

POLICIES AND PROCEDURE MANUAL

Chapter:	FINANCE		
Title:	Provider Fee Schedule Update/Changes (REMI)		
Policy: <input type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 8.1.22	Related Policies:
Procedure: <input checked="" type="checkbox"/>	Author: Chief Financial Officer	Review Date: 05.09.2023	
Page: 1 of 4			

DO NOT WRITE IN SHADED AREA ABOVE

Purpose

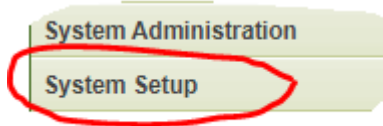
Mid-State Health Network (MSHN) is obligated to ensure Provider’s Fee Schedules within REMI reflect the most current codes; rates and modifiers applicable to Provider’s based on their current credentials. In order to accomplish this, it is necessary to define the responsible party for making necessary changes/updates so to ensure a consistent and appropriate separation of duties for MSHN staff so that staff person(s) responsible for enacting fee schedule changes for a provider is not connected to the function of approving claims.

Procedure:

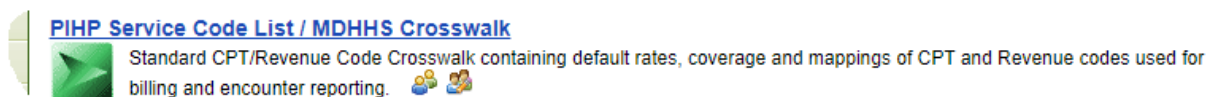
MSHN has established a Procedure to identify the responsible staff person(s) for making changes within REMI to a Provider’s Fee Schedule.

Contract Manager shall be responsible for making any updates necessary to the MSHN/Provider Fee Schedules contained within the REMI System. Changes contemplated shall include:

- Rates: Rates can be added in two separate manners
 - Provider Specific (Individualized)
 - By adding the “standard rate” already loaded within REMI (through the crosswalk described below)
- Codes: Before codes can be added to a specific provider’s fee schedule, the intended code must first be added in REMI to the crosswalk – the Standard CPT/Revenue Code Crosswalk containing default rates, coverage and mappings of CPT and Revenue codes used for billing and encounter reporting. To verify this has been completed, follow the steps below (see below screenshots); First, click on “System Setup” from the REMI home screen



Next, click on “PIHP Service Code List / MDHHS Crosswalk”



Enter in the code number being searched for in the dialog box (Be sure to select “SUD Crosswalk”).

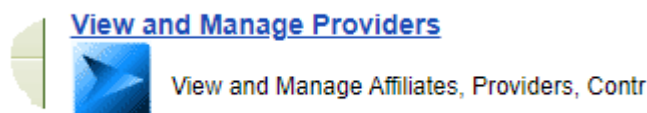
Service Category: *All Categories

Code / Description:

Effective On or After: 04/18/2022

MH Crosswalk | [SUD Crosswalk](#)

Intended code(s) are first added to the MSHN Standard Fee Schedule (REMI Provider ID# 15) which is the location for all MSHN approved SUD Service codes that can be used by providers; From the REMI home screen, select “View and Manage Providers”



Enter in ID# 15 and click on “Search”

Affiliate / CMH: *All

Name / Address:

Organization Type: *Any

ASAM Level of Care: *All

Contracted Services: *All

ID:

Only Include Active Providers

Select, “Contracts / Fee Schedules”

Affiliate / CMH	Add Provider
MSHN PIHP/SUD	Change View Delete Contracts / Fee Schedules

Select, “Fee Schedules”

Contract(s)			
Affiliate / CMH	Contract Description	Dates	Add Contract
MSHN PIHP/SUD	Contract #: STRDATES Name: STRDATES Panel: SUD Services	Effective: 10/01/2015 Expiration: 09/30/2029	Change Delete View Provider Fee Schedules Copy Contract Fee Schedules Copy Fee Schedules to another provider

Click on “Add Provider Fee Schedule”

Contract Rate	
33.00	Add Provider Fee Schedule Change View Delete Copy

Add the data in the fields necessary (i.e., code number; any modifiers; effective and expiration dates; contract unit rate; any applicable notes (i.e., “Adolescents; WSS, etc...)); and verify the checkboxes are correctly identified.

HCPCS / Service

Use lookup button above OR enter a HCPCS Code:

Effective Date* Expiration Date* Contract Unit Rate*

Modifier(s)

Notes

characters left: 256

- Check to ignore expiration date when authorizing services
- This service can be Authorized - display this service when requesting an Authorization
- This service requires an Authorization
- This service is NOT covered by Medicaid (only use General Fund)
- Allow pre-payment for services with service date in the future
- Allow sharing this record via Payer Data Exchange
- Is this Fee Schedule Active?

Record Added
iaskulka 04/18/2022 08:21:14 AM

Select "Save" or "Save and add another" depending on the number of codes needed to be entered.

Intended codes are then added to specific provider's fee schedules as needed and/or requested through use of the "MSHN Internal Change Recommendation" form; The process for adding codes to any provider in REMI follows the same steps as identified above.

If a provider is approved for a rate outside of the MSHN Standard Rate Fee Schedule, the provider specific approved rate will be indicated and added as follows;

From the "Add Provider Fee Schedule" screen, un-check the "Use Standard Rate" box.

Modifier(s)

Contract Unit Rate Use Standard Rate

Add in the approved rate for that service code for the provider.

Modifier(s)

Contract Unit Rate

Use Standard Rate

Modifiers are added through the same process as adding codes to a provider’s fee schedule. If a provider is updated and approved to be servicing adolescent’s (for example) the “HA” modifier is added by adding the code needed with the modifier attached.

- If a provider already has “90832” and they are now approved for adolescent’s (as an example), the full code of “90832 HA” would be added to the provider’s fee schedule with the effective date indicated for the change.

All codes and/or modifiers must conform to the provider’s approved ASAM LOC listed in the “Provider Qualifications” section of the provider profile in REMI and identified in the MSHN SUD Benefit Plan document located on the [MSHN website](#).

Finance Manager shall inform Contract Manager when all new rate related items have been added to the crosswalk within REMI and are ready and available to be added to the MSHN Standard Fee Schedule and applicable providers (see above for description on how to verify this has been completed).

Contract Manager shall confirm with Treatment Team the specific providers impacted by new codes/rates and the effective dates for such changes/additions.

Contract Manager will determine if contract amendments for Providers are necessary related to any rate/coding changes and prepare as necessary.

Contract Manager will prepare and send out to impacted Providers updated Provider Fee Schedule reports as necessary.

Applies to:

- Mid-State Health Network Finance Staff
- Selected MSHN Staff, as follows:
- MSHN CMHSP Participants: Policy Only Policy and Procedure
- Other: Sub-contract Providers

References/Legal Authority

Balanced Budget Act of 1997 (BBA)
The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs

Change Log:

<u>Date Of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
9.2022	New Procedure	Chief Financial Officer
01.2023	Biennial Review	Chief Financial Officer