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PEPPER Checklist

Initial Steps

- If your hospice has not been retrieving its yearly PEPPER:
 - Retrieve the FY2022 PEPPER right away!
 - Define, in writing, your hospice's annual PEPPER retrieval plan for the future, including:
 - > Calendar reminder for yearly retrieval (April)
 - > Person(s) to retrieve
 - > Distribution of PEPPER to hospice leaders
 - > Distribution of PEPPER to Governing Board
 - > PEPPER Review / Analysis Plan
- If your hospice retrieves its yearly PEPPER, assess the following:
 - Any knowledge gaps related to interpreting PEPPER and/or knowing what to do with it?
 - Is your hospice's annual PEPPER retrieval plan captured in writing to include:
 - > Calendar reminder for yearly retrieval (April)
 - > Person(s) to retrieve
 - > Distribution of PEPPER to hospice leaders
 - > Distribution of PEPPER to Governing Board
 - > PEPPER Review/Analysis Plan
- Weatherbee encourages clients to establish a PEPPER Review/Analysis committee that includes the following:
 - Executive leadership team members, including:
 - > CEO / Executive Director
 - > Compliance Officer
 - > Medical Director
 - > CFO
 - > Chief Nursing Officer
 - > Sales/Marketing Director
 - Governing Board member(s)
 - Outside expert (if needed)



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Analysis

Note: The biggest mistake hospice providers make with PEPPER is looking for the presence of that bold red font or “High Outlier” (new for FY2019); if it doesn’t exist, the PEPPER Analysis is complete!

- PEPPER is a one-stop-shop for the most comprehensive payment-related risk-mitigation data. Think of PEPPER as a State of the Union report for your Hospice!
- PEPPER Problems = Upcoming Audits!

Review Process

- Definitions refresh (every year!)
- Review and take detailed notes for each of the 16 Target Area Reports and other data:
 - Target Area Percent, Target Count (numerator and denominator)
 - > Length of Stay Data (if applicable)
 - > Sum of Payment and Average Payment Data (if episodic in nature)
 - Trending (up or down – both matter!)
 - Comparative Data Analysis (state, jurisdiction, national)
- Review Top Terminal Diagnoses and Jurisdictional Comparative Data
- Review Hospice Live Discharge by Type and Jurisdictional Comparative Data
- Once all 16 Target Areas and other data are reviewed, make note of any interrelatedness observations (these will be helpful during the Analysis phase)



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Analysis Phase

- Identify all PEPPER Problem Areas
- Rank / Prioritize all PEPPER Problem Areas according to organizational risk. Ranking / Prioritization should focus on the following:
 - High-volume areas (e.g., Top Terminal Diagnoses, Levels of Care by locations, etc.)
 - Problem-prone area (e.g., Live Discharge by Type, Length of Stay)
 - High-dollar errors (e.g., LLOS, GIP, CHC)
 - Interrelatedness of Target Areas and/or other Data (e.g., Top Terminal Diagnoses, Length of Stay, and Sum of Payments)
- Once all PEPPER Problems are ranked / prioritized, Weatherbee recommends creating a “PEPPER Plan” to address and mitigate all areas of concern.
- A PEPPER Plan is exactly like a Plan of Correction, but focuses only on PEPPER:
 - Action Items / Risk Mitigation Needs
 - Interventions
 - Responsible Person(s)
 - Due Date
 - Ongoing Monitoring / Auditing for Remediation
 - > Concurrent PEPPER Data Monitoring