

AGENDA

Indiana State Uniform Billing Committee
October 4, 2018 – 2 p.m. EDT
IU Health Revenue Cycle Services
250 North Shadeland Indianapolis, IN 46219

Dial-in Number: 844-874-0006

Access Code: 990 082 005

Facilitator – Shannon Bethel-Brown (IU Health)

Attendance taken by – Kathy John (IU Health)

1. Welcome & Introductions **Start Time – 2:11 p.m.**
2. Review of May 3, 2018 meeting minutes **Jim moved to approve. Seconded. Minutes were approved.**
3. I-SUBC administrative matters
 - a. **Renewal of NUBC subscription**

Shannon Bethel-Brown from IU Health is now a Member of NUBC in Jim's absence. She will be able to assist I-SUBC Committee Members with UB information. Shannon provided her email to the group and instructed them to reach out to her with questions regarding NUBC. Shannon's email is sbethelbrown@iuhealth.org.
 - b. www.hfma-indiana.org

No new information from HFMA.
4. **NUBC update** Shannon Bethel-Brown
 - a. NUBC meetings update: April 2018 meeting minutes are out. August meeting minutes are not up yet. April topics: change request concerning county codes 1/1/19; cellular therapy for Car-T billing; definitions for admit type with FAQs; rehab codes; HOPDS (POS); advanced diagnostic imaging (1/1/2020); new Medicare card project. Shannon will go through minutes and pull out high points and share with the group. If August notes drop, Shannon will review those as well and provide summary.
 - b. UB-04 Change Implementation Calendar 1/1/2019 implementing a county code; new value code 85; non-monetary; county where service is rendered; county where patient receives home health services; home health gets 3% add-on based on if county where services rendered is CBSA; Only for home health care services; County where patient resides for home health services. Which county codes will they use? Standard list? Posted changes for Car-T cell therapy – new value codes and revenue codes related to cell gene therapy invoice cost and pharmacy 25x and 63x (4/1/19)?? 86 value code – monetary – invoice/acquisition cost used with 89x. revenue code cell gene therapy – acquisition and infusion of cell genes 87x. 0 = general; 1 = cell collection; 2 = processing prior to transport; 3 after receipt; 4 = infusion; 5 = injection. 89x extension of pharmacy under 25x and 63x 0 = reserved use 250 for general classification. 1 = special process drugs FDA approved cell therapy; New information from August meeting. Shannon will try to grab as much information on these as she can.

- c. UB-04 Version 9.00 Clarifications/Errata/Updates (1) value code designation table the following value codes should be included in monetary column 21, 22, 23, 26, 27, 42, and C7. Jim – if you use those value codes you need to have a monetary amount associated/accompanying value codes. The series of n/a codes 85-99 should be 86 – 99. Value codes excluded B4-B6??
- d. Upcoming NUBC meeting schedule April 9th and 10th in Baltimore; August 13th and 14th in Chicago.
Jim - New Medicare card – reduced conference calls; typically done with people on NUBC panel; Info is up to date except minutes for August meeting.

5. Old Business:

- a. CoreMMIS/Portal update: Virginia Hudson – No update. Any questions? No. Annual seminar is upcoming at Marriott in Indianapolis at Shadeland and 21st. This is important educational opportunity.
Question (Gabbi) what is CoreMMIS and what is it used for? All things claims, PA, and eligibility for traditional Medicaid. Shannon - Eligibility comes out of CoreMMIS. Virginia – get a download every day and upload that information, could be some differences, but should be taken as source of truth.
- b. Health Plan Identifiers (HPID) update Shannon Bethel-Brown – On CMS page for HPID (was updated in June) posted link to letter from national committee on vital health services from 6/2017 NCVAS recommended to HHS/CMS: (1) HHS rescind final rule requiring HPID; (2) HHS communicate the intent of rescinding the final rule; (3) HHS continue with 2014 enforcement discretion until publication of final rule. NUBC thinks these are not needed and should go away.
- c. Unique Device identifiers (UDI) update Kathy John – No update. Kathy searched and could not find any new updates. Sent email to UDI helpdesk and confirmed no updates.
- d. SSNRI/MBI update Shannon Bethel-Brown – Cards have gone out. From a provider perspective we are seeing them and things are processing fine. MAC lookup tool is working. In October we are supposed to see MBI on 835 returns – too soon to verify. Beneficiary can call Medicare for replacement card or reprint their own card on mymedicare website. Providers can use patient HICN for checking eligibility on HETS, which will give the provider a message that the new card has been mailed out. WPS portal can provide MBI number. No issues reported from any attendees.
- e. Modifier to identify all non-340B acquired drugs Shannon Bethel-Brown – At last meeting brought up that AHA was encouraging providers to submit appeals around JG modifier. WPS has been inundated with appeals. They are being dismissed by WPS as not appealable. AHA has refiled lawsuit. IU Health has identified an MAO who is putting the JG modifier on claims that were not submitted that way and reducing the reimbursement in situations where it is not appropriate. FYI take a look at MAO processing to make sure these are being processed correctly.
- f. MCE issues with data coming from State Medicaid regarding NPI-related denials Virginia Hudson – 10/10 edit issue with linking rendering providers. There was an issue with taxonomy with managed care entities – MCEs were requiring information in crossover that is not required by Medicare, but is required by Medicaid. If add to Medicare, will Medicare process and send to DXC? This looks to be about MCEs not crossovers. Issues with Anthem requiring taxonomy, but DXC not (when Anthem changed system). Old information. Put on Anthem claim. If on claim and DXC doesn't need it then they will process. For crossover, Medicare should always send it on. DXC doesn't need info in 32, but must have info in 33.

Providers have any issues with denials related to NPIs? No. If so, then we will make it new business and we can close this one.

- g. QMB Postings on Medicare Remittance Advice(s) Shannon Bethel-Brown – Last meeting CR 10494 MACs are going to reprocess for mass adjustments all claims affected by not showing coinsurance or deductible amount. MACs will report to CMS. Providers may see adjustments. Will not crossover. Janet- CMS will be conducting a training on this in October. She hasn't heard anything, but will check and let us know. SBB will check to see if any additional information has come from CMS.
- h. New Medicaid APR-DRG Grouper (Version 35) status Virginia Hudson – Still going in January 1, 2019. No major changes that DXC is aware. For discharges on or after 1/1/2019. There is a bulletin that came out with this info and will be based on discharge. Jim tells CFOs that they should budget enough money to pay for grouper to predict payment accordingly from Medicaid. Financial differences will be in 2019 reimbursement and new grouper needs to be in software (we need to pay for it). IUH needs to tell RCIS. Bulletin BT201819.
- i. Change in Medicaid claim filing limits for FFS claims Virginia Hudson – Filing limit of 180 days for FFS Medicaid beginning on 1/1/19. Claims dated prior to 1/1/19 will fall into 365 day category. Hospital will be based on discharge. In a publication as well. Crossovers are excluded from timely filing. BT201829.
- j. Update on hospitals appeal of 340B payment cuts Shannon Bethel-Brown – Already discussed above in E.

6. New Business:

- a. FISS update Janet Mateo – WPS FISS update: (1) 340B; (2) MBI Webinar on Oct 30th with WPS; (3) additional search feature on FISS DDE screen – look up claims associated with A/R by using invoice number to find DTN then DTN can be used to look up claim; (4) Portal update last month and IDR system to allow eligibility searched up to 4 years. (5) Based on provider feedback included new search by specialty or topic in document center in Portal. (6) not well received portal change (no control) WPS is required to follow acceptable risk safeguards – portal user must log in 1x every 30 days and users who are inactive for 15 minutes will receive a notification that they will be locked out. Change is mandated by CMS and all MACs must follow. Providers should sign up for ENews to make sure they aren't blindsided. (7) Method center providers can send secure message to audit department. (8) On demand courses everyone should check because providers are not completing because not aware they are available. Any processing issues with October updates? No, not yet. Submitting suggestions for changes to portal – completing 4C survey when it pops up.
- b. EnCred project/Conduent implementation update Virginia Hudson – A vendor that will take over enrollment and credentialing for providers. Will do credentialing for Managed care and FFS, but still have to contract with managed care. i.e. new enrollment broker. No set date. They will be at the annual seminar all 3 days presenting for providers to learn more. Oct 23, 24, 25th. Should sign up for education. Still moving forward, but no set date for implementation. Changes for providers? No, claims should process as normal. Just new portal to enroll providers and make provider changes. If issues once go-live regarding claims, do we contact DXC or vendor? Case by case basis. May start with DXC, but be referred to them. If claims, start with claims vendors. If enrollment issue, DXC will not be able to help so contact Conduent. Jim Miller – call yesterday about project. Big issue was duplication of information. MCEs are trying to get additional information that should be captured during the credentialing processing. Will this duplication delay processing? Conduent was adamant that this would not occur. They will do everything they can to work with MCEs to get all

needed information first time – issues with Matt Brooks (Community Mental Health Centers – delays with getting practitioners enrolled). Will be a helpful 1 stop shop, so only have to fill out application once rather than multiple times. Another call on November 7th – Jim can give info for joining call if you email him.

7. Open Discussion

Debbie – ED triage payments have been an issue. Indiana MCEs only paying a triage fee, if not on approved diagnosis list. What have other providers done? How are providers handling medical records issues – if not approved diagnosis then MCEs expect us to send Medical records. JMHS not sending medical records with the bill. Anthem is saying they aren't in network. OON issue with Anthem has been on the Medicaid MCE side as well. Professional Medicaid rejecting professional claims and being referred to Southeastrans as not covered. Michael Cook wants to have a follow up conversation on this. PSR at Medicaid agreed that we shouldn't be getting rejections. Need to get claims together. Appears to be tracking back to Southeastrans. Primarily DXC (Franklin IN, Johnson Memorial). Michael will share contact information for Ines with DXC and DXC will make sure they send out a rep.

Debbie – MHS does not review the first appeal. Manual says they may or may not review. If they do not get a response then you should send the second appeal. MHS representation – MHS does review those. If for some reason those aren't reviewed, if a response is not received within 30 days, then it is considered upheld and you should continue on your appeal. IHCP manual says you must respond to appeals. They want to challenge the MHS decision. MHS will look into this. A letter is sent to the provider that says the adjustment request was received – no mention in letter about not receiving a response. It says that you will receive a response.

Southeastrans will be at the annual seminar. Issues with the process. If issues then contact Southeastrans. They are being responsive and very hands on.

MHS vendor for transportation is also causing issues.

Welcome Community Network to the group. Kathy will send updated roster to Jim.

Next Meeting – TBD This is the August Meeting. Meeting in late January/early February? End of January. 1/24/19. Anyone want to host? Tentatively scheduled for IUH at Shadeland. We will relinquish if anyone else wants to host. 2:00 p.m.

Adjournment - Will send out documentation and notes. Kathy motion to adjourn. Seconded. Adjourned. 3:46 p.m.