# ARPA Rate Increases Follow Up Video Transcript

Good morning everybody! Thank you for joining us this morning.

And, the focus of… today's webinar is on the rate increases… made possible primarily through the… American Rescue Plan Act or ARPA.

And, so this is a follow-up to the… information we had shared earlier (I guess at the end of last year).

And, we're going to be walking through some of the things that you need to know.

Next slide.

So, the agenda— I'm going to be doing… brief updates on the spending plan and some opportunities to get involved.

Then, we're going to do information on the rates themselves (a recap of the increases).

And then, a key part of today's webinar are the reporting requirements associated with the rate increases.

And then, we'll get to your questions and answers that you are typing into the Q & A box.

Next slide.

So, just a brief recap.

These are the five priority areas that we have in the spending plan that was approved by CMS— in order to expend the funds made possible through the American Rescue Plan.

So, we have the five priority areas and the associated ARPA spending and total spending for each of the initiatives here.

And, I'm going to be highlighting a few in the next couple of slides.

So, these initiatives focus on… training and practice development opportunities under Priority 2— so I'm not going to walk through all of the 14 initiatives, but just those that… really we would like… to give you a heads up— these are going to be talked about a little bit more.

We want to engage people around the training and… planning that is going into these specific initiatives— the first being the Community Navigator Practice Development… for… primarily for providers that… are going to be engaging in this new service and ramping it up.

And so, a lot of sharing of ideas, and we have up to… slots for up to 20 Waiver Providers staff of that.

Then, the next initiative (as many of you know)—we have a whole section in the new standards on quality management, and… the requirements for provider organizations to build internal quality management systems.

So, this initiative is about the technical assistance and support… for the agencies, and building those internal quality management systems.

The next is primarily for people that are… those agencies that are engaged in employment.

And, this is like a community of practice and training and we have some national… folks that are we're tapping for…  this particular initiative.

So, real opportunity to build practices in that area.

Support Community Integration is a continuation training as we fastly race towards the compliance deadline of March 2023.

So, more focused technical assistance and training in that area.

And, next slide.

The next… big initiative (which I call the kind of shining star or crown jewel of all our ARPA initiatives) is the workforce development.

And, this is a multi-phased initiative… to move us progressively toward having certifications for direct support professionals and… working on… rates that are commensurate with… pathways for career advancement.

And… there's a grant program and a lot of opportunities to be involved in the design of this.

So…

Next slide… is under Priority 4.

And… this is the Positive Approaches for Challenging Behaviors.

Again, a training / technical assistance… a sharing of information as we move… increasingly more closer to not having… aversive interventions— but those that support positive behaviors.

And so, for all of these initiatives that I just talked about, we're going to be revisiting them with you, and providing information on how to get involved.

So, with that, I'm going to turn over… the next…

Oh sorry! I may not turn over yet.

The last one under Priority 5 is an initiative to strengthen provider monitoring.

And, we put this up here because we do want providers and others to be involved in how we redesign our… monitoring program.

So… now I'm going to turn it over to Stephen Pawlowski— who's going to talk about the rate information.

Thank you!

Stephen: Great… thanks so much Mary!

And, good morning everyone. I'm Stephen Pawlowski with Burns Associates Division of Health Management Associates— supporting DDD over the last several years on a variety of topics (including provider reimbursement).

And, my organization led the rate studies conducted in 2016 (as well as in 2020).

So, here I have just a couple of slides that provides a brief… reminder of how it is the rate increases (that went into effect retroactively to July 1 of 2020) were determined.

So, as we move to the next slide…

As I mentioned a moment ago, we conducted a comprehensive study of payment rates last year (or I guess two years ago now)— where we conducted provider survey, we gathered information from other sources, we reviewed the… evolution of the service standards and we made some adjustments to the rates that were first designed back in 2016 and 2017.

Nearly every rate was recommended to receive a fairly sizable increase.

However, by the time the rate study wrapped up late in 2020, we were in the midst of the pandemic.

And, as everyone is aware, the pandemic had a substantial negative effect on the state's revenues.

And so, for that reason… DDD was unable to move forward with actually adopting the rate increases that we had recommended.

As Mary mentioned ARPA now presents an opportunity for us to move forward with at least a partial implementation of those rates.

Although this is the single largest initiative within the state's ARPA plan, the dollars that we're putting forward for rate increases represents about 75 percent of the total spending.

And, the entire spending plan for the DD Waiver— even that amount of money is not enough to fully implement the rates that were recommended.

So, instead, what we've proposed to do and what we have done is to increase the rates by one half of the distance— or one half of the difference between what was in effect previously, and the 2020 rate study.

And, the chart here on the bottom of the slide shows how that works mathematically.

So, what we've included is an example for PAB services delivered outside of the big island.

The solid blue bar (the biggest part of this column chart) is the current rate— so $7.46.

The rate study recommended that we increase that rate to nine dollars one cent per 15 minute unit— which is a dollar fifty-five increase or about… twenty percent or so (a little bit more than twenty percent).

However, as I mentioned, we don't have the resources even with the ARPA funds to fully adopt that full rate increase.

So, instead, what we've done is adopted an increase equal to one half of that amount. That's what you see in the turquoise bar (on the right-hand side of the chart). That ARPA rates or the funded rate is eight dollars and 24 cents (which is a 78-cent increase).

There were a literal handful of rates where we recommended a reduction.

However, given the ARPA requirements, as well as the division's desire not to disrupt existing providers (given the challenges that they're facing).

Those rate reductions are not being implemented this time. Again, few and far between.

Nearly every service was recommended for rate increase.

But, for those handful that were recommended to be reduced, those are not moving forward at this point in time.

What you can imagine is that the rate increase itself varies from one service to the next.

So, in this case, we recommended about a 20 percent increase for PAB and it received about a 10 percent increase.

If there was a service where we recommended an increase of say 30 percent, their increase would be 15, right?

Because we're always taking one-half of what had been recommended— so increasing rates by one-half of the full increase recommended by the rate study.

As we pivot to the final slide that I have to cover here, we just want to provide a reminder of the dates. And, you'll hear us repeat this a couple of times (because it's obviously very important).

So… as we were thinking about how to provide relief to providers, we had a number of different options that we were considering— another round of retainer payments, extending the temporary rate adjustments.

But, rather than putting any of those temporary measures in place, we decided that the best option that would require the least amount of additional work on the part of both the division and the providers was to extend the retro-activity (I should say) of this rate increase.

So, providers are now able to bill for services delivered on and after July 1st of 2021.

So… that allows them to generate some additional revenue (obviously) even after you (I should say even before) that rate increase was formally adopted.

The ARPA funds are time-limited, and we talked about this at more length in previous webinars.

But, the resources that the state has available to it will allow us to maintain these increases through June 30 of 2023.

Now it's the division's hope that we'll be able to extend the rate increases beyond that point and ultimately to make them permanent.

But, that's going to be contingent upon additional funding being realized. And, that funding could come from additional state appropriations.

That's one of the strategies being considered— is to ask the legislature to effectively back-fill the federal dollars (when they run out).

Of course, the division also continues to closely monitor what's happening at the federal level.

And, there are federal proposals to continue to invest additional dollars into home and community-based services across the country.

Of course, as folks are aware, that legislation is stalled in congress at this point.

So, it's unclear whether or not that legislation will be reinvigorated— and if so, whether or not the HCBS component will remain in or not.

So there still remains some uncertainty.

All that we can guarantee (at this point) is that these rate increases will be available through June 30, 2023.

But, the division is actively considering a couple of different strategies to extend or potentially expand to those increases beyond that cut off period of ARPA funds.

And, I'll talk a little bit more about some of the information we'll be gathering to help justify those efforts here in a few more minutes.

But, before I get to that… Jen wanted to cover (I should say Jennifer La'a) wanted to cover a couple of additional topics related to the details of this rate increase.

**Jennifer**: Thanks Stephen!

Hi everybody! Yeah, I wanted to just cover some of the things that we actually had gone over in the previous webinar.

And, as a reminder, there's a more extensive version of what we're covering… regarding these rate increases.

On our website, there's a more extensive training (that we did in December) that would go into more detail.

I thought it was important to cover… some of this again—because I know that when we did this in December, there was so much information.

And, now that some of these rate increases have actually started and billing has actually started, we wanted to cover it again. I think it will actually be more meaningful this time.

And then, really allow for the two most important reasons why we're here— which is the reporting requirements (as well as to allow you guys to ask questions).

If you're having issues with either billing or auths for case managers whatever it might be that you guys have been running up to so far in in this rate increase.

So, next slide.

Okay. So, as a reminder, one of the big changes that have happened was we added a… new ResHab service.

ResHab is the same, but how we are categorizing ResHab has changed.

And, we call it "service"— because the case manager is inputting a new service.

They're not actually touching the rate.

That happens on the back end.

So, when we're talking about a new ResHab service, essentially what we're talking about is now... we have changed to separate out between adult foster homes and licensed homes.

Whereas previously, and still continuing as we roll this out, is that ResHab was more based on bed size.

So again, we've separated out between adult foster homes and licensed homes.

So, we will have... you will see as a ResHab service— residential habilitation, adult foster homes tiers 1, 2 and 3— as well as residential habilitation, license home tiers 1, 2 and 3.

You'll find that in Inspire, as well as on your rate sheets.

For providers, the new ResHab service is going to be rolled out over the next year, and it will be for participant plan years that begin on or after April 1st of 2022.

The original ResHab service by bed type is going to be phased out during that plan year.

So again, any plan years that may be starting in (you know) January of 2022, February or March will continue to use the old ResHab services.

New ResHab services are going to roll out in April.

Okay, next slide.

So, this essentially says exactly what I said but in a different way.

So, if your plan year is during January through March... because we gave this presentation in December.

So, it was (you know) reminding everyone that while it will be available in Inspire and on your rate sheets beginning January 1st, really for plan years that are starting in January, February or March, we're still using the ResHab with... bed size. I mean, yeah, amount of beds.

So, that top dark blue row is where we're going.

And then, for plan years that begin on or after April 1st, we're using the residential habilitation with the type of home.

Okay, next slide.

Okay. I wanted to also quickly cover the authorizations again.

So, new service authorizations will not be required for providers to retroactively bill at the new rate.

So, for all services (PAB, CLS)... all those services, providers can retroactively bill back to July 1st of 2021.

Okay. And, there are no new authorizations that need to be input from case managers in order for you to do that.

We've also invited Conduent... to today's presentation— so that when you (if you have) any questions about billing or claims, then we can have Conduent answer us directly.

We also want to note that CD services cannot be billed retroactively.

Okay. So there have been… because of that… because there's no new authorizations, there are no changes to the codes and modifiers— again, with the exception of ResHab, because that is essentially a new service.

So, with that new service there will be new codes and modifiers.

But, for all other services, there are no new codes or modifiers—so you can retroactively bill without any changes.

And then, again, as a reminder for existing authorizations, new rates will not be reflected in Medicaid online.

Okay.

So, retroactive adjustments new rates went live January 1st— so you providers could start billing as of January 1st (retroactively).

Providers may amend their previously paid claims to include rate increases.

Claims eligible for an adjustment are only for services delivered on or after July… 2021.

So, you cannot adjust for… services that were billed anytime before July 1st, 2021.

Adjusted claims may be submitted electronically or in hard copy, and claims must be submitted within 12 months from the date of service.

So, even though you cannot go back and retroactively bill until January, you still have only 12 months from the date that the service was delivered.

Again, we have Conduent on— so if there's any questions on this, they'll be happy to answer.

I also want to say that, you know, even we're going over this again because of the complexity of…these increases.

And, I want to really offer that I am available to providers.

If you would like some help with trying to figure out (you know) any of these rate increases, please contact me (not the case managers)— because we are the ones who are helping with the… the billing side of it, and making sure that providers understand what can and cannot be billed.

As a friendly reminder (in this very last sub-bullet), we would like to encourage… the 10 percent FMAP increase ends March 31st— so all claims paid before that date will produce additional funding to be invested in the system.

That doesn't mean you cannot bill after March 31st, 2022.

All it means is that we really want to encourage you to bill… prior to that (for claims that you can build obviously)— because that will be able to produce funding for us.

So, that's just a friendly and encouraging reminder.

Next slide.

Okay. So, this slide pretty much just recaps everything I said. And, I feel like I repeated everything I said anyway.

But, I know that, again, this is pretty complex.

So… let's just go through this one more one more time. So, the retroactive dates… those increases will be available (and have been available) since January 1st of 2022— retroactive to services on or after July 1st of 2021… and will also be available until June 30th of 2023.

And again, new service authorizations are not required.

And, be reminded that CD services cannot be retroactively billed.

Okay… so the new rates… they're not required for providers to bill at the new rates.

And, they're not going to be reflected in Medicaid online. So, new... the new... authorizations are not going to be required for providers to bill up the new rates.

For Individual Supports Budgets— so this is one that we've had a lot of questions on.

And, as a reminder, Individual Supports Budgets have been automatically adjusted in Inspire.

So, ranges were adjusted for the rate increase.

So this.. and it should not (you know) it is not affecting the number of services or service hours that are being currently authorized.

So, if… for example a participant was receiving 20 hours of a certain service like PAB, and it fit within their Individual Supports Budget—just because there's an increase in the rate, they will still be able to get the entire 20 hours because that budget was increased… simultaneously.

And then, but… as always (of course) the needs will be assessed and addressed in the participants ISP.

Okay. I think that that wraps me up. Next slide please.

Yes… so now (again) one of the main topics is the reporting requirement— so I'm going to pass it over to Stephen.

**Stephen**: Thanks Jen! And, now that we've… repeated (or I should say recapped) what we talked about last time.

We want to provide some updates on one of the issues that we had mentioned in passing in our last conversation. And, that's… the reporting requirements that are ultimately going to be attached to these rate increases.

And, this is important for a variety of different reasons as we move on to the handful of slides I have to cover this topic.

First, it's part of the spending plan that has been approved by CMS. So, the state has committed… to the federal government that there will be these reporting requirements put in place— that there is an understanding… of how the funds being authorized and paid for this rate increase are being used, and how it's benefiting… the direct support professionals who are the targets of course of these rate increases— because we recognize that providers are struggling with workforce issues those issues pre-date of the pandemic and they've only made… they've only been made worse during the pandemic.

If we can jump to the next slide please...

But, I don't want to give the impression that this is reporting simply for reporting sake.

So, we also see other benefits attached to what we're going to be collecting from providers.

The first is... it's going to provide a fairly comprehensive assessment of the state of the workforce today as... and that's going to help inform some of the other policy work that's being done using ARPA funds, and that are hoped to extend beyond the ARPA period.

Mary mentioned in her remarks what she believes to be the crown jewel of the office spending plan is an initiative to build effectively a set of trainings or curricula or credentials to provide a career ladder for Direct Support Professionals in Hawaii, and ultimately, to align reimbursements with that career ladder.

So, collecting information through this DSP reporting tool that we put together, will allow the state to get a sense of where the workforce currently is... which will (as I said) inform planning for that workforce development effort.

Secondly, as I mentioned earlier in my remarks (during the first part of the presentation that I had)— one of the... realities that we're facing is that the ARPA funds are going to run out.

And so, we'll only be able to support the rate increase (as things stand today) through the end of June 2023.

One of the strategies that I mentioned is going to be to pursue additional state appropriations to continue and perhaps to expand those rate increases.

So, at a minimum, we would hope to continue them.

But, as I also mentioned, we've only funded the increases at one half of what has been recommended.

So, there's the question of can we make the increases permanent? But, then we also get closer to what was recommended. And, that may or may not be coupled with that workforce initiative.

In order to pursue that (of course), the legislature needs a compelling justification for making what would be a pretty significant additional investment in the system.

And, we think, if we're able to demonstrate that the dollars have helped to stabilize the workforce, increase tenure, allowed for higher wages or better benefits to be paid for staff— that will be a powerful argument that the division and the Department of Health can make when they're advocating for additional resources to continue or expand these rate increases.

So again, this... there is very much a compliance component that we have to do this— because that's part of the agreement that we have with the federal government.

But furthermore, we do think there's also strategic value in having this information both to inform the workforce initiative, as well as to advocate for ongoing resources in the DD waiver program.

And so, as I mentioned a moment ago, the spending plan stated that the rate increases are primarily intended to benefit direct support professionals.

So, the tool that we've developed (which I'll talk about here for the next couple of minutes) is intended to capture information about them.

So, as we move on to the next slide…

We've put together a report, and we actually previewed it with a handful of providers in the state to make sure that we're not asking for anything that is going to be overly complex or something that's just outside of what's reasonable to expect of providers.

And, these are the handful of primary topics that we're looking to gather.

So, the first is gathering information about the number of full and part-time staff.

And, when I say staff… talking about DSPs in particular, as well as the use of overtime.

So, both of these are issues that we've heard about during the rate study and certainly the division continues to hear about during the pandemic…about it's hard to hire staff, folks are being forced to work overtime, and the like.

So, this will help to quantify that, and measure it over time.

We're also going to be interested to see (over the next couple years) whether or not there's [an] improvement in retention— which will of course lead to… more tenured staff— so that we'll see more folks that have more time on the job.

As relates to turnover, we're going to be gathering information about hires and departures.

So, how many people did you bring on during the time period, and how many of those DSPs left during that same time period?

And then, of course, from a fiscal perspective, how is the money being used?

We'll be collecting information about wages and bonuses for staff, as well as benefits because… this division is not being overly prescriptive about how these dollars are being used… except to say that they're intended to support the direct support workforce.

That can be done in a number of different ways.

Obviously, you can pay higher wages, you can authorize bonuses, you can improve the benefits (offering more paid time off or a better health insurance plan).

Or, there might be other investments that are important to your workforce— maybe more training as an example.

So, the form will be designed to gather information that measures how each of these categories are being improved over time as these rate increases are rolled out.

We're working on putting the finishing touches on the instruments, and the instructions that will accompany it.

And, we hope to have that ready for release— I would think in the next couple of weeks.

I don't know that we're wed yet to a specific format. It could be an excel spreadsheet or… might also be an online reporting portal (like a SurveyMonkey type of instrument).

So, we'll continue to have some conversations about what makes the most sense for folks to report… information to us whatever… is going to be easiest for the provider community.

I will say that we're going to be looking for information to be trapped monthly.

So, if you think about hires and departures, we would be asking… for January of 2022 how many folks DSPs did you hire and how many left your organization?

But the submittal of that I anticipate will be on a quarterly basis.

And, that is to align with what the divisions require to do.

One of the requirements that the federal government is placed upon the states is that… they need to submit quarterly reports to cm the Federal Centers for Medicare and Medicaid Services— telling them… effectively providing an update on how these funded initiatives are progressing— how much money has been spent, and what types of impacts are we seeing.

And so, it makes a lot of sense to align this reporting requirement on the providers with the reporting requirement on the state. So, we'll have that information available to us when we're submitting… when we're submitting… preparing this quarterly report to be submitted to CMS.

So, a little bit more information to come on that in the next couple of weeks.

But, we wanted to take the opportunity today to tell you what it is we're intending to do, and get you starting to think about that and… provide some context for that request for a report that you'll be seeing here relatively shortly.

Moving on to the final slide— before we open it up to questions.

And, we were intentional on getting through our remarks quickly— so we left plenty of time for folks to ask questions of us.

But, we wanted to close with the point about maximizing the federal dollars available to us.

So, as Jen mentioned… the earning period for ARPA ends March 31, 2022— so about six weeks from now.

And, in short, what that means is any payments that are made before March 31st, 2022 qualify for this additional federal funding.

And, that additional federal funding has to be reinvested into the system.

So, we… the money doesn't go back to the general fund of the state. It doesn't go back to the federal government. Every additional dollar has to be retained within the waiver program.

So, it's in everyone's collective interests (both the division's as well as the providers and people receiving services) that as much money as we can spend (legitimately, of course— but when we're talking about these retroactive adjustments… certainly that is legitimate) as much as we can spend before March 31st, 2022 is going to be good for everybody.

So, we just re-emphasize the point that Jen raised a moment ago— which is… if you're sitting on prior period claims that you intend to bill these retroactive rate increases for… we encourage you (we're not requiring of course, but encouraging you strongly) to get those in before March 31st, 2022 because that's just going to increase the pot of money we have to work with… on the various ARPA funded initiatives that Mary summarized at the top of this presentation.

So, with that, on behalf of the panel presenting today, we thank you for your time.

And now, I'll turn it back to Abby with the training unit to facilitate a Q&A period.

**Abby**: All right! So… now is your time to ask the experts. We will go ahead and open the floor to question and answers.

So, if you can go ahead and look for the zoom toolbar that's either the bottom of your screen or the top.

Click on the two talking bubbles that say Q and A, and you may submit your questions directly in the portal— so we can go ahead and answer it on our end.

You also have the option to submit a question anonymously. So… if you want to… you can go ahead and start submitting your questions now.

All right! So, we have our first question that came in is… "Is there a list to verify the type of home / licensed caregivers have? Because, we have caregivers who decrease the amount of beds available— but only hold a licensed certificate. We just want to make sure that we bill at the correct rates."

[No Audio]

Not sure if anybody wants to jump in on that, but I think (if I understand the question) it's about bed size.

And so, beds… so although (and I probably should have made this clear)… although… the service will continue to be bed-size for (you know) participants whose plan years begin January, February and March of this year— for the remainder of their plan year, the rate is still is going to be available.

So, the service will remain the same, but the provider can start billing at the new rate.

And so, bed size is no longer applicable.

So, if you are certified, then you are an AFH, and you will be billing under the certified rate.

So again, it can be really confusing— because when you're looking at your new rate sheet… remember everything that is changed is going to be highlighted yellow.

And, you will be able to bill at the new rate.

So, there's a new rate for both certified homes and there's a new rate for licensed homes… and it's different. It's no longer going to be the same,

Again, no longer based on bed-size. So, the question about bed size will not be relevant, and you are going to bill based on the home type.

If you have any specific questions on what that might look like— again please feel free to reach out to me, and I can help you figure out how to use that rate sheet.

**Mary**: I'm wondering if the question is more… whether the home is a certified adult foster home or a licensed home.

And, if the provider doesn't know that, I don't know if the person...

Loreen, can clarify if that's your question.

But if it is, the best thing to do is (of course) to... ask the caregiver what kind of... whether they have a certified adult foster home, or a licensed DD-DOM, EARCH, ARCH, etc.

But, I think a lot of the providers do know that.

And, if there's a way that we can help in... in telling you, because we do have the CCFFH list, and there are websites that show the license list too.

I don't know if Tracy... wants to weigh in on that, but I just want to make sure that's your question.

[No Audio]

**Abby**: Looks like... the attendee responded: "Yep, we got it!" All right!

**Mary**: Okay.

**Abby**: So, the next question we have is: "Does the quarterly report begin on July of 2022?"

**Stephen**: So, the short answer to that is "yes". The longer answer is that we really worked hard we think to... simplify the reporting as much as we could. So, we don't want this to be overly complex.

We're hoping that it's information that you're going to be able to gather primarily from your payroll system or your payroll service.

Part of the reason that we are asking that you report back beginning July 1 of 2021 is that... we understand that providers have been facing a lot of workforce challenges and may have adopted rate increases that predate the notification or the implementation of the rate increase.

I should say they've done wage increases without prior to these rate increases taken into effect

And, we want to make sure that gets recognized—that... that we're not envisioning that everyone waited until January 1st, and then went out and increased rates— because that's when the retroactive (or the rates) were live in the system.

That being said, I think we're also sensitive to the difference between asking for folks to go backwards and do something versus asking them to do something on a going forward basis.

So, I imagine that when the instructions come out there'll be more flexibility on reporting for the retroactive period (that period back to July) than there will be on a going forward basis. In other words... although we certainly think it's going to be helpful for everyone to have that information... the system that... understand that going back to July— if some providers think that's going to be too large a burden to look backwards, I think that's likely to be okay. Going forward (of course) we're not looking to make exceptions we expect that will be.... an expectation and a requirement going forward, but not necessarily looking backwards.

**Abby**: Thank you, Stephen! So, we also have another question based on the reporting:

"Should the reporting include how the funds benefit all of the DSWs... for the company, or only the DSWs that work with DDD clients?"

**Stephen**: Thanks Abby! And, I'm going to combine that with another question that came in that was talking about when people might shift within their organization to working with people with Intellectual / Developmental Disabilities and those without.

So, both of these comments are helpful— because it will help us frame the instructions that we're still working on.

What we're going to be focusing on are the DSPs who work with… people with intellectual developmental disabilities—whether they're funded through the waiver or not (but involved in your I/DD program).

And so… we don't want to extend beyond that because then the… reporting's going to be more complicated, the impact could potentially be more diffuse (if it's spread across more individuals).

It's not going to show the same level of benefit if we're just focusing on the I/DD population. So… right now that's our emphasis is just consider the folks who spent at least a part of their… time working in your I/DD program.

**Abby**: Thank you Stephen! Next question is… about the type of home.

"What is the difference between a licensed home and an AFH?"

**Tracy**: Hi, this is Tracy. I'm with the Outcomes and Compliance Branch. I can… speak to this… briefly. So… between Licensed and Adult Foster Homes— so licensed hones… are usually like your care homes, your DD-DOM homes, and E-ARCHs.

There are different administrative rules that govern these type of homes um and who can reside in these homes.

One of the big differences [is] the number of people that can live… in these type of homes (in the licensed homes).

It's usually up to five… residents. And then, our DD Adult Foster Home— it's up to two.

So, the Adult Foster Home… so DDD is responsible for certifying these homes.

But, I think that's the main difference is that they have different administrative roles.

Oh, and also, the Office of Health Care Assurance is responsible for licensing the care homes and the DD-DOM homes.

**Abby**: Thank you, Tracy!

**Tracy**: Yeah… sorry! And, if you want more information on Adult Foster Homes, you can visit our website.

We have a link to more information on DDD Adult Foster Homes

**Abby**: Perfect! I can go ahead and put that link in the chat.

Alright… next question is again back to the instructions for reporting.

When are the instructions… that will be available or released?

**Stephen**: So, I was purposefully non-specific on that.

The tools not quite finalized— although it's 98 percent of the way there.

And then, we'll write the instructions to accompany it.

We understand the urgency of this, and the state has another quarterly report that's going to be coming due in the next.. six or eight weeks now (I think).

So, our goal (I believe) is to have this out— probably by the end of the month.

[No Audio]

**Abby**: Awesome! Thank you so much! So, do we have any other questions for our team today?

Looks like we got through all the questions that came in on the Q & A panel.

For the person that was interested in… the person that was interested in the person that was interested in… about the certified caregiver— I will go ahead and post the link in the chat… that you will find on our website— if you are interested in becoming a caregiver within DDD.

Next question is… "Jen is it possible… for an agency to get more training on billing with these new rates?" Should they reach out to you?

**Jen**: Yeah. Reach out to me, and I can. But if you have any general questions, again, we have Conduent on the line.

So, if anyone has any questions about billing or claims— what to include, what not to include (that kind of thing).

Conduent is really the expert on that— so please ask your questions, and we can get those answers to you now.

But yeah, if you would like some one-on-one time with me, then I would be happy to meet with you, and help you with the billing.

But again, if it's Conduent-related, I just have to… you know, you can email me, and I can email them.

But I brought them. I really wanted them to come here— so that they could answer your questions directly.

But, if it's really understanding the content of what I said today, I'd be happy to meet with you.

**Abby**: Alright! Next question that we had coming in is… "Will information gathered in these reports be shared with the providers?"

**Stephen**: So, at the systems level, yes, I believe that's the intent. The idea (as I mentioned) is to provide both a perspective on the state of the workforce today, and how that hopefully is improved with the investment in provider reimbursements.

That'll be in public documents such as the quarterly reports at CMS (which I think… they'll be posting on their website), as well as the… ultimately… hopefully a request to extend the rate increase through the legislative process.

That being said (and folks, I hope we can look back at the track record we have in this regard) is that it'll be information that's aggregated across all providers.

There is no intent to submit provider specific information.

Even with the names masked, we're not going to release the individual reports that we get back from providers.

It's just going to be compiled to say: overall we're seeing (as an example) 15 percent of all hours worked reported as overtime hours across the system in this quarter, and in this quarter… that declined to 12 percent.

It's going to be done all at the systems level, and nothing that's going to be able to be tied back to an individual provider.

**Abby**: Thank you, Stephen. We have an attendee that asks: "It may be helpful, since Conduent is on, could they share about some common errors they see, and share some tips in regards to billing?"

[Microphone cracks]

**Abby**: Linda, are you there?

**Linda**: I'm here. Hi.

**Abby**: Alright… perfect! Thanks!

**Linda**: No, I'm trying to read the question.

So, some common tips— or I'm sorry, share some tips with you.

So… some common errors that we did receive just recently was… providers are billing with the wrong claim number (with the wrong code) and modifiers combination.

So… we know that our providers know how to bill.

They know how to submit adjustments. They know how to submit a replacement.

But they must know that… there's no changes in the code and the modifier. The only changes that we do have is just the rate increase.

So, when they do bill or submit a replacement claim, they must submit the same claim using the same CRN— changing the total billed amounts only (because of the rate increase).

So, if you're using WINASAP or your own billing software, you must ensure that you're changing just the total billed amount.

Do not change the HIPAA code. Do not change a modifier.

But, you must use the same CRN and submit a replacement claim.

This is the same for hard copy claims.

If you're submitting a hard copy claim, it must be the same type of claim form again— but must have the correct claim number along with the same HIPAA code and the modifier.

But your…you must also circle (because it's a hard copy) you must circle the changes.

The changes would be the total billed amount, along with the line totals for each code that you're changing.

And then, on the top of the claim form, you must indicate replacement or adjustment claim, changes in total billed amount, and then submit that hard copy.

I think that should answer some questions.

There's no problems right now so far in the call center.

We haven't been getting any more calls on it— so everyone was just doing great!

There's a question about retrieving RA statements. Instead of wading through mail and looking it up through the DHS Medicaid online.

Okay, so DHS Medicaid online is the fastest way to look at claim status. Yes.

So, once a claim is submitted... you'll be able to see the adjudication status.

Above 48 hours, you'll be seeing it in the system.

Payment information—which is a remittance advice.

Remittance advice— you would only get it after the claim cycle.

So, if you were to submit your claim within Monday through Friday, the remittance advice will not get to you if it's a mail remittance the following Monday... (Monday through Wednesday)— because it needs to go through the billing cycle.

If you're... if you signed up for the electronic remittance advice, you'll be getting it quicker than hard copy mail— because hard copy mail... it takes three to five days to get to you.

But, if you need... if you sign up for the electronic remit then you'll just get it instantly after the billing cycle.

But, you must call into the Call Center and set that up with our call center agents.

We do have... an EDI department who'll be able to assist you in setting this information up.

If you have questions on the electronic file (the remittance device file), we have people to actually answer your questions or pull that file for you.

It's the same with WINASAP. We have a WINASAP coordinator on site— so if you have questions on... "Oh, why I don't see it on WINASAP? It's not going through..." then call our EDI department.

There is an email address there.

There is also the call center— so you can actually call the call center or call me directly or email me and I'll get that information to you.

But, as far as the billing, everyone is doing a great job!

I've... we've haven't gotten so many... we haven't gotten calls yet (or increase of calls) about the rate increases.

But, yes, we are open— so you either can call the... the call center or you can request to get forwarded over to me, and I can help you with that.

**Abby**: Perfect. For those that don't know... do you know what the call center number is?

We can just go ahead and give up the call center phone number. It's a... it's a 808-952-5570.

**Abby**: Perfect, all right!

Okay... do we have any other questions... coming in?

It looks like on my end, we don't have any more questions.

**Jen**: I just want to quickly thank everybody again for... being here today. And, I know a lot of this was a repeat.

So, you know, resources are available. we really want you guys to be successful in this.

And then, I just want to quick shout out to Linda.. to say "Thank you so much for being here, because... it's really, really helpful!" So, thank you!

**Linda**: You're welcome!

**Abby**: For the case managers that are on— also if you have any INSPIRE questions, we do have Chelsea here that can assist you

if you have any questions specifically about today's webinar.

We're going to go ahead and give it about four more seconds for you folks to submit any questions... in our Q & A portal.

If not, Jen, do you have any closing remarks?

**Jen**: That was my closing remarks. [Laughing]

**Abby**: Okay, no.

**Jen**: No... just thanks everybody, and again, (you know) we're available to help (if there's anything that we can do).

So, thanks and happy Friday!

**Abby**: All right, everyone.

Thank you so much! If you have an additional question for our Community Resources Branch team, please feel free to reach out to us at doh.dddcrb@doh.hawaii.gov.

[Music Playing]

Also, visit our website for the latest news and events from the Developmental Disabilities Division. Our website address is health.hawaii.gov/ddd/.

Mahalo everyone, and have a good day!

[Music Fades]