comparison groups. The visual on this slide reminds you that we do have these three comparison groups. We have nation, jurisdiction and state. Sometimes the MAC jurisdiction comparison group is confusing to people so to simplify, think about that group as being comprised by all of the providers that submit their claims to the same MAC. This is a way of giving us a smaller group to compare than the nation and then larger than our state.

So let's go now to a sample PEPPER. Now, this is the sample *Hospice PEPPER* that is available on the *Hospice PEPPER* “Training & Resource” page. So if you ever want to look at the PEPPER after, you are more than welcome to go and download the sample PEPPER but we always encourage you of course to download your own PEPPER as well. This sample PEPPER is truly just that. It is a sample information. It is sample data. This is not an actual facility that we are looking at so I want everyone to be aware of that. To begin the PEPPER, we start on the purpose tab. You can see down at the bottom we have many tabs that are listed here and each of those tabs has its own purpose but the purpose tab, lets us know that the PEPPER we are looking at, most recent three federal fiscal years through the fourth quarter of fiscal year 2021, it gives us a little bit of information about the PEPPER. When the fiscal year ends and begins, and then it also lists the provider's jurisdiction. So if there is any confusion about which jurisdiction you are in, the PEPPER provides that information for you here on the purpose tab.

Moving forward then to the definitions tab, this tab is a wonderful way to have a lot of information right at your fingertips. During the slide show, we did take a look at the calculation for two of the target areas. And I mentioned that the target area calculations for all the target areas is listed within the PEPPER and that is what the definitions tab contains. All of that data. If you are ever looking through your PEPPER and you are wondering, I see my percent outcome, I see my percentile, but I am a little confused or I forget which episodes are included in this numerator or denominator can always flip back to the definitions tab and the information is here for you. This is very handy when you are sorting through all the information that the PEPPER contains.

Now, next we have the compare tab. So this tab is going to display statistics for any target area that has reportable data. Now, when we say reportable data in the PEPPER, we are referencing 11 or more, target discharges. So, if we ever see anything or any piece of data that doesn’t have data or looks blank, that means that 11 or more target was not met. That’s the threshold that we set across the board for this PEPPER, so if you don't see information that is why. And the information that you do see, you can rest assured that all of this was taken from the target areas that do have that reportable data.

Let's look at this first line under the target area in the chart down at the bottom of this tab. Live discharges, not terminally ill. This chart is going to tell us for the target areas that are listed there on the

left, for each one they are going to tell us that the number of target discharges so that's the numerator. And for this target area for the sample provider, the numerator for that target area is 33. Now, when we did the calculation for this provider, using their numerator, 33 and whatever the denominator was, we came out with a percent. Their outcome was 14.1 percent. The hospice national percentile, 78 percent, the jurisdiction percentile is listed as 83.3, and then the state percentile is listed as 75. So, what do those percentiles mean? Well, the percentiles that are listed in the national, jurisdiction, and state columns reflect how many of the other providers are higher than this particular hospice. When we see 78.7 for the national percentile that means 78.7 percent of the hospices have a lower percent value than that hospice. Same for the jurisdiction, 83.3 percent have a lower percent value. 75 percent in the state. This tab and this chart gives us a sum of payments. So they give us a lot of information, a lot of comparative data but also information that is the basis for those target area comparisons and calculations. Let's move forward and take a look at our first tab that is target area data. This tab is the first tab is for a specific target area and that target area in the *Hospice PEPPER* is stated up top and down in the bottom on the title of the tab, it is live discharges, no longer terminally ill. Let's take a look at all that this tab has to offer us in terms of data and comparison data. At the very top of tab for each target area, you are going to see data for your hospice. And it is data for the three fiscal years that are included in this PEPPER, FY 2019, FY 2020 and FY 2021. Underneath that, immediately underneath that for kind of a quick reference, you can see your outlier status. You can see that this provider, this hospice provider was a high outlier in fiscal years 19 and 20. But then in 2021, they were not an outlier. So all the outlier status depends on that 80th percentile that we talked about back in the slide show with that ladder analogy or that ladder metaphor.

Let's look then at how we got there, how we got to those outlier statuses. Well, the target area percent, again is going to be the outcome for this provider for that calculation. If we ever have a question about any of the calculations, we can go back to this definitions tab. It has the numerator listed here. It has the denominator listed here. So, when we go back to the live discharge target area tab we can put a face so to speak to these numbers and we can know exactly what these numbers represent with that that calculation. So the target area percent, you can see, went down pretty steadily from 2019 through 2021. It dropped considerably in 2020 but as you can see with the calculations, for the state jurisdiction and the nation, they were still a high outlier at 14.5 percent. But this most recent fiscal year, the 2021, they were not an outlier and so the 14.1 was their outcome for that.

We have those overviews, I should say, the outlier status and the target area percent so we have the final information. But then as we move down in this chart we kind of breakdown that information and let you know how we came up with that data and with those calculations and with those results. So the target count is always going to be that numerator number and the denominator count is obviously the denominator amount for each of the calculations and each of the target areas. So, these two rows are kind of the raw data that gives us our target area percent and then the comparative data of course gives us our outlier status. The tab for this target area also gives us the average length of stay for the numerator. So for those 25 that were in the target count, the length of stay was 132 in 2019 and then 406 in 2021, same with the denominator. We have that same information for the denominator as well.

Then we have an average payment of the target count of those that are considered at a risk for

improper payment, what was this sample hospice's average payment for those discharges or for those instances? 21,000 in 2019 and 58,000 in 2021. And one row down we have the sum of payments. So we have the average for the numerator in row 12 and 13 that is highlighted here, this is the total sum of payments that this provider received for those target areas, for that target count. The top part of each target area tab is always going to contain this same information. Of course the numbers are going to change according to the target area outcomes for the provider. But underneath that is always going to be the comparative data. I don't want to scroll down too much just yet. The comparative data shows us what that national jurisdiction and state 80th percentile are. If we remember back to that ladder metaphor, we want to think of that national 80th percentile as that black line that drew a line across that outcome list at a point where 80 percent of the providers outcomes fell. So for this target area, for FY 2021, that line was drawn across 14.8. That was the outcome below which 80 percent of the providers fell. Now, 14.8 is the national 80th percentile. If we look up here, we can see we are not an outlier for this year. We have a target area percent of 14.1. So we were not included in that 80th percentile. Let's go back to 2020. 12.9 percent was where the line was drawn on the ladder. The outcome for this provider was 14.5. So at this point, as you can see, they were a high outlier. We really want you to get a good sense of and have all the information for all the data that we used for the comparison information and for the PEPPER creation. Again, we gave you all of your information in this top chart and then the comparative data down here in the second chart. If we continue to scroll through, we are not done quite yet. We have other information to see and another way of looking at the data and that is in the form of this graph that you see right here. The hospice information, the hospice outcomes are listed here. I've scrolled up just enough to see them. Let's look at FY 2021, the outcome for hospice was 14.1. If we come here and hover over it, 14.1. These blue bars represent the hospice's target area percent. Then the national jurisdiction and state 80th percentile, the point at which that line was drawn are indicated on top of that bar chart with these line graph points. The national 80th percentile is the solid line. The jurisdiction is the dashed line and then state is it the dotted line. But what we want to look at here in terms of outlier status is that national 80th percentile, this solid line. Now, we know that in 2019 and in 2020, this hospice was a high outlier. You can see this hospice outcome is listed here and the national 80th percentile is within that bar graph for this hospice, same with 2020, and then 2021 the plot line for the national jurisdiction 80th percentile, excuse me, for the national 80th percentile is just outside of the bar graph for this provider. Because this provider was not an outlier in 2021.

We continue scrolling, this I think is a wonderful addition to the PEPPER and wonderful information. We have all just looked at some very detailed data and comparison data and as hospice, we might be thinking, well, how can we improve? What if we are high outlier? What can we do the change? What does this mean? How can I move forward with this information? And we provide that information to you. We have the suggested interventions, above the 80th percentile. This tab and this information is going to give you a suggested way to proceed. Why you might be a high outlier. As you can see, this would indicate the beneficiaries are being enrolled in the Medicare hospice benefit who do not meet the hospice eligibility criteria. It gives you a possible reason. That doesn't mean that is what is happening. It doesn't mean there is any wrongdoing or anything like that. This is truly a data comparison report. But they are telling you what might be going on and then they give you some suggestions on

how to move forward, how to produce some reviews internally and what to do with this data. We don't just give you all the data and all the comparison data, but we also help you to move forward and use that data.

Let's move on to the *Live Discharges—Revocation*. As we saw earlier, it is possible that we are going to have the no data listed and as we said before, that means that the target or the denominator count is less than 11. So again, that is the threshold that we have placed 11 or more, target encounters. This hospice for all three years did not have any data to report for this target area.

This compared to the live discharge, no longer terminally ill is a great way to look at how these target areas are, all the information and all the data that is provided to us. And how different they can all be. For this live discharge revocations, there is not too much to look at. We could always look at the national 80th percentile jurisdiction, 80th percentile and see those in the line graph but there are no bar charts here because this provider did not have the sufficient information to report for this specific target area. There is nothing to be alarmed. There is nothing wrong. There is nothing wrong with the report. It means that minimum 11 threshold was not met. Moving on to the live discharge with a length of stay of 61 to 179 days. I will not go to every single target area but I wanted to take a look at this third one as a way to see again how the data and how those target area outcomes and jurisdiction, national and state 80th percentiles can vary according to the target area.

This provider was—they have kind of got it all in this top chart as we can see. An example of everything almost. And they were a high outlier in 2019. They didn't have enough reportable data in 2020 and then in 2021 they were not an outlier. The target area percent is listed there, 52.3 and then in 2021 it dropped way down to 16.7. We still have all of this information that tells us the numerator and denominator counts of how we got the calculations or how we performed the calculation to get this to this target area percent.

We have the average length of stay for both of those and then we have the average payment and the sum of payments for the numerator. Going down to this graph, the bar chart is listed only for those two years where they had reportable data. And the national 80th percentile line graph points are listed here in 2019 it was 45 percent was the national 80th percentile, again, within the bar chart for this provider. In 2021, the national 80th percentile was 38.37, outside of this bar chart. They were not an outlier in 2021. As always, we have the suggested interventions if you do want to look and see how you can move forward with those high outlier statuses. This format and this information in this data continues for the rest of the target areas, *Long Length of Stay*, *Continuous Home Care Provided in an Assisted Living Facility*, *Routine Home Care Provided in an Assistant Living Facility*, *Routine Home Care Provided in a Nursing Facility, Routine Home Care Provided in a Skilled Nursing Facility*. We saw just by clicking through there that this data varies greatly for this provider and that is most likely when this sample provider even though they don't exist, would review through this PEPPER, that would probably be what they expect to see. They know their patient base. They know the area in which they work. They know where their services are being provided. So all of this data might not look alarming and that is perfectly fine.

If there is anything that you see on your PEPPER that doesn't look quite right to you, that is always when we encourage you to take those interventions or use those suggested interventions and dig a little bit

deeper. We have a single diagnosis coded. We have the no general in patient care or continuous home care. Then we have the *Long General Inpatient Care Stays*. This provider had no data for this target area.

These next three target areas I do want to take a closer look at because they are the three new target areas for this hospice. We have the average number of part D claims residing at home. We ever have a question about what is included in this numerator and denominator, we can always go back to our definitions tab. Oops.

In the numerator for the target area average number of Part D at home, the numerator we have the count of Medicare Part D claims for beneficiaries residing at home during a hospice episode of at least three days. And then the denominator is the count of hospice episodes of least three days for beneficiaries, of course, residing at home. Let's go back to the tab for that target area.

We see our results. Even though the target area is new for this year when we pull the data and we do the comparisons, we include all three years that are included in the PEPPER. So if this provider has reportable data, more than 11, and they do. We are going to report that as if the target area existed back in 2019. We want to give you all the information for the three fiscal years that are included in this PEPPER. This provider was a high outlier. They do have a high outlier status for all three of the years included in the PEPPER. And the target area rate actually increased over those three years. So that calculation for this provider, the outcome of that calculation increased as the years went on. However, let's take a look down at the national 80th percentile. These increased as well. So that black line was moved up and up on that ladder as these years went on.

So it is interesting to take a look at how your data changes as compared to how that national 80th percentile or the jurisdiction or the state, how those data changes as well. The outcome for this provider even though the national 80th percentile increased as well, remained a high outlier and that is of course for reflected in the chart down below.

And of course, we have the suggested interventions as well. As I think I mentioned in the PowerPoint presentation, last year's PEPPER, *Hospice PEPPER* had a more general Part D target area. But we found that a lot of the providers were wanting more detailed information so we launch and split kind of that target area into these different residence areas. So this is the second Part D claims. Assisted living facility. Again, this provider was a high outlier for all three years. But we can see that the national 80th percentile also increased. And you can see that at a quick glance down here in the chart. And of course we still have the suggested interventions. Finally, the third Part D new target area was claims residing or excuse me Part D claims residing in a nursing facility. For this provider, they are no data for this target area.

I think we can—yes, we can. We look back at the routine home care provided in a nursing facility, so again, this provider is going to look at this information and say, yes, I don't have any services for beneficiaries inside a nursing facility. I don't provide services in a nursing facility. It’s not going to be a shock to them when they see no data. When they go here into the last Part D, nursing facility, target area, the same thing. They have no data. Just pointing out that the information might be exactly what you expect to see and that is a great thing as well and it is also great that you have the PEPPER that tells you that because then you can use that PEPPER to continue performing best practices.

There are several more, four more tabs on the PEPPER. We have a list of the top terminal CCS diagnosis categories. This is for the most recent fiscal year so 2021. This lists the clinical classification software diagnosis category that were used most by this provider. You can see dementia, circulatory cancer, respiratory disease. They have the number for each category, the proportion for each category and then the average length of stay.

So, just kind of a broader look at the hospice data according to those CCS categories. This is for the actual hospice. The next tab is the top CCS categories in the jurisdiction. As a hospice provider, I can look at my top list and see how it compares to the jurisdiction. Again, it is a broader look at the data in terms of a jurisdiction and then of course also the diagnosis categories.

The second to last tab is the hospice live discharges by type over the three fiscal years. So this is all fiscal years included: 19, 20, 21, all that is included in what you see in this chart. It lists out how the beneficiaries were discharged. No longer terminally ill, there were 84 episodes. That was 54 percent of the discharges. Beneficiary transfer, discharged for cause and revocation. You can see all of those listed out as well and then the proportion of what those represent across all discharges. And again, we have information for the jurisdiction. So we have our information on that former tab and then we can look at the totals for those type of discharges for the jurisdiction as well. We have seen the whole PEPPER and taken a look at all the target area tabs but how does PEPPER apply to providers? A PEPPER can help a facility to identify areas where they may be outliers and if that outlier status is something that should prompt an internal review within those target areas. We often get the questions do I have to use my PEPPER? Do I need to take any action in response to my PEPPER? The answers to those questions is no. You are not required to use your PEPPER.

Though it is helpful information and we would encourage you to at least download it and take a look. You are not required to take any action. However, it is important to remember that other federal contractors are also looking through the entire Medicare claims database. They may be looking for providers that could benefit from some focused education or maybe even a record review. And so from your perspective, it would be nice to know if your statistics look different from others so then you can decide if there is something to be concerned about and if you need to take a closer look or if what you are looking at is what you expect to see in your PEPPER.

The PEPPERs are distribution in an electronic format. The Microsoft Excel workbook that we reviewed and they are available from two years from the original release date. We cannot send PEPPER through email because of the sensitive data housed within the PEPPER. We have to be judicial in the way that we distribute the PEPPER and it can't be sent through unsecured emails. With this in mind, we do have a portal online that you—you to use to access you PEPPER. We encourage you to go to the portal and to download your PEPPER so you can have it in your files for your use.

You will need some information to access your PEPPER through the portal. First, you will be asked to enter your 6-digit CMS certification number which is also referred to as the provider number or provider transaction number, the PTAN. This number is not your Tax ID or an NPI number. For hospices the third digit of this number will be a 1.

For the validation code on the portal access page, you will enter a patient control number found at form

locator 03A on the UB 04 claim form or a medical record number found at form locator O3b on the UB 04 claim form. For a traditional Medicare Part A fee for service patient who receives services from July 1st, 2021 through September 30th, 2021. Also the contact that is listed in the provider enrollment, chain and ownership systems, PECOS, will receive an email that contains a validation code. So you can seek out that PECOS contact and ask if you can have access to that validation code to make it a little easier on yourself if you have direct access to that PECOS contact. Please note that these validation codes are updated for each release so you won't be able to use a validation code that you received for a previous PEPPER release.

If you get a PEPPER and you see a lot of red indicating you as a high outlier, please don't panic. Remember just because you are an outlier in the PEPPER doesn't mean that any compliance issues exist and it doesn't mean you are doing anything wrong. But again, we encourage you to think about why you might be an outlier and if those statistics in your PEPPER reflect what you would expect to see. If something doesn't quite feel right, please coordinate with others within your hospital, share the PEPPER information, put your heads together, and think about some factors. Pull some records. Along with some claims and just evaluate to make sure that you are following those best practices.

We have a number of other resources that are available publicly on our website, PEPPER.CBRPEPPER.org. Ob of those resources is aggregate information regarding for the target areas both at a national and a state level. Also, there is aggregate information regarding the target areas, the top terminal discharges, and the live discharges by type. This information is updated each time we have a PEPPER release.

We also have peer group bar charts which are updated on an annual basis. Sometime ago we did have PEPPERs who had asked us to make available a comparison that would be applicable to what they would consider their peer group. And so these peer group bar charts enable providers to look at that type of information. We have three different categories. We look at size, dictated by the number of episodes, location, which is either urban or rural, and ownership type, which is for profit, physician owned, nonprofit, church owned or government.

We do update the peer group bar charts annually. If you find that you do not agree with how we are representing your hospice's ownership type or location, that information will need to be updated through CMS. We use the CMS provider of services file and that is maintained by the CMS regional offices so you will need to contact them for that update.

I am just going to share the PEPPER homepage very quickly to show you where you can find those peer group bar charts. This is our homepage. Some of you might be very familiar with it. But to get to the peer group bar charts you will want to go to the data tab, scroll down to hospices, and the peer group bar charts are actually the last ones listed. If you click on the peer group bar charts, the file will load. Those are also shown in an Excel spreadsheet format. It is a lot of great information there that is different from the PEPPER data. So there is another comparison group to look at there.

A number of other resources can be found on the PEPPER website. Of course there is the user guide, the PEPPER training sessions, a demonstration PEPPER, a spreadsheet that will identify the number of hospitals in each of those map jurisdictions by total and by state. And some testimonials and success

stories. There are really nice success stories out there. One in particular from a Kentucky hospital that used their PEPPER to help them identify issues and improve internal processes.

As always, if you need assistance with PEPPER and you do not find the answer you need in the user's guide, please visit the homepage and click on the help dash contact us button. When you submit a Help Desk ticket a member of our staff will respond to you and help. Please do not contact any other organizations for assistance with PEPPER. RELI Group is contracted with CMS to support providers with obtaining and using the PEPPER. If you have any questions, please contact us. We are the official source of information on PEPPER. Please do not pay consultants to help you with PEPPER. We provide support to you at no cost and not all consultants are providing accurate information on PEPPER so when you reach out to us, you can be sure that we will give you the correct and accurate information.

This is a screen shot of our homepage. You can see each of the facility types that we release PEPPERs are sectioned off here and hospices are over on the left column in the middle.

I want to thank you all again for joining us today. I hope you found this webinar to be beneficial. If you have any questions, following the webinar, please feel free to submit them to our Help Desk.