



# ATTENTION PART A PROVIDERS!

## Comparative Billing Reports (CBRs) are Now Available through myCGS!

The purpose of the Comparative Billing Report (CBR) is to show providers/suppliers their specific billing pattern data in comparison to peer groups within the state and the CGS jurisdiction. This information is helpful in conducting education and self-audit activity.

We are pleased to announce that CBRs are now available to Part A providers via the myCGS Web portal!

### How Do I Request a CBR?

To request a CBR, follow these steps:

- Step 1:** Once you are logged into myCGS, select the FORMS tab.
- Step 2:** From the 'Select a Topic' drop-down menu, click the 'Medical Review' option.
- Step 3:** From the 'Select a Type' drop-down menu, click the 'CBR' option.
- Step 4:** Click on the 'CBR: CBR-J15-A' link to view the request form.

The screenshot shows the myCGS web portal interface. At the top, the 'my CGS' logo is on the left, and navigation tabs include Home, Claims, Remittance, Eligibility, Financial Tools, Messages, **Forms** (highlighted with a red box and number 1), Support, Admin, and My Account. Below the tabs, there are fields for 'User:' and 'Provider:', a 'Logout' button, and a status bar indicating 'You have 0 unread message(s) and 0 alerts.' Below this, the 'Secure Forms' section is visible. It contains a notice about the Pre-Claim Review (PCR) for Illinois and Florida, followed by a welcome message and instructions. Below the instructions, there are two dropdown menus: 'Select a Topic:' (set to 'Medical Review', highlighted with a red box and number 2) and 'Select a Type:' (set to 'CBR', highlighted with a red box and number 3). At the bottom of the dropdowns, the link 'CBR: CBR-J15-A' is highlighted with a red box and number 4. The footer includes the CGS logo, CMS logo, and a disclaimer.

Once the form loads, you will find some information pre-populated with identifying information for your PTAN/NPI.

- Step 5:** From the 'Date Range' drop-down menu, select the 3-month timespan for which you would like to receive data. Click the 'Submit' button.



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

User: Provider: Logout

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

Comparative Billing Report: PTA

**Provider Information**

Contract Region: Part A Kentucky  
Provider Name: Part A Provider  
Provider Number (PTAN): XXXXXX  
National Provider Identifier (NPI): XXXXXXXXXX

**Comparative Billing Report**

Date Range: \* Select  
October 01, 2017 - December 31, 2017  
July 01, 2017 - September 30, 2017

Submit Clear

Required Field

CGS A Celerian Group Company CMS

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myCGS provided & supported by Palmetto GBA®.

After submitting the request, an eSignature box will ask you to verify the information entered on the form is correct and if you are an authorized requester for this information.

**Step 6:** If the information on the form is correct and you are authorized to receive a CBR for your PTAN/NPI, click the 'OK' button.

e-Signature

Please review the information entered carefully.

By clicking on the Ok button you are signing the form and are authorized to submit the information.

Ok Cancel

A secure message will be delivered to your myCGS inbox noting that a CBR request was received.

Action	Date	Subject	Unique Identifier	Submission ID	Archive
<input type="checkbox"/> CBR	Thu Nov 2 08:23 EDT 2017	<b>CBR Received</b>		No Submission ID	

**Step 7:** Click on the link to display the message.

Message

Subject: Secure Form Received  
Message: CBR Form submitted successfully  
Message From: CGS Administrators, LLC  
Message To: XXXXXX

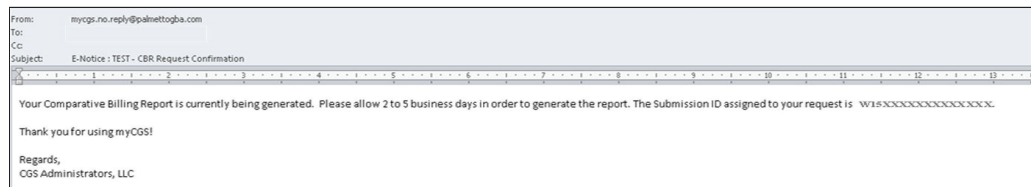
Close



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Shortly thereafter, you will receive an email message acknowledging that your CBR is being generated. The email will include a Submission ID that may be used to check the status of your request.

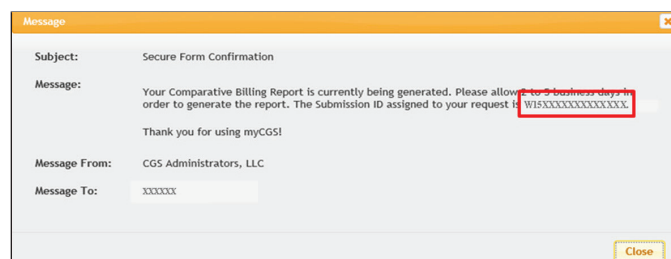


The same message will be delivered to your myCGS inbox.

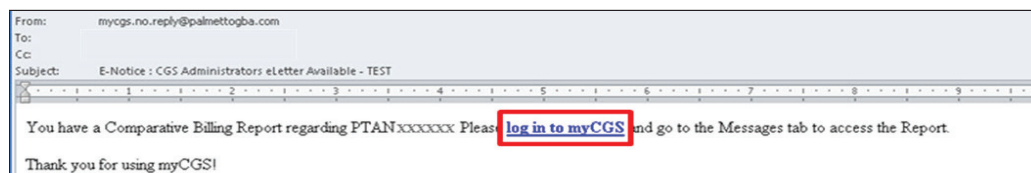
In message inbox Displaying 1-8 of 13. [First/Prev] 1, 2 [Next/Last]						
<input type="checkbox"/> Action	Date	Subject	Unique Identifier	Submission ID	Archive	
<input type="checkbox"/> CBR	Thu Nov 2 08:28 EDT 2017	<b>8 CBR Confirmation</b>		W15XXXXXXXXXXXXX		
<input type="checkbox"/> CBR	Thu Nov 2 08:23 EDT 2017	CBR Received		No Submission ID		

**Step 8:** Click on the link to display the message.

Once the message displays, you may click on the Submission ID to check the status of the request.



When the CBR request is completed and ready to view, you will receive an email to let you know. The email will include a link to take you directly to the myCGS log-in page.



Once logged in, select the MESSAGES tab to view your inbox.

**Step 9:** Click on the link to display the message.

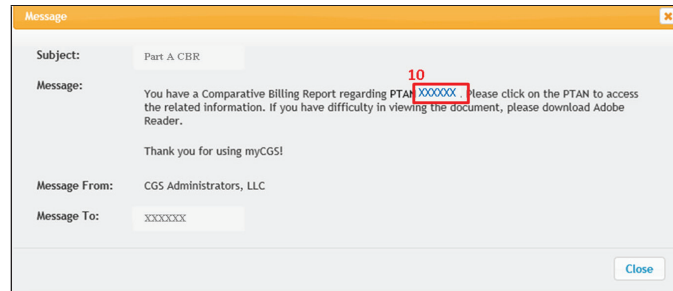
MESSAGE INBOX ARCHIVED MESSAGES						
Click on the subject links to view messages. Bold links indicate new unread messages. <span>Delete Selected</span>						
In message inbox 7 items found, displaying all items.1						
<input type="checkbox"/> Action	Date	Subject	Unique Identifier	Submission ID	Archive	
<input type="checkbox"/> PTA CBR	Mon Jan 29 16:45 EST 2017	<b>9 PTA CBR</b>	N/A	W15XXXXXXXXXXXXX		

**Step 10:** Once the message opens, click on your PTAN to view your CBR.




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**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.

<div> A COLLABORATIVE GROUP COMPANY</div> <div><b>Comparative Billing Report</b> Prepared for: TEST COMMUNITY HOSP PTAN: xxxxxxx / NPI: xxxxxxxxxxxx</div> <div>How you compare with your Kentucky Hospital peers</div>				
Overall Statistics				
01JUL2017 - 30SEP2017	Provider xxxxxxx Inpatient Claims	KY Inpatient Claims	Provider xxxxxxx Outpatient Claims	KY Outpatient Claims
Submitted Mean Rank	56	Peers: 57	56	Peers: 57
Submitted Mean	\$11,687.30	\$58,592.01	\$1,807.93	\$7,918.74
Submitted Charges	\$93,498.40	\$2,785,933,037.73	\$1,581,936.52	\$1,868,546,363.32
Medicare Reimbursement	\$47,519.23	\$459,667,641.54	\$245,935.26	\$231,266,652.80
Claims	8	57,852	1,476	509,167
Claims Paid	8	57,809	1,476	508,609
Percent Claims Denied	0.00%	0.07%	0.00%	0.11%
Beneficiaries (Benes)	8	47,548	875	235,965
Your Overall Submitted Charges Paid and Denied				
Your	Inpatient Submitted and Paid	Inpatient Submitted and Denied	Outpatient Submitted and Paid	Outpatient Submitted and Denied
Submitted Charges	\$93,498.40	\$0.00	\$1,581,936.52	\$0.00
Percentage of Submitted Charges	100.0%	0.000%	100.0%	0.000%
Total Claims	8	0	1,476	0
<a href="#">Return to the top</a>				
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Take advantage of this enhancement and other features by registering for myCGS (<https://www.cgsmedicare.com/mycgs/index.html>)!