



Draft—Not Yet Approved
**Minutes of the Maine Hospital Association
 State Uniform Bill Committee**
 March 7, 2005
 10:00 a.m. – 2:00 p.m.
 Maine Hospital Association

Chair: Suzanne Menard*

Members:

Gini Anderson
 Richard Bean
 Jeannine Bouchard
 Sandra Bovard*
 David Carrier*
 Benton Cash*
 Paul Collins
 Cathy Conroy*
 Vicki Cunningham
 Donna Esterline*
 Stacy Forcier
 Maggie Fortin*

Tony Fournier*
 Jean Fredette
 Rebecca Genest
 Kim Gray*
 Elizabeth Inman
 Judi Kieltyka
 Kristin Larkin
 Carol Male
 Melody Morin
 Shellie Nichols*
 Rhonda Obie*
 Cheryl Pelletier*

Linda Quintal
 Michelle Quintal
 Joanne Rawlings-Sekunda*
 Cheryl Rood*
 Cristina Ruecker McBreairty*
 Pat Schnable
 Ann Stengelsen*
 Don Wacome
 Teri Lee Wade (ad hoc)
 Mark Warren
 Christine Wescott

MHA Staff:

Tamara Butts*
 David Winslow*

Guests:

Becky Cresta, York*
 Vickie Dominique, Mercy*
 Katie Fullum Harris, Anthem*
 Dan McCormack, Anthem*

**Indicates attendance*

Recorded by: Tamara Butts/Nancy
 Nicholas

TOPIC	DISCUSSION	ACTION/FOLLOW-UP
Call to Order		Suzanne Menard, chair, called the meeting to order at 10:00 a.m.
Minutes of the December 6, 2004 Meeting		MOTION: To approve the minutes from the December 6, 2004 meeting. <u>Carried.</u>
Hospital-Based Billing Issues	There is a bill in the legislature put in by the Bureau of Insurance for the Maine Association of Health Plans to address an issue regarding consumer complaints about coinsurance on services provided at hospital based practices. The bill would require that all professional services be billed on a CMS 1500. Anthem argued that the bill does not	

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	<p>mandate the level of reimbursement and would not mean that services billed on the 1500 would necessarily be paid under the physician fee schedule. Hospitals indicated that there are many problems with billing in that way. They also noted that the UB can accommodate professional services along with facility charges. The proposed legislation would mean that hospitals would need to bill using two forms for one visit which would generate a copay and coinsurance as well as much confusion for the consumer. One suggestion is to use the UB which has a place to identify the site of service allowing insurers to pay based upon their contracts.</p> <p>Concern about credentialing was raised by the insurers and hospitals responded that most are credentialing all of the physicians that are billed on the UB.</p>	
Membership Update	<p>Vickie Dominique of Mercy Hospital attended as a guest and would like to become a member. The Committee will decide whether or not to add another provider to the group.</p>	
NUBC Updates	<p>The following were reviewed:</p> <ul style="list-style-type: none"> • November 11-12, 2004 meeting minutes. • December 15, 2005 conference call minutes. • February 22-23, 2005 agenda including updated Patient Status Code FAQs. <p>UB04:</p> <ul style="list-style-type: none"> • March 1, 2007 implementation date – health plans and clearinghouses must be ready to accept. • March 1, 2007 through May 22, 2007 will be a transition period. • May 23, 2007 – no longer use the UB92. <p>Manual Updates were reviewed.</p>	<p>Suzanne Menard will ask NUBC to copy our SUBC on DSMO change requests that they are reviewing.</p>
UB92 Implementation Issues	<ul style="list-style-type: none"> • Partial Hospital Issues White Paper Draft – Maggie Fortin has been interviewing payers to find out what each is doing. She will develop a grid outlining the requirements of each and will have a draft for the April SUBC meeting. • MaineCare Issues <ul style="list-style-type: none"> ○ FL63 - MaineCare instructions require using FL63-A, FL63-B and FL63-C for PrimeCare #, Prior Authorization # and “internal use only” respectively. UB manual does not reflect these changes and there was 	

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	<p>no special MaineCare instructions relating to this. This is a problem in situations where patient has other insurance as primary and they also have an authorization number to attach to that claim. If the state requires reporting that is inconsistent with National, they must make a formal request of National through SUBC.</p> <ul style="list-style-type: none"> ○ Medicaid Claims System <ul style="list-style-type: none"> ▪ To get acknowledgments try going through the FTP site, contact Jennifer Rice to set up Jennifer.rice@maine.gov, 287-4050. ▪ Must submit inpatient claims without a rate included or the system will suspend. ▪ Direct e-mails outlining concerns to Marianne Ringel. ▪ Group requested instructions on how to bill a hospital claim when a circumcision is included as part of the service. ● Medicare Issues <ul style="list-style-type: none"> ○ Bill type 141 – draft of what should be billed using this is being created. ○ UB Manual – there has been request for ability to download an updated manual. ○ Revenue code 278 for skin grafts – table until Jeanine Bouchard is available. <ul style="list-style-type: none"> ▪ Inpatient psych – coming 4-1-05, limited training is available. 	
Old Business	<ul style="list-style-type: none"> ● MHDO Update – none. ● Race and Ethnicity Data Collection – Tammy Butts reported that there is no federal requirement that hospitals collect or report race and ethnicity data. The state is hoping that hospitals will voluntarily submit such data. Hospitals were cautioned to ensure compliance with HIPAA regulations before submitting data. 	
New Business	<ul style="list-style-type: none"> ● SUBC Website Update – vendor who hosts AAHAM site if going to host the SUBC site and manual will be posted there in a non-member section. Anyone who wants a hard copy manual can purchase from NUBC. ● Due to conflicts with AAHAM meeting dates, the time for the SUBC meeting on June 3rd will be 11:00 to 3:00 and the October SUBC meeting will be moved from the 7th to the 21st. ● Workers’ Compensation Discount Update – insurers are discounting hospital bills for WC claiming that they are paying usual and customary charges. Hospitals are forced to file petitions and fight for the money owed them. Suzanne Menard has asked the WC board if petitions for claims of one insurer can be grouped and is waiting for a 	

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	<p>response. Most of the discounts are being taken by MEMIC and primarily relate to inpatient services. It will be several months before any cases get to a hearing and a decision is made.</p> <ul style="list-style-type: none"> • Beginning August 1, 2005, Anthem will stop providing support for the BLAST system. They are updating communications software (for file transport) to Medicom which is windows based, quick to download and is free. Providers are encouraged to move to the new product. • Anthem HealthChoice is asking providers to convert claims for preventive care services to get appropriate benefits paid. Suzanne will share this with NUBC and it will be included in April SUBC agenda for further discussion. 	
Adjournment		The meeting was adjourned at 2:35 p.m.