REQUEST FOR INFORMATION

Agency/Office: Department of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Program Integrity

Type of Notice: Request for Information

Title: Request for Information: CBRs & PEPPERs

Response Date: August 19, 2024

SUMMARY: The Center for Medicare & Medicaid Services (CMS) seeks information for a reevaluation of the Program for Evaluating Payment Patterns Electronic Reports (PEPPERs), Comparative Billing Reports (CBRs), and efforts to improve the effectiveness and accessibility of the programs. CMS seeks responses to questions listed in the "QUESTIONS" section of this Request for Information (RFI). CMS may use the information collected through this RFI to make changes to the design of the program.

DATES: Submit comments through the website listed in the "RESPONSE FORMAT" section by 11:59 pm Eastern on August 19, 2024.

RESPONSE FORMAT:

- Responses to this RFI must be provided via on-line submission to the following mailbox: CMS CBR PEPPER Inquiries.
- Submissions are **due no later than 11:59 pm Eastern on August 19, 2024.**
- CMS will not accept hard-copy responses or other formats.
- CMS will consider only those responses that contain the information described below.
- Submitted responses must follow the format listed below, with responses divided into four sections.
- CMS will not consider additional information submitted beyond these four sections.
- CMS strongly recommends respondents provide a summary of their experiences related to the PEPPER and CBR programs.

Section I Demographic: The following items must be completed by each respondent.

- Organization type (facility, association, health plan, consumer organization, etc.),
- Name of organization,
- Mailing address,
- Phone number,
- Fax number,
- Name and email of designated point of contact (POC).

Section II: The name and contact information of the organization whose views are represented in the submission, if different from the information provided in Section I.

Section III: Respondents are encouraged to provide complete but concise responses to the questions listed in the four sections outlined below. Please note that a response to every question is not required. Please respond only to those questions that are germane to your experience and expertise. Responses must be no more than 2000 characters per question.

BACKGROUND:

A PEPPER is an electronic report that delivers facility-specific Medicare statistics for discharges and services vulnerable to improper payments. PEPPERs are used to educate facilities by showing them how they compare to their peers and alert them of potential over-utilization and potential payment errors. Additionally, the reports educate facilities regarding Medicare policies and procedures on such issues as correct billing, coding, and documentation.

A CBR provides comparative data on Medicare billing trends, allowing an individual health care provider to compare their billing practices to peers in the same state and across the nation by specialty. CBRs help CMS address potential over-utilization in the Medicare fee-for-service (FFS) program.

See here for a sample CBR and/or PEPPER:

https://cbr.cbrpepper.org/index.html

https://pepper.cbrpepper.org/index.html

Section IV: QUESTIONS

PEPPERS

Presentation

1. Would you like to see PEPPERs improved in terms of their presentation? What, if any, formatting changes should CMS consider making to the PEPPERs? Are there any changes in graphics that would improve clarity?
2. Should CMS consider providing more visual aids to display data presented in the PEPPERs? If so, what types?
3. Is the length of the PEPPER and the breadth of the information provided in the report appropriate? If not, is there information contained within the PEPPER that you suggest CMS consider eliminating or information you suggest adding to enhance the reports?

Accessibility

1. How, if at all, is your facility currently utilizing the PEPPER?
2. Has your facility historically experienced any issues downloading or accessing PEPPERs? If so, what changes should CMS consider making to this process, so it is easier for facilities to access their report(s)?
3. Which format does your organization prefer for viewing your PEPPER (i.e., electronic via the PEPPER portal, hardcopy, or fax)?
4. Would it be beneficial to receive PEPPERs more frequently than quarterly? If so, how often?

Education, Training, and Other Resources

1. Is your facility familiar with the mission of the PEPPER program, which is to deliver facilities Medicare statistics for discharges and services vulnerable to improper payments, and to educate them by showing them how they compare to their peers and alert them of potential over-utilization and potential payment errors.? If not, what information would be helpful for CMS to provide?
2. Has your facility historically utilized the supplemental PEPPER training materials provided on the PEPPER website (e.g., FAQs, user guides, webinar recordings)? If so, is this information helpful? Are there additional supplemental training materials or resources that CMS should consider providing?

3. Has your facility historically found the PEPPER user guides that accompany the report(s) adequate for understanding the data provided in the report? If not, what changes to the user guides should CMS consider making? 4.Has your facility historically utilized other PEPPER resources like the help desk or mailbox? If so, are there any changes CMS should consider making to enhance the user experience when utilizing these resources?5. In your experience with PEPPERs, what aspects of the information provided do you find most beneficial? How could PEPPER reports better serve your organization to minimize Medicare improper payments due to billing, DRG coding, or admission necessity issues?

Data Utilization

1. Are there other changes that CMS should consider making to the PEPPERs to make them more user friendly or to make the data presented easier to interpret?

Future Enhancements

1. What other suggestions would you have for CMS as it considers ways to improve the PEPPER program?

CBRs

Presentation

1. If you received and downloaded a CBR, or reviewed a CBR sample, would you like to see the CBRs improved in terms of their presentation? If so, how? What, if any, formatting changes should CMS consider making to the CBRs? Are there any changes in graphics that would improve clarity?
2. What other changes should CMS consider making to the CBRs to make them more user friendly or to make the data presented easier to interpret?
3. Should CMS consider providing more visual aids to display data presented in the CBRs? If so, what types?
4. Do you find the length of the CBR, or the breadth of the information provided in the report appropriate? If not, is there information contained within the CBRs that you suggest CMS consider eliminating or information you suggest adding to enhance the reports?

Accessibility

1. If you received a notification advising you of receipt of a CBR in the past, did you download your CBR? If not, why not?
2. If you received a notification advising you of receipt of a CBR in the past, is there anything you would suggest changing about the notification or the notification process? For example, did you find the notification to be clear and the instructions for CBR download easy to follow? If not, please explain.
3. What barriers, if any, are there that may prevent you from viewing or accessing a CBR? How could we improve your CBR viewing and/or download rates?

Education, Training, and Other Resources

1. Are you familiar with the supplemental education and training resources available from the CBR program (e.g., FAQs, coding guidance, and webinar recordings). If so, which resources are you familiar with and have you accessed any of these resources?
2. Did you find the above resources to be useful in interpreting your CBR data (if applicable) or better understanding general information about CBRs?

3. Are there additional supplemental training materials or resources that CMS should consider providing?
4. If you received and downloaded a CBR in the past, did you attend the accompanying webinar held following the CBR release? If not, why? If so, are there any improvements you suggest making to the content or formatting of the webinar sessions?
5. Have you utilized other CBR-related support resources, such as the CBR help desk or mailbox? If so, are there any changes CMS should consider making to enhance the user experience when utilizing these resources?

Data Utilization

1. If you received and downloaded a CBR in the past, in what ways (if any) did you use the CBR data? Did you find this data beneficial to your Medicare billing practices and processes?
2. If you received and downloaded a CBR in the past, or reviewed a CBR sample for a topic in your specialty, do you believe that the metrics and peer comparison groups appropriately captured meaningful variations in billing and prescribing?
3. Have CBRs improved your billing or prescribing practices? If so, what have you found most useful when receiving and reviewing a CBR?

Future Enhancements

1. Are there any specific Medicare Part B service areas that CMS should consider for future CBRs?
2. What other suggestions would you have for CMS as it considers ways to improve the CBR program?

SPECIAL NOTE TO RESPONDENTS:

THIS IS A REQUEST FOR INFORMATION (RFI) ONLY. This RFI is issued solely for information and planning purposes; it does not constitute a Request for Proposal, applications, proposal abstracts, or quotations. This RFI does not commit the Government to contract for any supplies or services or make a grant award. Further, CMS is not seeking proposals through this RFI and will not accept unsolicited proposals. Responders are advised that the U.S. Government will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party's expense. Not responding to this RFI does not preclude participation in any future procurement, if conducted. It is the responsibility of the potential responders to monitor this RFI announcement for additional information pertaining to this requirement.

Please note that CMS will not respond to questions about the policy issues raised in this RFI. CMS may or may not choose to contact individual responders. Such communications would only serve to further clarify written responses. Contractor support personnel may be used to review RFI responses.

Responses to this notice are not offers and cannot be accepted by the Government to form a binding contract or issue a grant. Information obtained as a result of this RFI may be used by the Government for program planning on a non-attribution basis. Respondents should not include any information that might be considered proprietary or confidential. This RFI should not be construed as a commitment or authorization to incur cost for which reimbursement would be required or sought. All submissions become Government property and will not be returned.