

<b>RB.028.A</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS) and Department of Human Services (DHS) Payment Systems Update and Maintenance Payment Policy</b>	
<b>Title:</b> Centers for Medicare & Medicaid Services (CMS) and Department of Human Services (DHS) Payment Systems Update and Maintenance Payment Policy <b>Policy #:</b> RB.028.A <b>Type:</b> Claim Payment <b>Sub-Type:</b> RB (Reimbursement)		<b>Original Implementation Date:</b> 3/01/2022 <b>Version [A] Date:</b> 3/01/2022 <b>Last Reviewed:</b> 3/01/2022 <b>Notification Release:</b> N/A

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## PRODUCT VARIATIONS

This policy applies to all Health Partners Plans (HPP) product lines.

## POLICY STATEMENT

**CMS Medicare Payment Systems:**

The following payment policy applies to all CMS payments systems applicable to Provider in accordance with their HPP provider participation agreement, including but not limited to:

- Medicare Inpatient Prospective Payment System (IPPS)
- Medicare Outpatient Prospective Payment System (OPPS)
- All CMS Medicare Fee Schedules (herein CMS Payment Systems)

Payer shall have up to sixty (60) days from the date of CMS publication to implement any applicable updates to CMS Payment Systems. Until updated in Payer’s systems, Payer will pay based on the prior version of the CMS payment system and claims paid prior to Payer’s implementation date shall not be subject to retrospective claims reconsiderations (or adjustments), unless such delayed implementation resulted in non-payment of a Covered Service.

In the event Payer exceeds the above sixty (60) day timeframe, Payer shall reprocess all claims back to the applicable CMS Payment System update effective date.

### DHS Medicaid Payment Systems (Excluding FQHCs AND RHCs):

The following payment policy applies to all DHS Medicaid payments systems applicable to Provider in accordance with their HPP provider participation agreement, including but not limited to:

- APR DRG Grouper
- Medicare OPPS
- All DHS Medicaid Fee Schedules (herein DHS Payment Systems).

Payer shall have up to sixty (60) days from the date of DHS publication to implement any applicable updates to DHS Payment Systems. Until updated in Payer's systems, Payer will pay based on the prior version of the DHS Payment System and claims paid prior to Payer's implementation date shall not be subject to retrospective claims reconsiderations (or adjustments), unless such delayed implementation resulted in non-payment of a Covered Service.

### DHS Medicaid Payment Systems for FQHCs and RHCs:

The following payment policy applies to the FQHC/RHC prospective payment system per visit rates applicable to Provider in accordance with their HPP provider participation agreement.

Payer shall have up to sixty (60) days from the date of DHS publication to implement any applicable updates to DHS Payment Systems. Until updated in Payer's systems, Payer will pay based on the prior version of the DHS Payment System.

Within ninety (90) days from the date of DHS publication of PPS rate adjustments, Payer shall adjust all applicable claims back to the PPS rate change effective date.

## POLICY GUIDELINES

In the event Payer's HealthChoices agreement with DHS is in conflict with the claim reconsideration timeframe limitations set forth in the applicable HPP Provider Participation Agreement, Payer and Provider agree to follow the requirements set forth in the DHS HealthChoices agreement.

## DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

## POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Effective Date
This is a new policy bulletin.	A	3/1/2022

## REFERENCES

N/A