Transcript for the CBR201913: Mohs Microsurgery January 7, 2019

I want to welcome you to today's webinar where we'll be discussing Comparative Billing Reports or CBRs, and more specifically *CBR201913 Mohs Microsurgery*. 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 and produce and distribute CBR reports.

We've developed several 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 the CBR Help Desk are great tools to use if you have any questions. We're here 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, to explain the function of this specific Comparative Billing Report, *CBR201913 Mohs Microsurgery*, 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 on our portal. I 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 document. Then we'll go into a discussion of this CBR and go through the details of the topic and the metrics for *CBR201913 Mohs Microsurgery*. I will show you some helpful resources should you have any questions following the webinar, and then 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, CBR stands for, of course, 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 and nationwide level and summarizes one provider's Medicare claims data statistics for areas that may be 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 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, we can see that this program was spearheaded in 2010. Then 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 starting in 2019, RELI Group, Inc., has partnered with TMF and CGS to create and distribute CBRs and PEPPERs.

Now that we have a sense of the history of the CBR program, we can discuss why CMS issues 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. And CMS considers the CBR process to be an educational tool that supports their effort to protect the trust fund. The CBR serves several purposes on the provider's side as well. The CBR program helps to support the integrity of claim submissions 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 support compliant 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 why do providers receive CBR reports? Well, a CBR is presented to a provider when the analysis of their billing patterns differs from the provider's peers on a state, specialty and/or a nationwide level. The analysis of the provider's billing patterns is completed through each CBR topic and each CBR is distributed to providers based on individual provider results or specified metrics within the CBR. The metrics for every CBR are created according to the CBR topic and the potential risk to the trust fund. 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 your report if you received one, so we can see exactly how that's done. This page that you see here is CBRfile.cbrpepper.org, and that contains the portal that we'll use to access the CBR reports. I'm going to pull this page up and share it on my screen so you can see exactly how it's done in real time.

First we're going to indicate the role that we play within the health care organization for the physician or physicians who received a CBR. I'm going to indicate that I am the CEO of the organization and by doing so I am indicating that I have the authority to receive the CBR information and that I understand that I am authorized to view this confidential information.

Next we'll need to complete these two forms to indicate your information and the provider information. To access this test CBR I of course used test data to complete these forms, but you'll use the correct information here to complete them for your specific provider. Following these forms, we're going to indicate how we heard about the CBR that is available for the

provider or providers. This section of the access form is most telling to us here at RELI Group, Inc., and really helps us to know which form of alert is working best to reach the most physicians for their CBR alerts. 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 email account or the fax number that is listed in the Provider Enrollment Chain and Ownership System that's commonly known as PECOS. We do encourage everyone to confirm their PECOS information and update if necessary so that we can contact the appropriate person regarding CBR information. Confirming this information several times a year allows for the email and fax number to stay up to date and lessens any issues that may arise otherwise. Third on the list is an indication that you received a letter in the mail. We do mail the CBR notifications out and the CBR reports, and again those are mailed to the address that is listed in the PECOS system. Next on the list is an 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 entries are the provider professional association or a MAC notice and these 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 the information that we distribute. We do have one alternative option, other, and if that option applies, of course, please indicate as such. I'm going to say that I received an email.

At the very bottom of the form we ask for the provider's NPI number. So, this will be the NPI number for the specific provider who received the CBR. And I'm going to just put in a dummy one here.

Finally, 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 your CBR alert to confirm the validation code. If you are in a position of having several providers for which you would like CBR information, we can help with longer lists of NPI numbers through our Help Desk ticket system to provide the validation code information. If you are sure that an individual provider, excuse me, was issued a CBR, but you're unsure of the validation code, you can also submit a Help Desk ticket for this instance and we can assist you. So I'm going to put in a fake validation code to complete the form and hit submit.

And here we have the sample CBR file that appears. And your CBR will appear in the same fashion in a PDF format ready for your review.

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

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

The CBR is formatted into five sections, which are listed here, and which help to focus on the process and the results of the CBR. And I do have a sample CBR that I would like to share with you now as we go through each of those five sections.

First we start out with the introduction, which is a brief explanation of the specific clinical area addressed in the CBR. In this case of course it is Mohs microsurgery. You can see here also information discussing the CBR focus of the rate of growth for Mohs microsurgery procedures and information regarding the documentation and qualifications of the Mohs microsurgery. The introduction also contains the criteria for receiving a CBR, and we'll go into much more detail and discussion of that later on in the webinar.

But let's move on now to the coverage and documentation overview section, which begins on this page and is continued on page 4. This section identifies the CPT® codes that were analyzed in the report. Table 1 and Table 2 are listed in this section. In Table 1 you can see here as I scroll past contains detailed descriptions of the CPT® codes that are used. And Table 2 right here contains the information for this sample provider for the allowed charges, allowed units and the beneficiary count during the analysis time frame.

Next is the metrics of the CBR. This section explains the metrics used for the CBR analysis, the definitions for the state and nationwide peer group, and the possible outcomes for the CBR metric analyses.

Next is the methods and results section, which is a review of the results of the CBR analysis followed by individual results comparing the CBR recipient to other providers. We have an explanation of the dates of service that were included in the report and the total rendering providers who had allowed charges for the Mohs microsurgery code set. Following that information each of the three metrics is explained, the calculation for the metric is described, and then the results for the provider for each metric are shown in table form. So if you see here, this begins with Metric 1. We have the explanation of the calculation, the picture description and then the provider's results listed here in Table 3. And this repeats for Metric 2, the results there in Table 4, and also for Metric 3.

This section also contains a graph that displays a trend over time for the provider and we'll discuss this graph in a little bit more detail later on in the webinar. And then finally we have the references and resources, which is a list of the reports and the documents used in the creation of the CBR and those created to help you as you have questions about the CBR.

Let's take a look now at the vulnerability of claims for microsurgery and how that plays into CMS's protection of the trust fund. A study published in the International Open Access Journal of the American Society of Plastic Surgeons showed an explosive increase in the rate of Mohs surgeries between 1992 and 2009, especially compared to the much slower growth of surgical excision. You can see here that within that time period, Mohs microsurgeries increased almost 700 percent and surgical excisions increased only 20%. This study also discussed the discrepancy in Medicare payments comparing Mohs and surgical excisions. So, this increase in Mohs microsurgery and the difference in payments from the Mohs microsurgery coming in at a considerable increase of 120% to 370% of the payments for surgical excision contributed to the selection of this topic for a CBR analysis.

So, to tackle that issue and to take a closer look, the *CBR201913* was created to review statistics for rendering providers who submitted claims for Mohs microsurgery with or without add on codes for additional stages of Mohs microsurgery. Specific metrics were created as we saw earlier to further analyze the issue and evaluate provider results for education and comparative purposes.

To create the *CBR201913* and the metrics within the report, we used detailed information for those rendering providers during the CBR summary year of August 1, 2018 through July 31, 2019. The results were based on claims extracted for the date range as of November 13th, 2019. Those results showed that 2928 providers submitted these claims which represent over $647 million in allowed charges. Now, when we talk about allowed charges, we are referencing the allowed charges listed in the Medicare fee schedule for the CPT® codes. This let us compare similar charge figures across all providers and claim submissions regardless of the submitted or paid amounts.

Here we can see a list of the metrics analyzed within the CBR. Each metric was created to take a more detailed look at the submission of Mohs microsurgery. The metrics are, Metric 1, the percent of Mohs microsurgery procedures billed with add-on codes for additional stages. Metric 2: The average dollars per Mohs microsurgery procedure. And Metric 3: The percent of beneficiaries receiving Mohs microsurgery with add-on codes for additional stages. We'll break down how each of these metrics is calculated later on in the presentation, but first let's take a look at each metric to understand why each analysis was selected and analyzed.

Metric 1 again looks at the percent of Mohs microsurgery procedures billed with add-on codes for additional stages. This metric tells us of all the Mohs microsurgery procedures that the provider performed during the analysis year, what percentage of those were submitted with additional stages for the procedure.

Metric 2 looks at the average dollars per Mohs microsurgery procedure. This metric helps us to put a dollar amount on those claims that were submitted for the Mohs microsurgery. And

taking a look at how the allowed charges play into the claim submission helps us to see how those claims pay into — play into — excuse me, that $647 million that were submitted for Mohs microsurgery that we talked about earlier in the webinar.

Metric 3 looks at the percent of beneficiaries receiving Mohs microsurgery with add on codes for additional stages. Now, this final metric looks at the beneficiaries that are affected by the Mohs microsurgery claim submissions and procedures. So, this metric shows us the percentage of beneficiaries who have a Mohs procedure that includes add-on codes for additional stages.

So that in depth review of the metrics and their role in the CBR topic helps us to understand the criteria for receiving a *CBR201913*. Using all of the data and research, the CBR team created criteria to select providers who will receive this CBR. That criteria is that the provider is significantly higher compared to either state or national percentages in any of the three metrics, and that would be greater than the 90th percentile. And the provider has at least 10 beneficiaries with CPT® codes 17311 or 17313. And the provider has at least $9,500 or more in total allowed charges. Following our discussion of each metric you can see that the criteria is directly related to the outcomes for all three of these metrics. The criteria states that the provider must be significantly higher in any of the three metric outcomes. So, what does that term above the 90th percentile mean and what are the other outcomes for the metrics?

Well, all four outcomes are listed here. These outcomes are the basis of the comparisons made regarding your billing patterns and those of your peers. The four outcomes that can come of each metric analysis are: 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 requires a little bit more explanation. The significantly higher outcome indicates that the provider's value is above the 90th percentile from the peer state or national mean.

In order to talk about how exactly we calculate the 90th percentile, let take a look at this slide. Because it is so important to understand the true meeting of the 90th percentile, I think that the visual on this slide can help accomplish that understanding. In order to identify the providers who were above 90th percentile, we calculated percentages for all providers for each of the metrics in each comparison group, the peer, state and nation. We then order all of the providers percent values from highest to lowest. 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 the bottom rung. Next we identify the percent value both below which 90% of the provider values' fall. This is the 90th percentile mark represented above on the ladder visual by the black line. Any outcome for a metric in which the provider's percentage falls above that line would therefore have the outcome of significantly higher.

So, let's take a look — closer look at the sample CBR and the calculations for each of the metrics. First, we have Metric 1, percent of Mohs microsurgery procedures billed with add-on codes for additional stages. This metric was calculated by dividing the sum of procedures submitted for primary codes with one or more add-on code by the sum of all procedures submitted for primary codes. That result is multiplied by 100 to get the percentage. Let's take a look at the sample figures for this sample provider for Metric 1. Those are on page 3. Sorry about the scrolling. They are on Table 3, excuse me, on page 6. Got my numbers mixed up, I apologize. So here we are on page 6 with Table 3 that has the outcomes for this provider for Metric 1. You can see that the sample provider had a percentage of 78.92, which means that 78.92 percent of the Mohs microsurgery performed had add-on codes for additional stages. Now with the state outcome falling at about 43.9 percent, and the national percent at 44.1, the outcome of this metric for this provider is significantly higher for the state and national comparison.

Let's go back to our slides to take a look at the metric calculation for Metric 2, which is the average dollars per Mohs microsurgery procedure. Now, Metric 2 is calculated by dividing the total allowed amount for primary codes and add-on codes by the sum of units submitted for the primary code. This result tells us the average dollars for the Mohs microsurgery procedures performed by the provider. And again if we go back to our sample CBR, with that calculation in mind, let's take a look at where the sample provider fell with their results. These results are on Table 4 on page 6 still and we can see that this provider's average was $1,089.34. The state and national averages were around $793 and around $800, so these results then produced an outcome of significantly higher for both the state and national comparisons.

Finally, we arrive at Metric 3, the percent of beneficiaries receiving Mohs microsurgery with add on codes for additional stages. Now, Metric 3 was calculated by dividing the number of beneficiaries with procedures for primary codes with one or more add-on codes by the number of beneficiaries with primary codes. This metric shows us the percent of beneficiaries who had add-on codes included in their Mohs procedures. Of all the beneficiaries who had a Mohs surgery in the analysis time frame, what percent had a add-on code with that surgery? So, with that in mind let's take a look at the sample figures for this metric, and those are on Table 5 here on page 7. This provider had a percentage outcome of 86.23 for Metric 3. The state and national percentages are very close to each other, right around 48 percent. So with this comparison, this provider has a significantly higher income for Metric 3 as well.

The CBR also includes a graph that represents the provider's billing trend. We saw this briefly when we were looking over the sample CBR at the beginning of the webinar. The provider's billing trend is listed for over three years of 2016 to 2019, for the total number of allowed services, which is the submissions of the Mohs' codes over three years' time. After the detail of the metrics and analysis, it is nice to have this graph that kind of takes a step back and reviews

an overall analysis for a three year time period. And we can see here that this particular provider had higher numbers for the submissions of codes 17311 and 17312 than for the submissions of 17313 and 17314. This provider will be able to take a look at this graph and analyze their clinical care against the numbers that are represented here. As I said, kind of a grand look at those three years.

At this point I would like to review the resources we have available to you if you have received a CBR or even if you would just like further information about the process. We have a helpful resources page which is https://CBR.cbrpepper.org/help-contact-us. And on this page you'll find 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 that frequently asked questions page, which is found at CBR.cbrpepper.org/FAQ.

The page contains a list of the frequently asked questions and has links to answers to various questions that you can see here. Simply click on the question and the answer will populate. This list has proven helpful to many people who have questions about the CBR process.

These helpful resources that you see here are the documentation and reporting that the CBR team used in the creation and the analysis of the CBR. You'll see here the CPT® manual as well as the articles that we discussed earlier regarding Mohs microsurgery and their associated costs.

This is a screenshot of our homepage. CBR.cbrpepper.org/home. There are sections for each of the CBRs that we have released in 2019 and then we'll continue to post them in 2020 for the new year. For each CBR topic and release we provide links to a sample CBR, the training materials, the dataset for the analysis, and a link to access your CBR. 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. We would love to hear from you about how the CBR process worked for you and for your organization.