



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
DEVELOPMENTAL DISABILITIES DIVISION

P. O. BOX 3378  
HONOLULU, HI 96801-3378  
Telephone: (808) 586-5840  
Fax Number: (808) 586-5844

In reply, please refer to:  
File:

Medicaid I/DD Waiver  
Memo No.: FY2019-12  
Date: May 7, 2019

TO: Medicaid I/DD Waiver Providers

FROM: Mary Brogan, Administrator  
Developmental Disabilities Division

SUBJECT: Changes to Residential Habilitation Codes from H0044 to T2016 During Stage 2

On February 1, 2019, Medicaid waiver providers received a transmittal memo explaining the changes to the code for Residential Habilitation (ResHab) on all islands except the Big Island. The change from H0044 to T2016 is being completed in three stages. Stage 1 involved using T2016 for all new authorizations for ResHab that were entered into the DDD system after February 1, 2019. The purpose of this transmittal memo is to provide information about the Stage 2 process, which has been approved by the Department of Human Services, Med-QUEST Division (MQD), to begin immediately.

**Stage 2** involves Conduent changing current authorizations and paid claims that used H0044 in state fiscal year 2019 (July 1, 2018 through January 31, 2019). This includes the authorizations and claims that were authorized in the DDD system prior to February 1, 2019. Conduent has begun implementing Stage 2 with some providers. This stage includes two steps:

**Step 1 - Current Authorizations:** Conduent will issue new authorization letters for services authorized during FY2019. Please note that the authorization letter includes all of the approved hours for the participant's plan year and does not subtract the units of service with paid claims. Once the provider receives a new authorization letter, you must begin using the new code, T2016, after the effective date of the new authorization. Providers must watch for the new authorization letters and bill using the new code for the remaining units if applicable, after that date.

**Step 2 - Paid Claims:** Claims already paid in the Medicaid Management Information System (MMIS) will need to be reversed and replaced to complete the change from H0044 to T2016. Conduent will perform the changes within

Medicaid I/DD Waiver Program – Provider Memo

Memo No. FY2019-12

May 7, 2019

Page 2 of 3

MMIS in the same pay cycle so that the changes do not result in recoupment of payments to providers for claims that were previously paid under H0044. The provider does not need to take any actions to change the code; the change will be made by Conduent per instructions from MQD. Please note some providers have begun receiving Remittance Advice (RA) letters reflecting those changes.

**How to read the RA:**

On the Summary Page of the RA under the Invoice Number column, there will be a “D” or an “A” at the beginning of the invoice number. This is specific to the claims previously submitted and paid for H0044. The “A” represents a recoupment and the “D” indicates a payment. The Summary Page may be a little confusing so please read through the RA to the Adjusted Claims portion for more detail. The example below only shows the activities related to the conversion from H0044 to T2016. The provider may have other claims processed on the same RA that would be under the “Paid” claims portion of the RA.

PAY FOR CATEGORY	CHECK NUMBER	INVOICE DATE	INVOICE NUMBER	TYPE	GROSS AMOUNT	NET AMOUNT
ACUTE FEE-FOR-SERVICE	[REDACTED]	04/27/2019	D19117	[REDACTED]	165601.87-	.00
	[REDACTED]	04/27/2019	A19117	CREDIT MEMO	.00	165601.87-
TOTALS					165601.87-	165601.87-

The Adjusted Claims portion of the RA will include the conversion from H0044 to T2016. The first row will show the new code, T2016, followed by the payment amount and is labeled “Allowed Amount (\*)”. This is the row for the “A” payment. The next row will show the amount of the “D” recoupment and is labeled “Previously Paid”. The last row shows the net payment amount is “\$0.00” This means those claims previously paid under H0044 have been reversed and repaid under T2016 with no additional payment or recoupment on this Claims Reference Number (CRN). The provider does not need to do anything beyond keeping the RA for its records.

[REDACTED]	[REDACTED]	T2016	08/01/2018	2,862.72	0.18	2,862.72	ALLOWED AMOUNT (*)
[REDACTED]	[REDACTED]	U4	08/18/2018	18.00		2,862.72-	PREVIOUSLY PAID
						0.00	NET PAID AMOUNT

PRICE EXPL: PST      \*AHA

The Summary at the end of the Adjusted Claims Portion will show the number of claims, the total billed amount under H0044 and the total amount to be paid

Medicaid I/DD Waiver Program – Provider Memo

Memo No. FY2019-12

May 7, 2019

Page 3 of 3

under T2016, which will be \$0.00. This means the claims previously paid under H0044 have been recouped and repaid under T2016.

NUMBER OF CLAIMS:	149
TOTAL BILLED AMOUNT:	165,621.76
TOTAL REMIT AMOUNT:	0.00

We hope this information is helpful. If you experience any problems or have questions about the conversion from H0044 to T2016, please contact the Conduent Call Center at [hi.providerrelations@conduent.com](mailto:hi.providerrelations@conduent.com) or 808-952-5570 or 1-800-235-4378.

c: Jon Fujii, DHS-MQD  
DDD Branch Chiefs  
DDD Management