DWIHN Responses to Questions Posed as Part of Transitioning from H0043 to H2015

AUTHORIZATIONS

Question: Are we still able to change the "U" modifiers in the event of hospitalizations, LOA's, day program/VOC/workshop?

Response: Hospitalizations/Crisis Residential, LOA's, and Day Program/VOC/Workshop services that are documented in the Member's IPOS are justifiable reasons to change the "U" modifier.

Question: Does that apply if one resident goes to a vocational program during the bulk of the daytime hours and one resident stays in the home? does preponderance of service still apply and the same Ux code is used?

Response: Day Program/VOC/Workshop are an exception to the Preponderance of Service rule; the "U" modifier can be changed in this circumstance.

Question: Just to double check my understanding...if we have an individual that is 1:1, that person will bill with no modifiers and the individuals in the home will get billed with as if there is one less individual in the home and that staff will not count towards the S modifier

Response: Yes, the above statement is correct.

Question: What if we have a 1:1 person in the home and he only lives with one other person. In essence the second person would also be billed with no U modifier, but would not have language in his IPOS that he requires one on one staffing. It just happens that he receives one on one because there is only two people in the living situation.

Response: Yes, the above statement is correct.

Question: For the example of a person who receives 1:1 staffing and shares a home with 2 other individuals, the first person would be authorized H2015 and the other 2 individuals would be authorized H2015 UN?

Response: Yes, the above statement is correct.

Question: In a 3-person home with two staff, one staff takes one-person shopping for two hours and the other person stays home with the other two people. These are the types of real-life scenarios that we could use more specific instructions on.

Response: With the preponderance of service rule there would be no changes to the "U" and "S" modifiers.

Question: If 3 people reside in an unlicensed MI setting, all receiving 2 hours of CLS hours a piece in the past. Are we now saying that staff should only work 2 hours in the home with all 3 members? What if the 3 members do not want to share 2 hours?

Response: Staff should be working with each individual Member for the agreed upon time based on the SPG assessment and the goals in the member's IPOS. Using the "parallel" method for authorizations and claims, this home may submit claims for a total of 6 hours (24 Units) per day of H2015-UP-S1.

Question: How do you bill for the T2027 code for overnight support if they have 24 hrs. a day? Do you switch codes when you bill for the sleeping hours?

Response: The member must have a Waiver (ex., HAB Waiver) and have the medical necessity for OHSS documented in their IPOS, along with their usual sleep hours. Then, the provider will report T2027 during the members "usual sleep hours" and report H2015 outside of the member's usual sleep hours.

Question: For clarification.... if 3 members are in a home, one of the individuals does not share staffing for 8 of their hours. The U modifier would not be used for the 8 hours, just the S modifier to indicate staffing.

Response: Yes, if one member receives either "Individual Staffing" or "1:1 Staffing", their services would be reported as H2015-S1.

Question: Can we establish a normal sleep schedule in the IPPSs for all members in the home or do they each have to be individually noted? That adds potentially 6-12 more AUTH's and modifiers per pay per home if we cannot use a logical sleep schedule that applies to everyone in a home.

Response: We do understand that this can create data entry challenges. No, all members have to have their individualized sleep schedule documented in their IPOS. We will seek guidance from the department to see if there can be a relief on this front.

Question: For an individual who is on the HSW, only need monitoring overnight hours for safety, there is not assistance with redirection to bed, the T2027 can still apply for monitoring correct?

I believe the "preponderance" would apply to the sleep hours if they are clearly identified in the IPOS. For example, if the IPOS indicates "normal" sleeping hours are 10p-6a, that is the time we would use the T2027 code for HAB waiver consumers, even if that fluctuates a little throughout the week.

Response: Yes, but the monitoring of overnight hours has to be medically necessary and documented in the member's IPOS with supporting documentation.

Question: What if Member B required overnight support but didn't have a HAB Waiver. Would you bill B as H2015-UN-S1 and C as T2027-UN-S1? If member B's IPOS documents the medical necessity for OHSS services and their "usual sleep hours", then H2015 can be used for OHSS services. If the IPOS for both member B and member C indicates that they can share OHHS staff (i.e., no "1:1 Staffing" or no "Individual Staffing") then you would report (B) H2015-UN-S1 and (C) T2027-UN-S1; indicating two members sharing one OHSS staff. If one of the members has "1:1 Staffing "or "Individual Staffing" then you would report (B) H2015-S1 and (C) T2027-S1. In MHWIN is the HAB Waiver Policy section accurate? This is where it should show if a person is on the HAB Waiver. Recently many members have applied for the HAB Waiver, but us Providers have not been informed if they have been approved for the HAB Waiver or not.

Response: Yes, it is updated according to MDHHS. Providers are notified of new certifications by our HSW Coordinator as soon as they are made aware of the approval by MDHHS.

For new certifications, we notify the CRSP as soon as we are informed that the application has been approved by MDHHS. As part of that notification, we include a copy of the approved certification. We also upload the document into the individual's file within MHWIN.

For renewals, we only notify the CRSP when there is an issue or some barrier to recertification. When the renewal is approved, we upload a copy of the approved packet into the individual's file within MHWIN.

Additionally, there are some situations where the HAB policy in MHWIN does not reflect HAB waiver even though the person is on the waiver, this applies to few known cases that we are actively working with both MDHHS as well as PCE to resolve.

Question: Will the appropriate "U" codes be attached to the authorizations or will we enter those ourselves? IF they are attached to the authorizations, is there an override function to change the modifier in the event of a LOA or hospitalization?

Response:

1. Yes, the “U” codes will be attached to the authorizations.
2. No, there is no override function, a brand-new authorization would need to be submitted for all members in the home in the event of a Hospitalization or Crisis Residential stay.
3. Planned Leaves of Absence (LOA) and Day Program/VOC/Workshop services are known in advance and can be authorized appropriately when the members’ IPOSs are developed.

Question: Am I correct that the CRSP will need to provide the authorization for any exceptions to Preponderance of Service rule? If yes, I would strongly suggest that DWIHN have some sort of form or reporting to have the ability to monitor. IDD persons are very organic and schedules change on a regular basis.

Response: The Residential Department already has an established Specialized Residential Vacancy Report that Providers currently use to report any vacancies in their facilities. The Residential Department is in the process of revising and making changes to the current Specialized Residential Vacancy Report.

Question: Are you saying that each time someone is hospitalized we change the authorization and have to amend the IPOS?

Response: Yes, Hospitalization does not count as preponderance of service.

Question: Our current authorizations with H0043 are all early terminated for 9/30/20. Will the CRSP be responsible for entering new authorizations for all of these consumers or will DWIHN be placing new authorization in MHWIN?

Response: No, the first round of authorizations are being inputted by DWIHN Residential and Utilization Management Departments. Additionally, the authorization requirement is presently turned off in

MHWIN which will allows the provider to bill without looking at the authorization being accurate or not in terms of modifiers attached. The claim needs to reflect what is actually happening in service delivery as explained during trainings conducted by DWIHN finance/claims team.

Question: When the authorization is in MHWIN incorrectly are providers able to ensure the modifiers are correct or do we have to wait on the CRSP to upload?

Response: Currently, providers can bill without looking at the authorizations for the 90-day period or unless notified by DWIHN team, Once the authorizations required check is turned back on, the authorization will include the "U" modifier and the "S" modifier that will be entered by the CRSP. If the authorization is incorrect, the CRSP will need to correct the authorization. DWIHN is exploring other options, including modifications to the MH-WIN system, to make the authorization process more efficient.

Question: Previously if there were 3 members in a home. We provided 20hrs of services, 8, 8, 4. What codes should be used and how can this home be staffed?

Response:

1. Based on the number of members in the home, the H2015 "UP" modifier would be used.
2. Was there a staff person on duty for 8 hours per day or for 20 hours per day?
3. If staff were on duty 20 hours per day: Using the parallel approach to authorizations and claims, assuming there is one staff on duty, the provider would bill for 80 units of H2015-UP-S1 for each member in the home.
   If staff were on duty for 8 hours per day: Using the parallel approach to authorizations and claims, assuming there was one staff on duty, the provider would bill for 16 units of H2015-UP-S1 for all 3 members and 16 units of H2015-UN-S1 for the two members who receive 4 more hours than the one member.

Question: Who can we ask questions to at DWIHN regarding authorizations issues? Before this new billing process, we would call and email the Residential Services Department but they would rarely respond.

Response: DWIHN's Residential Services Department. residentialreferral@dwmha.com

Question: Preponderance of service - how do vacancies work here. When people pass, it can be sometime before any referral takes place.

Response: The Residential Department already has an established Specialized Residential Vacancy Report that providers currently use to report any vacancies in their facilities. The Residential Department is in the process of revising and making changes to the current Specialized Residential Vacancy Report.

Question: So regardless of the persons level of need as determined in the SPG, each member will get the same rate determined by how many people live in the home? Then what is the point of evaluating or assessing a person's level of need/care?

Response:

a. The Residential Department reviews each home and the individuals IPOS, SPG and any additional documentation of the members residing in the home to determine how services are authorized. Clear and measurable goals must be in the IPOS with regards to the HAB Waiver
b. Home Help hours are subtracted from the total hours authorized.
c. The assessments are done to determine the number of units of service each member needs per day.

Question: It was my understanding that the modifiers would only be used during billing. How would Case Managers, who are completing the IPOS with the client, have any idea of how many people are working/ how many people live in the home etc.?

Response:

a. The initial H2015 authorizations are being entered based on staffing data that is being compiled by the Finance Department and CRSPs can use the initial authorization as a starting point for the "S" modifier.
b. We also recommend that the Case Manager communicates with the Residential Provider regarding the member's needs, including the level of staffing.

Question: Some authorizations for residential homes are now on MHWIN. Should we start using these new authorizations or should we still bill off of a blank authorization for the first 90 days?

Response: Please do not submit claims with authorizations until notified by DWIHN that providers may do so. Currently, we plan to suspend the authorization requirement for claims until 12/31/2020.

Question: Will there be multiple S modifier authorizations for each customer when they have need for varying levels of staffing?

Response: Yes, if the staffing level changes from one staff (S1) on duty to two staff (S2) on duty, then authorizations would be needed with the S2 modifier.

Question: Why can't the provider enter the S modifier as opposed to having multiple S modifier authorizations? It is not clear how an authorization can identify over the term of the authorization the actual number of units needed to address appointments and outings where these activities are so variable both as to duration, number of individuals attending, and staff required.

Response: Please utilize the Preponderance of Service concept for both the "U" modifier and the "S" modifier. This will minimize the need to change the "U" or "S" modifier throughout the day.

Question: Can the authorization be simply for a set number of S based units that are allocated by the provider at the time of billing to reflect actual utilization? By contrast as we understand it there would be separate authorizations for S1, S2, and S3. With the S modifiers simply reflecting actual utilization it seems there could simply be a bank of staffing units which could be drawn upon.

Response: Currently, when authorizations are turned back on the authorization will include the "U" modifier and the "S" modifier. If the authorization is incorrect, the CRSP will need to correct the authorization. DWIHN is exploring other options, including modifications to the MH-WIN system, to make the authorization process more efficient.

Question: Regarding Home Help, as long as we have documentation from MDHHS showing we are receiving Home Help and are proving to MDHHS- the entity paying providers for Adult Home Help - that we are delivering the service, why is it necessary to show DWIHN the exact time we are providing Home Help??? As long as the provider is backing out the correct number of units from the total H2015 CLS units provided that is all that should be needed. Allowing this results in one less detail that providers must track.

Response: Claims for H2015 and T2027 require start and stop times so we can comply with the MDHHS rounding rules requirement for these two 15-minute codes.

Question: Navigating MDHHS for Home Help is a process, residents at times move on and off Home Help for various reasons. What happens if MDHH suspends or denies home help for several months at a time. Must the provider continue to back out the number of units from total CLS units during these intermittent times when the provider is not receiving funding for Home Help?

Response: Please review the Medicaid Manual and the MDHHS Code Chart, Appendix, pages 15-16. Per these documents, "CLS may be used for those activities [Home Help or Expanded Home Help] while the beneficiary awaits determination by MDHHS of the amount, scope and duration of Home Help or Expanded Home Help."

Question: Not all Providers are able to see the IPOS/Authorizations for the people they serve when billing through a fiscal intermediary (they use the Arrow billing system), how can DWIHN assist with correcting this?

Response: The Individual Plan of Service guides what service your staff should be providing to meet the needs of the individuals we serve. It is imperative that you have it and your staff know its contents to meet the needs of the individual. Community Living Services (CLS) is currently updating their electronic health record (ARROW) to include staffing agency access to viewing the IPOS authorized services. In the meantime, Staffing Agencies are receiving copies of IPOS reports, including the IPOS service authorizations, as they are completed. They are being sent electronically to the contact people each Staffing Agency identified to receive clinical documents for the people served. Additionally, people served are all being sent paper copies of each IPOS to their home. If you do not have an IPOS which includes the authorization for someone you serve, please contact Sue Cutlip at scutlip@comlivserv.com.

Question: If a person is attending a skill building program do we not put it under H2014 anymore?

Response: Yes, for IDD consumers report skill building with procedure code H2014.

Question: How do you bill for the T2027 code for overnight support if they have 24 hrs. a day? Do you switch codes when you bill for the sleeping hours?

Response: The member must have a Waiver (ex., HAB Waiver) and have the medical necessity for OHSS documented in their IPOS, along with their usual sleep hours. Then the provider will report T2027 during the members "usual sleep hours" and report H2015 outside of the member's usual sleep hours.

Question: We need the more "normal" examples that we sent you. 3 people living together. All three receive 24 hours of support or more. They have multiple staff on throughout the day. 2 of the 3 receive home help, 2 are on HAB waiver and one goes to a day program. This is the norm! Our Individuals lives that we support are very Individualized and things change daily. We need examples of how to bill this as well as how in the world would an SC ever be able to figure out all of the AUTH's required when things change daily.

Response:

a. The Finance Department has been hosting BlueJeans trainings every Monday, Wednesday and Friday 10:00am-11:30am until October 30, 2020 to assist with the transition and to alleviate any concerns and assist with the transition of how to bill services.
b. The Residential Department reviews each home and the individuals' IPOS, SPG and any additional documentation of the members residing in the home to determine how services are authorized. Clear and measurable goals must be in the IPOS with regards to the HAB Waiver.
c. Home Help hours are subtracted from the total hours authorized.

Question: Can there be an overlap in services? i.e. T1016 and H2015 while the SC is monitoring services?

Response: Yes, per the MDHHS Code Chart, Appendix, page 48, "Face-to-face interactive Case Management monitoring (T1016/T1017) can be reported at the same time as in-home service such as community living support and personal care, and certain day-time activity services (clubhouse, supported employment, prevocational service, skill building, community activities). Professionals and specialty providers will report treatment plan monitoring (H0032-TS) at the same time that the consumer is receiving the service for which they are being monitored in the above settings. The consumer must be present and have at least 15 minutes of interaction with the case manager/supports coordinator for the monitoring activity and the service being monitored to be reported at same time."

TRAINING

Question: Are the CRSP staff being trained in the urgency of the changes and timeliness when people move out or pass away? It often takes a long time to get addendums and authorization changes.

Response: The Residential Department has spoken with each CRSP related to the H2015 transition. Trainings with the CRSPs are underway. At this time, CRSPs should not be submitting authorizations for unlicensed settings (H2015) into MHWIN for the next 90 days.

Question: Which providers did DWIHN pilot the new H2015 process with? If yes, who are these providers so we can dialogue with them?

Response: There was no "pilot" of the new H2015 process. The process was rolled out to the entire network as of 10/1/2020 per guidance from MDHHS.

Question: The CRSPS will definitely need more training and to be able to ask questions and get timely answers. We have a very difficult time getting to actually speak with a real person when we have questions...Our emails aren't being answered and when AUTH's are returned to us, the reason why is often unclear. To clarify, there are no modifiers for multiple staff serving multiple consumers during the day? (ex. 2 staff on serving 4 consumers).

Response:

a. The Finance Department has been hosting BlueJeans trainings every Monday, Wednesday and Friday 10:00am-11:30am until October 30, 2020 to assist with the transition and to alleviate any concerns and assist with the transition of how to bill services.
b. The CRSPs will be provided additional trainings. At this time, CRSPs should not be submitting authorizations for unlicensed settings (H2015) into MHWIN for the next 90 days.
c. The procedure code for 2 staff serving 4 members is H2015-UQ-S2.

Question: It is very difficult to apply these changes/concepts to the SIL program. Too many formula's when all we want to know is how to continue providing the services and being properly and fairly paid. So many factors are not being considered for the services we provide.

Response: The Finance Department has been hosting BlueJeans trainings every Monday, Wednesday and Friday 10:00am-11:30am until October 30, 2020 to assist with the transition and to alleviate any concerns and assist with the transition of how to bill services.

Question: Is the DWIHN residential department working closely with support coordinators to train them on the new authorization process (e.g. Multiple trainings over time)?

Response: DWIHN Residential Department is working to train the CRSP providers on the IPOS and authorizations related training for H2015. We will use virtual training including recorded videos to ensure these are addressed with urgency.

LICENSED/NON-LICENSED SETTINGS

Question: Has licensing changed its rule on 1 to 1 staffing in an unlicensed setting. Prior we were not able to use that language.

Response: We will check with licensing to see if the language has changed but we believe it is additional staffing.

Question: Do you think all of these new modifiers/codes/authorization lines in the IPOS for non-licensed settings will make providers WANT to transition people from licensed homes to personal homes with tenancy rights?

Response: Members have a right to choose where they would like to live. Living options should be discussed between the Consumer, the Consumer's Treatment Team and the guardian if applicable.

Question: Is DWIHN talking about how all of this complexity could sway people/providers/Case Managers/Support Coordinators from promoting people signing their own leases. Isn't DWIHN potentially (unintentionally) incentivizing licensed homes by making this methodology so complicated for non-licensed settings? Other PIHPs are not requiring the modifiers being front loaded into the IPOS Authorization, they are only requiring the U modifiers being entered with the claim on the back end. The number of IPOS Amendments will skyrocket under this new model.

Response:

a. All members have a right to live where ever they want and is something that should be discussed between the consumer and the assigned CRSP
b. DWIHN is exploring other options, including modifications to the MH-WIN system, to make the authorization process more efficient.

STAFF PLANNING GUIDE (SPG)/PROGRESS NOTES

Question: What role is the SPG going to play (if any) in the establishment of minimum staffing requirements?

Response: The SPG and any associated process will be revised and communicated to the CRSP providers prior to requirement of authorization being turned back on. If there is further training required based upon the change then that will also be facilitated by DWIHN Team.

Question: The progress note looks to capture total minutes of services provided during the day as far as addressing specific goals. In doing so the progress note has established a rigid minute for minute equivalency between community living support objectives and the supports being given. How will the progress note consider the preponderance of services which are reflected in the authorization when these are by their very nature not tied to a specific minute by minute service delivery model?

Response: We are working to review the progress note and make any necessary changes to accommodate the new guidance around use of H2015, T2027 codes and its impact in terms of documenting services at home. We will be issuing revised progress notes, but for time being please continue to use the standardized progress note for all documentation purposes.
https://www.dwihn.org/provider_forms_progress_note.pdf

Question: Progress notes do not include start and stop times for a service yet billing requires that information. Will this be addressed in the progress note?

Response:

a. The standardized progress note that was used for training the network does consider start and end time.

b. The member's IPOS is the official statement of the services the provider is required to provide. If authorizations were made inaccurately, the Residential Provider should contact the CRSP to correct the error. Authorizations should be made in such a manner as to allow the provider the needed flexibility (i.e., units authorized with a weekly or monthly frequency).

Question: Will DWIHN put a new chart with the new codes on the bottom of the residential staffing planning guide in MHWIN so we know how to calculate the hours with the appropriate modifiers?

Response: DWIHN IT team is working with residential team as well as PCE team to update the Staff Planning Guide (SPG)/Residential PC/CLS Worksheet that would reflect the changes needed to support this transition. A revised version with training guide will be published once the changes are completed.

MHWIN ENHANCEMENTS

Question: Can someone look into whether we can utilize the EDI 837 Claim File capability on MHWIN which could be used to transfer billing and payroll information directly from an Excel spreadsheet to MHWIN? The feature is located on the "Claim Submission" page on the 6th and 7th line down.

Response: We will be looking at this option as well with PCE very shortly. We are presently looking at the residential billing module that was implemented in another PCE system and possible enhancement to the copy feature that may aid in expedited data entry but the determination of appropriate modifiers and levels can be determined using the worksheet that was shared during the trainings https://www.dwihn.org/billing-claims-worksheet-fy21.xlsx .

Question: Is there any way for IT to make the billing without an authorization easier? prefilled info? better copy functions?

Response: We are looking at the residential billing module that was implemented in another PCE system and possible enhancement to the copy feature that may aid in expedited data entry but the determination of appropriate modifiers and levels can be determined using the worksheet that was shared during the trainings https://www.dwihn.org/billing-claims-worksheet-fy21.xlsx .

Question: What plans does DWIHN have for updating the technology around billing through the MHWIN system??? It is *essential* that billers be able to copy an *entire day's pattern, including times, across multiple dates* to reduce redundancy (and error by the way) of billing entries.

Response: We are evaluating the possibility of this change with PCE to see what may be feasible. Naturally, we are limited by ensuring we copy changes for a given day due to the way the system is designed and also ensuring changes are for a given day as patterns change every day.

BILLING/CLAIMS

Question: Several of the individuals we support also have home help. They of course would not start with 96 units per day if they need 24 hours of support. Please talk about how we should enter a claim for these individuals.

Response: Residential Providers should submit claims to DWIHN for the services funded by DWIHN. Do not submit claims for Home Help to DWIHN. The amount of Home Help must be subtracted from the calculations to determine the amount (i.e., number of units) of CLS services the member needs.

Question: Do we submit our consumer's claims within the existing incorrect authorizations that have been entered, or do we use the "Enter DWIHN CMH HCFA-1500 Without an Authorization" link in MHWIN?

Response: DWIHN has suspended the practice of submitting claims with authorizations for H2015 and T2027 until 12/31/2020, or until otherwise notified. You are correct, Residential Providers should submit claims for H2015 and T2027 with the "Enter DWIHN CMH HCFA-1500 Without an Authorization" link.

Question: If you want to ONLY pay staffing cost... what do you need PROVIDERS for???There is much more that goes into the care of our members, than staffing. The 208.80 divided by 18 hrs. only comes to 11.60? You have to see how complicated this entry into claims is going to be. 6 entries for one person possibly. They potential for errors is so great. Four members who all have Home Help and have 1-3 staff at different times will take forever!

Response: Yes, we understand that the use of H2015 with the new modifiers will be difficult. DWIHN is exploring other options, including modifications to the MH-WIN system, to make the authorization process more efficient.

Question: Do we have the all clear to begin submitting October claims in MHWIN with the "without an authorization" function?

Response: Yes, on 10-08-2020 Residential Provider may begin submitting claims for H2015 and T2027.

Question: Thank you for posting the new IDD Residential rate charts. However, we noticed the calculation used to come up with the rates was (R*SX)/UX instead of (R/UX)*SX as written in your presentation. This does not amount to a large funding change (only a penny or two per unit), however the Fiscal Intermediaries are finding it difficult to come up with excel formulas to the Self Determination billing form with the

Response: Providers and Fiscal Intermediaries must use the published rates on our website for the appropriate population. We shared the formula that DWIHN used to calculate the published rates to be fully transparent with providers. Given all the division and multiplication done in the rate calculations, there are some rounding issues that may cause a published rate to vary from the formula by one or two pennies. The official rates are the rates published on our website.

Question: Can we deduct the total dollar amount of Home Help within the claim, perhaps as a separate line item? Home help can be all throughout the day that cls services are also provided. Case Managers should be aware of what home help services the client receives. What is the purpose of start and stop times around home help services when a total dollar amount deduction justifies the total hours of HH worked.

Response: Claims for H2015 and T2027 require start and stop times so we can comply with the MDHHS rounding rules requirement for these two 15-minute codes.

Question: I tried to bill for one home for just 4 days in Oct, and have still not figured it out. Additionally, this also unintentionally de-incentivizes Providers from sending Individuals to Day Programs because it complicates billing exponentially.

Response: We recommend that you attend the H2015 and T2027 Trainings the DWIHN has been providing every Monday, Wednesday and Friday in the month of October at 10:00am to 11:30am via the "Blue Jeans" teleconference application.

Question: If the reason for making the payroll and billing process so complex and time consuming is to save money, why not just make the funding reduction? This system seems to be too complex. We should be servicing our people, not deciphering codes, modifiers, and home help minutes reductions.

Response: The retirement of the H0043 per diem code and the addition of the "U" modifiers for H2015 and T2027 was mandated by MDHHS. Many providers complained about the large reductions in the provider's revenue associated with this change in reporting codes and modifiers. To remedy the revenue problem, DWIHN implemented the "S" modifier along with the "flat" rates for the "U" modifiers and the parallel process for authorizations and claims. This mitigated a large portion of the revenue reductions for providers.

Question: How will you bill for Wheel Chair vehicle services?

Response: We are working on deploying a new process for this. Likely, we will utilize the "WV" modifier with H2015 to bill for this service. DWIHN will notify the provider network when the new fee schedules with "WV" have been deployed in MH-WIN.

Question: To my understanding, we are able to bill with modifiers as needed, without a prior authorization in IPOS / MHWIN as long as it is documented and defensible? Is that correct.

Response: DWIHN has suspended the practice of submitting claims with authorizations for H2015 and T2027 until 12/31/2020, or until otherwise notified. Residential Providers should submit claims for H2015 and T2027 with the "Enter DWIHN CMH HCFA-1500 Without an Authorization" link.

Question: For billing do you enter all hours worked under all 3 people in the home regardless of the individual hours/authorizations?

Response: DWIHN has suspended the practice of submitting claims with authorizations for H2015 and T2027 until 12/31/2020, or until otherwise notified. You are correct, Residential Providers should submit claims for H2015 and T2027 with the "Enter DWIHN CMH HCFA-1500 Without an Authorization" link. Please use the "parallel" process for making authorizations and submitting claims, as described in all of our trainings.

Question: Will the Sx modifier be inputted by the SC when they put in the U modifiers? I would highly advocate that the provider be allowed to input the Sx modifier when billing because the staffing levels fluctuate daily due to individual needs in the home on any given day.

Response: Currently, when authorizations are turned back on, the authorization will include the "U" modifier and the "S" modifier. If the authorization is incorrect, the CRSP will need to correct the authorization. DWIHN is exploring other options, including modifications to the MH-WIN system, to make the authorization process more efficient.

Question: In my homes (9) serving 27 individuals we have multiple staff on during the day time hours and generally one staff on midnights. How do you bill this or what auth would be put in?

Response: We recommend that you attend the H2015 and T2027 Trainings the DWIHN has been providing every Monday, Wednesday and Friday in the month of October at 10:00am to 11:30am via the "Blue Jeans" teleconference application.

Question: Does that apply if one resident goes to a voc program during the bulk of the daytime hours and one resident stays in the home? does preponderance of service still apply and the same Ux code is used?

Response: Day Program/VOC/Workshop are an exception to the Preponderance of Service rule; the "U" modifier can be changed in this circumstance.

Question: Currently MDHHS only requires confirmation that home help was provided on a particular day, not specific times, regarding documentation. This being said, DWIHN is not requiring documentation for Home Help in an audit since we don't bill DWIHN for home help, correct? That being said, is it acceptable to just take the daily amount of home help out of the DWIHN billing at any time during the day, as it would be too complicated to try to take it out in 15 or 30 min increments each day?

Response: Claims for H2015 and T2027 require start and stop times so we can comply with the MDHHS rounding rules requirement for these two 15-minute codes. The start and stop times on these claims must be accurate.

Question: Can DWIHN allow the Provider/Biller to enter the S modifier, even after the 90 days, as our staffing changes daily, weekly, monthly based on the individual needs but also staff availability? If we only get authorized for a certain amount of S2 and S1 modifiers for example and we have to run only 1 staff when we would have normally run 2, then we will "run out" of S1 authorizations before we should and potentially not have the correct authorizations to bill. Because the scheduling is so fluent and constantly changing to adjust to the needs in the home, etc…, it seems like it would be impossible for DWIHN or an SC to calculate the correct number of authorizations?

Response: DWIHN is exploring other options, including modifications to the MH-WIN system, to make the authorization process more efficient.

Question: If we run 2 staff on all 3 shifts due to the staffing needs in the home, but we use electronic time keeping and some staff clock in/out a few minutes before or after their relief staff does (causing there to be some gaps where there are 3 staff on duty or only 1 staff on duty according to the electronic punches), is it understood that we should be billing by the preponderance of service and bill all 24 hours with the 2 staff?

Response: Staff's clock in/out time is not relevant to DWIHNs authorization and payment for CLS/OHSS services. DWIHN's payment is based upon the services identified in the members IPOS based upon medical necessity, that are authorized by DWIHN and that are rendered by the provider. The provider should only bill for two staff (S2) even if three staff are "on the clock". If only one staff is on duty when the members require two staff on duty, then there are potential Recipient Rights issue with "Services Suited to Condition" or possibly "Neglect". It would not be appropriate for a provider to bill DWIHN for two staff on duty when in reality only one staff was on duty to serve the members.

Question: What are the timelines to complete claims for sites with 24-hour staffing, with more than one staff on, and home help. For example, what was the time calculated to complete claims for three persons for one day, or one week? This would need to include the organization of all materials necessary to complete each person's claims for every day. Further the time it takes to copy, then transport the information to a provider person responsible for claims processing.

Response: The retirement of the H0043 per diem code and the addition of the "U" modifiers for H2015 and T2027 was mandated by MDHHS. We did no time study on how long it takes to enter claims.

Question: What materials are providers supposed to use to complete the claims? Noting that no one source of documentation provides all the information for one day's worth of claims, let alone a week.
Response: Providers will need to use the same documents used in the past.

Question: For each person for each day several pages of information to complete a claim. Where and how is this information supposed to be kept? Overwhelm our record keeping systems.

Response: Billing H2015 does not change how information is kept, providers will need to utilize the same method used in the past.

Question: Does the preponderance of services under H2015 similarly apply to the T2027?

Response: Yes, the "Preponderance of Service" concept applies to both H2015 and T2027.

Question: Does DWIHN have any requirement that Home Help actual times be documented?

Response: Claims for H2015 and T2027 require start and stop times so we can comply with the MDHHS rounding rules requirement for these two 15-minute codes. The start and stop times on these claims must be accurate.

Question: If T2027 hours are based upon usual sleep hours isn't it true that the H2015 hours are not going to be accurately reflected in the billing when they are provided during normal hours of sleep?

*CLS/H2015 must be reported during the consumer's usual wake hours and OHSS/T2027 must be reported during the consumer's usual sleep hour*s.

Response: Providers must accurately submit claims for H2015 and T2027. The provider should report T2027 during the members "usual sleep hours" and report H2015 outside of the member's usual sleep hours. The member's usual sleep hours must be documented in the member's IPOS.

Question: Isn't it true that when H2015 is based on a preponderance that then assumes that there will be comings and goings throughout the day which are not captured within the 15-minute block?

Response: Yes, that is correct.

Question: When H2015 hours represent on the one hand a preponderance of the services provided to the individual how can these same services then be billed as occurring at an exact moment in time?

Response: Claims for H2015 and T2027 require start and stop times so we can comply with the MDHHS rounding rules requirement for these two 15-minute codes. The start and stop times on these claims must be accurate.

Question: Why not use actual hours worked during the day, subtract non-face to face and Home Help hours, and apply the remainder as an accurate record of CLS services provided within the location (S modifiers can still be applied based on the full-time equivalency of service provision).

Response: That proposal is not consistent with the MDHHS requirements for rate setting and billing.

Question: I understand that the staffing modifier is intended to be included in the authorization. If the staffing modifier is actually simply the preponderance of services being provided to the individual then isn't the current requirement of to the minute to minute input merely a construct imposed by DWIHN and not MDHHS? If so why require this input given the overall inaccuracies inherent in a system that lacks sufficient clarity in architecture to assure any reliability in the data gathering component?

Response: The "S" modifier indicates the number of staff on duty and it now effects the rate paid to the provider.

Question: The S modifier is calculated based upon the number of staff in the home during a full 15-minute block. The utilization of those hours during that 15-minute block are not captured by either the U or S modifier (we don't know if the three staff are all working with Johnny or with his two roommates). That being the case what necessary data is being captured by the individual 15-minute determination of the S modifier?

Response: The "S" modifier indicates the number of staff on duty and it now effects the rate paid to the provider. The "S" modifier does not indicate specific interactions between staff and members during the course of daily events.

Question: We service children who require grouped CLS services with 1 staff, how will that be billed?

Response: Use the Rate Sheet published on our website for the appropriate children's contract. H2015 should be billed with the S1 modifier to indicate one staff on duty. Use the appropriate "Ux" modifier for 2 to 6 children in the group. If you serve more than 6 children in a group then contact the Procedure Code Work Group to request a fee schedule for your service site. You can send an e-mail to: procedure.coding@dwihn.org

Question: How will you bill for CLs services for children that are grouped?

Response: Use the Rate Sheet published on our website for the appropriate children's contract. H2015 should be billed with the S1 modifier to indicate one staff on duty. Use the appropriate "Ux" modifier for 2 to 6 children in the group. If you serve more than 6 children in a group then contact the Procedure Code Work Group to request a fee schedule for your service site. You can send an e-mail to: procedure.coding@dwihn.org

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Note:

Please see the link for the DWIHN contacts for any additional questions to ensure we are able to respond to your inquiries in a timely fashion.

https://www.dwihn.org/providers-forms-dwihn-contact-list.pdf