Transcript for the CBR201905: Air Ambulance Transport
May 9, 2019

Welcome to today's webinar, where we'll be discussing Comparative Billing Reports, or CBRs, and more specifically, CBR 201905 Air Ambulance Transports. My name is Annie Barnaby, and I work for RELI Group Inc., who is contracted with the Centers for Medicare and Medicaid services, CMS, to develop, produce and distribute CBR reports.

We've developed various resources to accompany this webinar and those resources are listed here for your convenience. We do have the webinar slides available to you and as I mentioned before, we are recording the session and that recording will be made available to you as well. We have handouts and of course the Q&A and CBR help desk are great tools to use if you have questions, we are already to help so don't be afraid to reach out.

The objectives of today's webinar will be to understand the purpose and the use of Comparative Billing Reports or CBRs. To explain the function of this specific Comparative Billing Report, CBR201905, air ambulance transports and to help you gather resources and answer further questions and inquiries. Let's get started.

Our discussion today will cover the following areas. First, we will talk about what a Comparative Billing Report is, then we'll go into a discussion of this CBR and go through the details of the CBR topic, air ambulance transport. I do have a sample CBR we will review so we can get a good sense of what we are looking at when we review a CBR, I will show you how to access your CBR. I will show you some helpful resources, should you have any questions following this webinar and then finally I will answer any submitted questions as time follows.

Let's start at the very beginning; What is a Comparative Billing Report. First, we'll see how CMS defines a CBR. CBR, of course, stands for Comparative Billing Report, and according to the CMS definition a CBR is a free comparative data report that can be used as an educational resource and a tool that providers can use for possible improvement. A CBR is truly just what the title says, a report that compares providers on a state or specialty and nationwide level and summarizes one provider's Medicare claims data statistics for areas that may be at risk for improper Medicare payments, primarily in terms of whether the claim was correctly coded and billed, and whether the treatment provided to the patient was necessary and in line with Medicare payment policies. A CBR cannot identify improper payments but it can alert providers if their billing statistics look unusual as compared to their peers.

Taking a look at the history of the CBR, we can see that this program was spearheaded back in 2010. In 2018, CMS combined the CBR program with the PEPPER program which is the Program for Evaluating Payment Pattern Electronic Reports to put both programs under one contract.

And then in 2019, RELI group has partnered with TMF and CGS to create and distribute both the CBR and the PEPPERs.

So why does CMS issue CBRs? Well, CMS is mandated and required by law to protect the trust fund from any improper payments or anything else that may compromise the trust fund. CMS employs a number of strategies to meet this goal which include education of providers, early detection through medical review and data analysis. CMS considers the CBR process to be an educational tool that supports their efforts to protect the trust fund.

And CBRs serve several purposes on the provider side as well. The CBR program helps to support the integrity of claims submission and the adherence to coding guidelines, and this can help encourage correct clinical billing. Early detection of outliers in the billing processes can help to guidance and compliance program that will help support compliant operations in your own organization. And taking a look at specific guidelines and billing procedures can increase education and improve your future billing practices.

A CBR is formatted into six section which is helps to focus on the process and results of the CBR. And the sections are listed here but let's take a look at the sample CBR that I have as we go through each of these sections and you can see exactly what I am talking about.

The introduction of the CBR is a brief explanation of the specific billing area addressed in the CBR and a description of the findings of the CBR. You can see here that this CBR analyzes fixed and rotary wing transport for air ambulance services.

The coverage and documentation overview, listed next, identifies claim status and reviews basic HCPC code and modifier information. This section discusses the modifiers that are used with air ambulance transport, and references the claims processing manual, excuse me, that states that air ambulance services are paid only if the destination is a hospital. This next section, basic coding guidelines begins on this page but is mostly on this next page. And in this section, we are provided with a bit of a more detailed description of the HCPCS codes and the correct billing processes. This CBR contains a list of the HCPCS codes for air ambulance and then some information regarding when air ambulances services can be justified. And that section takes us through here. The metrics of the CBR, as you can see here listed at the top of this page are used for analysis – excuse me, they describe the metrics used for the analysis of the CBR and the possible outcomes of the comparisons for each method. The methods and results section is an overall analysis of the CBR results and the individualized results comparing the CBR recipient to other providers. So you can see here these are a listing of metrics, and we will go over these in more detail. As we go through the slides. It is nice to get a picture of what the CBR looks like.

And then finally we have the references and resources section which lists reports and documents used for the creation of the CBR and those created to help you if you have any questions about this CBR.

To begin our more in-depth review of those sections of the CBR, let's discuss the very basis of the topic, air ambulance transports. These services are listed by HCPCS code, according toto fixed or rotary wing transport. Along with the type of winged transport, another code that represents the mileage for each transport is used on the claim. So each air ambulance transport claim has two HCPCS codes submitted. Let's take a closer look at the specific focus of the CBR and the codes that are analyzed within the CBR report.

Now, the focus of this CBR is a review of the statistics for providers who submitted Medicare part B claims for air ambulance transport. Air ambulance is paid only when the service ends at a hospital, as we discussed earlier in the review of the CBR. And you can see here the HCPCS codes that represent the fixed wing, rotary wing and mileage for each transport.

The CBR team identified providers who submitted air ambulance transport services between Dec. 1, 2017, and Nov. 30, 2018.

So now that we have reviewed the code set for air ambulance, let's talk about why this topic has garnered attention for a CBR analysis. CMS conducted studies which found a large amount of reimbursement dedicated to this relatively small area of service. So that result was a catalyst to take a look at the payments and services within air ambulance transport. There are some other reports performed by the OIG involving individual hospitals that also included that there was value in identifying possible improper payments for air ambulance transport services.

In order to get detailed information for those providers submitting for air ambulance transport, the CBR 201905 was performed. The CBR summarizes again the year of dates of service between Dec. 1, 2017, through Nov. 30, 2018. The statistics and analysis showed seven providers which allowed charges for air ambulance transport, and a combined amount of over $552 million in services for about 77,000 beneficiaries.

The CBR 201905 analyzes that data based on the version of claims as of March 29, 2019. Now that we are familiar with the analysis that was completed within this CBR, let's take a look at why you might have received a CBR for this analysis of air ambulance transport. A CBR is presented to a provider when the analysis of their billing patterns differs from the patterns of provider's peers. It is important to remember that receiving a CBR is not in any way an indication of or a precursor to an audit.

When we talk about comparing your billing patterns to those of your peers, there is a specific outcome for this analysis that we are going focus on. The outcome of significantly higher. Now, an outcome of significantly higher indicates that the provider's value is above the 90th percentile from the national mean. And let's talk a little bit more about what that 90th percentile means on this next slide.

In order to identify the providers who were above the 90th percentile, we first, the CBR team first calculated percentiles for all the providers for each of the metrics. To calculate the

percentiles, we ordered first all of the providers' percent value from highest to lowest. And if you use this ladder as a reference and imagine that the highest percent values are listed up there at the top of the ladder and then they are listed in descending order with the lowest value there down by the bottom rung of this ladder. We next identified the percent value below which 90 percent of the providers values fall. This is the 90th percentile mark which is represented above again on the ladder visual with that black line. Any providers whose percent value is above that point are above the 90th percentile and identified as being significantly higher for that metric in their CBR.

We will take a look a little bit later at each of those metrics and the sample CBR to get a better picture.

So why would a CBR be issued to you? Well, the criteria for a provider receiving a CBR is listed here. The provider must have a significantly higher outcome in one of the three metrics and have at least – have at least ten claim lines submitted for HCPCS A0430 and A0431. Have a total of allowed charges of $5,000 or more for claims submitted for HCPCS codes 0430 and A0435, A0431 and A0436.

To help us fully understand the air ambulance CBR, its outcomes and comparisons, let's take a closer look back at that sample CBR. We will look – excuse me. We will look more closely at the metrics, findings, methods and results and the provider's findings for the sample CBR. Now the results of this sample CBR will of course differ from the results on your CBR, but the formatting and sections on the CBR will be consistent with the layout of this sample CBR.

You will see here first a list of the metrics that were analyzed in the CBR. The CBR reviewed the average number of miles per transport, the average amount per transport, excuse me the average allowed amount per transport, the average allowed amount per unit or mile. We'll break down how each of these metrics is calculated so we can have a deeper understanding of statistics that are listed on each CBR.

First let's review metric one, the average number of air ambulance miles per transport for both fixed wing and rotary wing transport. This metric for fixed wing transport was calculated by dividing the sum of units for A0435 by the count of claim lines for A0430. This calculation shows us the average number of miles that were traveled from each fixed wing transport.

Here you can see the same calculation performed for rotary wing transport using HCPCS codes A0436 and A0431.

We go back to our sample CBR here. We can see again the metric listed and if we take a look at table 3, you can see that this sample provider has an average of 157.5 miles and 104.8 miles for fixed wing and rotary wing transports respectfully. The regional averages for these transports are 222 miles and 66 miles. And the national average is very close with 211 miles and 62 miles. With these outcomes, the provider has a does not exceed in the region and nation for fixed

wing transport. But has a significantly higher outcome for rotary wing transport.

Moving on to metric two, the average allowed amount per transport for both fixed wing and rotary wing transport. And you can see the calculation here for fixed wings transports. We divided the sum of the allowed amount for A0430 by the count of lines for A0430. Let's take a closer look at the same calculation for rotary wing transport. And here it is, that same calculation for rotary wing transport dividing the sum of the allowed amount for A0431 by the count of lines for A0431.

Let's head back to the sample CBR to take a look at the sample provider's summary and calculations. You can see here on table 4 that the provider had an average of $2,041 and about $3,900 for allowed amounts for fixed wing and rotary wing transports. The regional averages for these allowed amounts were about $2,700 and $2,100. And the national average was about $2,500 and then right around $2,000. With these outcomes the provider does have a does not exceed in the region and nation for fixed wing transports but has a significantly higher outcome again for the rotary wing transport.

Finally, let's take a look at metric three, the average allowed amount per mile. This calculation is very close to the calculation of metric two, dividing the allowed amount for A 0435 for fixed wing transports by the sum of units for A0435. For rotary wing transport, the allowed amount for A 0436 is divided by the sum of units for A 0436. This metric looks at the cost per mile per submission for air ambulance transport.

Looking at the sample figures for this CBR for metric three, which I think are on table 5. This provider has an average allowed amount of 13 dollars and 35 dollars for fixed wing and rotary wing transport. The regional averages for these transports on $12 and $32 and the national average is very close again with $12 and $32. With these outcomes, the provider does have a higher outcome for both the region and the nation comparison outcomes.

The CBR contains two graphs to review and I do have them here on this slide and then the next slide. They both show the trend over time for the total number of miles for fixed wing and rotary wing transport over three years. Here we can see the fixed wing miles which as you can see drop from year one to year two and then drop drastically from year two to year three.

And the graph for rotary wing miles shows a slight increase actually in year two and then again another drastic drop in year three. So these graphs can just – can show just an overall look of the miles for both types of transport over those three consecutive sample years.

Now, if a provider has no data for either fixed wing or rotary wing transport, they will see an empty graph on their CBR. hat is just something to be aware of. There is nothing wrong if you see an empty graph on your CBR. It just means there was no data to report for that graph.

This page that you see here, Cbrpepper.org. Oh—excuse me. How can you access your CBR?

Sorry, I got ahead of myself there. You can go to CBRFILE.CBRPEPPER.org to access your CBR. And when you arrive there you will see the page that is on this slide. It will ask you to certify the role you have in the organization it will ask you to input your information and the provider's information. We do like to know how you learned about your CBR and then we will ask you to enter your NPI number and when you receive a CBR, a validation code is given to you as well. So we ask that you enter that validation code at the bottom and hit submit and when you do so, a file of your CBR will come back up – or will come up, excuse me, for your review.

So this page CBRpepper.org is another page that you can go to access your CBR. If you click on the "Access Your CBR" button, highlighted with a purple arrow, you will be directed to the page we just reviewed and you can begin the steps we just covered. So this page is another way for you to navigate to the CBR access page.

We have a helpful resources page which is cbr.cbrpepper.org/Help-Contact-Us. And on this page you will find the frequently asked questions link and the link to submit a new help desk request. I always encourage people to review the frequently asked questions before submitting a help desk ticket because those frequently asked questions might be able to answer your inquiries.

These helpful resources listed here are the documentation and the reporting that the CBR team used in the creation and the analysis of the CBR. And these are the links that are also found in the references and resources section of the CBR. You can see that this specific CBR we have the ambulance fee schedule, the Medicare claims processing manual that we referenced when we were going over the sample CBR. And then we have links to the CMS and OIG reports that I mentioned in the beginning of the slide show. So those are here for you should you want to review any of that information.

Our homepage cbr.cbrpepper.org/home has a wealth of resources and links that can help you with any CBR inquiries that you may have.

This is a screen shot of that homepage and we do have sample CBRs, training materials, the references and the resources are within the sample CBR. You can join our mailing list to stay up-to-date on any announcements. This page has a link to provide feedback on the CBRs and we would love for you to submit a CBR success story so that we can hear how the CBR process worked for you and your organization. And you can also see here that the previous CBRs that were released are listed here, a sample CBR for each one, and then the information I just went over for every CBR that has been released thus far. You will have those resources available to you here on the homepage.

The frequently asked questions page contains a list of frequently asked questions. I did mention it a few slides ago. And the page has links to answer various questions as you can see here. So you will simply click on the question and the answer will populate. This list really has proven

very helpful to many people who have questions about the CBR process or questions about their claims or claim status. So if you want to take a look, they have a wealth of information, like I said, on this page.