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CMS Sends Billing Outlier Reports to Part B Providers; Metrics Show How to Identify Them

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For about a year, a new CMS contractor has been mining data nationally on certain billing outliers, including emergency department services and breast re-excision, and making it available to health care providers—although some of them may be unaware of this. The Comparative Billing Reports (CBRs) are similar to the Program for Evaluating Payment Patterns Electronic Report (PEPPER)—they have free, provider-specific data that can be used to monitor and improve compliance—but there are meaningful differences. A big one: CBRs are only sent to Part B providers who are outliers, and it's up to them to figure out why. PEPPERS, in contrast, are sent to all hospitals and other Part A providers.

“We are looking at all Part B providers nationally,” says Kim Hrehor, program director of RELI Group Inc., in Catonsville, Maryland, which generates CBRs for CMS. “Providers have to know where these vulnerable areas are, and they have to understand if it's something that impacts their operations.” There's about one monthly release of CBRs, which are distributed through a portal on the CBR website (cbr.cbrpepper.org). To ensure providers know the data is available, RELI Group informs them by fax and email, Hrehor tells RMC.

In letters to providers, RELI Group explains the purpose of the CBRs. “A CBR is an educational tool that reflects your billing patterns as compared to your peers' patterns for the same services in your state and nationwide. The CBR is intended to enhance accurate billing practices and support providers' internal compliance activities,” the letters state. “We are providing this report because your Medicare billing patterns differ from your peers' patterns within your state and/or across the nation. Receiving this CBR is not an indication or precursor to an audit, and it requires no response on your part. Selected providers, however, may be referred for additional review and education.” RELI Group asks the providers to review the CBR and check it against their records and Medicare guidelines to ensure compliance.

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