



## Hospice Regulatory Alert

June 3, 2026

### Hospice PEPPER Report Released

**What is PEPPER?** The Program for Evaluating Payment Patterns Electronic Report (PEPPER) is a Microsoft Excel file summarizing provider-specific Medicare data statistics for target areas often associated with Medicare improper payments due to billing, DRG coding, and/or admission necessity issues. Target areas are determined by the Centers for Medicare & Medicaid Services (CMS). PEPPER facilitates the prioritization of areas on which a hospice may want to focus auditing and monitoring efforts. Hospices are encouraged to conduct regular audits to ensure that medical necessity for admission and treatment is documented and that bills submitted for Medicare services are correct.

**Three years of data:** PEPPER can be used to review three years of data statistics for each of the CMS target areas, comparing performance to that of other hospices in the nation, specific Medicare Administrative Contractor (MAC) jurisdiction and state. PEPPER can also be used to compare data statistics over time to identify changes in billing practices, pinpoint areas in need of auditing and monitoring, identify potential under- or over-coding problems and identify target areas where length of stay is increasing. PEPPER can help hospices achieve CMS' goal of reducing and preventing improper payments.

#### Key Resources

- **Link to PEPPER Home Page:** The Hospice PEPPERs were officially released today! Go to the PEPPER website [here](#).
- **Hospice User Guide:** The [Hospice PEPPER Guide](#) provides details on the target measures and how to interpret the results for your hospice and how it compares to the region and nation.
- **Hospice PEPPER Demo Excel spreadsheet:** The PEPPER contractor has provided a demo of the hospice PEPPER report as an Excel spreadsheet, which can be found here: [FY 2025](#) (XLSX).

Click through the tabs across the bottom of the file to see the different target measures.

## How to Download Your PEPPER: Staff End User (SEU) Access

The Hospice PEPPER will be available through the [PEPPER Portal](#) to Authorized Officials (AOs), Access Managers (AMs), and Staff End Users (SEUs) who have been granted the PEPPER business function in the CMS Identity & Access Management (I&A) System.

To become a Staff End User (SEU) and access your organization's PEPPER:

1. Log in to the [CMS I&A System](#) using your existing NPPEs or PECOS credentials.
2. Request the PEPPER business function under your organization.
3. Obtain approval from your organization's AO or AM (only AOs and AMs can approve SEU access).
4. Once approved, log in to the [PEPPER Portal](#) using the same credentials to download your organization's PEPPER.

Authorized Officials and Access Managers can find step-by-step instructions in the I&A [Quick Reference Guide](#) and [Frequently Asked Questions \(FAQs\)](#).

If users need help identifying their AO or AM, or have questions about their request, they may contact the [PECOS External User Services \(EUS\) Help Desk](#).

### Target Measures

1. Live discharges - no longer terminally ill
2. Live discharges – revocations
3. Live discharges with a LOS 61-179 days
4. Long length of stay  $\geq$  180 days
5. Routine home care provided in assisted living facility HCPCS code=Q5002
6. Routine home care provided in a nursing facility (NF) HCPCS code=Q5003
7. Routine home care provided in a skilled nursing facility (SNF) HCPCS code=Q5004
8. Claims with a single diagnosis code
9. No General Inpatient Care (GIP) or Continuous Home Care (CHC)
10. Long General Inpatient Care (GIP) stays of 5 consecutive days or longer
11. Average number of **Medicare Part D** claims for beneficiaries residing at home
12. Average number of **Medicare Part D** claims for beneficiaries residing in an assisted living facility
13. Average number of **Medicare Part D** claims for beneficiaries residing in a nursing facility
14. Average number of **Medicare Part B** claims for beneficiaries residing at home
15. Average number of **Medicare Part B** claims for beneficiaries residing in an assisted living facility, nursing facility or skilled nursing facility

See the Hospice PEPPER Guide for more details on the target measures and how to interpret your hospice's results.