Transcript for the Q4FY21 *Short-Term (ST) Acute Care Program for Evaluating Payment Patterns Electronic Report (PEPPER)* Review

March 16, 2022

I would like to welcome you all to the review today of the Q4FY21 *Short-Term Acute Care PEPPER*. My name is Annie Barnaby and I work for RELI Group, Inc. We are contracted with the Centers for Medicare & Medicaid Services (CMS) to produce and distribute the PEPPER reports.

Our agenda today will cover the Q4FY21 *Short Term PEPPER*, the target areas included in the report, and a look at some other informative resources that are available for the *Short Term PEPPER* on our home page. So, let's get started.

Today's presentation will be a high-level review of the PEPPER so if you are familiar with PEPPER, this will be a nice refresher. But if you are 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 any questions. These resources can be accessed through the PEPPER website in the Short-term "Training & Resources" section and our website is, of course, 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 short-term facility's Medicare claim data statistics for areas that may be at risk for improper Medicare payments. That's 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 claims data statistics for these target areas and compares your statistics with aggregate Medicare data of other facilities in three different comparison groups. These comparison groups are other facilities in the nation, all of the facilities that are in your Medicare Administrative Contractor, or MAC jurisdiction, and then all the facilities that are in your state. These comparisons are the first step in helping to identify where your claims could be at a higher risk or improper Medicare payments, which in the PEPPER world means that your billing practices are different for 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 review of the documentation in the medical record along with the claim form.

Taking a look at the history of the 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 the providers in the nation and along the way they developed PEPPERs for other provider types, which you can see here on the slide. Each of these PEPPERs is customized to the individual provider type with the target areas that are applicable to each setting. 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. The widest of the CMS of these reports are valuable and support their agency goal. 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 detention through medical review, which might be conducted by the Medicare administrative contractor or recovery auditor or some other federal contractor. The provision of PEPPER provides—excuse me, to providers supports this strategy. The PEPPER is considered an educational tool that can help providers identify where they could be at risk at a higher risk for improper payments and the provider 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 a compliance program in place to help protect their operations from fraud and abuse. And 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 your compliance program.

So, let’s talk now more specifically now about the newest release of PEPPER, which is version Q4FY21, which means that it summarizes statistics through the fourth quarter of fiscal year 2021. There are 12 federal fiscal quarters that are summarized in each release of the PEPPER. Note that we do follow the federal fiscal years, so quarter 1 is October through December. Quarter 2 is January through March and so on. Also, I like to remind people that the PEPPER is only summarizing Medicare fee-for-service Part A claims data. We don't include any other payer types, such as Medicare advantage claims. We are strictly focused on Medicare fee for service Part A claims. Also remember that every time we release or produce a new PEPPER, we refresh all of the statistics for those 12 quarters. We go to the claims data and the paid claims database to download the statistics; everything is refreshed. So, if you're looking at an earlier release of the PEPPER and comparing it to this release, you probably are going to see some slight changes in your numerator or denominator, your percentile, those types of things. That could be because there are late claims that are submitted, corrected claims, and that new data will be reflected in the updated statistics. You can expect to see some slight changes from one release to the next in those target area statistics. And of course, any time we produce a report, the oldest quarter rolls off as we add that new one on.

Let's now talk about the improper payment risks that are pertinent to short-term acute care hospitals. Short-term acute care hospitals are reimbursed through the IPPS, the Inpatient Prospective Payment System by DRGs, diagnosis-related group. And the primary risk that we focus on in the PEPPER have to do with unnecessary admissions, coding errors, and billing errors.

Those of you who have been working with PEPPER for a long time know that there have been changes in these target areas. Some significant changes since we first started producing them in 2003. The original target areas were identified primarily from information gained by the quality improvement organization

medical record reviews as well as OIG studies. Again, those target areas are evaluated every year our team looks at them to see if they're still applicable. The target areas have changed as new risks are identified by recovery auditors or Medicare administrative contractors, or as policy changes are implemented.

Target areas within the PEPPER are basically a service or a type of care that's been identified as prone to improper Medicare payments. In the PEPPER we construct these target areas as ratios, where we have a numerator that is a count of discharges that could be problematic, and the denominator is a larger reference group that also includes the same numerator discharges, and it allows us to calculate a target area percent. We'll talk a little bit more about target area precents here in just a moment.

As you can see, we do have some recent changes to the target areas in the *ST PEPPER*. There is a new addition, a relatively new addition, Severe Malnutrition, and the calculation for that target area is listed here for your reference. Also, we did discontinue recently a target area that is the transient ischemic attack, or TIA, is no longer a target area.

The PEPPER website, on the PEPPER website, in the "PEPPER in the news" page, there is an article about how hospitals can audit and monitor malnutrition, which is of course focused on that new target area. On the slide, we've provided the link to the article so you can access it. We suggest that you check it out, it really is a great article with a lot of relevant information.

The Short-Term Acute Care Hospital PEPPER currently has a long list of target areas, it's a very large report. There's a lot of information in the report, and, of course, not all the target areas are going to be of interest to everyone. But the PEPPER does include all target areas, and data for each of the facilities. The target areas that are listed on this slide here are focused on coding-related issues. And these target areas have been created to help identify not only the potential for over-coding but also the potential for under-coding, where the hospital may be leaving some money on the table. So, we identify not only providers whose target area statistics are high compared to others — we call those high outliers — but also where their target area statistics are low as compared to others. They are low outliers and that could represent under-coding.

We do also have a number of target areas that are focused on admission necessity. And those are listed here on this slide. For these target areas we only identify high outliers when the provider is at or above the national 80% percentile.

As we saw earlier, each of our target areas has a numerator and a denominator definition. This is an example of the-of a target area in the PEPPER, *Total Knee Replacement*. In the numerator for this target area is the count of discharges with at least one of the ICD codes for knee replacement procedures. The denominator is the count of discharges with at least one of the ICD codes, plus outpatient claims with CPT® code 27447. That calculation is used for the data reported for this target area.

In the PEPPER, we show you your target area percent but we also calculate percentile for you. And the percentiles help give us some context so that we can understand how our percent, and our values compare to those of most other hospitals in the nation, in our jurisdiction, or in our state. We are able to get some context by using these percentiles and we use the percentiles to identify those providers who might be identified as either high outliers or low outliers.

So how do the percentiles work? Well, this slide can help us to understand how the percentiles are calculated; and the ladder image is a great representation of how we do just that. Next to the ladder, you can a list of percents, sorted from highest to lowest. Imagine those are the percent outcomes for each of the facilities across the nation and in each of the other comparison groups; they are the target area percent outcomes for each target area. When we create the PEPPERs, the first step we take is to sort those target area percent outcomes for a specific target area and the time period. We take the target area percent outcomes for all the facilities and we sort them from highest to lowest-that's what the ladder represents. You can see the percents listed from highest to lowest down the ladder.

Our next step is to identify the point below which 80% of those facilities fall; that point is identified as the 80th percentile. Any facilities that have a target area percent outcome that is at or above the national 80th percentile will be identified in the PEPPER as a high outlier. A high outlier is defined in the PEPPER target area tab data by red bold font. A high outlier outcome could potentially mean over coding or could just mean that your statistics look different for another justifiable reason. Now, on the flip side, we also identify the point below which 20% of the providers values fall, which is the 20th percentile, or excuse me, 20 percent of the facilities values fall, which is the 20th percentile. And that could mean that the facility maybe some under-coding concerns. It's important to remember though when we're talking about percentile that the PEPPER will always identify the top 20% as high outliers in the PEPPER and the bottom 20% for low outliers. These percentiles are a good way to get some context and think about how your target area percent outcome compares to other facilities in the nation or in the jurisdiction or in the state. This context can help us think about whether that difference is what you expect to see or if there's something that perhaps you should be more concerned with.

I'd like to take some time now to actually look at the short-term PEPPER, the newest release of the short-term PEPPER. I'm going to pull it up on my screen here and we'll do a bit of a walk-through. Okay. So, I have pulled up this sample PEPPER from our website, from the short-term training and resources link on our home page. And that's, of course, where you can access this sample PEPPER as well. We start with the PEPPER – as you can see, well, let's start here with a quick tour of just the bottom list here. These are – you can see a tab for each of the target areas that are listed in this short-term PEPPER. So they go all the way through here and we're going to look at just a couple. I won't bore you by looking at every single tab that we have here, but before we get into the specific target areas, we do start with this first tab which is labeled as the "Purpose."

This is like – this is a nice introduction into the PEPPER. It tells you the PEPPER that you are looking at so that you can be sure that you're looking at the right file. This is short-term PEPPER, version Q4FY21. And it lets you know the jurisdiction, so your specific MAC jurisdiction will be listed here so that you can be sure that that is correct as well. And as you can see here, it gives you just a brief explanation of what the PEPPER is, its purpose, and the summary of the time frames that are represented in this PEPPER report. So next we have a definitions tab. And this is a really – all of the tabs are very helpful and useful – but this definitions tab is something that you will probably use very often, probably quite a bit when you are looking at your PEPPER. And that is because this tab gives us detailed definitions and detailed explanations of what the calculations are for each of the target areas that are listed and that are analyzed within this PEPPER. There's quite a few, obviously, as we saw on our slides. But when we're

looking at the data and the comparisons and our outcomes on the different tabs of the PEPPER, it's nice to have this tab to go back to take a look and say, okay, what does this number represent again? Oh, that's right, I'm going to go back and check. It's looking at DRG, the count-the—the discharges for DRG, 177 and 178. And that is what we're looking at for *Respiratory Infections* as you can see here on the respiratory infection line.

And then what is included in the denominator as well. So, this kind of makes – gives you an explanation of what those numbers represent on each one of these tabs. And we're going to take a look, like I said, at this again, at some of the specific target areas. And as I said, you can just scroll down through every single one of these target areas is listed here for your reference. So, we do have a compare tab. And I know what you're thinking – all of the tabs have comparison data, and that is correct. But this compare tab is going to display statistics for target areas that have reportable data. Now, when we talk about reportable data in the short-term PEPPER, we are talking about target discharges of 11 or more. And that is the minimum threshold that has been set for these target areas. So, any target area that does not have 11 or higher in the numerator is not going to have reportable data. That's just the lowest threshold that we have. And you can see here the percents and the percentiles are listed. And you can see the percent outcome for this hospital, for this facility. And then how they compare with the percentiles for the nation, the jurisdiction and the state. And this also has a sum of payments for each of the target areas. And so, if you are looking at this list and you do not see all of the target areas listed here, that means that one of the target areas, the target area that might not be listed here or is not listed here, I should say, does not have 11 or more in the numerator. So just keep that in mind.

So, this next tab is our outlier rank tab. And you can see all of the quarters that are included in this PEPPER report. And the national percentile is what is used to determine the high outlier status that is marked here. So, all of the quarters during which your hospital is at or above that national 80th percentile, they're added up for each of the target areas. So, the hospital with the greatest number– total number of high outlier is assigned a rank of one, and then the hospital with the second greatest number is ranked two, and so on and so on. So, we can see these hospitals – the details for this hospital here. And they have the national ranking – this hospital ranked 2,760th out of the total 3,270 short-term facilities that are used in the PEPPER data reporting.

So, let's take a look here at the *Stroke Intracranial Hemorrhage*. So, we can see here – and as I have mentioned before, the high outliers on the PEPPER are identified by that red bold font. You can see that we do not have any red bold font in this – in this information and the data statistics and outcomes for this sample facility for this target area. But let's take a look anyway at their information that is listed here, because all of the information and all of the data statistics for each of the target areas is going to be reported as you can see here. So, we have the time period, of course, as I said before, it is the four quarters, or the 12 quarters – excuse me – four quarters for each of the three years that we are looking at in this PEPPER. And for each line, for each quarter, you can take a look and see as the facility representative, if your facility is an outlier. And the outlier status for the sample facility they're not an outlier, they are not a high outlier or a low outlier for this target area. And we can take a look and we provide all of the information, every single tab on this PEPPER report is as I said before a wealth of information and we were to provide you with all of that information. And we want to provide you with

all of those details so that you can see everything that we saw when we were creating the report.

So, with that in mind, we can see for Q4FY21, the most recent quarter that's listed here in the PEPPER, their percent, this sample facility's percent, was – their outcome was 86.5%. So how was that calculated? Well, they have the information for us right here. The target area discharge count in the numerator they have 96, and in the denominator count they had 111. And remember, if we had any questions about how that was calculated, we can go back to this definitions page and take a look and say, okay, the numerator is represented by this information, and the denominator is a count of this information. So, like I said, it's very, very handy to have that definitions tab there. So, we have their outcome listed here. We have how we got there, which is the numerator and the denominator count. And we have some extra information. We have the target area average length of stay. And then the denominator average length of stay. We have the average Medicare payment that the facility received for this target area, information, and data. Excuse me. And then the total Medicare payments. So, we have average and we have total just for this quarter on each line. So, this facility was not marked as a high outlier or a low outlier, however, we do have for each of the target areas suggested interventions for high outliers or for low outliers. So, that is another great resource that we offer here on the PEPPER. We don't just give you the information and say good luck to you. We also offer some suggestive action items that you can take and how this data can help you and what to look at within the data when you do go through and perhaps do an internal review or have this PEPPER support your OIG compliance program. So, let's go to the next tab, because that tab – the next tab is still within the same target area. And for each of the target areas, you have both of these tabs. You have the raw data, as you can see here. And then we have the graph listed here. Now, this may look like a lot of information – and it is a lot of information – but I don't want anyone, excuse me, to get bogged down, I don't want anyone to become panicked when they take a look at the PEPPER tabs and at this information, because everything is broken down for you. And I'm going to break it down for you here as well. So, of course, we are still looking at the stroke and for intracranial hemorrhage data point and target area. And so, this graph that we have here is a representation of the percentiles and the percent for the hospital, their outcome, is listed here for each of the quarters, as you can see, that is listed in the PEPPER. The hospital outcomes, the facility outcomes, are represented here by these bars, these blue bars. So, we have that information, and we look at those blue bars we can see, okay, this is where I stand at my facility. So, of course, not only do we provide you that, but we also provide you the data and the graph representation of where those 80th percentiles land and where those 20th percentiles land.

And to show you how those percentiles land as compared to your facility's outcome, we have those as a line graph, posted on top of the bar graph. And, of course, and as always, we have the raw data down here, if looking at these numbers is easier for you, perfectly understandable, you have the information here. The percentile information is listed here.

And, of course, all of this is directly reflected up here in the bar and line graph. So, let's just take a look at FY21, that is the most recent quarter added to this PEPPER report.

We have the hospital's outcome there, their value was 80.69%, and if we come down here, we can see that the national 80th percentile was 94.7%. And that is the solid red line as you can see here. The jurisdiction 80th percentile is listed as 94.5%, and these are all – excuse me – all of the 80th percentiles

are very close together, that's why you can kind of see a cluster of these line graphs. But the jurisdiction is that dashed line. And then the state 80th percentile, like I said, is very close by at 96.3 percent, and that's listed here with that dotted line. So to include all of the information, we also have the outcomes for the 20th percentile for the nation, the jurisdiction and the state. Again, those are all very, very close together, and actually closer than even the 80th percentile across the three comparison groups. But, again, you can see those listed here. You have the national 20th percentile, with this straight solid green line. The jurisdiction is that dashed green line. And then the state is the dotted green line. And we remind you down here that if there are fewer than 11 hospitals with reportable data in the jurisdiction or in the state, you would see – you would not see data in that cell and on the graph, because 11, again, is that threshold that we have. Like I said, I'm not going to walk through all of these because that would be very dry. But let's take a look next at *Respiratory Infections*, because we can see here that in some quarters past, this facility was identified as a low outlier for this – excuse me – for this target area. And this also drives home the point that once you're a low outlier or a high outlier, it does not remain that way. As we said before, we take a look at all of the newest data, we take a look at everything that has come through, and we – we add that to each PEPPER report. So, your outlier status can and will change – well, it might not absolutely change – but it can change from each PEPPER release, each quarter's release. And so, we can see here that the 20th percentile is represented in the green bold prints, and as I mentioned before, the high outlier status is noted as the red bold print. So, let's take a look at – we can see how it looks here with our data tab for respiratory infection target area. Let's take a look at how it's reflected on the graph. So, again, we have the graph as we saw before. Our hospital, our facility outcomes are listed here. And then you can see the jurisdiction and the state and the national, they are listed here. And you can see on those quarters that the facility was listed as a low outlier. These line graphs and these dotted – and these dashed graph line graphs are outside of the outcome for the facility. So once again, it's just another way to look at it. Everybody sees data in a different way. We want to have all of this information available to you so that everybody can be able to easily see where they fall for each of these target areas. I'm just going to flip through – not too quickly – but this is actually very lucky where our sample facility here is *Simple Pneumonia*, we have some quarters during which this facility was marked as a high outlier. So, again, you can see that instead of your bold green font, we have the bold red font. And those are reflected as always and as I said in the graph as well. So this respiratory infection and the *Simple Pneumonia*, this, of course, during these quarters that they are identified here, the low outlier, this facility is probably going to take a look down here and say, okay, I'm marked as a low outlier, what can I do? What do you suggest? We have that information for them here.

And then *Simple Pneumonia*, same thing, but, again, for the high outliers. So, you can all follow that information and you can all follow the suggested interventions. Septicemia, this most recent one, the facility was marked as a high outlier this most recent quarter. And as I said, we're not going to go through everything, but, certainly, as I said if you have any questions, you can address those in the Q&A or you can look to the Q&A document that's going to be posted within two weeks of this webinar. And I'm just flipping through down at the bottom here to show you that all of the target areas are listed here for you. So, I know that it was a quick review and a quick look at a very, very dense and information-rich report, but I think that we, as I said with the sample facility, we had some great representations of what it's going to look like if your facility is identified as a high outlier, identified as a low outlier or not

identified as either for any of the listed target areas.

So now that we've taken a look at the PEPPER, let's talk about how the PEPPER applies to providers? Well, as we said before, the PEPPER can help a facility to identify where they may be outliers and if that outlier status is something that should prompt an internal review within those target areas. Again, we have those suggested interventions that are listed in the PEPPER. We often get questions from facilities and from facility representatives such as – do I have to use my PEPPER and do I need to take any action in response to my PEPPER. The answer to those questions is no. You're not required to use your PEPPER, but it is a very very helpful, and as I said before, a very information and data-rich report. We would encourage you to download it and take a look, but you're not required to take any action. And you're certainly not required to take any outside action. It is meant to be an internal report and we do encourage everyone to take a look at their data and then take a look at those suggested interventions if you are marked as an outlier. You do not need to take action; however, it is important to remember that other federal contractors are also looking through the entire Medicare claims database. Those other contractors may be looking for providers that could benefit from focused education or maybe even a record review. And so, from your perspective, and your facility's perspective, it would be nice to know if your statistics look different from your peers, from other facilities so that you can then decide if there's something you need to be concerned about and if you need to take a closer look or if what you're looking at is what you expect to see in your PEPPER.

As we saw, the PEPPERs are distributed in an electronic format in a Microsoft Excel workbook. They are available for two years from the original release date. We are not able to 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 reports and it cannot be sent through unsecured email. It can be found on the PEPPER portal, and you can see that website that website address right here, pepperfile.cbrpepper.org.

Who has access to the PEPPER? Well, there are specific people who are authorized to receive a PEPPER; we don't give access to just anyone. We only release a facility's PEPPER to that a specific provider, a specific facility which is why we have the portal and the specific validation code requirements, so that not just anyone can come to the website and get your PEPPER and see your PEPPER data information. The PEPPERs are not available for public release and we do not provide PEPPERs to other contractors.

I also want to point out and it is important to remember, as we said before, federal contractors have access to much more claims data information about providers than what is included in your PEPPER. And they also have access to sophisticated data mining tools and other materials that may assist them with their individual efforts.

I should also point out that law enforcement such as the Department of Justice or the Office of Inspector General, the OIG, may be able to obtain your PEPPER in an effort to support their internal activities. Now while all of that might sound alarming, remember the benefit of the PEPPER is that you will have an opportunity to have a heads up in the case that your billing patterns might look unusual as compared to other facilities. And then you can prepare and you can look internally if there should be regulatory or law enforcement agencies that contact you.

With the restricted access, and all that in mind, we do have a portal online, as I mentioned before, that

you can use to access your PEPPER and we encourage you—excuse me- to go to the portal, download your PEPPER so that you can have it in your files for your use at any time. You don't have to use it right away if you go to the portal and download your file, you have the PEPPER at hand at any time. You don't have to worry about going to the PEPPER you don’t have to take time to sit down and go to the portal every single time you want to take a look at it. If you download and save it, you have it at your fingertips when you can sit down and really look at the data.

Now, you will need some information to access your PEPPER through the portal. You'll be asked to enter your six-digit CMS certification number, which is also sometimes referred to as the provider number or the Provider Transaction Access Number, or PTAN. This number is not your tax ID and it's not an NPI number. It is a six-digit CMS certification number.

You will be asked to enter that information and you’ll also be asked to provide a validation code on the portal access page. For a short-term facility, the validation code is emailed to the HARP Security Administrator on file. If your facility has a distinct part unit for an IPF, IRF, SNF, or PHP, your PEPPERs will be available in the same folder as your *ST PEPPER* in the portal. If you are the contact person for your validation code, you can share that validation code with others within your facility so that you can share the information that's in the PEPPER and everyone take a look at everything that it has to offer, share that within your departments and within your facility.

A new validation code is required each time a PEPPER is released; the validation code that you use to successfully prior, or in a previous year or a previous quarter or previous release will no longer be valid for the new release. So, you will have to take a look at that validation code that is sent to the HARP security administrator on file.

Let’s talk about if you receive your PEPPER, let's say you see a lot of red in there, a lot of that red bold print that indicates that you are a high outlier or that green bold font that indicates you’re a low outlier. What should you do? First thing, what you should not do, is panic. Do not panic. Remember, an outlier status does not necessarily mean that there is an issue that exists. By design, 20% of the providers are always going to be identified as a high outlier and 20% are going to be identified as low outliers for each of the PEPPER target areas.

However, if you are an outlier, you should think about why that might be? And how that might be? What do the statistics in your PEPPER reflect given what you know given your operation, your patient population, your referral sources, your external healthcare environment, any changes in staffing? Do you have any concerns about any samples, and claims? Make sure that the documentation in the medical records supports the services that were submitted, review some claims, make sure that the services were coded and billed appropriately based on that documentation. The bottom line really is to ensure that you're following best practices, even if you're not an outlier. And the data that's shared in your PEPPER is a great way to start that internal review and to take a look at your internal compliance.

We do have a number of other resources that are available publicly on our website. Again, that is pepper.cbrpepper.org. One of those resources is aggregate information for the target areas, both at a national and a state level. There is aggregate information regarding the target areas and this information is updated each time we have a PEPPER release.

Here you can see one of those resources, the National High Outlier Ranking Report by provider, for the time frame of actually the Q2FY21 PEPPER.

We also have peer group bar charts, which are updated on an annual basis. So instead of for each release for the short-term PEPPER, they are updated on an annual basis. Sometime ago, we did have providers who had asked us to make available a comparison that would be applicable to what they would consider their peer group. And so those peer group bar charts enabled providers to look at that type of information. We have three different categories. We look at size, which is dictated by the number of episodes. Location, which is either urban or rural. And then ownership type, which would be for-profit or physician owned, nonprofit, church owned or government.

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

And here we have an example of one of those peer group bar charts. It is for the target area excisional debridement. And you can see for this location—excuse me this peer group bar chart is for location. So, we have the 20th percentile, the 50th and the 80th percentile reflected here in chart form and then also in graph form for you. This is just an example, again, there are many more peer bar charts available on the website.

As I mentioned there are a number of resources can be found on the PEPPER website. There's the user's guide. There are-there will be this recorded training session. There is also a number of chapter training sessions for specific PEPPER areas of interest. There is the sample PEPPER that we took a look at, and there are some testimonials and success stories. There are some really nice success stories out there, one in particular from a Kentucky hospital that used their PEPPER to help identify under-coding. So, I encourage you to check those out.

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 pepper.cbrpepper.org website and click on the help/contact us button and then click on the Help Desk button. You can complete the online form and a member of our staff will respond promptly to assist you. We ask that you please do not contact any other organization for assistance with PEPPER. RELI Group is contracted with CMS to support providers with obtaining and using their PEPPERs. If you have any questions, please contact us. We are the official source of information on PEPPER. Please do not by any means pay any other organizations to help you with PEPPER. We provide support at no cost and you should always be aware that not all organizations can provide accurate information on PEPPER. So you certainly don't want to pay someone for incorrect information, go ahead and reach out to us and we can help.

This is a screenshot of our website. You can see at the top there we do have all the information—excuse me all the resources and information that we talked about. Also, we have all of the facility types for which we provide and distribute PEPPERs. And for each of those facility types, we have everything that we just talked about, the user's guide. We have "Training & Resources." We have the PEPPER distribution for the portal and then we have the map of retrievals by state.

Before we move on to questions, I am going to just share our homepage again because I do want to just share the information that is available for everyone that is navigating their way to the PEPPER website. We have all this information about the PEPPER. Again, the “Training & Resources” tab is sectioned off, for each of the facilities, obviously for the short-term PEPPER we have all that information that short-term tab is no different.

So, we don't want you to be frustrated, we don't want you to be lost when you're looking at the PEPPER. We want you to understand what you're looking at and of course we're always here to help with that help/contact us tab.