

## Transcript for the New and Improved Short-Term (ST) Acute Care Hospital Program for Evaluating Payment Patterns Electronic Report (PEPPER) Format

Thank you for accessing this recorded session on the new PEPPER format. My name is Kim Hrehor, and I work for the RELI Group, which is contracted with the Centers for Medicare & Medicaid Services, or CMS, to develop, produce, and distribute the PEPPERs to hospitals and other health care providers. This session will review the new and improved PEPPER format for the short term acute care hospital PEPPER, which was implemented in the Q1FY20 Short-Term PEPPERs that were released in July 2020.

Starting with the Q1FY20 Short-Term PEPPER release, of the PEPPER has a new and improved format. While all of the data and information that you're used to seeing in your PEPPER will still be available, the new format includes several new features, which include greater accessibility, a cleaner presentation, improved readability.

As you're looking through your PEPPER, you will notice some of these changes. The text boxes have been removed and replaced with text where needed. You'll also notice that we've increased the font size throughout. We've also removed the alternate row shading, labeled the tables, and revised report titles.

So why were these changes made to the PEPPER? They were implemented to make the PEPPERs more accessible to everyone using Section 508 accessibility standards. The PEPPER files are now designed to provide greater access to people with disability. For example, we've now created a new outlier status indicator that will be easier to differentiate. To learn more about Section 508, review the information provided by the United States Department of Health and Human Services at the link on the slide.

In addition, now the PEPPERs are created in Excel 2016 as .XLSX files. Customers that have an earlier version of Excel for whom upgrading to a newer version of Excel is not possible may be able to find options to open their PEPPER through an internet search, for example, searching on "how to open XLSX files." and again this change was made in order to be compliant with Section 508.

Now during the session this morning, I'm going to review the main worksheet tabs or the reports in the PEPPER. I'll highlight the changes that you might notice in each. And we'll also have images comparing the old and the new versions of each. So let's get started.

The Purpose page. On the Purpose page, you will notice that we have added the centers for Medicare and Medicaid Services, or CMS logo. The layout has been slightly revised. And we have removed the link to the PEPPER "Training and Resources" page on the website.

So on the left side you see the old version of the Purpose page. On the right side, we see the new version of the Purpose page. The information is still there. It's just slightly formatted in a different way. And you'll notice that we do have the CMS logo and have removed that link to the "Training and Resources" page.

Next, we have the "Definitions" page where we have removed the shading. We have removed the hyperlink to the Target Area Worksheets. Again, that font size has been increased. And we have spelled out the words numerator and denominator in all instances. So again, on the left side, you see the old version of the "Definitions" page, and on the right side the new version.

Moving on to the Compare Targets Report. In the Compare Targets Report, we have removed the "Description" column. So if you look at the image on the left side there, the second column that's

labeled "Description" is no longer there. We've also removed that link to the PEPPER website. For the most part though, the remaining columns in this report are still the same.

You'll notice that because we removed that "Description" column, this report is going to be much more compact. And so it'll be shorter if you're printing it out or if you're flipping through it on screen.

Moving onto the National High Outlier Ranking Report. In this report, again, we have removed the shading. We have replaced those that used to be blank with N/A, which indicates that there is not sufficient data to generate statistics for that target area and time period.

And we have also removed those hyperlinks to the Target Area Data Table Worksheets that used to be in that last column, the Total column. So if you look at the old image on the left, you see that in the Total column, we had those hyperlinks. And those are no longer there.

The Target Area Data table. Here you will notice that we have removed that "Need to Audit?" text box there at the top of the page. We have added an "Outlier Status" column. If you look at the image on the new PEPPER, the second column there next to the time period is labeled "Outlier Status." And it will tell you if you are a low outlier for the target area, if you have no data or insufficient data to generate statistics, if you are not an outlier, or if you are a high outlier.

We still use the color coding, the green italics, and the red bold to indicate low or high outliers. But we also have this "Outlier Status" column. And you'll also notice that we have moved the "Percent" column over to be next in line from the outlier status. Before the "Percent" column came after the numerator and denominator. Now we have moved it to be next to the "Outlier Status" column.

In the Target Area Graph worksheet, you will notice very slight changes here. We have removed the link, again, to the PEPPER website. We've removed that hyperlink to the "Definitions" tab. But otherwise, this target area graph is really formatted in almost exactly the same way. It's a little bit bigger, but otherwise very small changes notice there.

On the top DRGs for one-day stays, we have widened the Diagnosis Related Group column. We have stopped displaying blank rows. So if you look on the old image on the left, you see that this hospital only had two the DRGs that were included on this report because there needs to be at least 11 discharges during the time period. On the right, you can see that this hospital also has two DRGs, but there are no blank rows.

So we've removed the blank rows, if there are any. We have also removed the link to the PEPPER website. And I just want to comment that these formatting changes apply to both the top medical DRGs for one-day stays and the top surgical DRGs for one-day stays. We are using the same layout here.

And then the last report that has been updated is the Medicare Spending per Beneficiary report. Here we are now focusing on how you're spending per claim type compares to the median hospital in the nation. This report required the greatest changes for the new 508 compliant version.

Because we needed to increase the font size, so much we had to pare down the information that was presented. And so now this report is focusing on how your spending per claim type compares to the median hospital in the nation. So you see the data in the table at the top of the report and then the graph in the bottom. And so the other couple of areas, the spending by episode phase and where those cost centers or major cost drivers were, those are no longer included in this report.

Now, as we move along, we are making some other changes to some of the reports that are related to 508 compliance. You will notice that the national and state aggregate report on the "Data" page are now PDF files. There are also some formatting changes that we are making to the peer group bar chart

format. So just keep in mind that these formatting changes were completed in order for us to, again, make this information accessible to all who are interested in using it.

Now, as you move forward, you might notice that some of the recordings or training materials still include the images of the PEPPER in the old format. Our team will be working to update all of the recorded sessions as we move forward over time. The demonstration PEPPER on the website on the "Training and Resources" page will be reflecting the new format. So if you'd like to see a new PEPPER in that new format, you may access it there.

As always, if you have questions or comments, if you need assistance, you may contact us through our Help Desk on the website. And if you do have feedback on this new format, please share that with us by completing our Feedback form. Thank you for your attention today.