# MINUTES

## Indiana State Uniform Billing Committee
## June 22, 2017
*I.U. Health -- Indianapolis, Indiana*

## Welcome & Introductions

Jim Miller called the meeting to order at 2:00 p.m. EDT. Thirteen (13) committee members were present in person or by teleconference. Introductions of those in attendance followed. Jim Miller thanked I.U. Health for hosting the meeting.

## Approval of March 2, 2017 meeting minutes

The minutes of the March 2, 2017 I-SUBC meeting were approved as submitted. Jim Miller reminded committee members that agendas and minutes from past meetings, dating back to 2012, are always available on the Indiana HFMA web site at www.hfma-indiana.org.

## I-SUBC administrative matters

Jim Miller reported that he had presented I-SUBC information at the Indiana HFMA annual conference on April 21, 2017 in Indianapolis. Topics of that presentation were the mission of I-SUBC, transgender issues impacting hospital medical records and billing/collections and the SSNRI (*Social Security Number Removal Initiative*) and its implementation of the Medicare Beneficiary Identifier (MBI). Jim Miller also reported that the NUBC subscription had been renewed, giving I-SUBC access to the UB-04 manual and NUBC minutes through June 30, 2018. He credited Indiana HFMA as providing funding for the $160 subscription renewal cost.

## NUBC update

### *NUBC meeting update -- January 18, 2017*

Jim Miller reported on two (2) items discussed by NUBC during its conference call on January 18, 2017:

1. A discussion on use of type bill frequency code "Q" for reopening/reconsideration of a final determination or decision on a previously adjudication claim outside of a payer's filing limits. Discussion centered on appropriateness of using frequency codes "7" or "Q" and when, especially with upcoming implementation of format 7030 for 837 transactions. NUBC agreed to put a footnote in the UB-04 manual in FL 64 (DCN number) for appropriate frequency code for replacement or voided claim, and include appropriate language for 7030 837I situational language in upcoming 7030 UB-04 manual.
2. NUBC considered a request from Office of Statewide Health Planning and Development-California to review the use of Priority (type) of Admission (FL 14) and Point of Origin (FL 15) codes. NUBC deferred the action item to a later meeting.

### *NUBC meeting update -- March 14, 2017*

Jim Miller reported on the one (1) item discussed by NUBC during its conference call on March 14, 2017:

1. As a follow-up to the teleconference of January 18, 2017, NUBC reviewed an inquiry from California OSHPD office and agreed to update the FAQs on Priority Type of Admission (FL 14) and Point of Service (FL 15) codes, effective July 1, 2017. (For Priority Type of Admission – FL 14, the FAQs pertained to cesarean and labor/delivery services, while the FAQs for Point of Service – FL 15 concerned ER transfer, physician referred cases and transports involving incarcerated patients.)

Jim Miller noted that NUBC had its first formal meeting (April 4-5, 2017) in Chicago, but that minutes from that meeting had not yet been posted on the NUBC website.

### UB-04 Change Implementation Calendar
Jim Miller reported on the UB-04 implementation change calendar as follows:
1. Three (3) new codes related to shorter duration hemodialysis were deferred to a later date TBD. The deferral occurred during the April 4-5, 2017 NUBC meeting, although the minutes were not available for I-SUBC review.
   a) FL42: new revenue code for shorter duration hemodialysis
   b) FL18-28: new condition code for additional hemodialysis treatments with medical justification
   c) FL39-41: new value code for shorter duration hemodialysis
2. Three (3) new codes are to be implemented on either July 1, 2017 or January 1, 2018 as follows:
   a) 7/1/17: FL42: new revenue code in 100X series for Outdoor/Wilderness behavioral healthcare
   b) 7/1/17: FL18-28: new condition code for ESRD self-care retraining
   c) 1/1/18: FL 31-34: new occurrence code for hospice election or revocation date

Jim Miller pointed out that the new coding for shorter duration hemodialysis services were included in the I-SUBC meeting minutes for April 20, 2016, and that he would include that coding information in his next I-SUBC communique'.

### UB-04 Version 9.00 Clarifications/Errata/Updates
Jim Miller reported that NUBC had not posted any new *Errata* updates since October 14, 2016. The current listing of *Errata* was as follows:
1. For Form Locators 18-28 (Condition Codes):
   a) Condition Code B2 (CAH Ambulance Attestation): Attestation by CAH that it meets criteria for exemption from the ambulance fee schedule
   b) Condition Code B3 (Pregnancy Indicator): Indicates patient is pregnant. Required when mandated by law and when determined and completed in compliance with applicable law.
   c) Condition Code D2 (Changes in Revenue Codes/HCPCS/HIPPS Rate Codes): Report this claim change reason code on a replacement claim (bill type frequency 7) to reflect a change in revenue codes (FL 42)/HCPCS/HIPPS rate codes (FL 44).
2. For Form Locators 18-28 (Condition Codes):
   a) Condition Code 54 should read: "No skilled home health visits in billing period. Policy exception documented at home health agency." The new condition code (54) was effective July 1, 2016.

### Upcoming NUBC meeting schedule
Jim Miller noted the next formal meeting for NUBC will be August 8-9, 2017 in Baltimore, to be held in conjunction with NUCC.

## Old Business:
### CoreMMIS/Portal update – issues?
Jim Miller noted that the February 2017 conversion to CoreMMIS/Portal had occurred with minimal reported problems. Sherri Hampton countered that the conversion has not gone well for nursing facilities. She cited ongoing problems with applying patient liability amounts and delays in processing

retroactive rate adjustments. An update to CoreMMIS/Portal to alleviate the nursing facility issues is scheduled to go into production on July 10, 2017.

### *Health Plan Identifiers (HPID) update – delayed 10/1/14 until further notice*
Jim Miller reported that no update has occurred regarding implementation of Health Plan Identifiers (HPID). In October 2014, CMS delayed implementing HPID until further notice. I-SUBC will continue to monitor the HPID implementation.

### *Unique Device identifiers (UDI) update*
Jim Miller reported that as of September 24, 2016, Class III medical devices were required to be labeled with UDI with a permanent marking on the device itself, and the UDI is to be reported on the national database (GUDID). He noted that hospitals have reportedly begun inputting and scanning in UDI info into their purchasing databases for direct transfer to patient EHR and billing records. Jim Miller stated that Class III devices are generally the highest risk devices (example, replacement heart valves, etc.) and are subject to the highest level of regulatory control by the FDA, while Class II and I devices are deemed to be of lower risk and subject to less FDA regulatory control.

### *SSNRI/MBI update*
Jim Miller stated that public awareness of the SSNRI (Social Security Number Removal Initiative) and implementation of MBI (Medicare Beneficiary Identifier) is growing. He cited a recent five-minute segment on NBC Nightly News about the MBI and the government's effort to combat identity theft among senior citizens, and that CMS has recently ramped up its efforts in publishing info on transition to MBI, starting in 2018. A brief discussion ensued regarding how the actual implementation will occur (e.g., crosswalk from old HIC to new MBI, identifying bad/invalid addresses at SSA, "flipping the switch" on one number to the other, etc.)

## New Business:
### *FISS update – WPS*
Janet Mateo of WPS gave a brief update on various issues/updates impacting Medicare or the FISS system:
1. Issues/concerns about the MBI implementation can be addressed during any of the upcoming CMS-hosted Open Door forums.
2. Issues involving Medicare Secondary Payer should be addressed to the MSP Department and not filed as a claim redetermination, which are reserved for medical review determinations.
3. Providers should contact WPS customer service regarding portal issues.
4. The conversion to the Multi-Factor Authentication – formally the C-SNAP – is scheduled for December 17, 2017. Provider authentication, which must occur before further portal transactions may proceed, is designed to protect PHI for Medicare beneficiaries.
5. CMS should not be contacted regarding overlapping claims. Affected providers should work with the other providers involved in the claim overlaps.

Jim Miller commented about Change Request 9911 – that was discussed earlier in the day during WPS' POE-AG meeting. CR 9911 introduced upcoming changes involving QMB (Qualified Medicare Beneficiary) data being added to the Medicare remittance advices and summary notices. He added that a copy of MLN 9911 was sent to Medicaid Title XIX-DXC (formerly HPE) for its consideration/awareness of the upcoming data changes.

**Open Discussion**
A brief discussion ensued regarding reported problems with access to claim status information on hospital-based ambulance claims. Marion General Hospital has encountered difficulties recently, but that the issue appears isolated only to hospital-based ambulance accounts.

**Next Meeting – TBD**
Jim Miller suggested holding the next I-SUBC meeting on Thursday, September 21, 2017. MHS-Indiana agreed to host the meeting, even though MHS is in the process of relocating its offices in downtown Indianapolis. Jim Miller stated that he would work with MHS officials and notify I-SUBC members of confirmed meeting date/time/location.

There being no further business, the meeting adjourned at 3:12 p.m.

Respectfully submitted,

James E. Miller, Chairman
Indiana State Uniform Billing Committee