

Progress on Uniform Billing

Section 1612(1) of PA 60 of 2001 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 Department of Community Health (DCH) is adopting the national standard claim formats currently in place--the HCFA 1500 and the ASC X12N 837P for professional claims, the UB-92 and the ASC X12N 837I 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 and CMHSPs are required to follow the same implementation schedule as the Department of Community Health.

The UB-92 is currently in place for inpatient and outpatient hospitals. Home health, and hospice providers will convert to the UB-92 and ASC X12N 837I effective 2/1/02. Policy bulletins and updated manual pages regarding these changes have been issued. Changes for LTC facilities, which will be effective 10/1/02, 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.

The first phase transition to the HCFA 1500 paper claim form and the ASC X12 837 electronic claim format was successfully implemented on schedule 8/1/01. Included in this phase were 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. Phase II, which includes all ambulatory providers not part of Phase I will be implemented on schedule 2/1/02. Policy bulletins and manual page updates regarding changes for these providers have been issued.

To assist providers and their billing staff in understanding the changes being implemented, the Department, in coordination with the Michigan Virtual University (MVU), developed a free on-line training module for completing the HCFA 1500 claim form. The course was very well received and became the basis for community and professional association based training sessions for those who preferred face-to-face training sessions. A similar training module for completing the UB-92 claim form has been completed and should be available on-line through the MVU by 2/1/02.

Providers and billing agents were also encouraged to submit test claims to the Department prior to the implementation dates of the changes. Test claims were processed through the claims payment system to detect syntax and claim completion errors. The results of the tests were then communicated to the submitter. This process has been very helpful in avoiding payment delays when the changes were implemented.

The implementation date for the HIPAA medical claim transactions code set requirements was recently extended to October 2003. The Department is developing a comprehensive implementation plan to assure compliance by that date.