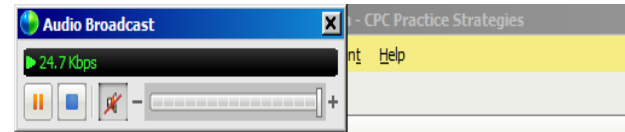


Thank you for joining us!

- We will start at 3 p.m. ET.
- You will hear silence until the session begins.
- Handout: Available at CBR.CBRPEPPER.org.
- A Q&A document will be posted at the above location within two weeks.
- Please listen in by either:
 - Using your computer speakers (recommended): You automatically join the audio broadcast when entering the meeting (remember to increase your speaker volume; make sure you are not muted).
 - Dialing 1-415-655-0001 (passcode 2313 435 4088) (limited to 500 callers).





Q4FY21 Short-Term Acute Care PEPPER Review



About Today's Presentation



Phone lines will be muted the entire duration of the training.



Submit questions pertinent to the webinar using the Q&A panel.



Questions will be answered verbally, as time allows, at the end of the session.

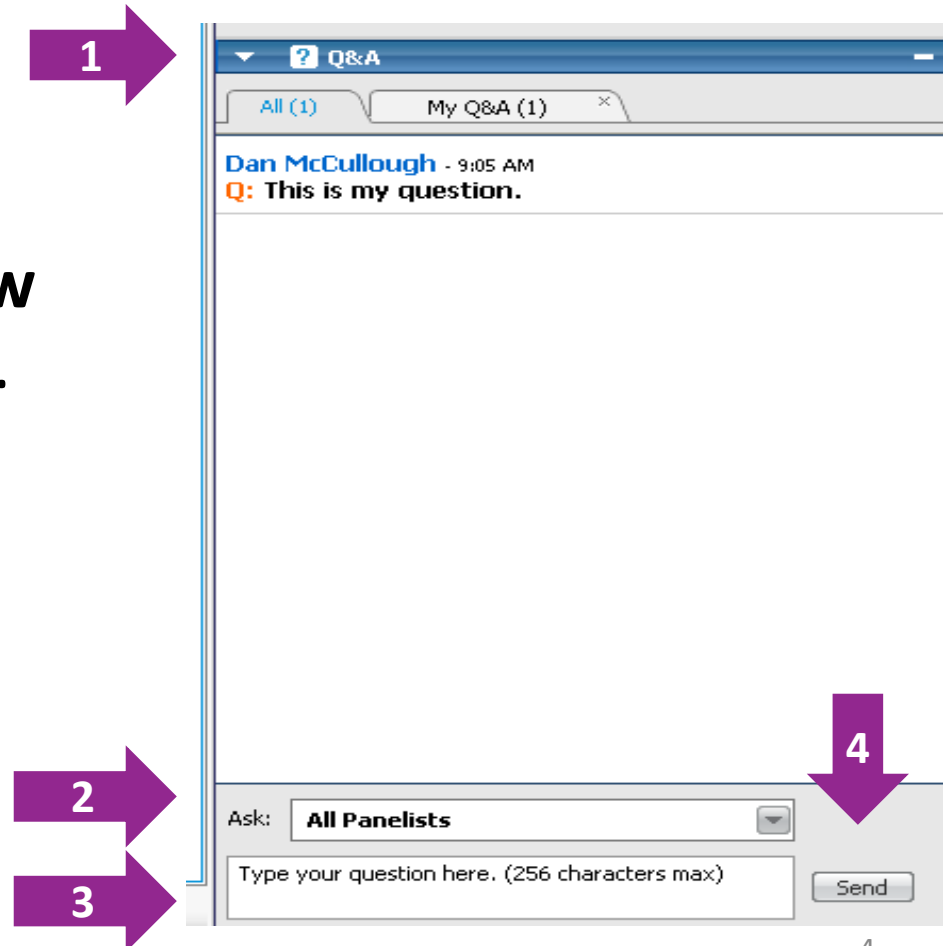


A “Q&A” document will be developed and posted at PEPPER.CBRPEPPER.org.

To Ask a Question in Split Screen

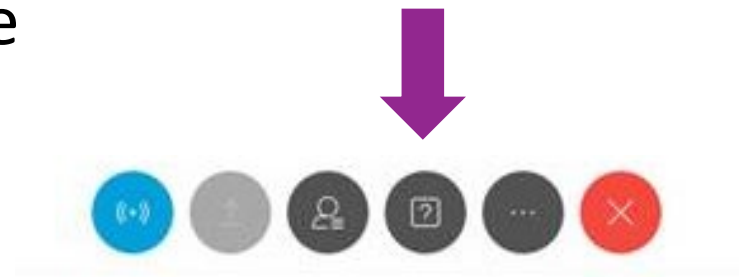
Ask your question in Q&A as soon as you think of it.

1. Go to the **“Q&A”** window located on the right side.
2. In the “Ask” box, select “All Panelists.”
3. Type in your question.
4. Click the **“Send”** button.



To Ask a Question in Full Screen

1. Click on the “Q&A” button to bring up the Q&A window.
2. Type in your question (as in the previous slide).
3. Click the “**Send**” button.
4. Click “-” to close the window and to see the full screen again.



Agenda

- Review the Q4FY21 *Short-Term (ST) Acute Care Program for Evaluating Payment Patterns Electronic Report (PEPPER)*.
- Review other resources:
 - National- and state-level data
 - Peer group bar charts

PEPPER Details

To learn more about PEPPER:

Review percents
and percentiles.

Review a
demonstration
PEPPER.

Access the training
resources available
in the ST “Training
and Resources”
section of the
PEPPER website at
PEPPER.CBRPEPPER.org.

What is PEPPER?



PEPPER summarizes Medicare claims data statistics for one provider in “target areas” that may be at risk for improper Medicare payments.



PEPPER compares the provider’s Medicare claims data statistics with aggregate Medicare data for the nation, jurisdiction, and the state.



PEPPER cannot identify improper Medicare payments!

History of PEPPER

2003

TMF Health Quality Institute developed PEPPERS for ST acute care hospitals and, later, long-term acute care hospitals; they were provided by Quality Improvement Organizations (QIOs) through 2008.

2010

TMF began distributing PEPPERS to all providers in the nation and developed PEPPERS for other providers: critical access hospitals, inpatient psychiatric facilities, and inpatient rehabilitation facilities (2011); hospices and partial hospitalization programs (2012); skilled nursing facilities (2013); and home health agencies (2015).

2018

The Centers for Medicare & Medicaid Services (CMS) combined the Comparative Billing Report (CBR) and the PEPPER programs into one contract; RELI Group and its partners, TMF and CGS, began producing CBRs and PEPPERS.

Why are providers receiving a PEPPER?

CMS is tasked with protecting the Medicare Trust Fund from fraud, waste, and abuse.

The provision of PEPPER supports CMS' program integrity activities.

PEPPER is an educational tool that is intended to help providers assess their risk for improper Medicare payments.

Q4FY21 *ST PEPPER* Release

Summarizes statistics for twelve federal fiscal quarters:

- Q1 = Oct. – Dec.
- Q2 = Jan. – March
- Q3 = April – June
- Q4 = July – Sept.

Statistics for all time periods are refreshed with each release; users may notice slight changes in statistics from one release to the next.

The oldest fiscal quarter rolls off as the new one is added.

ST Acute Care Hospital Improper Payment Risks

- ST acute care hospitals are reimbursed via Inpatient Prospective Payment System (IPPS) diagnosis-related groups (DRGs).
- Risks include unnecessary admissions, coding errors, and billing errors.
- Original target areas were identified by QIO reviews and Office of Inspector General studies.
- Target areas have changed over time as new risks were identified by Recovery Auditors (RAs)/Medicare Administrative Contractors (MACs), as policy changes were implemented, etc.

PEPPER Target Areas

- Areas identified as potentially at risk for improper Medicare payments (e.g., coding or billing errors, unnecessary admissions/services)
- A target area is constructed as a ratio:
 - Numerator = discharges identified as potentially problematic (i.e., likely to be miscoded or admitted unnecessarily)
 - Denominator = larger reference group that contains the numerator

Recent Changes to Target Areas used in *ST PEPPER*

- *Severe Malnutrition*

- Introduced with the Q3FY21 release
- Numerator: count of discharges for DRGs assigned on the basis of a major complication or comorbidity (MCC) with one of the severe malnutrition codes (i.e., E40, E41, E42, or E43) as the only MCC
- Denominator: count of discharges for DRGs assigned on the basis of an MCC when one or more MCCs includes severe malnutrition
- For more information, read “[Malnutrition Now on PEPPER](#)”

- *Transient Ischemic Attack*

- Discontinued

ST PEPPER Target Areas – Coding-Focused

- *Stroke Intracranial Hemorrhage*
- *Respiratory Infections*
- *Simple Pneumonia*
- *Septicemia*
- *Unrelated OR Procedures*
- *Medical DRGs with CC or MCC*
- *Surgical DRGs with CC or MCC*
- *Single CC or MCC*
- *Severe Malnutrition*
- *Excisional Debridement*
- *Ventilator Support*
- *Emergency Department Evaluation and Management Visits*

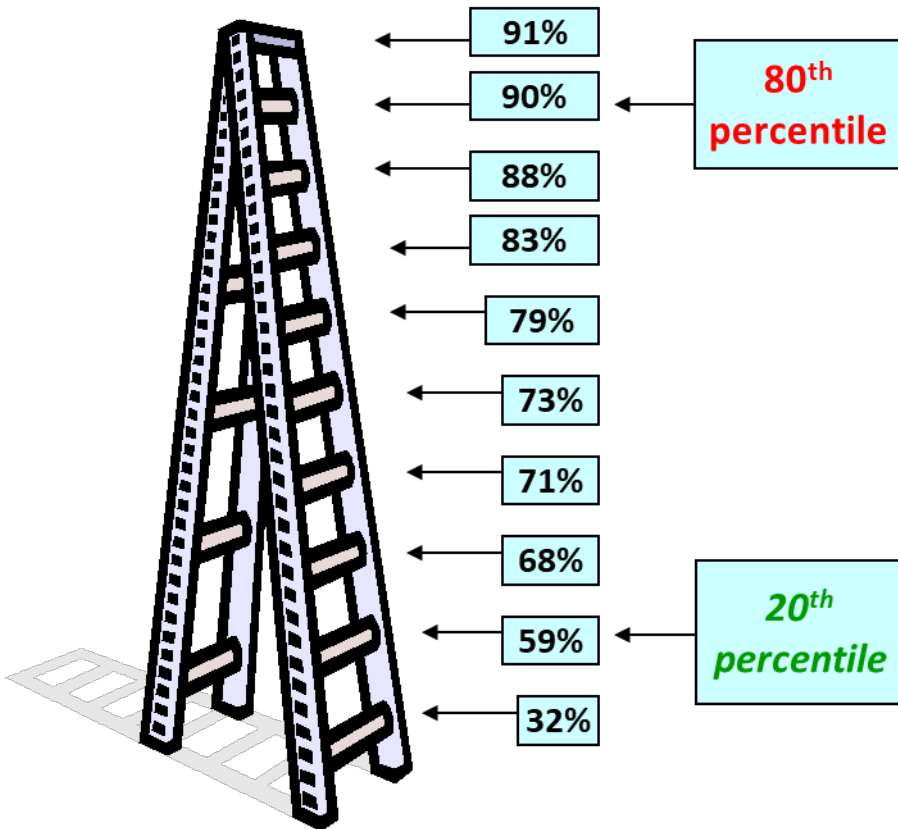
ST PEPPER Target Areas – Admission-Focused

- *Chronic Obstructive Pulmonary Disease*
- *Percutaneous Cardiovascular Procedures*
- *Total Knee Replacement*
- *Syncope*
- *Other Circulatory System Diagnoses*
- *Other Digestive System Diagnoses*
- *Medical Back Problems*
- *Spinal Fusion*
- *Three-Day Skilled Nursing Facility-Qualifying Admissions*
- *30-Day Readmissions to Same Hospital or Elsewhere*
- *30-Day Readmissions to Same Hospital*
- *Two-Day Stays for Medical DRGs*
- *Two-Day Stays for Surgical DRGs*
- *One-Day Stays for Medical DRGs*
- *One-Day Stays for Surgical DRGs*

Example Target Area Definition – *Total Knee Replacement*

Target Area	Target Area Definition
<i>Total Knee Replacement</i>	<p><i>Numerator (N):</i> count of discharges with at least one of the ICD-10-PCS knee replacement procedure codes</p> <p><i>Denominator (D):</i> count of discharges with at least one of the ICD-10-PCS knee replacement procedure codes plus outpatient claims with CPT® code 27447</p>

Percentile Calculation Example



- The top two hospitals' percents are at or above the 80th percentile.
- The bottom two hospitals' percents are at or below the 20th percentile (for areas at risk for under-coding only).

How does PEPPER apply to providers?



PEPPER is a roadmap to help providers identify potentially vulnerable or improper payments.



Providers are not required to use PEPPER or to take any action in response to their PEPPER statistics.



Why not take advantage of this free comparative report provided by CMS?

PEPPER Distribution

- PEPPER is distributed in an electronic format.
- Each release of PEPPER will be available for approximately two years from its original date of release.
- PEPPER cannot be sent via email.
- It is available via the PEPPER Portal:
 - Visit PEPPERFILE.CBRPEPPER.org.
 - Links to the portal can be found on the PEPPER homepage: PEPPER.CBRPEPPER.org.

Who has access to PEPPER?

- PEPPER is only available to the individual provider.
- PEPPER is not publicly available.
- PEPPERs are not sent to RAs or MACs.
- An access database that contains the PEPPER statistics for providers in their jurisdiction/region is shared with MACs and RAs.

Required Information to Access PEPPER via the PEPPER Portal

- Six-digit CMS Certification Number (also referred to as the provider number or Provider Transaction Access Number [PTAN]).
 - Not the same as the tax ID or National Provider Identifier (NPI) number.
 - The third digit of this number will be “0.”
- Validation codes are distributed via email to the Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) Security Administrator on file.

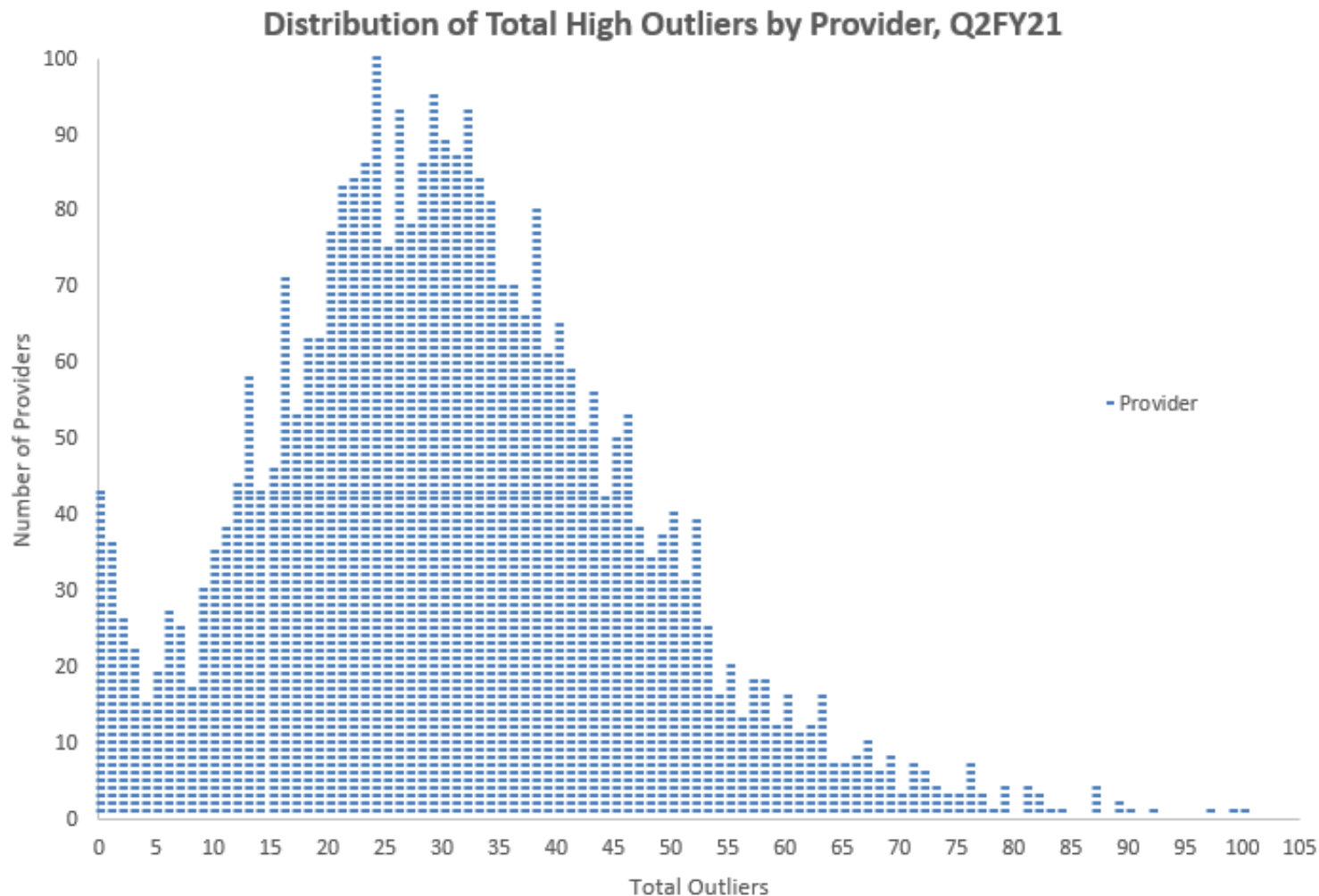
Strategies to Consider

- 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, specialized programs/services, patient population, referral sources, or 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.

Aggregate Data

- National-level and state-level data for the most recent four quarters is available at PEPPER.CBRPEPPER.org on the “Data” page.
 - Target areas
 - Top medical and surgical DRGs for same- and one-day stays
 - Peer group bar charts
- The data is updated quarterly following each report release.

National High Outlier Ranking Report



Source: PEPPER National High Outlier Ranking Report for 12 quarters ending Q2FY21

Peer Groups

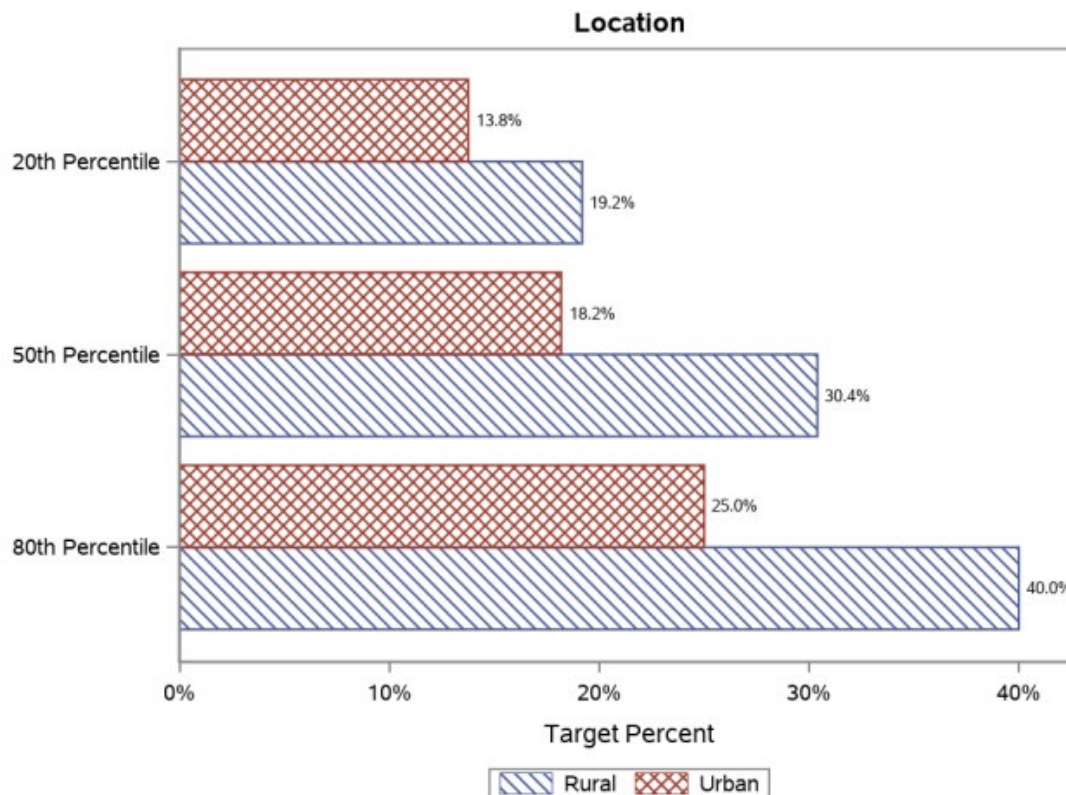
- Allows comparison of PEPPER statistics to providers' peers.
- For each of the target areas, the peer group bar charts identify the 20th, 50th, and 80th national percentile for hospitals in four categories:
 - Location (i.e., urban or rural)
 - Ownership type (i.e., profit/physician-owned, nonprofit/church, or government)
 - Teaching status (i.e., teaching or non-teaching)
 - Surgical focus (i.e., surgical or other)

Peer Group Bar Charts

- Will be updated annually
- Refer to “Methodology” and “ST Hospitals by Peer Group” files for additional details
- Disagree with your ownership type or location?
 - Contact your CMS Regional Office Coordinator with any updates/corrections

Example: *Excisional Debridement*

Demographic Group	20 th Percentile	50 th Percentile	80 th Percentile
Rural	19.2%	30.4%	40.0%
Urban	13.8%	18.2%	25.0%



Note: A peer group must have at least 11 providers with reportable data to be presented in the chart.

Data source: Medicare Fee-for-Service discharges between Oct. 1, 2020, and Dec. 31, 2020. Statistics are based on providers with at least 11 discharges in the numerator.

PEPPER.CBRPEPPER.org

“Training and Resources” Page

- ☒ *ST PEPPER User's Guide*
- ☒ PEPPER Training Sessions
- ☒ Demonstration PEPPER
- ☒ Jurisdictions
- ☒ Testimonials and Success Stories
- ☒ Other resources

For Assistance with PEPPER




If you have questions or need individual assistance, click on “Help/Contact Us,” and submit your request through the Help Desk.



Complete the form, and a member of the PEPPER Team will respond promptly to assist you.




Please do **not** contact any other organization for assistance with PEPPER.



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[TRAINING & RESOURCES](#)
[DATA](#)
[FAQ](#)
[HELP/CONTACT US](#)
[CMS](#)

PEPPERS are available via PEPPER Resources Portal at <https://pepperfile.cbrpepper.org>.

[PEPPER Portal](#)



Get your PEPPER-Distribution Page

[Go to Distribution Schedule](#)

Welcome to PEPPER Resources

PEPPER.CBRPEPPER.org is the official site for information, training and support related to the Program for Evaluating Payment Patterns Electronic Report (PEPPER).

PEPPER provides provider-specific Medicare data statistics for discharges/services vulnerable to improper payments. PEPPER can support a hospital or facility's compliance efforts by identifying where it is an outlier for these risk areas. This data can help identify both potential overpayments as well as potential underpayments.

CARES Act

Please note: Policy guidance cited in published CBRs and PEPPERS are based on non-public health emergency Medicare rules. Please check with your Medicare Administrative Contractor to determine if a particular service or supply is impacted by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act, published in March 2020, addresses Medicare flexibilities related to the COVID-19 crisis.

Success stories: How your peers have used their PEPPER [Go to Success Stories](#)

SHORT-TERM ACUTE CARE HOSPITALS

- User's Guide (PDF, 33rd Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of ST PEPPER Retrievals by State

CRITICAL ACCESS HOSPITALS

- User's Guide (PDF, 10th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of CAH PEPPER Retrievals by State

HOME HEALTH AGENCIES

- User's Guide (PDF, 6th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of HHA PEPPER Retrievals by State

HOSPICES

- User's Guide (PDF, 10th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of Hospice PEPPER Retrievals by State

INPATIENT PSYCHIATRIC FACILITIES

- User's Guide (PDF, 10th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of IPF PEPPER Retrievals by State

INPATIENT REHABILITATION FACILITIES

- User's Guide (PDF, 11th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of IPF PEPPER Retrievals by State

LONG-TERM ACUTE CARE HOSPITALS

- User's Guide (PDF, 15th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of LT PEPPER Retrievals by State

PARTIAL HOSPITALIZATION PROGRAMS

- User's Guide (PDF, 7th Edition)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of PHP PEPPER Retrievals by State

SKILLED NURSING FACILITIES

- User's Guide (PDF, 9th Edition, May 2021 Update)
- Training & Resources
- PEPPER Distribution - Get Your PEPPER
- Map of SNF PEPPER Retrievals by State

Questions?

- Visit the Help Desk at PEPPER.CBRPEPPER.org.