

Indiana State Uniform Billing Committee HFMA Update - 2017

Jim Miller
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Ad Hoc committee with Indiana HFMA

The Indiana State Uniform Billing Committee (I-SUBC) is a consortium of healthcare providers, payers (government and commercial), software vendors, and consultants dedicated to cost-effective institutional billing through the uniform billing format (UB-04).

The committee meets quarterly to review, comment and act – both proactively and reactively – on initiatives impacting healthcare institutional billing at the national and state level. I-SUBC is an ad hoc committee of the Indiana Pressler Memorial Chapter of HFMA and is supported by HFMA, AAHAM and through the volunteerism of its

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History of I-SUBC

Affiliation with National Uniform Billing Committee

www.nubc.org

Committee composition

76 members in 2017

40 providers

21 payers

15 vendors/consultants/FSSA

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Past issues under I-SUBC discretion

Medicaid OPPS implementation

ICD-10 implementation/1-year grace period

CMS 2-Midnight provisions

CoreMMIS/Portal implementation

-JW modifier implementation

Other CMS billing updates

NUBC initiatives

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Current issues under I-SUBC discretion

CoreMMS/Portal implementation

Unique Device Identifier (UDI)

Health Plan Identifier (HPID)

Hemodialysis revenue, condition, value coding

NUBC change requests

SSNRI/MBI implementation

Gender categories

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Gender Categories

58 gender category options on Facebook

Section 1557 of Affordable Care Act

Providers cannot deny or limit sex-specific health services based solely on the fact that the gender identity or gender recorded for an individual does not align with the sex of individuals who usually receive those types of sex-specific services

Example: Denying a transgender male a pap smear or denying a transgender woman a prostate exam.

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Section 1557 of Affordable Care Act

Sex specific programs are allowed only if a covered entity can show an exceedingly persuasive justification for the program; it must be substantially related to an important health-related or scientific objective.

Example: A breast cancer program cannot refuse to treat men with breast cancer solely because its female patients would feel uncomfortable.

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Pulse Nightclub massacre

June 12, 2016

Deadliest mass shooting in U.S. history

49 killed, 53 wounded

Treating hospital found majority of patients who were LGBTQ were dealing with 2-3 gender choices

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Gender identifiers in UB-04 format

M-Male, F-Female, U-Unknown (FL 11)

Use of CC-45 (Ambiguous gender category) to identify patients undergoing a gender transition (FL 18-28)

Alerts payer of gender procedure/diagnosis conflict

Gender of current claim format doesn't include further explanation

To match patient to an enrollment file

To identify services that would be expected for a biological male or female that might have a current policy in place that only allows that service for one sex or the other

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SSNRI/MBI

MACRA Law of 2015

Mandated CMS remove SSN from the Medicare beneficiary ID number

Reissue a new Medicare beneficiary ID number

Without burdening beneficiaries or providers

CMS to reissue Medicare Beneficiary Identifier (MBI)

Transition period April 1 2018 to December 2019

Medicare to receive HIC, MBI during transition

60 million active 00 MBI's decreased to 6 million

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www.indiana-hfma.org/I-SUBC

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