

March 2012 NUBC Meeting Summary

The summary below provides the highlights of the NUBC meeting relevant to the uses of the UB for public reporting.

Readmissions

On August 18, 2011, CMS issued a final rule outlining the Hospital Readmissions Reduction Program, which, under the Affordable Care Act, “payments to those hospitals under section 1886 (d) of the Act will be reduced to account for certain excess readmissions.” The ACA defines “readmission” as “in the case of an individual who is discharged from an applicable hospital, the admission of the individual to the same or another applicable hospital.

The question is whether the NUBC will need to be involved in any coding aspects for readmissions, or will CMS be able to make determinations internally based on its existing information systems and files?

After much discussion about potential problems, the NUBC deferred action and put this topic on the agenda for the April NUBC Conference call.

Readmissions are of considerable interest to the claim uses of the UB as well as the public reporting uses of the administrative data.

Post Adjudicated Claims Data Reporting (PACDR)

The Post-Adjudicated Claims Data Reporting (PACDR) is an X12 transaction set being developed to exchange post adjudicated claims and encounter data. The entities involved in this exchange include payers and organizations that receive post adjudicated claim data. This exchange may be performed directly or via transmission intermediaries, such as clearinghouses and value added networks.

The transaction is intended to originate with the payer to report encounter or post adjudicated claim data to another payer, All Payer Claims Databases (APCD) maintained by public health entities, or a Health Insurance Exchange. An APCD is a database, typically created by state mandate, generally comprised of medical, pharmacy, and dental claims, member eligibility information, and product files encompassing fully-insured, self-insured, Medicare and Medicaid data.

NCVHS Update

Marjorie Greenberg reported on upcoming NCVHS hearings. As part of her report she noted that the Affordable Care Act requires the Secretary to establish minimum standards for a number of demographic variables such as race, ethnicity, primary

language (these three currently supported in the UB code-code value field), gender and disability status, These factors have been promulgated by the department for all federal surveys. The Secretary has asked the HS Data Council to look at a minimum standard for socioeconomic status,, which is a very complicated issue because it tends to involve more than one variable. The NCVHS will make some short-term recommendations regarding a minimum standard.

The three main candidates for overall socioeconomic status / position are education, income, and occupation. The NCVHS is holding hearings March 8-9 with presentations on these three variables and any other that might be recommended. Sherry Baron of NIOSH is on the agenda to talk about occupation as both a health variable related to occupational health and as a socioeconomic / demographic variable related to status.

As part of the discussion it was noted that the a possible role of the UB is to establish the standards used by public health reporting systems as well as being a central source for the standard.

George Argus observed that much change is going on in healthcare. The vehicle for information gathering and analysis is the administrative data. There was agreement that the UB could play an important role as we move forward.

Routine Maintenance

An ongoing role of the NUBC is to maintain the existing UB-04 specifications manual. In addition the NUBC has historically provided a forum for members to discuss topics of interest. At this meeting there was concern about the industry readiness for the implementation of the new HIPAA transaction set versions (5010) as well as the ICD-10 implementation a year later. The committee agreed that a letter documenting these concerns to the Secretary would be appropriate.