

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
FY 2002 BOILERPLATE REPORTING REQUIREMENT

Progress on Hospital Outpatient Rebasing
October 1, 2001 Report

Section 1613(1)

“The workgroup established in Section 1703 of 2000 PA 296 shall continue until the rebasing of the Medicaid fee schedule for physician and outpatient hospital services is completed.”

PHYSICIAN FEE SCHEDULE UPDATE

It is the intent of the Department to reimburse practitioner services using the CMS (formerly HCFA) RBRVS (Resource Based Relative Value Scale) methodology. This was implemented in FY 2000-2001. Each year in January, new and revised procedure codes, changed reimbursement methodology and corresponding RVUs (Relative Value Units) published by CMS will be implemented consistent with the schedule followed nationally for all coding changes under HIPAA. The intent is to rebase fees for practitioner services annually in January using the RBRVS-based methodology. The conversion factor will be changed to reflect the funds available in the annual appropriations act for the department. If no additional funds are available, the conversion factor will be adjusted in a budget neutral manner. It is important to continue this process on an annual basis so that fees maintain a valid rational relationship.

OUTPATIENT HOSPITAL REBASING UPDATE

The Department will be holding discussions with the hospital industry to determine the utility and need of developing a new outpatient hospital reimbursement methodology. Any new reimbursement methodology will be mutually agreed upon and will be determined to be HIPAA (Health Insurance Portability and Accountability Act of 1996) compliant and will also be budget neutral.