



Detroit Wayne Integrated Health Network

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Residential Provider Meeting Q&A Friday, April 30, 2021 Virtual Meeting 11:30am –12:30pm

1. Can you briefly go over the new billing process vs the old one?
 - a. The billing process has not changed. Please see claims for questions:
pihpclaims@dwihn.org
2. Are there any new developments with the claims billing process? i.e. the disconnect between the assessment and the actual way we currently bill with 96 units?
 - a. The consumer IPOS/treatment plan must give detailed reasons a consumer needs 24-hour care.
3. Can we start the HB modifier starting May 1 since almost all of April is already in the system?
 - a. Yes, please begin using the modifier as soon as possible and where appropriate.
4. Please talk about plans to address the fact that auths are still not being entered for the 96 units minus home help. If not fixed, it will result in providers not being able to run homes if only based on assessment hours
 - a. The consumer IPOS/treatment plan must give detailed reasons a consumer need 24 hour care. For more questions, send email to residentialauthorizations@dwihn.org.

5. Wouldn't it be better for us to have the Pre-contracting Packet by the date of the meetings so we can follow along?
 - a. This was provided to all providers the morning of May 4th.
6. Providers can't observe weekends anymore, because we work 7 days a week now doing this burdensome billing. We were promised that DWIHN would review this process and try to make it workable. If you want to help Providers than fix the damn billing (G. Whitmer) lol
 - a. Further discussion will need to be had on this matter, part of the matter has been resolved with the relaxing of the need for authorizations until the of May.
7. DWIHN has acknowledged there is a mismatch between the hours recommended via the Residential Assessment and the pay structures set up using the U&S modifiers. It's a systematic problem that has not been solved. Extending the auth exception thru 5/31 doesn't solve the mismatch. What is the status?
 - a. Please reach out to our Residential dept at:
residentialauthorizations@dwihn.org
8. Where do we go to review the policy regarding uploading the Medicaid claims audit documents?
 - a. The policy is on our website, <https://www.dwihn.org/policies-quality-claims-verification-procedure.pdf> and https://www.dwihn.org/providers_policy_Claims_Processing.pdf.
9. Having the precontract documents before the trainings would be very helpful. What about a power point presentation that we could download after the meeting?
 - a. This was provided to all providers the morning of May 4th.
10. When will the Fiduciaries receive the \$2.00 monies for January and February to pass along to the Providers?
 - a. These monies have already been dispersed but we will take a look into your claim. Please email Steve Zawisa at szawisa@dwihn.org.
11. What is the rate for billing the bundle code H2X15?
 - a. Please do not submit claims with the bundle authorization codes.

12. As far as billing, we are going to continue to bill without an authorization for now until May 31st? Or do we do the new billing May 1st still, billing with an authorization?
 - a. Billing without authorizations have been extended until June 1st. On June 1st the providers will need to bill using authorizations.
13. We shouldn't be punished because the CRSP can't get their IPOS's correct.
 - a. Absolutely and that is part of what we also reviewed yesterday. Please anticipate more communication on that front shortly to respective providers.
14. Who do we contact with questions about billing and modifiers?
 - a. pihpclaims@dwihh.org
15. Seems as if the billing aspect is a bit difficult and unclear. Is there a policy, zoom training session and policy that is written out for providers. What was the reason the billing aspect had to be changed?
 - a. Nothing has changed with the billing process with the exception of new modifiers being added. Providers who have billing questions should contact the Claims Department at (313)341-9099.