

General Questions

- Q: Is REMI training required by staff that will be active REMI users in order to get a password? Will additional trainings be offered after go-live?
- A: We encouraged all staff who will be using REMI to attend training during the designated training dates; however, it was not required. We understand staffing capacity may not allow for all staff to attend. User access will be provided to all staff who will require access to the system but completing the Multi User Access Form. If you have staff who could not attend training, we encourage you to contact our support line.
- Q: How do we put the website icon on our desktop?
- A: This would be something that you need to work with your own agency or with your own IT Department.
- Q: How do we request a new staff person's username and password?
- A: Send the completed *REMI User Request Form* to Inquiries@midstatehealthnetwork.org. This form is found on [MSHN's website](#).
- Q: When and how will REMI Support be available?
- A: MSHN staff are committed to providing REMI support as efficiently as possible through a REMI User Support Hotline. This support line will be in service beginning February 1, 2018 (8am to 5pm), and will continue to be available until new system issues are resolved. If you have questions about REMI once the system is live, please call 517-220-2483. When you choose an option, the call will transfer to a trained support person for your selection. If the support person is busy assisting another caller, you will get his/her voicemail. Please leave a message, to include your name and call back number, and the support person will return your call in the order that it was received. We have multiple support persons ready to assist you; you should expect a response within 4 hours or less, depending on call volume.
- Q: Will consumer information will be transferring from CareNet to REMI?
- A: Yes, we will Convert data from CareNet to REMI.
- Q: Will MSHN be publishing a list of documents that need to be uploaded? If they are not in REMI, will MSHN use the provider record when completing site reviews?
- A: Document upload "requirements" include Assessment and Treatment/Recovery Plan as they will be required for Authorizations. Providers not using the electronic Consent in REMI should upload their consents to the Consumer's Chart in REMI via the "External Authorizations for ROI" link in the Legal/Consents Section. Lastly, Providers using the electronic Consent in REMI who are collecting a "wet" signature should upload the signed Consent via the Attachments tab on the Consent to Exchange Health Information.



Mid-State Health Network

REMI Frequently Asked Questions

SUD Clinical Process

Q: Do Providers need to keep paper copies of Medicaid Eligibility Lookup documents?

A: MSHN has never required this.

Q: When can we enter in new services?

A: REMI will go live on February 1, 2018 and all services may be entered at that point.

Q: Can providers print the REMI forms (like CareNet allowed)?

A: Brief Screening, Level of Care Determinations, Admission, Discharge, Toxicology Screens, and Consent to Exchange Health Information can be printed from REMI. Additionally, the User may download scan/uploaded documents.

Admission

Q: Did we change the protocol for authorization period? Can a provider request an authorization date span of 180 days?

A: No, providers should be requesting the same as they always have. The trainer may have used OP as an example and they are allowed 180 days. All other providers should be requesting the same amount of days as used in CareNet.

Q: No Show first appointment – Should the admission be closed immediately or after a certain amount of time has passed in case the consumer re-engages?

A: If the client never shows for their first appointment, there should never be an admission completed.

Q: From the SUD Admission Screen: Under “Designations” section of the screen, what is the level of credential needed by the clinician in order to complete a mental health assessment?

A: This field is part of the BH-TEDS. Please review pages 25-26 of the FY18 BH-TEDS Coding Instructions for details regarding this field.

Q: Is a new episode required for a consumer moving to a different level of care within the same organization? Example – Detox to Residential

A: A new admission does not have to be completed if the client is changing levels of care under the same license number (not just within the same organization). The BH-TEDS are collected by license number, not organization.

Authorizations

Q: What is the difference between the Service Package and the Benefit Plan?

A: The Service Package is basically a data entry shortcut that can be used when requesting authorizations. The Benefit Plan is the list of all services that a provider organization has been contracted with MSHN to provide.

Q: Will REMI authorization screen for transportation services replace the current form used to request those services?

A: Yes, the information requested in REMI when a provider asks for a transportation code will route to UM for review.

Q: When should an ancillary authorization be completed? Is Recovery Housing considered an ancillary service in REMI? What are other service examples?

A: User groups for the ancillary service authorization form would fall into 2 categories:

1. **Recovery Support/Ancillary Only providers:** these would be agencies who strictly provide Recovery Coach and other Ancillary services where the primary holder of the case would not have the clinical credentials/training to complete an ASAM. These agencies would only use the ancillary service authorization form for all requests. This includes the following providers: Sisters of Sobriety, RISE, Randy's House
2. **All other providers:** there are quite a few instances across our system where peer/non-clinical staff enter service authorization requests for ancillary services even if the agency itself offers clinical services and has qualified clinical staff. We would like to keep the option of using the ancillary service auth form available to all providers, with training that it should only be used in the following circumstances:
 - a. The client is only receiving ancillary services from the agency (even if the agency may offer other clinical services, the client is not receiving any clinical services)
 - b. There is already an existing authorization for clinical services but the agency is requesting additional ancillary services (peer support, transportation, recovery housing)

Q: MSHN has a 48-hour requirement for seeking authorizations, what protocol should a provider follow if toxicology results delay the request?

A: The MSHN expectations for requesting an authorization are still the same: 24 business hours for detox and 72 business hours for all other levels of care. If there are no toxicology updated, it will be routed to UM for review. MSHN UM is unable to review authorization requests with no toxicology results. These will be returned to the requestor to complete the toxicology tab.

Q: Initial Authorization Request – The dosage may not be known for REMI. What should providers enter?

A: This is a text field and can be completed to reflect the approx. start dose. If it is not completely accurate, they can update on the re-auth.

Q: Is room and board still included in H0012?

A: H0010/H0012 have room and board included in the daily rate.



Discharge

Q: Estimated Discharge Date' data field: what type of date needs to be represented in this field?

A: It is meant to be an estimate; we do understand that the estimated discharge date will likely change for some clients throughout the course of treatment. In the case of long-term treatment such as methadone, it is ok for the provider to estimate 12 or 18 months in the beginning of treatment and then we would expect to see the date may change on subsequent re-auth requests as treatment progresses and the provider has a more solid estimate.

Screening and Assessment

Q: Does the assessment need to be signed by the therapist before uploading it in REMI? Does the assessment need to be signed by the client before uploading it in REMI?

A: The assessment does not need to be signed to be uploaded to REMI. If an unsigned assessment is uploaded the signed version should be uploaded when it is available. It is MSHN's expectation that these signed documents are located in your agency's clinical record.

Q: Are Non-Clinical staff allowed to sign Brief Screenings and LOC documents?

A: Yes, non-clinical staff are allowed to sign these documents. However, non-clinical staff cannot use the diagnosis function in the LOC document. It is MSHN's expectation that the "front door" staff have some training/knowledge to perform the ASAM LOC Determination.

Treatment Plans

Q: Is an Uploaded Treatment Plan required before a Re-Authorization can be completed?

A: Re-Authorization cannot be processed without an uploaded Treatment Plan. This is necessary in the case of an error during the initial Authorization request. There is a warning that the Treatment Plan must be uploaded within 90 days.

Q: Do all Treatment Plans for a given authorization period have to be uploaded in REMI or just the most current?

A: All Treatment Plans (and Recovery Plans for recovery housing and peer supports) for the consumer should be uploaded into REMI.

Q: Do the Treatment Plans have to be signed by the therapist before uploading into REMI? Do the Treatment Plans have to be signed by the client before uploading into REMI?

A: The treatment plan does not need to be signed to be uploaded to REMI. If an unsigned treatment plan is uploaded the signed version should be uploaded when it is available. It is MSHN's expectation that these signed documents are located in your agency's clinical record.



Q: Should all Treatment Plans for then episode be uploaded or just the most recent one when completing a reauthorization?

A: All Treatment Plans for the episode should be uploaded as they are completed. Do not wait until reauthorization to upload Treatment Plans.

Consents

Q: Users cannot currently attach an external document to a consent (ROI). Does MSHN want users to be able to attach the signed consent form when the signature has been obtained externally?

A: MSHN will want the final signed version of the release in the file. We have added the ability upload an external ROI document. This feature is accessed in the Consumer Chart in the "Legal/Consents" section.

Q: Do providers need to use the consent (Release of Information) forms in REMI or can they use their own?

A: The releases that will be in REMI will be the state required forms and the providers must use the state required forms.

Toxicology

Q: Can the expiration date of the Medical Marijuana card auto fill until it expires? Some providers have their own system to obtain the toxicology results and ask why they can't upload the results like the assessment and treatment plan. With weekly UDS screens for MAT providers, a lot of time is spent on entering results weekly for each client.

A: We understand that the toxicology tab is different than what was in CareNet. At this time, providers are asked to submit toxicology as shown in training. If we are able to change/update this process MSHN will inform the provider network at that time.

Q: What is ETOH? Can alcohol be added in parentheses?

A: ETOH is the chemical name for alcohol. Please see above answer for issues regarding changes to the toxicology tab.

SUD Claims Process

Q: How do I setup 837 Submission?

A: Companion Guides with instructions for setting up 837 submissions are available on [MSHNs Webpage](#).

Q: If a REMI user has the 'Provider-AP Claim Data Entry' permission only, will that user be able to see if the authorization(s), admission or discharge data has been completed/entered in REMI?

A: User with this type of REMI permission can see the authorization only. Being able to see the authorization in REMI means the admission is also in place in REMI. The authorization cannot be saved in REMI until the Admission has been signed/saved.



Mid-State Health Network

REMI Frequently Asked Questions

CMHSP Access

Q: How should the scenario of No Provider Available be handled at the time of “Disposition” following the “LOC Determination?” So, if the consumer is eligible for services but the access staff can’t find a provider with available space for the consumer to indicate “Referred to another SUD Provider”

A: We are working to resolve this.

Q: What reports will be available to the CMH Access staff for the services they provide (number of screens performed)?

A: Reports will be available as we begin to create and add them to the system. If you have specific reports that you would like to run, please make these requests to the SuperUser Help Line.

Q: If I work in Access at a CMH and the CMH provides SUD services, how many User IDs should I have?

A: If you only work in the Access Department, then you will only have one login. If you only provide SUD services, you will only have one login. If you work in the Access Department and also provide SUD services for your CMHSP, then you will have two separate logins.