

## **Progress on Uniform Billing**

Section 1691 of PA 296 of 2000 requires the development of a uniform Medicaid billing form in consultation with affected Medicaid providers. It also requires the department to report to the house and senate appropriations subcommittees on the progress of this initiative.

The DCH/MSA is adopting the national standard claim forms currently in place--the HCFA 1500 for professional claims, the UB 92 for facility claims, and the ADA Dental form. Necessary changes in code sets, coverage policies, billing methodologies, and claim submission instructions are shared, through a public comment process, with providers prior to implementation. The health plans are required to follow the same implementation schedule as the DCH.

The UB 92 is currently in place for inpatient and outpatient hospitals. Work is progressing to convert FQHC, IHC, RHC, home health, and hospice providers to the UB 92 effective 2/1/02. Draft policy bulletins regarding these changes will be issued for public comment in late summer. Changes for LTC facilities, which will be effective 8/1/02, are also under review. DCH staff have worked with the State Uniform Billing Committee to assure UB 92 completion instructions are standard with other health care insurers.

The ADA Dental scannable paper claim form has been implemented. The completion instructions are standard with other dental insurers. The MSA proprietary electronic claim format continues to be used as there is no standard electronic format at this time.

The implementation activities for the first phase transition to the HCFA 1500 paper claim form and the ANSI X12 837 v.3051 electronic claim format continue on schedule. Testing of provider/biller electronic claims for syntax errors began 2/1/01. Testing of paper and electronic claims for scanner and claims completion errors will begin 5/1/01. Claim completion instructions, changes in coverage and billing policies, and claim submission requirements have been finalized and distributed to providers affected by the first phase. This includes physicians, advanced practice nurse, podiatrists, vision providers, chiropractors, ambulance providers, clinical laboratories, family planning clinics, medical clinics, MSS/ISS providers, and school based services providers. When implemented 8/1/01, the claim form and submission requirements will be standard with other health care insurers. Review and research continues for phase II for the HCFA 1500 which includes all ambulatory providers not part of phase I. Draft policies changes will be issued for public comment in late summer. Phase II changes will be effective 2/1/02.

While the goal of the Uniform Billing Project has been to mirror Medicare, Blue Cross and other major payers, the reality is that there is no "standard". Each payer, while using a common claim form and coding structures, still has some of its own specialized codes or instructions to meet specific coverage policy needs. Medicaid is no exception.

The final HIPAA guidelines will require all health insurance payers to use exactly the same forms, codes, instructions, etc. These requirements will be effective approximately 10/1/02 and will necessitate additional changes in the way MSA, the health plans, and all other payers require providers to complete and submit claims.