



Outpatient Provider Q&A
2/5/2021

1. Will DWIHN be requiring CRSP agencies to prior authorize all of the S, U, W, etc. modifiers to the H2015 IPOS authorizations after April 1st in order for the H2015 providers to be able to bill for their service provision?
 - a.) Authorizations for CLS services will be required starting on 4/1/2021. CRSP providers will be using the new H2X15/T2X27 codes. Please see DWIHN memo sent to providers on 2/12/2021 for more information.

2. Could someone explain the Quarterly Contract Status Report? It is a little confusing when the organization has multiple programs.
 - a) MCO Quarterly Contract Status Report is based off of your contract. All other reporting requirements by other departments within DWIHN are separate and distinct and must be completed.

3. Can you address CRSP changes in MHWIN and when providers upload/ enter treatment plan into MHWIN thus automatically changing the CRSP in MHWIN. Who we can contact to change this back to correct CRSP in MHWIN timely? It is difficult to complete care coordination when we can't access the record.
 - a) Please send email to Access Center accesscenter@dwihn.org. Providers who are not the assigned CRSP should be sure they are not checking the box stating they are the CRSP when uploading treatment plans. Errors in CRSP changes can be completed without completing the CRSP Change form.

4. Would DWIHN be able to lock down the ability to change the CSRP? Or minimally implement a verification step so if someone "clicks to change the CRSP" by mistake it can be caught before it is processed?
 - a) There are challenges with CRSP who don't have either PCE system where we need to allow people to upload the plan. We are going to look at very closely folks who are not complying.

5. Capacity is an issue when we are asked to provide psychiatric services for clients for whom we are not the CRSP. Shouldn't all CRSPs be required to provide psychiatry, rather than putting that responsibility on those that do currently provide psychiatry?

- a) If there is a capacity issue, DWIHN should be informed so accommodations can be made to send individuals to other providers. At this time, all CRSP are not required to have the full array of service, however, are responsible for coordinating all services needed.
6. Do we complete the CRSP change form for those who come to us as unassigned?
a) Yes.
7. Is there a list of all the email addresses at DWIHN for the different departments and what they should be used for?
a) <https://www.dwihn.org/providers-forms-dwihn-contact-list.pdf>
8. The CRSP form has PHI on it and we would rather not email them. Will there be a fax number we can send them to as well or can we send them through the MH-WIN inbox?
a) We have implemented a secure email. So please do not use Gmail, yahoo accounts, etc. but use your company email. The fax number on the CRSP Change form is 877-909-3950.
9. Can someone explain how to answer the QI score for Q#13 on the Qlty MCO Contract Report as QA Department nor MCO was able to explain how to get this report.
a.) The QI score is an annual scoring system reported by the Quality Department. We know that some providers may not have received it, at this time you can leave it blank if you do not know it. Please reach out to your PNM for additional questions.
10. I heard they will come out to the homes to give the vaccine. Is that true?
a) Yes, Walgreen's has been going out to the residential facilities.
11. Is the Affinity training limited to the number of participants per organization? Initially we were advised 3-4 individual?
a) No, we don't have a limit as such but we do want to encourage the train the trainer model at all levels where possible
12. Can you please discuss the PMPM changes that will occur with the ACT (32) unit requirement? reimbursement changes, effective date, etc. Thank you.
a) MDHHS issued guidance mid November 2020, recommending a minimum number of 120 units per week for individuals enrolled in the ACT level of care. 120 units is a minimum of 8 hours per month. Individuals enrolled in ACT that require less than 120 units per week, will require clinical justification documented in the individuals electronic medical record on why it's appropriate to keep a person enrolled in ACT at less than 120 units per week. DWIHN informed the ACT collaborative Dec 2020, that monitoring of the 32 units would begin FY 21 Q2. DWIHN has been meeting with the Finance Dept and is reviewing the incentive payment structure to match an outcomes-based incentive to be awarded quarterly to

providers. We will provide written documentation to the ACT providers once DWIHN completes its internal discussion on incentives for this goal.

13. Can you send out mass emails to CRSPs when the SUGs are changed so that we can ensure we are staying up to date? It is very hard to tell if they have been updated by just looking at the website.
 - a) We now include: “updated and the effective date” on the SUG’s when changes are made prior to them getting posted on our web-site.

14. Do all H2015 auths with the S modifiers need to be entered into MHWIn by 3.31.2021 in order to bill for services beginning 4.1.2021? We are still missing many H2015 auths.
 - a.) Authorizations for H2015/T2027 will be required starting on 4/1/2021. Please see DWIHN memo sent to providers on 2/12/2021 for more information.

15. If I could get the training link for the new providers it would be greatly appreciated.
 - a.) You can access information at dwihn.org/for-providers & click on Provider Resources.

16. In the future....could you have email addresses, phone numbers, acronyms, or new names displayed so that it can be copied. Verbally giving the information is done too quickly for newer participants or current
 - a.) <https://www.dwihn.org/providers-forms-dwihn-contact-list.pdf>

17. When will billing become easier to complete? When will our consumers have authorizations completed?
 - a.) DWIHN recognizes the complexity of billing H2015 services and continues to look at options to simplify, while continuing to meet MDHHS and financial auditing requirements.

18. How can we ensure that our agency receives communication from all of the different DWIHN departments and that the correct people are receiving those communications?
 - a) Please send an email to tdevon@dwihn.org and send all email addresses you would like added to the lists. Also, please be specific as to what kind of provider you are, CRSP, Outpatient, Residential, etc.

19. Please do not wait until mid/late March to let us know the DWIHN direction on the modifiers for the H2015 authorizations in the IPOS' authorized by the CRSPs. The sooner we know what will be needed April 1st and after the better so we can collaboratively work to avoid gaps in authorizations.
 - a) You should be receiving a notification next week.