

CMS Target Areas in Program for Evaluating Payment Patterns Electronic Report (PEPPER)

Quality Improvement Organizations will continue to receive quarterly administrative data from the Centers for Medicare & Medicaid Services for target areas identified as at risk for payment errors that will assist in their efforts to work with hospitals to identify and prevent payment errors. These target areas will include the following:

- DRG 014 (intracranial hemorrhage and stroke with infarct)
- DRG 079 (respiratory infections and inflammations age > 17 with CC)
- DRG 416 (septicemia age > 17)
- Readmissions within 7 days of discharge to the same or to another acute care hospital
- DRG 243 (medical back problems)
- DRG 089 (simple pneumonia and pleurisy age > 17 with CC)
- Proportion of discharges billed to the higher-weighted DRG in a CC pair to all discharges in the CC pair
- Three-day qualifying skilled nursing facility admissions
- One-day stays excluding transfers
- One-day stays for:
 - DRG 127 (heart failure and shock)
 - DRG 143 (chest pain)
 - DRGs 182/183 (esophagitis, gastroenteritis, and miscellaneous digestive disorders age > 17 with and without CC)
 - DRGs 296/297 (nutritional and miscellaneous metabolic disorders age > 17 with and without CC)

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