



New and Improved Short-Term Acute Care Hospital PEPPER Format

July 2020



Introducing the New PEPPER Format

- In addition to the data and information you are used to seeing, the Program for Evaluating Payment Patterns Electronic Report (PEPPER) now includes these features:
 - Greater accessibility
 - Cleaner presentation
 - Improved readability
- Notable changes to PEPPER include the following:
 - Removed text boxes (replacing with text where needed)
 - Increased font size throughout
 - Removed alternate row shading
 - Labeled tables
 - Revised report titles

Introducing the New PEPPER Format, cont.

- These changes make PEPPERs more accessible to everyone, using Section 508 accessibility standards.
- To learn more about Section 508, review the information provided by the United States Department of Health and Human Services:
<https://www.hhs.gov/web/section-508/index.html>.
- PEPPERs are now created in Excel 2016 as .xlsx files.
 - Customers with an earlier version of Excel for whom upgrading to a newer version of Excel is not possible may find options to open the PEPPER file via an internet search.

Purpose Page

- Added the Centers for Medicare & Medicaid Services (CMS) logo
- Revised layout slightly
- Removed link to PEPPER “Training & Resources” page on the website

Old vs. New: Purpose Page

Purpose of Short-Term Acute Care
Program for Evaluating Payment Patterns Electronic Report



002724 Hospital P2724
Most Recent 12 Federal Fiscal Quarters Through Q1 FY 2020

The Program for Evaluating Payment Patterns Electronic Report (PEPPER) is an educational tool that supports CMS' efforts to protect the Medicare Trust Fund. PEPPER summarizes a hospital's Medicare claims data for diagnosis-related groups (DRGs) and discharges that have been identified as at higher risk for improper payments.

Please refer to the *Short-Term Acute Care PEPPER User's Guide* at <https://pepper.cbrpepper.org> for guidance using the report. The statistics are summarized and reported as twelve 3-month time periods based on the federal fiscal year which begins on Oct. 1 and ends on Sept. 30. If you need assistance, please visit <https://pepper.cbrpepper.org> and click on the "Help/Contact Us" tab.

This is ST PEPPER version Q1FY20
Jurisdiction: Demo Jurisdiction (DMSTR)

PEPPER is developed under contract with the Centers for Medicare & Medicaid Services (CMS) by RELI Group, along with its partners TMF® Health Quality Institute and CGS.

[Visit PEPPERresources](#)

[Link to PEPPER Training](#)



Purpose of Short-Term Acute Care
Program for Evaluating Payment Patterns Electronic Report

000075 Hospital A0075
Most Recent 12 Federal Fiscal Quarters Through Q1 FY 2020

PEPPER contains statistics for areas at risk for improper payments, which are referred to in the report as target areas. The statistics are summarized and reported as 12 three-month time periods based on the federal fiscal year which begins on Oct. 1 and ends on Sept. 30. Target areas are constructed as ratios and expressed as percents. The numerator represents discharges that have been identified as problematic, and the denominator represents discharges of a larger comparison group. For example, admission necessity-focused target areas generally include in the numerator the diagnosis related groups (DRGs) that have been identified as prone to unnecessary admissions, and the denominator generally includes all discharges for the DRG(s) (i.e., all discharges). Target areas related to DRG-coding generally include in the numerator the DRG(s) that have been identified as prone to DRG-coding errors, and the denominator includes these DRGs in addition to the DRGs to which the original DRG is frequently changed.

This is ST PEPPER version Q1FY20
Jurisdiction: Demo Jurisdiction (DMSTR)

Learn about PEPPER and view the PEPPER User's Guide on [PEPPER Website Home Page](https://pepper.cbrpepper.org)
<https://pepper.cbrpepper.org>

PEPPER is developed under contract with the Centers for Medicare & Medicaid Services (CMS) by RELI Group, along with its partners TMF® Health Quality Institute and CGS.

Definitions Page

- Removed shading
- Removed hyperlinks to target area worksheets
- Increased font size
- Spelled out “Numerator” and “Denominator” in all instances

Old vs. New: Definitions Page

ST Target Area	ST Target Area Definition
Stroke ICH	<p>N*: count of discharges for DRGs 061 (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with MCC), 062 (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with CC), 063 (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent without CC/MCC), 064 (intracranial hemorrhage or cerebral infarction with MCC), 065 (intracranial hemorrhage or cerebral infarction with CC or tPA in 24 hours), 066 (intracranial hemorrhage or cerebral infarction without CC/MCC)</p> <p>D*: count of discharges for DRGs 061, 062, or 063, 064, 065, 066, 067 (nonspecific CVA and precerebral occlusion without infarct with MCC), 068 (nonspecific CVA and precerebral occlusion without infarct without MCC), 069 (transient ischemia w/o thrombolytic)</p>
Resp Inf	<p>N: count of discharges for DRGs 177 (respiratory infections and inflammations with MCC), 178 (respiratory infections and inflammations with CC)</p> <p>D: count of discharges for DRGs 177, 178, 179 (respiratory infections and inflammations w/o CC/MCC), 193 (simple pneumonia and pleurisy with MCC), 194 (simple pneumonia and pleurisy with CC), 195 (simple pneumonia and pleurisy without CC/MCC)</p> <p>Note: Beginning with the Q1FY18 PEPPER, some hospitals may see increases in the numerator and denominator counts for Simple Pneumonia and in the denominator counts for Respiratory Infection, due to a coding guideline change effective for discharges after October 1, 2017.</p>
Simp Pne	<p>N: count of discharges for DRGs 193, 194</p> <p>D: count of discharges for DRGs 190 (chronic obstructive pulmonary disease with MCC), 191 (chronic obstructive pulmonary disease with CC), 192 (chronic obstructive pulmonary disease without CC/MCC), 193, 194, 195</p> <p>Note: Beginning with the Q1FY18 PEPPER, some hospitals may see increases in the numerator and denominator counts for Simple Pneumonia and in the denominator counts for Respiratory Infection, due to a coding guideline change effective for discharges after October 1, 2017.</p>
Septicemia	<p>N: count of discharges for DRGs 870 (septicemia or severe sepsis with mechanical ventilation >96 hours), 871 (septicemia or severe sepsis without mechanical ventilation >96 hours with MCC), 872 (septicemia or severe sepsis without mechanical ventilation >96 hours without MCC)</p> <p>D: count of discharges for DRGs 193 (simple pneumonia and pleurisy with MCC), 194 (simple pneumonia and pleurisy with CC), 195 (simple pneumonia and pleurisy without CC/MCC), 207 (respiratory system diagnosis with ventilator support >96 hours), 208 (respiratory system diagnosis with ventilator support < 96 hours), 689 (kidney and urinary tract infections with MCC), 690 (kidney and urinary tract infections without MCC), 870, 871, 872</p>
Unrel OR Px	<p>N: count of discharges for DRGs 981 (extensive OR procedure unrelated to principal diagnosis with MCC), 982 (extensive OR procedure unrelated to principal diagnosis with CC), 983 (extensive OR procedure unrelated to</p>

Table 1 Target Area Names and Definitions

ST Target Area	ST Target Area Definition
Stroke ICH	<p>Numerator: count of discharges for DRGs 061 (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with major complication or comorbidity [MCC]), 062 (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with complication or comorbidity [CC]), 063 (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent without CC/MCC), 064 (intracranial hemorrhage or cerebral infarction with MCC), 065 (intracranial hemorrhage or cerebral infarction with CC or tissue plasminogen activator [tPA] in 24 hours), 066 (intracranial hemorrhage or cerebral infarction without CC/MCC)</p> <p>Denominator: count of discharges for DRGs 061, 062, or 063, 064, 065, 066, 067 (nonspecific cerebrovascular accident [CVA] and precerebral occlusion without infarct with MCC), 068 (nonspecific CVA and precerebral occlusion without infarct without MCC), 069 (transient ischemia w/o thrombolytic)</p>
Resp Inf	<p>Numerator: count of discharges for DRGs 177 (respiratory infections and inflammations with MCC), 178 (respiratory infections and inflammations with CC)</p> <p>Denominator: count of discharges for DRGs 177, 178, 179 (respiratory infections and inflammations w/o CC/MCC), 193 (simple pneumonia and pleurisy with MCC), 194 (simple pneumonia and pleurisy with CC), 195 (simple pneumonia and pleurisy without CC/MCC)</p> <p>Note: Beginning with the Q1FY18 PEPPER, some hospitals may see increases in the numerator and denominator counts for Simple Pneumonia and in the denominator counts for <i>Respiratory Infections</i>, due to a coding guideline change effective for discharges after October 1, 2017. The note associated with International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) code J44.0 (chronic obstructive pulmonary disease with acute lower respiratory infection) changed from a "Use additional code" note to a "Code also" note, meaning there is no sequencing mandated, allowing coders to assign the principal diagnosis based on the</p>

Compare Targets Report

- Removed “Description” column
- Removed link to PEPPER website

Old vs. New: Compare Targets Report

Short-Term Acute Care PEPPER

Compare Targets Report of Q1 FY 2020 Data

002724 - Hospital P2724

[Visit PEPPERresources](#)

The Compare Targets Report displays statistics for target areas that have reportable data (11+ target discharges) in the most recent time period. Percentiles indicate how a hospital's target area percent compares to the target area percents for all hospitals in the respective comparison group. For example, if a hospital's jurisdiction percentile (see below) is 80.0, 80% of the hospitals in the Medicare Administrative Contractor (MAC) comparison group have a lower percent value than that hospital. The hospital's state percentile (if displayed) and the hospital national percentile values should be interpreted in the same manner. Percentiles at or above the 80th percentile for any target areas or at or below the 20th percentile for coding-focused target areas indicate that the hospital may be at a higher risk for improper Medicare payments (outlier status). The greater the percentile value, particularly the national and/or jurisdiction percentile, the greater consideration should be given to that target area.

Target	Description	Number of Target Dischs	Percent	Hospital National %ile	Hospital Jurisdict. %ile*	Hospital State %ile*	Sum of Payments
Stroke Intracranial Hemorrhage	Proportion of discharges with DRG equal to 061 (isch strk, precereb ocd or trans isch w thromb agnt w MCC), 062 (isch strk, precereb ocd or trans isch w thromb agnt w CC), 063 (isch strk, precereb ocd or trans isch w thromb agnt w/o CC/MCC), 064 (intracn hem or cereb infct w MCC), 065 (intracn hem or cereb infct w CC or IFA in 24 hours), 066 (intracn hem or cereb infct w/o CC/MCC) to discharges with DRG equal to 061, 062, 063, 064, 065, 066, 067 (nonspec CVA & precereb ocd w/o infct w MCC), 068 (nonspec CVA & precereb ocd w/o infct w/o MCC), 069 (trans ischem attack w/o thromb)	25	92.6%	73.8	80.0	86.9	\$181,136
Simple Pneumonia	Proportion of discharges with DRG equal to 193 (simple pneumonia & pleurisy w MCC), 194 (simple pneumonia & pleurisy w/o CC), to discharges with DRG equal to 190 (chronic obstructive pulmonary disease w MCC), 191 (chronic obstructive pulmonary disease w/o CC), 192 (chronic obstructive pulmonary disease w/o CC/MCC), 193, 194, 195 (simple pneumonia & pleurisy w/o CC/MCC)	13	61.9%	73.9	85.9	85.9	\$79,027
Septicemia	Proportion of discharges with DRG equal to 870 (septicemia or sepsis, septic w MV >06	37	56.1%	37.2	50.8	54.9	\$510,685
►	Purpose	Definitions	Compare	Outlier Rank	Stroke ICH	Stroke ICH Graph	Res


Short-Term Acute Care PEPPER

Compare Targets Report of Q1 FY 2020 Data

000075, Hospital A0075

The Compare Targets Report displays statistics for target areas that have reportable data (11+ target discharges) in the most recent time period. Percentiles indicate how a hospital's target area percent compares to the target percents for all hospitals in the respective comparison group. For example, if a hospital's jurisdiction percentile (see below) is 80.0, 80% of the hospitals in the Medicare Administrative Contractor (MAC) comparison group have a lower percent value than that hospital. The hospital's state percentile (if displayed) and the hospital national percentile values should be interpreted in the same manner. Percentiles at or above the 80th percentile for any target areas or at or below the 20th percentile for coding-focused target areas indicate that the hospital may be at a higher risk for improper Medicare payments (outlier status). The greater the percent value, particularly the national and/or jurisdiction percentile, the greater the consideration should be given to that target area.

Table 2 Compare Targets Report

Target	Number of Target Dischs	Percent	Hospital National %ile	Hospital Jurisdict. %ile	Hospital State %ile	Sum of Payments	
Stroke Intracranial Hemorrhage	21	56.8%	0.7	1.1	1.5	\$221,453	
Simple Pneumonia	20	69.0%	86.4	91.3	80.1	\$160,368	
Septicemia	31	43.1%	10.6	13.6	2.0	\$454,288	
Medical DRGs with CC or MCC	297	69.7%	31.1	34.1	20.4	\$3,022,266	
Surgical DRGs with CC or MCC	73	49.3%	23.9	17.7	13.5	\$2,026,795	
Single CC or MCC	169	45.7%	30.0	34.9	40.7	\$2,218,992	
ED E&M	505	48.7%	87.5	86.2	94.0	\$281,899	
Transient Ischemic Attack	13	35.1%	91.3	89.5		\$65,367	
Perc CV Px	39	66.1%	79.3	74.3	83.1	\$737,773	
Three-Day Skilled Nursing	16	14.7%	13.3	15.1	5.8	\$170,215	
	Purpose	Definitions	Compare	Outlier Rank	Stroke ICH	Stroke ICH Graph	Res

National High Outlier Ranking Report

- Removed shading
- Replaced blank cells with “n/a,” indicating that there is not sufficient data to generate statistics for the target area/time period
- Removed hyperlinks to target area data table worksheet

Old vs. New: National High Outlier Ranking Report

National High Outlier Ranking Report												
002724, Hospital P2724												
The National High Outlier Ranking report provides a comparison to all other short-term acute care hospitals in the nation. Your hospital's national percentile is used to determine high outlier status. All the quarters for which your hospital is at or above the national 80th percentile are added up for all the target areas. The hospital with the greatest total number of high outliers is assigned a rank of '1.' The hospital with the second greatest number is assigned a rank of '2' and so on. See the table below for your hospital's details.												
Ranking: 2355 out of a total of 3315												
Target Area	Q2 FY 2017	Q3 FY 2017	Q4 FY 2017	Q1 FY 2018	Q2 FY 2018	Q3 FY 2018	Q4 FY 2018	Q1 FY 2019	Q2 FY 2019	Q3 FY 2019	Q4 FY 2019	Total
Stroke Intracranial Hemorrhage	0	0	0	0	0	0	0	0	0	1	0	1
Respiratory Infections	0	0	0	0	0	0	0	0	0	0	0	0
Simple Pneumonia	0	0	0	0	0	0	0	0	1	0	0	1
Septicemia	1	1	0	0	0	0	0	0	0	0	0	2
Unrelated OR Procedure	0	0	0	0	0	0	1	0	0	0	0	1
Medical DRGs with CC or MCC	1	1	0	1	0	1	0	1	0	0	0	5
Surgical DRGs with CC or MCC	0	0	0	0	0	0	0	0	0	0	0	0
Single CC or MCC	0	0	0	0	0	0	0	0	0	0	0	0
Excisional Debridement	0	0	0	0	0	0	0	0	0	0	0	0
Ventilator Support	0	0	0	1	0	0	0	0	0	0	0	1
Emergency Dept E and M Visits	0	0	0	0	0	0	0	0	0	0	0	0
Transient Ischemic Attack	0	0	0	0	0	0	0	0	0	0	0	0
COPD	0	0	0	0	0	0	0	0	0	0	0	0
Percutaneous Cardiovascular Proced	0	0	0	0	0	0	0	0	0	0	1	1
Syncope	0	0	0	0	0	0	0	0	0	0	0	0
Other Circulatory System Diagnoses	0	0	0	0	0	0	0	0	0	0	0	0
Other Digestive System Diagnoses	0	0	0	1	0	0	0	0	0	0	0	1
Medical Back Problems	0	0	1	0	0	0	0	0	0	0	0	1
Spinal Fusion	0	0	0	0	0	0	0	0	0	0	0	0
3-Day SNF-Qualifying Admissions	0	0	0	0	0	0	0	0	0	0	0	0
20-Day Readmission to Same or Elsewhere	0	0	0	0	0	0	0	0	0	0	0	0

National High Outlier Ranking Report												
000075, Hospital A0075												
The National High Outlier Ranking report provides a comparison to all other short-term acute care hospitals in the nation. Your hospital's national percentile is used to determine high outlier status. All the quarters for which your hospital is at or above the national 80th percentile are added up for all the target areas. The hospital with the greatest total number of high outliers is assigned a rank of '1.' The hospital with the second greatest number is assigned a rank of '2' and so on. See the table below for your hospital's details.												
National Ranking: 959 out of a total of 3315												
Table 3 National High Outlier Ranking Report												
Target Area	Q2 FY 2017	Q3 FY 2017	Q4 FY 2017	Q1 FY 2018	Q2 FY 2018	Q3 FY 2018	Q4 FY 2018	Q1 FY 2019	Q2 FY 2019	Q3 FY 2019	Q4 FY 2019	Total
Stroke Intracranial Hemorrhage	0	0	n/a	0	0	0	0	0	0	0	0	0
Respiratory Infections	n/a	n/a	n/a	n/a	1	0	n/a	0	0	n/a	n/a	1
Simple Pneumonia	0	n/a	n/a	0	1	0	n/a	0	1	1	1	5
Septicemia	0	0	0	0	0	0	0	0	0	0	0	0
Unrelated OR Procedure	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
Medical DRGs with CC or MCC	0	0	0	0	0	0	0	0	0	0	0	0
Surgical DRGs with CC or MCC	0	0	0	0	0	0	0	0	0	0	0	0
Single CC or MCC	0	0	0	0	0	0	1	0	0	0	0	1
Excisional Debridement	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
Ventilator Support	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
Emergency Dept E and M Visits	1	1	1	1	1	1	1	1	1	1	1	12
Transient Ischemic Attack	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	1
COPD	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a	0
Percutaneous Cardiovascular	0	0	0	0	0	0	0	0	0	0	0	0

Target Area Data Table

- Removed “Need to audit?” text box
- Added “Outlier Status” column
- Moved “Percent” column

Old vs. New: Target Area Data Table

Short-Term Acute Care PEPPER

Simple Pneumonia

002724 Hospital P2724

[Visit PEPPERresources](#)
[Link to Definitions Worksheet](#)

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

- Percents (4th column in the table below) that are consistently red (high outlier) or green (low outlier)
- A trend of increasing or decreasing Percents over time resulting in outlier status
- Your Percent is above the national 80th percentile (see graph on the following worksheet)
- Your Percent is below the national 20th percentile (see graph on the following worksheet)

Time Periods	Target Area Discharge Count (Numerator)	Denominator Count	Percent (Numerator/Denominator)	Target Area Average Length of Stay (ALOS)	Denominator Average Length of Stay (ALOS)	Target Average Medicare Payment	Target Sum Medicare Payments
Q1 = Oct-Dec							
Q2 = Jan-Mar							
Q3 = Apr-Jun							
Q4 = Jul-Sep							
Q2 FY 2017	45	148	30.4%	4.9	5.1	\$5,901	\$265,564
Q3 FY 2017	22	77	28.6%	4.0	5.2	\$5,417	\$119,181
Q4 FY 2017	28	93	30.1%	4.6	4.8	\$5,673	\$158,834
Q1 FY 2018	74	131	56.5%	5.8	5.0	\$5,898	\$436,487
Q2 FY 2018	92	166	55.4%	6.1	5.9	\$6,244	\$574,432
Q3 FY 2018	57	107	53.3%	4.7	4.5	\$6,185	\$352,558
Q4 FY 2018	40	80	50.0%	4.6	4.6	\$5,947	\$237,879
Q1 FY 2019							
Q2 FY 2019	15	22	68.2%	5.1	5.1	\$6,075	\$91,127
Q3 FY 2019	16	26	61.5%	4.3	4.4	\$5,816	\$93,052
Q4 FY 2019							
Q1 FY 2020	13	21	61.9%	4.5	4.5	\$6,079	\$79,027

Note: Data for hospitals with fewer than 11 discharges in the numerator of a target area have been suppressed due to confidentiality requirements.

Note: Target area discharge count (numerator) = total discharges for DRGs 193 and 194 (see Definitions worksheet for complete target area definitions).

SUGGESTED INTERVENTIONS FOR HIGH OUTLIERS

This could indicate that there are coding or billing errors related to DRGs 193 or 194. A sample of medical records for these DRGs should be reviewed to determine whether coding errors exist. Hospitals should ensure documentation supports the principal diagnosis.

Short-Term Acute Care PEPPER

Simple Pneumonia

000075, Hospital A0075

Table 8 Hospital Statistics for Simple Pneumonia

Time Periods	Outlier Status	Percent (Numerator/Denominator)	Target Area Discharge Count (Numerator)	Denominator Count	Target Area Average Length of Stay (ALOS)	Denominator Average Length of Stay (ALOS)	Target Average Medicare Payment	Target Sum Medicare Payments
Q2 FY 2017	Low Outlier	31.0%	13	42	4.4	4.0	\$7,655	\$99,510
Q3 FY 2017	No data							
Q4 FY 2017	No data							
Q1 FY 2018	Not an outlier	41.0%	16	39	2.7	3.8	\$6,837	\$109,394
Q2 FY 2018	High Outlier	73.0%	46	63	4.2	3.9	\$7,977	\$366,922
Q3 FY 2018	Not an outlier	61.5%	16	26	4.2	4.5	\$7,973	\$127,572
Q4 FY 2018	No data							
Q1 FY 2019	Not an outlier	50.0%	19	38	4.6	3.9	\$7,268	\$138,090
Q2 FY 2019	High Outlier	69.4%	25	36	4.8	5.1	\$7,064	\$176,597
Q3 FY 2019	High Outlier	67.7%	21	31	4.2	3.9	\$7,636	\$160,357
Q4 FY 2019	High Outlier	73.7%	14	19	4.8	4.4	\$8,251	\$115,511
Q1 FY 2020	High Outlier	69.0%	20	29	4.8	4.4	\$8,018	\$160,368

Note: Data for hospitals with fewer than 11 discharges in the numerator of a target area have been suppressed due to confidentiality requirements.

SUGGESTED INTERVENTIONS FOR HIGH OUTLIERS

This could indicate that there are coding or billing errors related to DRGs 193 or 194. A sample of medical records for these DRGs should be reviewed to determine if coding errors exist. Hospitals should ensure documentation supports the principal diagnosis.

SUGGESTED INTERVENTIONS FOR LOW OUTLIERS

This could indicate that there are coding or billing errors related to under-coding for DRGs 193 or 194. A sample of medical records for other DRGs such as DRGs 177, 178 and 189 (pulmonary edema and respiratory failure) should be reviewed to

Target Area Graph

- Removed link to PEPPER website
- Removed hyperlink to “Definitions” tab

Old vs. New: Target Area Graph

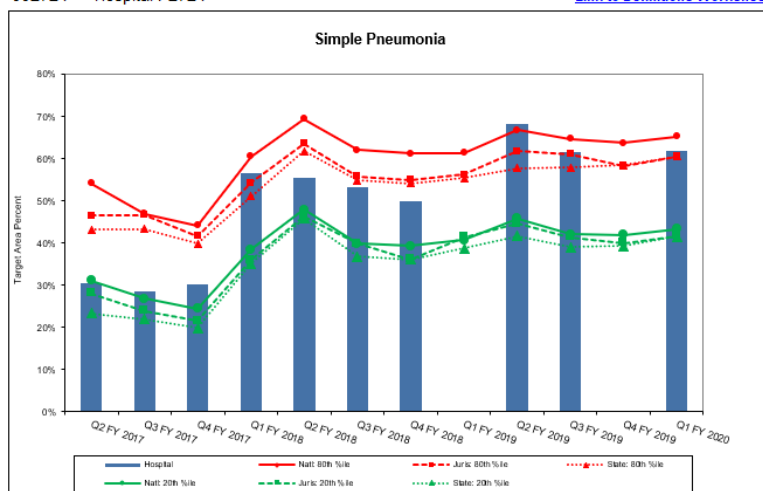
Short-Term Acute Care PEPPER

Simple Pneumonia

002724 Hospital P2724

[Visit PEPPERresources](#)

[Link to Definitions Worksheet](#)



Comparative Data for Target Proportion:

Time Periods	National 80th Percentile	Jurisdiction n 80th Percentile	State 80th Percentile	National 20th Percentile	Jurisdiction n 20th Percentile	State 20th Percentile
Q1 = Oct-Dec						
Q2 = Jan-Mar						
Q3 = Apr-Jun						
Q4 = Jul-Sep						
Q2 FY 2017	54.2%	46.5%	43.1%	31.1%	28.0%	23.3%
Q3 FY 2017	46.9%	46.6%	43.2%	26.7%	23.9%	21.9%
Q4 FY 2017	44.1%	41.6%	39.7%	24.4%	21.4%	19.8%
Q1 FY 2018	60.6%	54.3%	51.0%	38.4%	35.3%	35.1%
Q2 FY 2018	69.4%	63.5%	61.0%	47.6%	46.2%	45.7%
Q3 FY 2018	62.0%	55.7%	54.8%	39.8%	39.7%	36.7%
Q4 FY 2018	61.1%	55.0%	54.1%	39.3%	36.1%	36.1%
Q1 FY 2019	61.3%	56.2%	55.3%	40.6%	41.3%	38.7%
Q2 FY 2019	66.7%	61.7%	57.7%	45.8%	44.8%	41.7%
Q3 FY 2019	64.7%	61.0%	57.9%	42.0%	41.3%	39.0%
Q4 FY 2019	63.6%	58.3%	58.3%	41.9%	40.0%	39.2%

Short-Term Acute Care PEPPER

Simple Pneumonia

000075, Hospital A0075

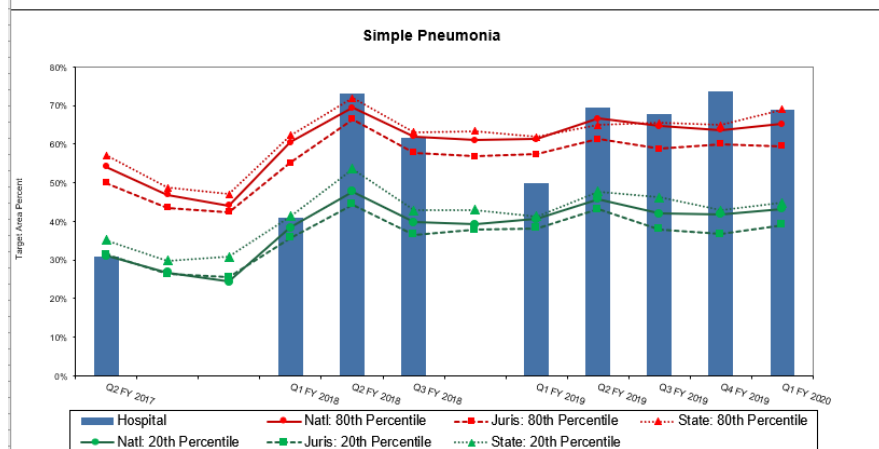


Table 9 Comparative Data for Simple Pneumonia

Time Periods	National 80th Percentile	Jurisdiction 80th Percentile	State 80th Percentile	National 20th Percentile	Jurisdiction 20th Percentile	State 20th Percentile
Q2 FY 2017	54.2%	50.0%	57.1%	31.1%	31.4%	35.1%
Q3 FY 2017	46.9%	43.6%	48.7%	26.7%	26.4%	29.9%
Q4 FY 2017	44.1%	42.5%	47.1%	24.4%	25.6%	30.8%
Q1 FY 2018	60.6%	55.2%	62.4%	38.4%	35.7%	41.4%
Q2 FY 2018	69.4%	66.4%	72.0%	47.8%	44.4%	53.7%
Q3 FY 2018	62.0%	57.9%	63.2%	39.8%	36.6%	42.9%
Q4 FY 2018	61.1%	56.8%	63.4%	39.3%	37.8%	43.0%
Q1 FY 2019	61.3%	57.5%	61.8%	40.6%	38.2%	41.4%
Q2 FY 2019	66.7%	61.4%	65.0%	45.8%	43.1%	47.7%
Q3 FY 2019	64.7%	58.8%	65.5%	42.0%	38.0%	46.2%
Q4 FY 2019	63.6%	60.0%	65.0%	41.9%	36.7%	42.9%
Q1 FY 2020	64.9%	60.0%	64.0%	42.9%	36.0%	41.8%

Top DRGs for One-Day Stays Reports

- Widened diagnosis-related group (DRG) description column
- Stopped displaying blank rows
- Removed link to PEPPER website
- Applies to top medical and top surgical DRGs for one-day stays reports for hospital and for jurisdiction

Old vs. New: Top Medical DRGs Report

Short-Term Acute Care PEPPER
Same- and 1DS Top Medical DRGs
002724 Hospital P2724

[Visit PEPPERresources](#)

Hospital Top Medical DRGs for Same- and 1-Day Stay Discharges, Most Recent Fiscal Year

DRG	Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges for DRG	Hospital Average Length of Stay for DRG
287	Circulatory disorders except AMI, w card cath w/o MCC	25	61	41.0%	2.3
291	Heart failure & shock w MCC	11	112	9.8%	5.0

Top Medical DRGs	36	173	20.8%	4.0
All Medical DRGs	202	1,208	16.7%	4.5

Short-Term Acute Care PEPPER

000438, Hospital E0438

Hospital Top Medical DRGs for Same- and 1-Day Stay Discharges, Most Recent Fiscal Year

Table 56 Hospital Top Medical DRGs

DRG	Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges for DRG	Hospital Average Length of Stay for DRG
310	Cardiac arrhythmia & conduction disorders w/o CC/MCC	18	45	40.0%	1.9
312	Syncope & collapse	11	41	26.8%	2.9
Top Medical DRGs		29	86	33.7%	2.4
All Medical DRGs		196	1,862	10.5%	4.9

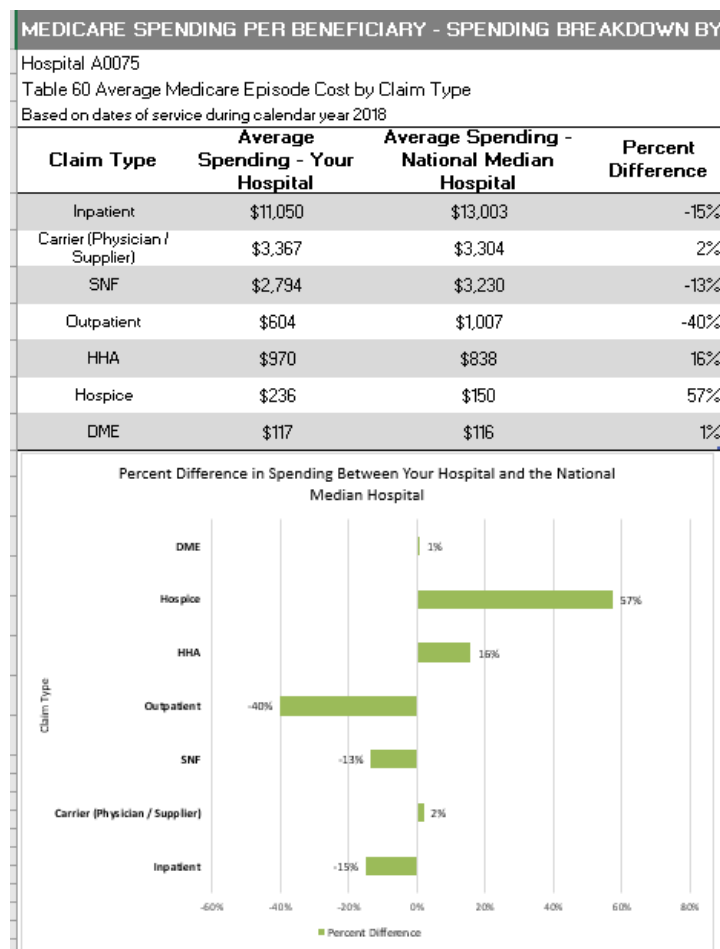
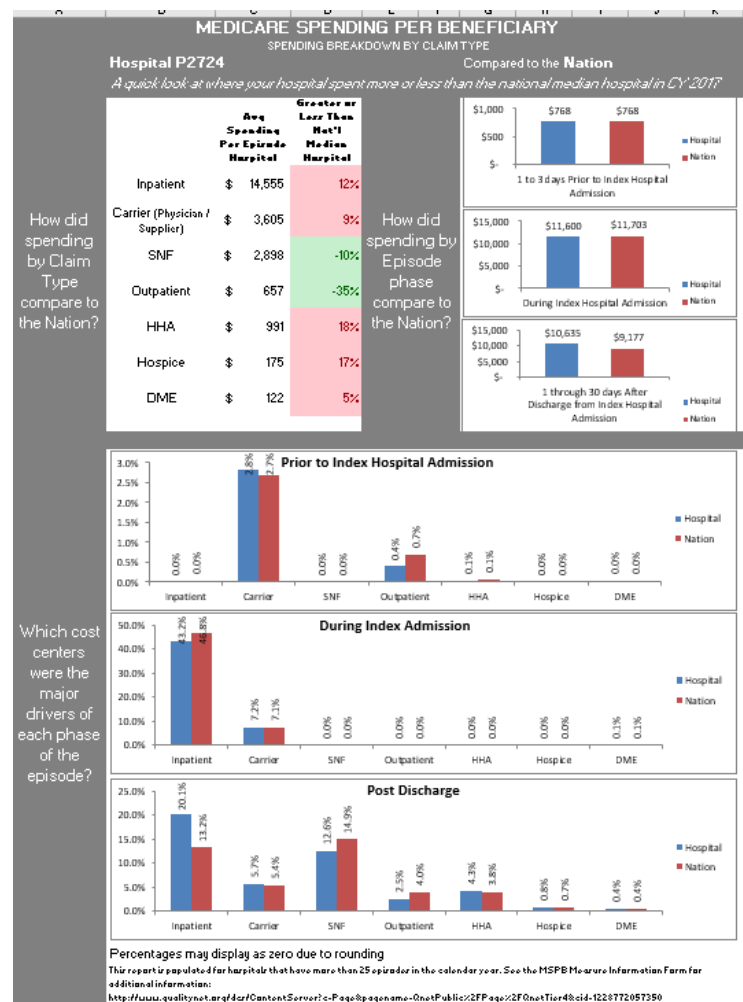
*Excludes transfers to a short-term hospital for inpatient care (02), transfers to a short-term general hospital with a planned acute care hospital readmission (82), leaves against medical advice (07), deaths (20), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with "through" date on or day prior to inpatient admission.

Note: DRGs will display if they had at least 11 same- or one-day stay discharges in the most recent four quarters.

Medicare Spending per Beneficiary Report

- Now focuses on how your spending per claim type compares to the median hospital in the nation
 - Spending by episode phase no longer included
 - Cost centers that drive cost for each phase no longer included

Old vs. New: Medicare Spending per Beneficiary Report



Other Changes Related to 508 Compliance

- Resources on the “Data” page will have a new format:
 - National and state aggregate reports are now PDF files
 - The peer group bar chart format has been updated

Questions or Comments

- If you have questions or need assistance, please contact the [Help Desk](#) at PEPPER.CBRPEPPER.org.
- Share your feedback on the new PEPPER format by completing the [feedback form](#).