



Transcript for the CBR202108: Impact of the Public Health Emergency (PHE) on Telehealth

Welcome to today's webinar, where we'll be discussing Comparative Billing Reports, or CBRs, and more specifically, *CBR202108: Impact of the Public Health Emergency (PHE) on Telehealth*. My name is Annie Barnaby, and I work for RELI Group Inc., who is contracted with 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, of course the recording of this webinar, and of course the Q&A and CBR Help Desk are great tools to use if you have any questions. We're here to help, so don't be shy about reaching out to us!

The objectives of today's webinar will be to understand the purpose and use of Comparative Billing Reports, CBRs, to explain the function of this specific *Comparative Billing Report 202108*, 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,

I do have a sample CBR that we will review, so that we can get a good sense of what we're looking at when we review a CBR. Then, we will go into a discussion of this CBR, and go through the details of the topic and metrics for *CBR202108*. And finally, I will show you some helpful resources, should you have any questions following the webinar. So, let's get started!

Let's start at the very beginning; what is a CBR? Well, 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 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 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, we can see that this program was spearheaded 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, beginning in 2019, RELI Group 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, 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 efforts to protect the trust fund. CBRs serve several purposes on the provider side as well. The CBR program helps to support the integrity of claims submission, and early detection of any outliers in your billing processes can help to guide a compliance program that will help to 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.

As we mentioned earlier, CMS is required to protect the Trust Fund. To that end, the *CBR202108* was created and distributed. This CBR offers an analysis of providers' billing patterns for use by providers in their review of their billing processes during the public health emergency. The topic selection is completed through research and collaboration with CMS. The metrics for every CBR are created according to the CBR topic and the potential risk to the Trust Fund, and the CBRs are distributed to providers based on individual provider results for specified metrics within the CBR.

The CBR is an educational tool that can be used for internal provider education. CBRs can draw providers' attention to their individual utilization of Part B claims for services during the PHE.

We now know a bit about the purpose of the CBR, but let's look at what a CBR isn't. A CBR is not, in any way, an indication of or a precursor to an audit. It also is not an indication of wrongdoing. Again, the CBR is educational in nature, and should be reviewed as such. Some Medicare Administrative Contactors, or MACs, release medical review CBRs. This CBR is not a medical review CBR; internal medical records are not reviewed. Instead, the report provides education and a summary of your claims submissions as compared to your peers. Receipt of a CBR is not in any way a prompt to make changes to your clinical care. We sometimes have providers contact us and say "does this mean I have to stop providing these services?" The answer to that question is, of course, no. The report is a comparison tool; we do not in any way want to tell you how to provide services to your patients. And finally, you do not need to respond to a CBR, they are meant for internal use. We do encourage everyone to download your report so that the data is saved to your internal online files for use during those annual compliance reviews.

The purpose of this CBR is, of course, directly related to the reasoning behind the distribution of CBRs. This CBR is presented to providers to reflect utilization of professional telehealth services during the PHE. Again, the report is not an indication of wrongdoing, and the hope is that

providers will use the data analysis to support their internal compliance. Also, providers can review their utilization, and have a visual comparison to other providers.

As always, and as we mentioned earlier, it is important to always remember that receiving a CBR is not in any way an indication of, or precursor to, an audit.

Downloading and saving your CBR internally guarantees availability of the report to any department or employee tasked with reviewing the CBR. We talk to providers who have noted that the saved CBR also helps with future compliance reviews; saving an electronic copy helps to ensure that the file doesn't get lost in the shuffle. With all that in mind, let's look at how to access your CBR through the portal.

I am 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, cbrfile.cbrpepper.org, contains the portal that you'll use to access your CBR. The portal does require that you enter some information; and I'm going to open this page on my screen to show you exactly what it looks like when a CBR is accessed in this way. First, we'll indicate the role that we play within the healthcare 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, I'll complete these two forms to indicate my information, and the provider information. To access this test CBR, I of course have used "test" data to complete these forms, but you'll use the correct information here to complete them. 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 for us and helps us to know which form of alert is working best to reach the most physicians for their CBR alert.

First on the list indicates that you received an email, a fax, or a letter. These would be communications that came to the contact information 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 that contact information to stay up to date and lessens any issues that may arise otherwise.

Next on this list is 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'd 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 the information that we distribute.

We do have one alternative option, “other,” and if that option applies, of course, please indicate as such.

At the bottom of the form, we ask for the provider’s NPI number. This will be the NPI for the specific provider who received the CBR. And I, of course, am using a standard test code for the NPI number.

Then at the bottom of the form, we finally have the Validation Code. When a provider receives an alert that they have a CBR on file, a validation code is included with that alert information. So, again, check the information on the emailed alert, the faxed alert, the letter to confirm your validation code. If you are sure that an individual provider was issued a CBR, but you are unsure of the validation code, please submit a ticket to our Help Desk and we can assist with resolving that issue.

So, I’m going 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 PDF format ready for your review.

During the PHE, CMS released guidelines about billing for professional telehealth services during the PHE. These guidelines were originally printed in the March 31, 2020, release of the [*Special Edition MLN Connects*](#)[®] and then they were updated in the April 3, 2020, release of the [*Special Edition MLN Connects*](#)[®]. Those guidelines read: “Building on prior action to expand reimbursement for telehealth services to Medicare beneficiaries, CMS will now allow for more than 80 additional services to be furnished via telehealth. When billing professional claims for all telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency, PHE, bill with Place of Service, POS, equal to what it would have been had the service been furnished in-person; and Modifier 95, indicating that the service rendered was actually performed via telehealth.”

These office visit codes for new and established patients were the CPT[®] codes used in the creation of *CBR202108*. These codes, when submitted with the Modifier 95 and the place of service 11, for an office visit, were analyzed for this CBR creation. Again, the goal was to look at office visit that were billed as telehealth services during the year of 2020, during the PHE.

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 this CBR, its comparisons. The results shown on this CBR will of course differ from those on your CBR, if you received one, but the formatting and sections on your CBR will be consistent with the layout of this sample document.

This CBR is formatted into four sections, which help to focus on the process and results of the CBR. Let’s go now to the sample document, so we can follow along and look as we talk about

each section. We start of course with the introduction. The Introduction is a brief explanation of the specific claims area addressed in the CBR, in this case of course it is office visits billed an office place of service and a Modifier 95, indicating telehealth services. You can see here information from the special edition MLN Matters releases from March and April 2020. The introduction also contains the timeline for the analysis.

Moving on to the Coverage and Documentation Overview. This section identifies the CPT® codes that were analyzed in the report. Table 1 contains descriptions of the CPT® codes, you can see those here.

The Methods and Results section is a review of the results for the CBR analysis, with the provider's values compared to their clinical specialty peer group values, and the national values. There is a visual graph of the comparisons, and then of course the data is listed as well.

Finally, the References and Resources section lists reports and documents used for the creation CBR, and those created to help you as you have questions about this CBR.

During the creation of the CBR, we took into account many factors, including the public health emergency that began in 2020. We are aware of the role that the public health emergency played for all providers, their services, claims data, and therefore, the claims submission. The timeframe of this CBR analysis does include dates that fall within the public health emergency. We are aware of that and took that into account when we created the analysis and CBR, and we want you to be aware of that as you review your analysis and review the outcomes and comparisons in the report. Please consider how your billing practices have changed during the public health emergency when you review that data within this report.

To create the appropriate data analysis for *CBR202108*, we analyzed rendering providers who submitted claims for Medicare Part B claims for CPT® codes 99201 through 99205 and 99212 through 99215 with the addition of a Modifier 95 and a place of service 11. The dates of service for the analysis was the calendar year of 2020.

Using the data and research, the CBR team created a criterion to select the providers who will receive a *CBR202108*. That criterion is that the provider is in the top 5% of providers by claims volume within the top 25 specialties for the submission of CPT® codes 99201 through 99205, 99212 through 99215 with a Modifier 95 and place of service 11 during the PHE.

The CBR includes a graph that represent the provider's data for the review year of 2020. Looking at the sample provider's data on this slide, we can see that the CBR does track each month of the analysis year, and the chart has three data sets; the provider's, the specialty average, and then the national average. So, this does give us a great idea of the telehealth services that took place during 2020, during the PHE. And you can see that the data on these different levels, nationally all the way down to this single provider.

CBRs can play a very important role for providers, and as we knew from earlier in the webinar, they are meant to be educational and comparative tools for providers. A CBR can help providers to look at their internal claims submissions for areas of coding and billing that have a high possibility for incorrect payments. These reports can guide a self-audit program for compliance and shine a light on correct coding for the CBR topic.

At this point, I want to review the resources we have available to you if you received a CBR, or even if you would just like further information about the process. We have a helpful resources page, cbr.cbrpepper.org/Help-Contact-Us. On this page, you'll find 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 FAQs may be able to answer your inquiry.

Here is a closer look at the frequently asked questions page, which is found at cbr.cbrpepper.org/FAQ. This page contains the list of 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 are the documentation and reporting that the CBR team used in the creation and analysis of the CBR. You'll see the CPT® manual, and the two Special Edition MLN Connects® releases from March and April 2020.

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 2020. For each CBR topic and release, we provide links to a sample CBR, the training materials, the data set, 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 how the CBR process worked for you and your organization. Again I want to thank you for joining us for this webinar recording today, if you have any questions, please go to our Help Desk page and file an inquiry there and we will be happy to assist.