



FAQs related to H2015 11.13.2020

1. The authorizations in MH WIN are incorrect, what I am supposed to do?
Response: For the initial 90 days the H2015 authorizations are turned off and there is no authorization to bill against in MHWIN. The current authorizations are for DWIHN informational purposes and not for providers to bill against. As we proceed close to the 90-day deadline, we will be issuing additional guidance around authorizations in MHWIN.
2. I used to receive \$154 for a member per day under the old per-diem code, what will I receive now and how many units I am supposed to bill for?
Response: That depends on two factors: (1) the number of staff providing services and for how long and (2) the number of consumers receiving services by the staff provided. It is possible that you could receive more or less revenue as compared to prior methodology.
3. Can I create one line in MHWIN claim and copy everything to the rest of days including and start and end time?
Response: Yes. This feature has been enabled in MHWIN and now allows a line of billing to be copied to multiple days and it also carries over start and end time. This is especially beneficial in instances where it is identical pattern over certain days.
4. Can I get paid for every staff that is working midnight using H2015?
Response: No. Unless, the IPOS includes medical necessity criteria that support services rendered during sleep hours.
5. When do I really use T2027 vs H2015?
Response: The T2027 is for overnight health and safety supports and is only applicable to those Members who are on a waiver program. There must be medical necessity with documented goals per the IPOS. For non-waiver consumers, DWIHN is awaiting a response from MDHHS on usage of H2015 during night time.
6. How do I account for Home Help minutes in terms building my claim and documenting in progress note?
Response: DWIHN understands that DHS authorizes home help in non-standard increments and such services are performed throughout the day. To reduce the billing time required, DWIHN will allow providers to group the home help time at

the beginning or end of the staffing schedule. The progress note should continue to be consistent with the billing start and end times of H2015 in MHWIN.

7. How do I document H2015 services in an IPOS that is coming up next week for a non HAB waiver consumer?

Response: DWIHN will be conducting a CRSP training to assist providers in documenting H2015 in the IPOS. Until such time, CRSPs should continue to utilize the SPG assessment and document medical necessity.

However, the CRSP must keep in mind that H2015 now takes into consideration the new “U” and “S” modifiers. The IPOS should specifically document whether the consumer requires individualized care (no modifier) based on medical necessity verses shared staffing. If several consumers reside in the home, the IPOS must document whether the staffing can be shared amongst all members. If they cannot be shared, medical necessity must be documented in the IPOS. Finally, the IPOS should also document the number of consumers that reside in the home.

FYI - The “U” modifier documents the number of consumers in the home (UN, UP etc.). The “S” modifier stands for staffing level (S1, S2 etc.).

8. How do I document H2015 services in an IPOS that is coming up next week for a HAB waiver consumer?

Response: Refer to the aforementioned response. In addition, if medically appropriate, CRSP must document the necessity for the use of T2027 during sleep hours and the consumers normal sleep times and pattern.

9. If I am servicing a building and there are 6 apartments in a building with one consumer each receiving services in each one of them, do I use 6 modifier or do I use 1:1 without modifier as there is individual staffing for each member per medical necessity established in IPOS.

Response: Assuming the apartments are a separate legal address recognized by the US Postal Service, each apartment is considered a home and therefore if one consumer resides in the home, the provider bills H2015 with no modifier. If the postal service does not recognize the apartments as separate legal addresses, you would bill under the 6-member modifier.

10. What happens if my billing is late and I am unable to comply to 60-day mandate?

Response: DWIHN has turned off the edit and will allow additional time for providers to bill. We encourage providers to bill timely to ensure timely payment of the DCW increase, as applicable.

11. Are there changes to Licensed setting per diem code?

Response: No, there have been no changes to licensed setting per diem. The H2015 transition relates to unlicensed setting only.

12. Is the billing process different when it comes to children for same services as compared to adults?

Response: No, the process is the same for children and adults. The U and S modifiers are applicable and should be used the same.

13. Can I review the videos of the training to ensure my staff is getting additional training?

Response: <https://www.dwihn.org/billing-H2015-T2027-training-documents>

14. If my staff is shared, let's say between 2 consumers and for that time when I am billing do I bill with a 2-person modifier and bill same units against each of the consumer that was provided service during that shared time? Does that analogy apply if the shared members are more than 2?

Response: Yes, the provider would bill using the 2-member modifier and S1 for one staff person assuming both consumers are present in the home the entire time (refer to exceptions i.e. skill building). If 3 consumers, the provider would use the 3-member modifier and S1 for one staff. If 4 consumers, the provider would use the 4-member modifier and S1 for one staff.

15. When can CRSP start entering the authorizations for residential services for unlicensed setting?

Response: Further guidance and instructions are forthcoming.

16. When will the Staff planning guide be used and how will it work in respect to H2015 transition

Response: H2015/T2027 authorization and Staff Planning Guide (SPG) trainings are being developed for the CRSP Providers. Calendar invitations will follow.

17. Who can I speak to if I have questions regarding authorizations in case I am not getting a timely response on my emails and voicemail messages?

Response: The consumer's designated CRSP are to receive all service authorization inquires to assist the residential provider, responding in a timely fashion. If further assistance is needed, please submit to Residential Services via email to residentialreferral@dwihn.org.

18. If the staff has to go with member to the hospital and stay there for say 6 hours, can we get paid for that time regardless of what might be the daily # of hours allocated for the individual for H2015?

Response: Providers are allowed to bill up to the point the consumer is admitted into the hospital. Billing must be completed in full 15- minute segments. The DWIHN systems will not allow multiple billing services while consumer receive services from another provider (i.e. CRSP, hospital, etc.).

19. How do we document progress notes for all H2015 96 units for a 24-hour staffing?

Response: The progress notes must be related to the CLS goals in the IPOS requiring 24-hour services (96 units). Progress notes are split into CLS minute categories that require staff to document services provided to consumers.

20. How do we document and bill a staff serving 2 members with different hours of service?

Response: The provider should bill the total hours the staff person is in the home for both members using the 2-member modifier and S1 for one staff person. The thought process is oftentimes the staff is serving both consumers throughout the time they are present in the home. However, the staffing schedule should

correspond to the SPG and the number of hours. For example, the SPG has 3 hours for each member. The provider cannot schedule the staff person for 12 hours and bill DWIHN for 12 hours since the staff was in the home for that period of time. The SPG does not support that level of service rather it supports 6 hours of services for a 2-member home.

21. Under H2015, do I bill for an hour at the rate?

Response: No. The provider is to bill for 15 minutes increments, that is four 15-minute period in an hour.

22. Why is DWIHN making this transition from H0043 to H2015?

Response: This transition is not driven by DWIHN. This is a mandate by the Michigan Department of Health and Human Services (MDHHS) that called for implementation within a short period of time.