



Transcript for the CBR201910: Upper Lower Endoscopy Different Days of Service September 24, 2019

Good afternoon, everyone. It's 3:00, so we will go ahead and get started. Welcome to today's webinar, where we will be discussing Comparative Billing Reports, or CBRs, and more specifically, CBR201910, Different Day Upper and Lower Endoscopy. My name is Annie Barnaby, and I work for RELI Group, Inc., who is contracted with the Centers for Medicare & 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, as I mentioned before, we are recording this 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 any questions at all. Don't be afraid to reach out. We are here to help.

The objectives of today's webinar will be to understand the purpose and the use of Comparative Billing Reports, to explain the function of this specific Comparative Billing Report, CBR201910: Different Day Upper and Lower Endoscopy, and to help you gather resources that will help answer further questions and inquiries.

To accomplish those objectives, our discussion today will cover the following areas. First we'll talk about what a comparative billing report is. I will show you how to access your CBR through our portal. I do have a sample CBR that we will review so we can get a good sense of what we're looking at when we review a CBR report. Then we'll go into a discussion of this CBR, and go through the details of the topic, Different Day Upper and Lower Endoscopy. I will show you some helpful resources, should you have any questions following the webinar, and then, again, finally I will answer any submitted questions as time allows. Let's get started!

Let's start at the very beginning, what is a CBR? Well, as I said before, CBR 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 what the title says, a report that compares providers on a state and nationwide level, and summarizes one provider's Medicare claim data statistics for areas that may be at risk for improper Medicare payment, 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 policy. 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 process, we can see that the program was spearheaded back in 2010. In 2018, CMS combined the CBR program with the PEPPER program, the PEPPER program is the Program for Evaluating Payment Pattern Electronic Reports, to put both of those programs under one contract. And in 2019, RELI Group, Inc. has partnered with TMF and CGF to create and distribute the CBRs and the PEPPERS.

Now that we have a sense of the history of the CBR, we can discuss why CMS issues the 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. And CMS employs a number of strategies to meet this goal, which include education of providers, early detection through medical review, and data analysis. And CMS considers the CBR process to be an educational tool that supports their efforts to protect the trust fund.

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

You may be asking if you received a CBR, why did I receive a CBR? Well, a CBR is presented to a provider when the analysis of their billing patterns differs from the provider's peers on a state or a nationwide level. It is important to always remember that receiving a CBR is not in any way an indication of or a precursor to an audit.

I'm going to walk through the steps of accessing a CBR report through the portal, so we can see exactly how that is done. This page, cbrfile.cbrpepper.org, contains the portal that you will use to access your CBR, and I am going to actually share that screen with you now as I enter the information.

The portal does, of course, require that you enter some information, and as I fill this out, you can just see exactly how that's done. So, first we'll indicate the role that we play within the healthcare organization for the physician or physicians who receive the CBR. I'm going to indicate that I am an administrator of the organization, and by doing so, I'm indicating that I have the authority to receive the CBR information, and then I understand that I am authorized to view this confidential information and data.

Next, I'll complete these two forms to indicate my information and the provider's information. To access this test CBR, I will, of course, be using test data here to complete these forms, but you'll use the correct information for your provider here to complete the forms as needed.

Following these forms, we're going to indicate how we heard about the CBR that is available for the physician or physicians. This section of the access form is most telling to us, and really helps

us at RELI Group know which form of alert is working best to reach the most physicians about their CBR alert. First on the list indicates that you received an email or a fax. This would be an email or a fax that came to the account and fax number information that is listed in the NPPES system, that's the National Plan and Provider Enumeration System. We do encourage everyone to confirm the NPPES system information and update as necessary so that we can contact the appropriate person regarding CBR information. We know that oftentimes an employee email may be listed, and sometimes those employees leave the organization, or something else happens that causes the email address or other contact information to become incorrect. So, going in the NPPES system and confirming this information several times a year allows for that data to stay up to date and lessens any issues that may otherwise arise.

Next on the list is the indication that you saw a tweet that we sent out about the CBR program. We do tweet about the CBR releases and about these webinars, so if you saw the tweet and that led you to check out the CBR program, we would love to know that.

The next two entries, provider or professional association, or MAC notice, are indications of our work alongside the groups and the MACs that are so supportive of provider billing and information distribution. We are very appreciative whenever MACs are involved in spreading the word about the CBR program, and similarly, when a professional association recognizes the importance of the CBR program and in the information that we distribute.

And then we have the Open Door Forums led by CMS. If you heard about the CBRs through one of those forums, please indicate as such. And then we do have Other, and if you heard about the CBR process in any other way, please indicate as such as well.

At the bottom of the form, we ask for — the portal asks for the provider's NPI number. This would be the NPI number for the specific provider who received the CBR. If you are in a position of having several providers who received the CBR and you need information or validation codes for those NPI numbers, we can help through our help desk ticket system. You can submit a help desk ticket and a representative will contact you to arrange for that information for the longer list of NPI numbers. I'm just going to put a fake NPI number in here.

And finally, we have the validation code. When a provider receives an alert that they have a CBR on file, a validation code is included with the alert information. So, again, check the information on the emailed alert to confirm your validation code. If you are sure that the provider was issued a CBR but you're unsure of the validation code, please submit a help desk ticket and we can assist with that as well.

So I'm going to complete the form and then hit submit. And here we have the sample CBR file that appears. Your CBR will appear in the same fashion, in a PDF format ready for your review. And we do recommend that you download and save the PDF file to your records so that you can access it and review it at your leisure.

This page, cbrpepper.org, is another page you can use to access the portal for your CBR. If you click on the access your CBR button highlighted here with the purple arrow, you'll be directed to the page that we just reviewed, the portal, and you can begin the steps that we just covered.

So we've seen how to access the CBR report. Let's now take a closer look at the sample documents so that we can fully understand upper and lower endoscopy, the CBR, its outcomes, and its comparisons. Now, the results shown on this CBR, will, of course, differ from those on your CBR if you received one, but the formatting and the sections of the CBR will be consistent with the layout of this sample CBR.

A CBR is formatted into six sections. As you can see here listed, which helped us focus on the process and the results of the CBR. I'm going to share the sample CBR here. And we start with the introduction. The introduction is a brief explanation of the specific area, and the billing data addressed in the CBR. And you can see here information discussing the CBR focus and estimated improper payments for upper endoscopy services and the rate at which bidirectional endoscopies are performed on different days.

The coverage and documentation overview identifies the CPT® codes that we looked at in this analysis, and also gives us some definitions regarding some common phrases that we're going to use in the CBR and in our discussion of the report. Specifically, for the purposes of this document, the term "different dates of service" refers to different dates of service within 90 days of each other. So, we do want to be aware of that definition while we continue with this webinar and looking at the results of the sample CBR.

In the section covering basic coding guidelines, we are provided with a detailed description of the CPT® code used in the analysis. Table one, as you can see here of this CBR, has expanded information of the CPT® definitions. And then on the next page... table two is a summary of the provider's utilization in terms of allowed charges, allowed services, and beneficiary counts for the reviewed CPT® codes.

The metrics of the CBR lists and explains the metrics used for the CBR analysis. The definition of the state and national peer groups and the possible outcomes for this CBR metric analyses. We'll, of course, go through each of these in more detail later on in the webinar.

The methods and results section is a review of the CBR results, and individualized results comparing the CBR recipient to other providers. And as we scroll through, we can see each metric is explained. The calculation for the metric is then described, and then the results for the provider for each metric is shown in table form.

As we scroll through here, we have metric one, and you can see the explanation, the calculation, and then we have table 3 that shows the results. And then the same thing for metric 2. We have a description, a calculation, and then the tabled results. And then we repeat

the same process for metric 3 and for metric 4. And again, we'll go through this in a little bit more detail later on in our slides.

The methods and results section also contains a graph displaying a trend over time for the provider. You can see that here. We'll discuss, again, this table and this graph in a little bit more detail later on in the webinar.

And 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 as you have any questions about this CBR.

Let's take a look now at the vulnerability of endoscopy payments and how that plays into CMS's protection of the trust fund. The 2019 Comprehensive Error Rate Testing Report reflected an improper payment amount of over \$6 million for upper endoscopy procedures. Also, an article printed for the National Center for Biotechnology Information reflected data that 30% of bidirectional endoscopy procedures were performed on different dates of service. So, we can see from the result of that CERT analysis and the article that there is a potential issue with the high amount of improper payments for upper and lower endoscopy procedures.

To tackle this issue, the CBR201910 was created to review statistics for rendering providers who performed upper and lower endoscopy procedures for which a Medicare Part B claim was submitted. This analysis included CPT® codes for upper and lower endoscopy procedures, which are these CPT® codes that we see here. Now, this is table 1 from the CBR, and you can see that there are several groups of CPT® codes that were analyzed, covering all upper and lower endoscopy procedures. So, if a CPT® code fell into one of these ranges, or one of the codes listed here, they were utilized into our analysis.

To create the CBR201910, we used detailed information, again, for rendering providers who performed upper or lower endoscopy services for the CPT® codes that we just saw. During the CBR summary year of May 1st, 2018, through April 30th, 2019. The results were based on claims extracted for the date range as of August 26th, 2019 and showed over 13,000 rendering providers with combined charges of over \$151 million.

Using the results of the analysis, the CBR team created criteria to select the providers who will receive a CBR201910. That criteria is that the provider is significantly higher compared to either state or national percentages or rates in any of the four metrics. And that is greater than the 90th percentile, which we will explain here in just a moment. And the provider has at least 30 beneficiaries with upper and lower endoscopies performed on the same day or within 90 days. And the provider has at least \$10,000 or more in total allowed charges.

So, as we mentioned before, the CBR process is used to help providers compare their billing patterns to those of their peers. And when we talk about the comparisons and the criteria that we just saw, there are four outcomes for the metrics that are within the CBR. And those four

outcomes are listed here, significantly higher, higher, does not exceed, and N/A. The outcomes of higher and does not exceed are relatively self-explanatory, and the definitions are provided here for your review as well. The N/A outcome represents that the provider does not have sufficient data for comparison. However, the outcome of significantly higher that we saw in the criteria for receipt of a CBR requires a little bit more explanation. The significantly higher outcome indicates that a provider's value is above the 90th percentile from the peer state or national mean.

And in order to talk about exactly how we calculate that 90th percentile, we can go to this slide here. Talk about the 90th percentile. It is important to review the — to understand the true meaning of the 90th percentile, and I think that the visual on this slide can help us accomplish that understanding. In order to identify the providers who were above the 90th percentile, we calculated percentages for all providers for each of the metrics in each comparison group, that being the peer state and nation. We then order, all of the providers percent values from highest to lowest, and if you use the ladder visual here as a reference, imagine that the highest percentages are listed at the top of the ladder, and then in a list in descending order down the length of the ladder, so the smallest percentages are at that bottom rung. Next, we identify the present value below which 90% of the provider's values fall. This is the 90th percentile mark, and that's represented above, again, on the ladder visual by that black line. Any outcome for a metric in which the provider's percentage falls above that point would therefore have the outcome of significantly higher.

Speaking of the metrics, you will see here a list of the metrics that are analyzed within this CBR. These are the metrics that could have any one of those outcomes. And they are the percent of claims billed for upper and lower endoscopies performed on different dates of service. Two, the percent of allowed dollars for upper/lower endoscopies performed on different dates of service. The rate of upper/lower endoscopies performed on different dates of service per beneficiary. And then, the percent of beneficiaries with upper/lower endoscopies performed on different dates of service. And we'll break down how each of these metrics is calculated so we can have a deeper understanding of the statistics that are listed on each CBR.

Looking first at metric 1, the percent of claims billed for upper or lower endoscopies performed on different dates of service. This metric was calculated by dividing the number of claims for upper/lower endoscopies performed on different dates of service by the total number of claims for upper/lower endoscopies performed on the same or different dates of service. The result of that calculation has been multiplied by 100 to arrive at the percentage result.

When we look at the results of this metric, what we're asking ourselves is, during the year, I of all the upper/lower endoscopy procedures, what percentage of those procedures were performed on different dates of service? And the percent results of this metric will show us how often that happened.

Let's look at the sample figures on the metric — excuse me — on the CBR for metric 1. We saw on our quick review that those results are listed here on table 3. You can see that the provider had a result of 66.67%, meaning that this provider performed upper/lower endoscopy procedures on different dates of service 66.67% of the time during the review year. The provider's state peer group had a percent of 14%, and the national percent was around 16%. So this provider had an outcome of significantly higher for both the state and national comparison in this metric.

Next we have metric 2, the percent of allowed dollars for upper/lower endoscopies performed on different dates of service. This metric concentrates on the monetary side of the analysis for these codes, and to analyze the data for this metric, we divided the total allowed amount for upper/lower endoscopies performed on different dates of service by the total allowed amount for upper/lower endoscopies performed on the same or different dates of service. Again, the result is multiplied by 100 so we can arrive at a percentage.

And when we are talking about allowed amounts in the context of this webinar or of the CBR, we are referring to the allowed amount assigned to each CPT® code by the Medicare fee schedule, so that's something to keep in mind.

The result of this metric represents the amount of money that was billed when an upper/lower endoscopy procedure was performed on different dates of service. So, we can get a sense of the amount of money that is involved when those procedures are performed on different dates of service. So with that in mind, let's see how the sample provider fared with their results.

Looking at the sample figures on the CBR for metric 2, and that is on table 4 here, we can see the allowed amounts used in the calculation for this metric. So, see on the far left, the allowed amounts for upper/lower endoscopies performed on different dates of service, and then on the next column over, the allowed amount for those performed on the same or different dates of service. So those are the data points that are used in the calculation, and I think it is really good to associate a dollar figure with the calculation because that does put the results into perspective as far as the amount of money that is going into and being paid from the Medicare trust fund. So, this provider had almost 72% of their allowed amount attributed to upper/lower endoscopies performed on different dates of service. The state percent is, again, right around 16, and the national percent is close at 18, so these results yielded, again, a significantly higher outcome for this provider for the state comparison and the national level comparison.

Moving on to metric 3, the rate of upper/lower endoscopies performed on different dates of service per beneficiary. This metric was calculated by dividing the number of claims for upper/lower endoscopies performed on different dates of service by the number of beneficiaries with upper/lower endoscopies performed on different dates of service. So this metric allows us to look at individual beneficiaries that were affected by the different dates of

service for those procedures. How many beneficiaries experience these procedures on different dates of service. So, to get a better look, let's go back to our sample CBR and look at table 5. Again, you can see in the far left-hand column is a data point 98, number of upper/lower endoscopies performed on different dates of service. Now, that second column from the left is the number of beneficiaries who experienced those endoscopies on different dates of service. So, 98 endoscopies were performed for 37 beneficiaries. And again, those are the sample figures that are used to calculate this provider's rate, which was 2.65. The state rate was, as you can see, 1.82. The national rate is 1.60. So, the comparison for this provider for both the state and the nation was higher instead of the significantly higher that we've seen on the other metrics thus far.

Finally, we arrive at metric 4, the percent of beneficiaries with upper and lower endoscopies performed on different dates of service. This metric was calculated by dividing the number of beneficiaries with upper/lower endoscopies performed on different dates of service. That is divided by the number of beneficiaries with upper/lower endoscopies performed on the same day or different dates of service. And because this is a percentage, we do multiply the result by 100. So, we can see the sample figures in table 6 for this metric. And again, metric 4 is taking a different look at how the beneficiaries are affected or how many beneficiaries are affected. So, you can see here the number of beneficiaries that had endoscopies performed on different dates of service, so it's 37. The number of beneficiaries with endoscopies performed on the same or different dates of service was 55. So those, again, are the data points that we use for the calculation of these metric results. And as you can see, the sample provider has a metric result of an even 67%. Their state percent, again, is right around 14. The national percent is almost 16. So, the results for metric 4 are going to land in the significantly higher outcome when compared to the state and nation.

As I mentioned before, the CBR includes a graph that represents a provider's billing trend over the three years of 2016 to 2019 for the number of allowed services for upper/lower endoscopy. This sample provider, as you can see here, had a small decline in the number of lower endoscopy services, and a slight increase in the number of upper endoscopy services performed over that three-year time period. And after the detail and the granular detail of the metrics in the analysis, it is nice to have this graph that kind of takes a step back and reviews an overall analysis of the services for that three-year time period.

At this point, I want to review the resources that we have available to you, if you've received a CBR, or even if you would just like further information about the process. We do have a helpful resources page, which is cbr.cbrpepper.org/help-contact-us. On this page, you'll see a frequently asked questions link, and a 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 may be able to answer your inquiry.

Here is a closer look at the Frequently Asked Questions page, which is cbr.cbrpepper.org/FAQ, if you want to go straight to the Frequently Asked Questions page, and the page lists a list of frequently asked questions, and has links to answers to those various questions that you can see here. You simply click on the question and the answer will populate. And this list and this page has proven helpful to many people who have questions about the CBR process.

These helpful resources are the documentation and reporting that the CBR team used in the creation and analysis of the CBR. You'll see the CPT® manual as well as the Medicare Comprehensive Error Rate Testing report that we touched on towards the beginning of the webinar, and then the reference materials for the article that was also mentioned in the introduction of the CBR and within our webinar slide review.

This is a screenshot of our home page, CBR.cbrpeppr.org/home. There are sections for each of the CBRs that we have released in 2019, and for each CBR topic and release, we provide links to a sample CBR, the training materials, the data set, and a link, again, to access your CBR through the portal. This page also contains a link to join our mailing list to stay up to date on any announcements, a link to provide feedback on the CBRs, and a link to submit a CBR success story, and we would love to hear how the CBR process worked for you and for your organization. So, feel free to submit those success stories as they come in.