

myCGS Comparative Billing Reports (CBR) *for Home Health and Hospice Providers*

Comparative Billing Report (CBR) information is now available to Home Health and Hospice providers via myCGS portal request. The purpose of the Comparative Billing Report (CBR) is to show provider specific billing pattern data in comparison to peer groups within your state and the CGS jurisdiction. This information is helpful in conducting education and self-audit activity.

Home Health Agencies (HHAs) also have access to Request for Anticipated Payment (RAP) CBR. RAPs are designed to ensure HHAs have sufficient cash flow. The RAP CBR will allow HHAs to monitor the percentage of RAP ratios.

How Do I Request My CBR?

Once you are logged into myCGS, select the FORMS tab:

Home Claims Medical Review Remittance Eligibility MBI Lookup Financial Tools Messages **Forms** Support Admin My Account

User: [REDACTED] Provider: [REDACTED] Logout

Get Status You have 25 unread message(s) and 0 alerts. Help Go To Page Select Form

Secure Forms

Forms and attachments completed on myCGS are automatically entered into our workflow. This makes form processing more secure, efficient and cost effective.

Before completing a form in this section, we suggest searching for the claim under the Claims Tab. The claim detail information will provide specific direction on what action can be taken on that claim.

To complete a form from this section, select from the drop-down options below. Based upon the answer given for each of the questions, the available form(s) will appear at the bottom of this box.

Select a Topic: Medical Review

Select a Type: CBR
HHA RAP CBR
MR ADR

CBR: CBR-J15-HHH

1. Select a Topic: select "Medical Review"
2. Select a Type: select either "CBR" (HHH providers) or "HHA RAP CBR" (HHA providers)
3. Click on CBR link: CBR-J15-HHH (for CBR) or RAP-J15-HHH (for RAP CBR)



A CELERIAN GROUP COMPANY



Home Claims Remittance Eligibility Financial Tools Messages Forms Support Admin My Account

User: [Redacted] Provider: [Redacted] Logout

Get Status You have 1 unread message(s) and 0 alerts. Help Go To Page Select Form

Comparative Billing Report: HHH

Provider Information

Contract Region: [Redacted]
Provider Name: [Redacted]
Provider Number (PTAN): [Redacted]
National Provider Identifier (NPI): [Redacted]

Comparative Billing Report

Date Range: *
Select
July 01, 2017 - September 30, 2017
April 01, 2017 - June 30, 2017

Submit Clear

* Required Field

4. Select a date range from the Date Range box

Hospice: **Please note the report is selected based on date of service and not processed date. Information may change for claims finalized if report is requested for the same dates of service multiple times.

Home Claims Remittance Eligibility Financial Tools Messages Forms Support Admin My Account

User: [Redacted] Provider: [Redacted] Logout

Get Status You have 1 unread message(s) and 0 alerts. Help Go To Page Select Form

Comparative Billing Report: HHH

Provider Information

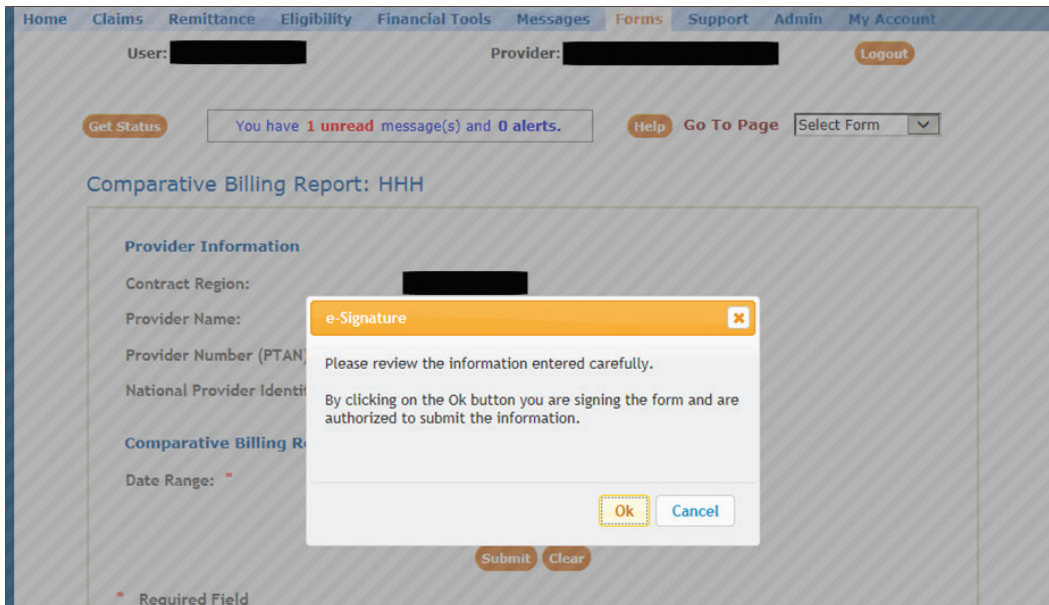
Contract Region: [Redacted]
Provider Name: [Redacted]
Provider Number (PTAN): [Redacted]
National Provider Identifier (NPI): [Redacted]

Comparative Billing Report

Date Range: *
April 01, 2017 - June 30, 2017

Submit Clear

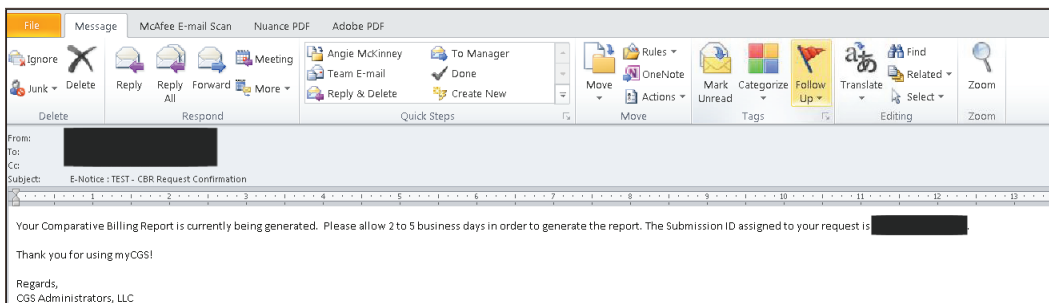
* Required Field



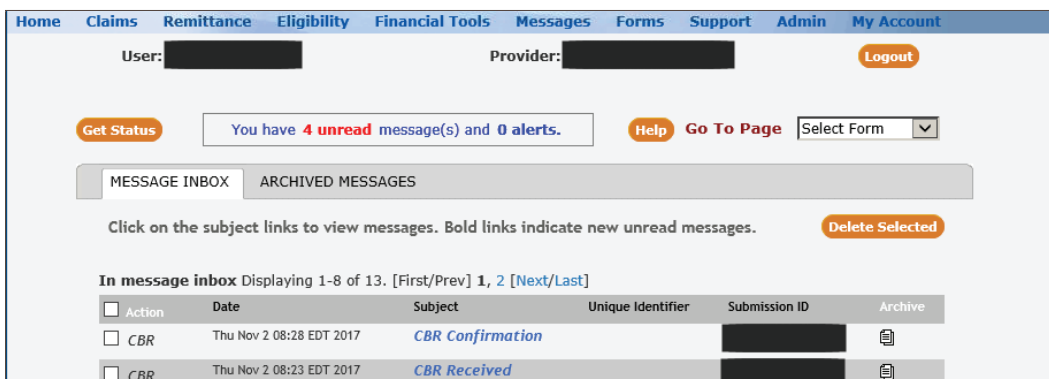
5. Review screen to make sure all * Required Fields are complete before selecting to "Submit" then select "OK."



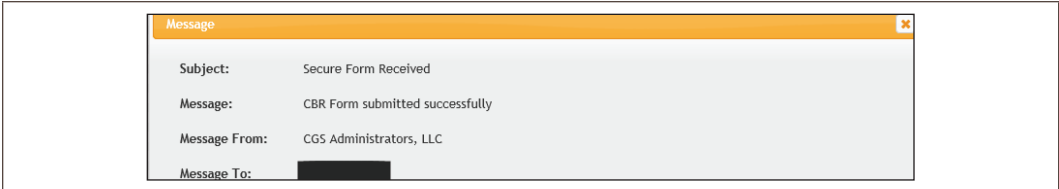
6. Message screen will show that your CBR request has been received.



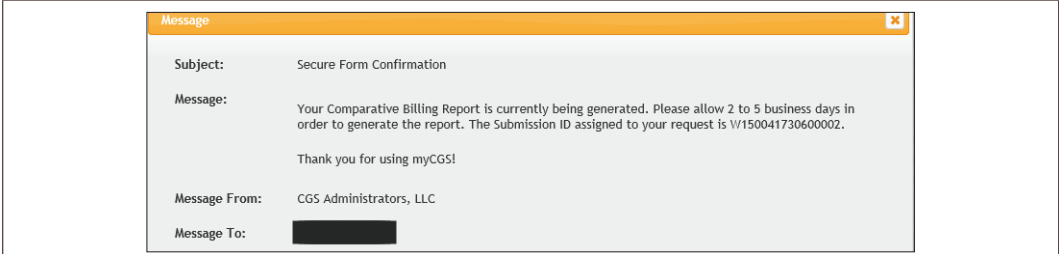
7. Once the CBR request is received, you will receive an email notification acknowledging that your CBR is being generated. This notification will also provide the **submission ID number for your reference.**



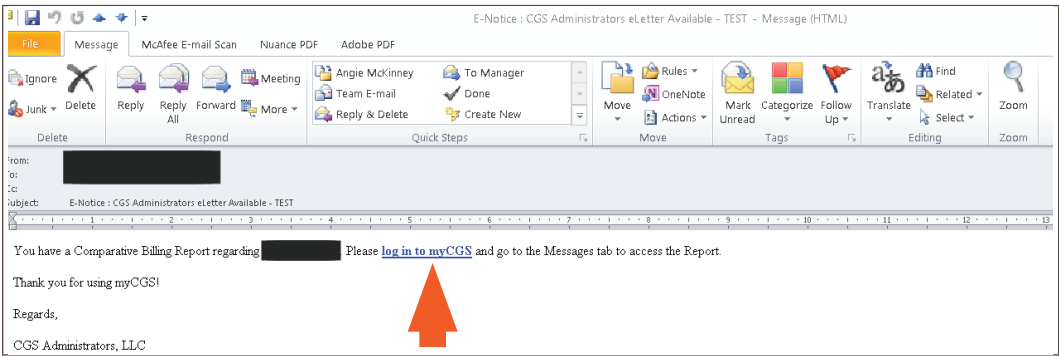
8. Your myCGS Message Inbox will identify that your CBR request has been received and a confirmation has been issued to you by email.



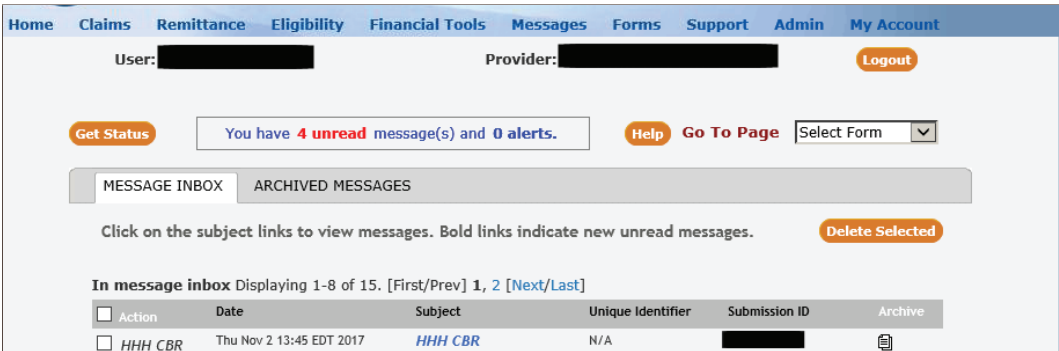
8a. Message – CBR request received



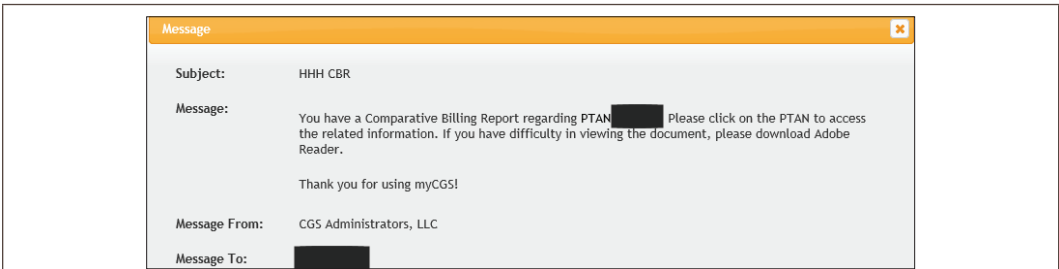
8b. Message – Secure Form Confirmation with conformation



9. When your CB report is ready for review you will receive an email notification – you can log in to myCGS from the email.




10. Once logged into myCGS, you can retrieve your messages by selecting Messages or by clicking the message alert box.



11. Follow instructions above to retrieve your CBR report.

CBRs: A Comparative Billing Report (CBR) provides comparative billing data to an individual health care provider. CBR's contain actual data-driven tables and graphs with an explanation of findings that compare provider's billing and payment patterns to those of their peers within your state and the CGS jurisdiction. Graphic presentations contained in these reports help to communicate a provider's billing pattern more clearly.



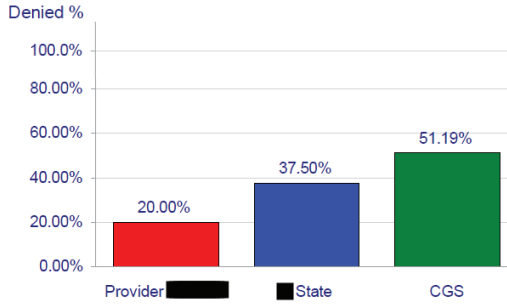
Comparative Billing Report

Prepared for: [REDACTED]
GREEN MAIL TESTOR 01 Illinois PTAN: [REDACTED] NPI: [REDACTED]
 Submission ID: [REDACTED] Peers: HHA

How you compare with your HHA peers

01APR2017 - 30JUN2017	Provider [REDACTED]	State	CGS
Total Claims Billed	551	9,657	310,310
Total Reimbursement	\$1,468,819.48	\$27,246,974.60	\$870,722,647.26
Average Reimbursement per Claim	\$2,665.73	\$2,821.47	\$2,805.98
Total Billed Claims Reviewed	5	16	3,475
Percent Billed Claims Reviewed	0.91%	0.17%	1.12%
Total Reviewed Claims Denied	1	6	1,779
Percent Reviewed Claims Denied	20.00%	37.50%	51.19%

Percentage of Reviewed Claims That Were Denied
01APR2017 - 30JUN2017



Entity	Denied %
Provider [REDACTED]	20.00%
State	37.50%
CGS	51.19%

Denial Reason	Description	Provider [REDACTED]	Provider % of Total Denials	State	State % of Total Denials	CGS	CGS % of Total Denials
56900	Medical records were not received	0	0.00%	3	50.00%	323	18.16%
5HC01	F2F missing/incomplete/untimely	0	0.00%	0	0.00%	537	30.19%
5HC02	POC signed but untimely	0	0.00%	0	0.00%	18	1.01%
5HC03	POC signed but not dated	1	100.0%	1	16.67%	46	2.59%
5HC04	POC/Cert not signed	0	0.00%	0	0.00%	61	3.43%
5HC08	Recert estimate missing/invalid	0	0.00%	1	16.67%	174	9.78%
5HN18	SN not medically necessary	0	0.00%	0	0.00%	158	8.88%
5HY01	Therapy visits not med nec	0	0.00%	0	0.00%	43	2.42%
Other	All other denial codes	0	0.00%	1	16.67%	419	23.55%
Total		1		6		1,779	



Comparative Billing Report

Prepared for: [REDACTED]

Submission ID: [REDACTED]

PTAN: [REDACTED]

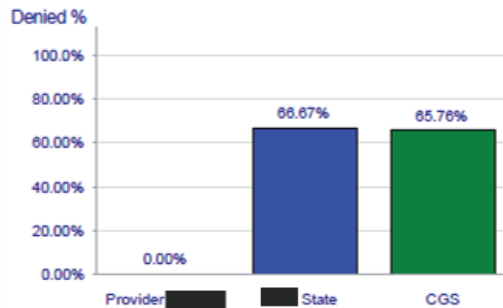
NPI: [REDACTED]

Peers: Hospice

How you compare with your Hospice peers

01JUL2017 - 30SEP2017	Provider [REDACTED]	[REDACTED] State	CGS
Total Claims Billed	421	20,471	193,565
Total Reimbursement	\$1,431,082.42	\$69,015,515.65	\$682,114,610.66
Average Reimbursement per Claim	\$3,399.25	\$3,371.38	\$3,523.96
Total Billed Claims Reviewed	0	75	517
Percent Billed Claims Reviewed	0.00%	0.37%	0.27%
Total Reviewed Claims Denied	0	50	340
Percent Reviewed Claims Denied	0.00%	66.67%	65.76%

Percentage of Reviewed Claims That Were Denied
01JUL2017 - 30SEP2017



Denial Reason	Description	Provider [REDACTED]	Provider [REDACTED] % of Total Denials	[REDACTED] State	[REDACTED] State % of Total Denials	CGS	CGS % of Total Denials
56900	Medical records were not received	0	0.00%	8	16.00%	32	9.41%
5PC08	Face-toFace Encounter invalid	0	0.00%	2	4.00%	17	5.00%
5PC09	The hospice plan of care invalid	0	0.00%	0	0.00%	14	4.12%
5PM01	Terminal prognosis not supported	0	0.00%	23	46.00%	188	55.29%
5PX06	The notice of election is invalid	0	0.00%	4	8.00%	17	5.00%
Other	All other denial codes	0	0.00%	13	26.00%	72	21.18%
Total		0		50		340	

CBR study topic(s) are selected because they are prone to improper payments. For additional information and examples of CBRs, you can request a CBR report from myCGS at <https://www.cgsmedicare.com/hhh/mycgs/index.html>