



CBR201905: Air Ambulance Services

Webinar Questions and Answers

May 9, 2019

Q: What is a CBR?

A: A CBR is a Comparative Billing Report, and it is created to compare providers' billing statistics to those of their peers on a state or specialty, and nationwide level.

Q: Within an organization, who receives the CBR?

A: Each CBR contains specific guidelines as to how a provider is included in the CBR analysis. If a provider meets the criteria to receive a CBR, a notice is sent to the email address filed in the [Provider Enrollment, Chain, and Ownership System](#) (PECOS) and [National Plan and Provider Enumeration System](#) (NPPES) system. The notice informs the provider that a CBR is available and includes information for obtaining the CBR.

Q: Is there a way to receive a list of providers who received CBRs within a group practice or receive information for a large group of providers?

A: The providers who receive a CBR will receive individual notifications via the email address or fax number listed in PECOS. If there is a question as to whether or not all notifications were received for a group of providers, our Help Desk can assist with lists of National Provider Identifier (NPI) numbers.

Q: How can I receive emails in regard to the CBR reporting?

A: A link to join our email list can be found on our home page: <https://cbr.cbrpepper.org/home>.

Q: Where would a CBR be sent if our provider was identified as an outlier? How can I change the contact information regarding where the CBR is sent?

A: If a provider is eligible to receive a CBR using the metrics explained in the webinar, an email is sent to the email address available in the NPPES database. If a valid email address is not available, the notice is sent via fax to the fax number in the NPPES database. Providers that do not have a valid email address or fax number in NPPES received their notification in hard-copy through the mail. Please ensure your email address and fax number are updated in the NPPES

and the PECOS. The CBRs are not sent out; rather, they are available in the secure CBR Portal at cbrfile.cbrpepper.org by using the unique validation code included in the email, fax, or mail notification.

Q: Where can I obtain the validation code to obtain my CBR report?

A: The validation code is sent upon distribution of the CBR to the provider by email, fax, or regular mail.

Q: I would like to view this webinar again; how can I find the recording, slides, and handout for the webinar?

A: The webinar slides, handout, recording, and transcript are posted on the CBR homepage: <https://cbr.cbrpepper.org>.

Q: Is the provider who qualified for a CBR the only individual who can obtain the CBR and data?

A: The CBR and validation code information is sent to the contact data listed in the NPPES system. Those who can access the email, fax receipts, or mail will therefore be in a position to view the CBR access information.

Q: We did not receive a CBR. Can we request a CBR be sent for our providers or find a CBR on the website, even if the providers do not meet all the listed qualifications?

A: CBR reports are produced only if a provider meets the criteria for receiving a CBR, and the reports are not produced for providers upon request.

Q: Does this webinar discuss Air Ambulance services billed on a CMS-1500 form or those services billed on a UB-04 form?

A: The webinar discusses data pulled from Medicare Part B claims, which are submitted on a CMS-1500 form.

Q: Are there any actions items that should be taken with the receipt of a CBR?

A: Receiving a CBR is not an indication or precursor to an audit. No response to the CBR is required.

Q: Would providers in a rural area have a naturally higher-than-average number of miles for code A0436?

A: The units billed with code A0436 for miles traveled, would vary depending on the physical location of the provider in relation to the hospital destination.

Q: Is the Allowed Amount determined by the Medicare fee schedule?

A: Yes, the Allowed Amount is taken from Medicare's Physician's Fee Schedule and can vary based on locality, type of facility, number of units billed, and modifier use.

Q: Does this analysis include Medicare HMO or Medicare Advantage plan data?

A: The analysis and data do not include data from Medicare Advantage plans or Medicare HMOs.

Q: Why was this CBR created?

A: The catalyst for the review of Air Ambulance Transports within this CBR analysis was an internal analysis by the Centers for Medicare and Medicaid Services that evaluated the high reimbursement dollars in air ambulance, which is a small area of service comparatively.

Q: When were the notifications for CBR released?

A: Notifications were sent on the day the CBR was distributed: April 29, 2019.

Q: How many providers received a CBR? Is the data set available?

A: This information is not publicly available.

Q: What criteria is used to determine if a provider receives a CBR?

A: A provider will receive a CBR if the provider meets the following criteria:

- Has a "Significantly Higher" outcome as compared to national percentages in any of the three metrics analyzed in the CBR

- Has At least ten claims lines (transports) submitted for A0430 or A0431 during the analysis timeframe
- Has total allowed charges of \$5,000 or more for claims submitted for A0430 and A0435, or has total allowed charges of \$5,000 or more for claims submitted for A0431 and A0436 during the analysis timeframe
