



REVISED - Use of H2015 and T2027 with new Modifiers

DWIHN TRAINING FOR RETIREMENT OF H0043, EFFECTIVE 10-01-2020

REVISED: 10/05/2020

Revision Summary

- ▶ Staffing modifiers (ie, S1, S2, S3, S4, etc.) are now required “Billing” modifiers. Previously, these were set up as “Informational” modifiers that the provider would add to the claims.
- ▶ The Staffing modifiers, along with the Multiple Member modifiers (ie, Ux), will determine the Unit Rate for a specific fee schedule.
- ▶ The unit rates for each of the Multiple Member modifiers were changed to mathematically “flat” rates.
- ▶ The approach to making Authorizations and submitting Claims for 24-hour shared-staffing arrangements will change from a serial or “stacked” approach to a parallel approach.

MDHHS Changes, Effective 10-01-20

H0043 - Retired

- H0043 (per diem) retired on 09-30-20.
- H2015 usage expanded to include Overnight Health and Safety Supports for non-HAB Waiver members, during “usual sleep hours”, effective 10-01-20.
- H2015 remains a “face-to-face” service outside of “usual sleep hours.”

T2027 – OHSS

- T2027 – Overnight Health and Safety Supports for HAB Waiver, SED Waiver and Children’s Waiver members was added by MDHHS, effective 10-01-2019.

TT Modifier - Retired

- “TT” modifier, for “multiple members” served simultaneously, will be retired on 09-30-2020.
- Five new “U” modifiers, for “multiple members” served simultaneously, identify 2, 3, 4, 5, and 6 or more members, effective on 10-01-2020.
- Utilizes concept of “Preponderance of Service” to report shared living arrangement.

T2027 – Overnight Health and Safety Supports

- ▶ T2027 is reported in 15-minute units.
- ▶ Limited to members with HAB Waiver, SED Waiver or Children's Waiver.
- ▶ Limited to unlicensed community-based residential settings.
- ▶ Limited to member's "usual sleep hours."
- ▶ Medical necessity for Overnight Health and Safety Supports must be documented in member's IPOS.
- ▶ "Usual sleep hours" must be documented in the member's IPOS.
- ▶ May be reported with "Ux" multiple member modifier, if appropriate.
- ▶ Reported with Place of Service code = 12-Home.

H2015 - Overnight Health and Safety Supports

- ▶ H2015 is reported in 15-minute units.
- ▶ Available to members without one of the Waivers.
- ▶ Limited to unlicensed community-based residential settings.
- ▶ Limited to member's "usual sleep hours."
- ▶ Medical necessity for Overnight Health and Safety Supports must be documented in member's IPOS.
- ▶ "Usual sleep hours" must be documented in the member's IPOS.
- ▶ May be reported with "Ux" multiple member modifier, if appropriate.
- ▶ Reported with Place of Service code = 12-Home.

H2015 – Community Living Supports, in an Unlicensed In-Home Setting

- ▶ Generally considered a residential service.
- ▶ Fee schedules are in the “Residential” contract records.
- ▶ Services reported with Place of Service (POS) code = 12-Home.
- ▶ Use “Preponderance of Service” concept for POS code. Services reported with Place of Service (POS) code = 12-Home, even when staff accompany member into the community for community inclusion, recreation and activities of daily living in the community.
- ▶ May be reported with new “Ux” modifiers for multiple members.
- ▶ Use “Preponderance of Service” concept for “Ux” modifiers. Do not change the “Ux” modifier when staff ratios change during the normal course of the day.

H2015 – Community Living Supports, for Daytime Activity

- ▶ Generally considered to be a “vocational” service.
- ▶ Fee Schedules are in the “Outpatient” contract records.
- ▶ Services reported with Place of Service code = 99-Other/Community.
- ▶ Use “Preponderance of Service” concept for POS code. Services reported with Place of Service (POS) code = 99-Other/Community, even if staff pick up the member at their residence to accompany member into the community for Daytime Activity.
- ▶ Daytime Activity staff must be from a different provider agency or be a different staff person than the provider of H2015 as a residential services.
- ▶ Must have goal in IPOS specifically for H2015 as a Daytime Activity.

Community Living Supports compared to Daytime Activity

- ▶ Daytime Activity is considered to be a service on the school/vocational service spectrum.
- ▶ Children and young adults attend school; adults have jobs or receive vocational services.
- ▶ Vocational services vary by population and intensity level.
- ▶ Vocational services take place M-F, during regular “business hours.”

Code & Modifier	Description	AMI Population	IDD Population	HAB Only Population
H2023-TG	Evidenced-based Supported Employment	AMI	.	.
H2023	Supported Employment	AMI	IDD	.
H2023-HK	Supported Employment-HAB	.	.	HAB Only
H2014	Vocational Skill Building	.	IDD	.
H2030	Clubhouse	AMI	.	.
T2015-HK	Pre-Vocational Skill Building	.	.	HAB Only
H0023	Drop-In Center	AMI	.	.
H2014-HK	Out of Home, Non-Vocational Skill Building	.	.	HAB Only
H2015	CLS Daytime Activity	.	IDD	.

Multiple Members – New Modifiers

- ▶ MDHHS will retire “TT” modifier for H2015 and T2027 only, on 09-30-2020.
- ▶ MDHHS will implement five new modifiers for “multiple members” served, effective 10-01-2020.
- ▶ Use “Preponderance of Service” concept with new “multiple members” modifiers.

H2015 and T2027 - Multiple Members Effective 10-01-2020	Billing Modifier
Individual member	--
2 Members	UN
3 Members	UP
4 Members	UQ
5 Members	UR
6 or More Members	US
Two Staff/One Member (DWIHN local modifier)	21

Preponderance of Service - 1

- ▶ Use “Preponderance of Service” concept with POS code and “Multiple Members” modifiers.
- ▶ In this case, “preponderance” means “majority”—majority of service. We should report the POS code or modifier that best describes how the majority of services were provided.
- ▶ Place of Service Codes (POS):
 - ▶ T2027 – OHSS in an Unlicensed Residential Setting; POS = 12-Home.
 - ▶ H2015 – CLS/OHSS in an Unlicensed In-Home setting; POS = 12-Home.
 - ▶ H2015 – CLS for Daytime Activity; POS = 99-Other/Community.

REVISED: Preponderance of Service - 2

- ▶ New “Multiple Members” modifiers specify the number of people in a shared living arrangement.
- ▶ If three members share an apartment, then H2015 would be reported with modifier “UP” (i.e., 3 members served simultaneously) for all H2015 services rendered that day, even if staff ratios change during the normal course of the day.
- ▶ **Staffing ratios will be reported with the “Sx” modifiers (ex. S1, S2, S3, S4)**
- ▶ Exceptions for “Preponderance of Service” concept with H2015:
 - ▶ Planned “Leave of Absence” from home.
 - ▶ Inpatient hospitalization or crisis residential.
 - ▶ Planned, other services for one or more of the roommates (ex., Day Program, Clubhouse or 1:1 staffing).

Multiple Members – New Rate Structure - 1

- ▶ Rates for old Multiple Member modifier “TT” were benchmarked at 75% of the Individual Member rate.
- ▶ This old rate structure resulted in payments to the provider that were far in excess of the staffing costs.

H2015 and T2027 "TT" Modifier, Expires 09-30-2020	Billing Modifier	Percentage of Individual Rate	Ratio of Revenue/Staff
Individual	--	100.0%	1.00
2 Members	TT	75.0%	1.50
3 Members	TT	75.0%	2.25
4 Members	TT	75.0%	3.00
5 Members	TT	75.0%	3.75
6 or More Members	TT	75.0%	4.50
Two Staff/One Member	21	200.0%	1.00

REVISED: Multiple Members – New Rate Structure - 2

- ▶ Rates for new Multiple Member modifiers (i.e., UN, UP, UQ, UR, and US) are benchmarked to a mathematically “flat” percentage of the Individual rate.
- ▶ This new rate structure, along with the Staffing modifiers will result in payments that are that are equal to our Standard Base Rate.

H2015 and T2027 Modifiers Effective 10/01/2020	Billing Modifier	Percentage of Individual Rate	Ratio of Revenue /Staff
Individual (One Member/One Staff)	--	100.00%	1.000
Two-on-One Staffing (Two Staff/One Member)	21	200.00%	2.000
2 Members	UN	50.00%	1.000
3 Members	UP	33.33%	1.000
4 Members	UQ	25.00%	1.000
5 Members	UR	20.00%	1.000
6 or More Members	US	16.67%	1.000

NEW: Staffing Modifiers

- ▶ Staffing Modifiers (ie, “Sx”) are now required “Billing” Modifiers.
- ▶ The “x” in the “Sx” modifier indicates the number of staff serving multiple members simultaneously.
- ▶ We have setup fee schedules in MH-WIN with S1, S2, S3 and S4.
- ▶ We can add additional fee schedules, as needed for specific providers, for settings with more than four staff on duty.
- ▶ The Staffing Modifiers will multiply the unit rate based upon the Multiple Member modifier.
- ▶ The algorithm is: Individual Rate divided by Ux, then this rate is multiplied by Sx to get the fee schedule rate. $(R/Ux)*Sx = FS_Rate$

NEW: Parallel Authorizations for 24-Hour Shared-Staffing Settings

- ▶ In order for the new “flat” rate structure with the Staffing Modifiers to work correctly, we must adopt a “Parallel” approach to making Authorizations and submitting Claims for 24-hour shared-staffing arrangements.
- ▶ This new “Parallel” approach applies to members who previously received either H2015 or H0043 in unlicensed settings where staff were shared by the members for 24-hours per day.

NEW: Parallel Authorizations - 2

- ▶ The old method for making Authorizations and submitting Claims was serial or “stacked”.
 - ▶ Ex. Three members each require 8 hours per day of CLS, which was authorized as one per diem unit of H0043-L2 for each member. The home had one staff on duty for all three shifts, resulting in 24-hour staffing.
- ▶ The new “Parallel” method for making Authorizations and submitting Claims requires an increase in the number of units per member per day (Preponderance of Service).
 - ▶ Ex. Converting the above authorizations from H0043-L2 to H2015-UP-S1 results in either 36 units (mid-point) or 32 units (SPG hours) for each member.
 - ▶ Ex. Parallel method results in 96 units for each member, at 1/3 of the Individual Rate. This is consistent with the actual staffing pattern that resulted from the H0043-L2 authorizations.

NEW: Outcome of new Rate Structure (Parallel, Flat Rates, Sx)

- ▶ Accurate funding to providers, based upon Base Hourly Rate calculations. Algorithm: $(R/Ux)*Sx = FS_Rate = \frac{1}{4}$ Base Hourly Rate.
- ▶ This new rate structure and approach to making authorizations and claims will result in less of a reduction in payment to providers – but it will not eliminate a reduction.

References

- ▶ MDHHS Code Chart: https://www.michigan.gov/documents/mdhhs/MHCodeChart_554443_7.pdf
- ▶ DWIHN Bulletins: <https://www.dwihn.org/billig-coding-bulletins>