



Outpatient Provider Meeting Q&A

10-2-2020

1. Can you address the issue of gaps in the IPOS? We provided services when the IPOS expired, to continue continuity of care, but the CRSP did not complete an interim IPOS so an auth could not be entered into MHWin. We now are unable to bill for 2 weeks of services that we provided.
 - a. Please send the Member ID to us at **residentialreferral@dwihn.org** and we will address the matter for you today.
2. We have auth pending DWIHN approval. We were told it would take up to 14 days for approval but we have auths pending past the 14 days. An email was sent to pihpauthorizations and we have not received a response. Not having auths approved cause documents to be unsigned & unbilled.
 - a. These have been completed.
3. If the code for psychological evaluation/testing is not included in my agency's services code authorization options, how can we gain access to that service authorization code?
 - a. **procedure.coding@dwihn.org**
4. We have a few members at our facility that is under the wrong apt. number on MHWIN, who should I email with the correct apt. numbers to get this resolved?
 - a. Send email to **procedure.coding@dwihn.org**
5. Can you repeat the email address of who we should direct all H2015 Authorization questions/ errors to?
 - a. **residentialreferral@dwihn.org**
6. I saw somewhere that said we should not bill until October 8th, should we still wait?
 - a. No, you can bill.
7. Have all contracts been sent? If so, if a provider has not received a contract yet, whom we should contact?

- a. Contracts are going out weekly. Some went out last week, this week and more to go out next week. If you have not received a contract yet, please reach out to your contract manager.
8. Can DWIHN provide a list of contact people for each department - who should be contacted for what kinds of issues/questions? ...and how do we reach these identified people (during this COVID time period)...
 - a. Document being revised, information forth coming.
9. How do we know who is our contract manager?
 - 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>.
10. Are in-home CLS/Respite providers that use H2015/T1005 supposed to use the new standardized progress note? I have received different answers from several contacts.
 - a. Yes, that is correct you should use the residential Progress Notes for H2015 services rendered.
11. With the H2015 changes and use of the U modifiers, roommates in the home will need a new IPOS authorization every time someone goes into the hospital. Will backdating of the IPOS Authorization changes be allowed, as we won't know the discharge date (in order to change the authorization) until discharge
 - a. Yes, the member's IPOS would need to be amended and authorizations for H2015 would need to be issued with the appropriate U modifier for the duration of the roommate's hospital stay. However, the member's current H2015 authorizations should not be early terminated, rather they should be kept in place during the roommate's hospital stay. New authorizations for H2015 with the new modifier should be made for a standard 10 days, beginning on the roommate's admission date. The Residential provider can bill for the member's services with the new modifier during the roommate's hospital stay. When the roommate is discharged from the hospital and returns to the home, the Residential provider should immediately resume billing with the original U modifier. (If the roommates hospital stay exceeds 10 days, then an additional authorization would be needed.)
 - b. Yes. At this time, backdating is allowable after a hospitalization.
12. In the past providers were able to use H2015 code for service provided by non-certified peer. Is this still allowable?
 - a. Yes
13. We receive 3rd party referrals for therapy. Can we use H0031 HA to complete and assessment for therapy needs when we receive these referrals?
 - a. Yes. However, you may also complete an addendum to the IPOS.

14. Is there a redline contract version available? Very helpful to review quicker and comply if we know the areas that have changed.

Updates to the FY 21 residential contract include:

- a. This Contract now allows for a Statement of Work to be issued instead of the standard scope of service. This will allow providers that provide services under several programs to DWIHN to receive a statement of Work rather than several 80 page agreements; however each SOW will be subject to the terms of the Outpatient Agreement.
- b. The requirement to complete and update all forms and documents, including pre-contracting forms.
- c. Requirement that updates and documentation detailing any remedial action must be provided to ORR within the requested timeframes. Failure to comply with such requests could result in sanctions under the agreement.
- d. The requirement to comply with Electronic Visit Verification systems within the established DWIHN/MDHHS timeframes.
- e. Comply with the applicable regulations and requirements in the provision of telehealth services.
- f. Notices of material changes must be provided within 3 calendar days.
- g. A "material change" now also includes changes to the service provider's operations, facility address, contact information, licensure status and closures.
- h. The requirement to utilize and implement DWIHN standardized forms or documents related to the services under the agreement.
- i. Code Correction in contract: To the extent that your service provider agreement contains service codes that your organization is not authorized to perform, please disregard such reference. Please note that service providers may only provide those services for which they are authorized and are properly credentialed to perform in accordance with the member's IPOS.