

# Reprocessing Claims Following a Fee Schedule Update

---

## *Claims Policy Provider Guide*

Meridian, MeridianComplete, Ambetter from Meridian, and Wellcare Claims Operations (hereafter referred to as “Claims Operations”) ensures that all fee schedule updates, when posted by the Michigan Department of Health and Human Services (MDHHS) or the Centers for Medicare and Medicaid Services (CMS), are in claims production systems within 45 days of both scheduled releases from MDHHS and CMS and off-cycle updates for procedure codes. Fee schedule updates are always configured according to the effective dates of the changes. When these changes are active in the Claims Operations’ claim processing system within 45 business days of the State or CMS’s release, Claims Operations will not adjust claims proactively.

To ensure claims process against a significant fee schedule pricing change, Claims Operations recommends to either delay billing to allow time for the updates to be operationalized after release, or work with Provider Relations directly regarding any significant change concerns, if contract language allows (For example, many contracts have specific verbiage that payor will not adjust claims if within production in 45 business days from posting).

Any claim *adjustments* will always be processed against the *effective date* of the rate change after being updated in the system. For example, If a fee schedule change was posted by MDHHS on April 1, and a first-time claim then paid on April 3 at the former rate, and then subsequently the fee schedule was updated on April 10; If that first-time claim was then submitted as a corrected claim by the provider on April 12, or if it was adjusted by Claims Operations on April 12, it would pay at the updated fee schedule rate as applicable.

If you have any questions about this policy or fee schedule change claim adjustments, please contact Provider Relations through our Provider Relations Inquiry Form on [mimeridian.com](http://mimeridian.com).