



Residential Provider Meeting Q & A Re-cap
10-2-2020

1. Given the current remote format is it possible to increase class size and allow general admission?
 - a. I will share your question with ORR Administration. Please send this request in an email to orr.training@dwihn.org
2. I have one claim that didn't get included in the first premium pay (\$2.24/hr payment) for Apr-June and emailed claims about this when we got the payment but still have no response...who do we contact for missed claims for the \$2.24/hr payment
 - a. Please email either Stacie Durant or myself (Dhannetta Brown).
sdurant@dwihn.org or dbrown@dwihn.org
3. We have 3 consumers in the home where I am forced to overlap times because I have tried submitting for example, 3pm to 12am and the system will not let me go any further to submit that claim because of the "PM" to "AM" time. 2 of my consumers receive 9 hours each and the other receive 6.
 - a. Please email me an example at dcrump@dwihn.org
4. We have not received payment for the \$2/hour enhanced rate (plus the \$0.24/hour) for claims July- September. When can we expect payment?
 - a. Please send an email to the finance department so that this can be researched. You can either email Stacie Durant or myself (Dhannetta Brown).
sdurant@dwihn.org or dbrown@dwihn.org
5. Which options are available to DD individuals? Which Crisis services are available
 - a. All options are available to consumers with I/DD with the exception of Crisis Residential Units. There have been exceptions with CRU if the consumer is high functioning or I/DD is the secondary diagnosis.
6. We have seen more overlapping times with CLS or respite because other agencies are performing telehealth while our staff is face-to-face. Will there be any consideration for paying overlapping claims under this circumstance?
 - a. The claims staff will review each case to determine which service or if both services should be paid. If you have unpaid claims please open an appeal in MHWIN.
7. What do we do when they put them in wrong? Going back through the CRSP is difficult and it's not getting done. Why are we not able to send an email to the residential dept. to get these issues fixed timely?

- a. If you are unable to contact your Case Manager or Care Coordinator, please send an email to **Residentialreferral.org** and we will address the issue.
8. The correspondence was unclear about the H2015, we really need more conversation about that and if the ability to bill each individual in the home at least 24 hours at the modifier rate will now be allowed, as it will be anywhere from 30-70+% cut if you cut the rate & go based on SPG
- a. Please email your concerns to me at dcrump@dwihn.org
9. Can we get information from Mr. Hooper on who we contact if we have to move someone?
- a. Please send an email to **residentialreferral.org**
10. I was on a provider meeting call with MDHHS who indicated that DCW Temporary \$2.00 increase will continue until December 31st. Has DWIHN received any notification regarding this?
- a. Yes, the \$2/hr. DCW increase will continue until December 31, 2020
11. Please explain, serious confusion 2.32 per unit=9.28 a hr
 Consumer A =4 hrs =\$37.12
 Consumer B =4 hrs =\$37.12
 Consumer C=10 hrs=\$92.80
 Total hrs =18 hrs Total Pd by DHIHN =\$167.04
 Actual Cost Elementary Math Total \$ needed for basic \$11 per hr staff needed is \$198.
 This is a \$31.02 shortage a day.

Member	Procedure Code	IDD Rate	15-min. Units	Revenue
Consumer A	H2015-UP-S1	\$1.55	16	\$24.80
Consumer B	H2015-UP-S1	\$1.55	16	\$24.80
Consumer C	H2015-UP-S1	\$1.55	16	\$24.80
Consumer C	H2015-S1	\$4.64	24	\$111.36
Staffing Hrs = 10 hr./day			Total Revenue	\$185.76
			Hr. Rate =	\$18.58

- a.
12. Please provide "finance department" email, Thanks!!
- a. **Stacie Durant (CFO) - sdurant@dwihn.org**
 - b. **Dhannetta Brown (Deputy CFO) - dbrown@dwihn.org**
13. 5 days to review a contract with multiple changes is not adequate. If you say that your organization is transparent, then you should send out a red lined contract so we can review where the changes are.
- a. If there are questions regarding the changes associated with the contract please reach out to the legal department. **Callana Ollie collie@dwihn.org**
 - b.
14. How do I find out who my Contract Manager is?

- a. Your contract manager should have been in touch with you. If not, it is on our website. <https://www.dwihn.org/providers-mco-contract-assignments-2020>
15. We need a live demo on how to bill for H2015. We have reviewed this and believe we are losing money. Why were rates reduced rather than increased?
 - a. DWIHN has added claim examples to the H2015/T2027 Training
16. Since H0043 codes are expired, is there an exact date when we will know how many hours to give our consumers since all of their hours has changed due to the new code for H2015? We are giving out more funds to staff than we are receiving because we are still giving consumers the per diem
 - a. The Residential providers should already know “how many hours to give our consumers” based upon the residential services provided in September. Residential providers should continue to serve their residents without any interruption in the amount, scope or duration of service. During the 90-day transition period, the authorization requirement for claims submission has been turned off. Residential providers should bill DWIHN for the services rendered via the new Codes, Modifiers and Rates.
17. In yesterday’s letter it states that revenue reductions will be related to underutilization. Does this mean that the reduction in payments related to a reduction from the 75% modifier benchmarking will no longer be implemented or are these revenue reductions still in play?
 - a. The new “Ux” modifiers, required by MDHHS, were deployed with “flat” rates, which are lower than the old “TT” modifier which was benchmarked at 75% of the individual rates.
18. It is not the H2015 change per say that is troublesome, it is the cut rate that is being applied by DWIHN with the modifiers when you are not authorizing 24 hrs/day or more (i.e. cutting the rate by a 1/2, 1/3, etc. but not increasing the total hours allowed is the concern as we will go bankrupt)
 - a. These issues were address with the revised rate structure and the “Sx” modifier and the parallel authorization & claims processes that were implemented on 10-05-2020.
19. With the SX Modifier, given that the number of staff working with any given customer varies minute to minute throughout the day for example meals, transfers, outings, behaviors, changing briefs, etc. Is this variance going to be addressed in developing the protocol?
 - a. Per MDHHS we are to use the “preponderance of service” concept. We will not vary the “Sx” modifiers on a minute by minute basis throughout the shift.
20. Do we start H2015 "Shared Hours" and new rates now? What is on hold exactly?
 - a. Yes, nothing is on hold.
21. If there are authorization issues or authorizations that have not been updated in the system, who do we contact?
 - a. Please send **an email to residentialreferral.org**

22. It is obvious with all of the questions regarding billing, that you have not explained the auth process, the billing process, etc. adequately. Because there IS panic and chaos. We need live training on how to build a claim, with specific examples.
 - a. Training is being provided in training session throughout October on Monday, Wednesday and Friday
23. We need a live demonstration in WHWIN in how to bill the times under H2015. Talking does not help us understand. We need to see an actual billing.
 - a. Yes, we are working on that to assist in this process. More information will be made available soon.
24. We understand that the Dept retired the H0043 and we need to use the new H2015 with the modifiers. My question is, who attached the rates to the new H2015? Was it the Dept. or DWIHN?
 - a. DWIHN finance department based on MDHHS guidelines.
25. It is not the H2015 change per say that is troublesome, it is the cut rate that is being applied by DWIHN with the modifiers when you are not authorizing 24 hrs/day or more (i.e. cutting the rate by a 1/2, 1/3, etc. but not increasing the total hours allowed is the concern as we will go bankrupt)
 - a. Training will be provided.
 - b.
26. Who does supportive housing call for crisis management
 - a. If it is a supervised setting and staff are there, COPE can be called. Individuals can go to a CSU or PUC as well.
27. I have been trying to get issues regarding wrong addresses and wrong modifiers for weeks with no success. I need help because the CRSP can't get it corrected either. Why can't I just contact the residential dept to get these issues fixed or at least email them.
 - a. Please send an email to **residentialreferral.org**
28. The wage increase is based on hours worked and is not restricted to just those hours where billable services are provided. As an example, if an individual works eight hours and provides six hours of the approved services for the wage increase, that person would receive the Premium Pay for eight hours. When will we receive the correct amount for the 2.00 PER HOUR raise during this pandemic for the DCW from April 1st to September 30th? Other Counties are requesting the payroll not the consumers hours.
 - a. Communication is forthcoming from DWIHN