



DETROIT WAYNE INTEGRATED HEALTH NETWORK

Network Provider Orientation

(800)241-4949

www.dwihn.org

Provider Network

New/Existing Orientation

- ▶ The Provider Network Orientation is designed to provide new and existing providers with information needed to function effectively within the Detroit Wayne Integrated Health Network (DWIHN) system.
- ▶ **What you need to know:**
 - ▶ **How often will the meetings be held:**
 - ▶ Twice a year (or as needed)
 - ▶ **How long will the meetings last:**
 - ▶ Approximately 2 hours and will be virtual
 - ▶ Each Provider Organization will receive a Certificate of Participation.

Mission, Vision, and Values

► Mission:

► We are a healthcare safety net organization that provides access to a full array of integrated services that facilitate individuals to maximize their level of function and create opportunities for quality of life.

► Vision:

► To be recognized as a national leader that improves the behavioral and physical health status of those we serve, through partnerships that provide programs promoting integrative holistic health and wellness.

► Values:

- We are an *advocate*, person-centered, family and community focused organization.
- We are an *innovative* outcome, data driven and evidence-based organization.
- We respect the dignity and diversity of individuals, providers, staff and communities.
- We are *inclusive* culturally sensitive and competent.
- We are fiscally responsible and accountable with the highest standards of integrity.
- We achieve our mission and vision through partnerships and collaboration.



► The Mission and Vision statements provide the inspiration for DWIHN and describes what we aim to achieve in the mid-to-long term. Values are the core principles and define the DWIHN culture and identity.

► The six Pillars help realize the Vision and are a call to action for employees to focus on which will enable DWIHN to continue to strive to be a leader in public behavioral healthcare.

Six Pillars of DWIHN's Vision

Customers – Maintaining a mutually respectful relationship with members and providers.

Access - Affordability, Availability, Accessibility, Accommodation, and Acceptability.

Workforce – Competent and engaged employees and providers.

Finance – Commitment to financial stewardship and to the optimal prioritized allocation of scarce resources across a plethora of growing and competing needs to best fulfil its mission, vision and values.

Quality - Safe, Patient Centered, Efficient, Equitable, Timely, Effective.

Advocacy – Raising awareness on mental health issues to improve policy, legislation and service development



DWIIHN

Population and Members Served

We are a healthcare safety net organization that provides access to a full array of integrated services that facilitate individuals to maximize their level of function and create opportunities for quality of life.

Serving over 75,000 members Adults and Children with Mental Illness (MI), Intellectual Development Disabilities (IDD), Autism/ABA, Serious Emotional Disturbance(SED), Substance Use Disorder (SUD) Prevention, Treatment and Recovery we are able to achieve this working with our provider partnerships that provide programs promoting integrative holistic health and wellness.



DWIHN Departments Presenting

- ▶ Access Call Center
- ▶ Children's Initiatives
- ▶ Claims
- ▶ Clinical Practice Improvement Communications
- ▶ Compliance Division
- ▶ Credentialing
- ▶ Crisis
- ▶ Customer Service
- ▶ Finance
 - ▶ Procedure Code Workgroup
- ▶ Information Technology
 - ▶ MHWIN
- ▶ Integrated Care
- ▶ Managed Care Operations (MCO)
 - ▶ Contracts
- ▶ Quality Improvement
- ▶ Recipient Rights
- ▶ Residential Services
- ▶ Substance Use Disorder (SUD)
- ▶ Utilization Management
 - ▶ Self Directing Services
- ▶ Workforce Development

Access Call Center

accesscenter@dwihn.org

- ▶ Open 24/7, the Access Call Center receives around 250,000 calls annually answering consumers and provider enrollment and Behavioral Health questions.
- ▶ The Access Call Center team educates consumers who need help to determine the most appropriate care needed and getting that consumer to the right provider at the right time.
- ▶ The Access Call Center connects the behavioral and mental health Wayne County community to services and initiatives for our disenfranchised population, children family care needs for autism, traumatized and mentally challenged children partnering with schools and our legal system, Returning Citizens support, as well as addressing crisis calls.





Access Call Center (continued)

accesscenter@dwihn.org

- ▶ The Access Call Center works with the State of Michigan and processes the MI Health Link initiative as well as working with our partners, Integrated Care Organizations.
- ▶ The Access Call Center supports providers in their efforts to provide services to our Wayne community population around eligibility and program education. The number is 1-800-241-4949.

Children's Initiative

TeamChildrens@dwihn.org



- ▶ Services are provided to youth and families with co-occurring mental health, substance abuse, and physical health conditions that receive services within a system of care that is: Community Based, Family Centered, Youth Guided, and Trauma Informed.
- ▶ Programs, service and/or projects that are being implemented within the network of care that show “evidence” and/or “promise” of good outcomes for children with Serious Emotional Disturbance (SED) and Intellectually/Developmental Disabilities (I/DD).
- ▶ Continuum of Care for children and youth ages 0-21.
- ▶ Children's Initiative Department hosts various meetings. A list of these meetings are on the DWIHN (Children's Initiative) website: <https://www.dwihn.org/childrens-initiatives>

Welcome to CONNECTIONS

System of Care is an approach to services that recognizes the importance of family, school and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs.

[More](#)



WAYNE COUNTY SYSTEM OF CARE

SYSTEMS IN ACTION FOR CHILDREN, YOUTH AND FAMILIES

System of Care is an approach to services that recognizes the importance of family, school and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs.

LEARN MORE

Children's Initiative
TeamChildrens@dwi hn.org



Claims

pihpclaims@dwihn.org

Claims Verification Process

- ▶ Verification for electronic claims against 837 edits. Verification of member eligibility for services under DWIHN during the time period in which services were provided.
- ▶ Verification that the services were provided by a participating provider or that the “out of network” provider has received authorization to provide services to the eligible member.
- ▶ Verification that an authorization has been given for services that require prior authorization by the DWIHN.
- ▶ Verification of whether there is Medicare coverage or any other third-party resources and, if so, verification that DWIHN is the “payer of last resort” on all claims submitted to DWIHN.

Claims (continued)

pihpclaims@dwihn.org

Please allow for normal processing time before re-submitting a claim either through the EDI or paper process. This will reduce the possibility of your claim being rejected as a duplicate claim. Claims are not considered as received under timely filing guidelines if rejected for missing or invalid provider or member data.

▶ Exceptions

- ▶ Claims with Explanation of Benefits (EOBs) from primary insurers must be submitted within 365 days of the date of the primary insurer's EOB (claim adjudication).
- ▶ **Important:** Claims originally rejected for missing or invalid data elements must be corrected and resubmitted within 30 calendar days from the date of the denial notice.
- ▶ **Important:** Requests for adjustments may be submitted in MHWIN claims appeal queue or via the Corrected Claims Reconsideration Form.



Claims (continued)

pihpclaims@dwihn.org

- ▶ **Important:** Rejected claims are defined as claims with invalid or required missing data elements, such as the provider tax identification number, member ID number, that are returned to the provider or EDI* source without registration in the claim processing system.
 - ▶ Rejected claims on the front end are not registered in the claim processing system and can be resubmitted as a new claim.
 - ▶ Rejected claims are considered original claims and timely filing limits must be followed.
- ▶ **Important:** Denied claims are registered in the claim processing system but do not meet requirements for payment under Plan guidelines. They should be resubmitted as a corrected claim.

Claims (continued)

pihpclaims@dwihn.org

▶ Claims with issues where resolution does not require complete re-submission of a Claim can often be easily adjusted. Adjusted Claims cannot involve changing any fields on a Claim (for example an incorrect code) and cannot often be corrected over the phone or via pihpclaims@dwihn.org. Adjusted Claims usually involve a dispute about amount/level of payment or could be a denial for no authorization when the Network Provider has an authorization number.

- ▶ If a Network Provider has Claims needing adjustment and there is a manageable volume of Claims (five or less), the Network Provider can send an email to pihpclaims@dwihn.org. All emails sent to pihpclaims@dwihn.org are responded to within 24 hours of receipt.
- ▶ An appeal is a written request from a Health Care Provider for the reversal of a denial by DWIHN, through its Formal Provider Appeals Process. All appeals including disputes by contracted providers must be submitted in MHWIN claim appeal queue.



Claims (continued)

pihpclaims@dwihn.org

▶ Claim Filing Instructions

- ▶ Submit paper claims to DWIHN via Fax to (313) 209-3601. Please include all necessary attachments with the fax.
- ▶ DWIHN encourages all providers to submit claims electronically. For those interested in electronic claim filing contact your EDI software vendor or DWIHN at mhwin@dwihn.org to get instructions on electronic submission.

▶ Claim Filing Deadlines

- ▶ Claims must be submitted to DWIHN within 60 calendar days from the date services were rendered or compensable items were provided.

Claims (continued)

pihpclaims@dwihn.org

- ▶ **Appeals for Non-Contracted MHL Providers**
 - ▶ When an out of network (non-contracted) provider files an appeal for Medicare covered services, he/she must also forward and complete a signed standardized Waiver of Liability (WOL) form with the 1st level (redetermination) appeal request. Section 60.1.1 of Chapter 13 of the Medicare Managed Care Manual states: "A non-contract provider, on his or her own behalf, is permitted to file a standard appeal for a denied claim only if the non-contract provider completes a waiver of liability statement, which provides that the non-contract provider will not bill the enrollee/member regardless of the outcome of the appeal." DWIHN cannot proceed in reviewing a non-contracted provider's request for a 1st level (redetermination) appeal request if there is no complete and signed WOL form.

Claims (continued)

pihpclaims@dwihn.org

▶ Refunds for Claims Overpayments or Errors

- ▶ DWIHN encourage providers to conduct regular self-audits to ensure receipt of accurate payment(s) from the PIHP. Medicaid program funds must be returned when identified as improperly paid or overpaid.
- ▶ If a provider receives improper payment or overpayment of claims from DWIHN the improperly paid or overpaid funds must be returned to the health plan in a timely manner. Providers may return improper or overpaid funds to the DWIHN by completing a claims reconsideration form to initiate the recoupment process. Send the completed form to pihpclaims@dwihn.org.



YOUR VALUE - Powerful Motivational Speech

- ▶ <https://www.youtube.com/watch?v=yBrRpb8aLwk>

Clinical Practice Improvement

clinicalpracticeimprovement@dwihn.org

Clinical Practice Improvement (CPI) Division oversees the initial intake and implementation of new evidence based practices and improving practices for the treatment of adults with serious mental illness and co-occurring disorders.

CPI is responsible for oversight and monitoring of the network workforce as well as planning, consultation, and evaluating clinical services' programs such as Assertive Community Treatment, Mental Health Court, Criminal Justice and Jail Initiative, and Evidence-Based Supported Employment.

CPI monitors the fidelity of those practices overtime to ensure expected outcomes for each practice that are achieved. It develops a sustainability plan to support the continuation of acceptance of the practice as a Medicaid reimbursable service, and acting as a liaison with the Michigan Department of Health and Human Services.

Clinical Practice Improvement (continued)

clinicalpracticeimprovement@dwihn.org

- ▶ CPI helps to ensure all certification and credentialing standards are met. This also establishes workgroups and forums to support the Clinical Managers at the provider agencies that develop strategies to maintain the practices in ongoing program operations.
- ▶ CPI's leadership fosters resilience in individuals, within their communities, and facilitates recovery for persons served through an integrated, wholistic, and comprehensive approach using evidence based practices, which aim to improve and promote wellness.
- ▶ Clinical Practice Guidelines
https://www.dwihn.org/providers_Policy_CPI_Proven_Behavioral.pdf

Communications Division

communications@dwhn.org



- ▶ The Communications Division is responsible for internal and external communications for the organization. This includes the website, brochures, Annual Reports, social media, print ads, media outlets, video projects, billboards, community outreach, event planning, and mass email distribution to all Providers.
- ▶ The Communications Division also works with the people we serve and our providers to highlight success stories, programs and services.



Compliance Division

compliance@dwihn.org

- ▶ The Compliance Division of the DWIHN was created to provide regulatory oversight, conduct trainings, and investigate complaints relating to Fraud, Waste, and Abuse occurring in Medicaid/Medicare funded services.
 - ▶ The Compliance Division has a general review and oversight function regarding the investigations and violations of the laws, regulations, policies, and contractual obligations that govern DWIHN's activities directly in the Provider Network.
 - ▶ The Compliance Division imposes sanctions for violations of policies and contractual obligations and orders the recoupment of funds associated with overpayments as defined by Medicaid rules.



Compliance Division (continued)

compliance@dwihn.org

- ▶ The Compliance Division also works closely with the MDHHS Office of the Inspector General as well as the Michigan Office of the Attorney General to support their respective investigative and enforcement activities.

- ▶ Policies and Procedures
<https://www.dwihn.org/policies>
- ▶ Corporate Compliance Policies

https://www.dwihn.org/providers_Compliance_Plan.pdf

Credentialing

pihpcredentialing@dwihn.org

- ▶ It is the policy of DWIHN to ensure the competency and qualifications of the providers within its service delivery networking the provisions of service and support in accordance with its statutory and contractual requirements (CMHSP) and Pre-paid Inpatient (PIHP) Agreements with MDHHS.
 - ▶ Before executing an initial contract and at least every two years thereafter, DWIHN will require licensed behavioral health and SUD providers wishing to provide contractual services within DWIHN Provider Network to be credentialed or re-credentialed.
 - ▶ These guidelines apply to all current providers and those interested in providing behavioral health and SUD services within DWIHN. All behavioral health and SUD organizations seeking to contract with DWIHN must be credentialed prior to providing services to Wayne County Medicaid eligible residents, dual eligible (Medicaid/Medicare) residents and uninsured residents within its service delivery network.

Credentialing (continued)

pihpcredentialing@dwihn.org

- ▶ DWIHN has oversight responsibilities for activities that are partially or fully delegated to the Credentialing Verification Organization (CVO), Clinically Responsible Service Provider (CRSP), and Crisis Service Vendor, their sub-contractors, and the direct contract provider.
 - ▶ The delegated functions per the contracted agreements with DWIHN are Provider Network Management which includes Clinician Credentialing/Re-Credentialing, Customer Services, Quality Management/Improvement, Financial Management, Information Systems Management, Comprehensive Service Array, and Utilization Management.
 - ▶ The CVO, CRSP, Residential and Crisis Service Vendor, and their sub-contracted providers receive comprehensive site visits to determine compliance with delegated functions, no less than annually or as needed by the Quality Management and Customer Service Unit.

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Crisis

accesscrisis@dwihn.org

- ▶ Access and Crisis ensures appropriate access to behavioral health services and crisis management.
 - ▶ Access and Crisis Services work in collaboration with other divisions (Hospital Emergency Departments, Law Enforcement, Judicial System, Inpatient Psychiatric Hospitals-state and local, homeless outreach groups, etc.) to ensure access to DWIHN full Array of services as well as the Crisis Continuum Service System. Screening services include the following:
 - ▶ Adult Crisis Screening > Mobile Crisis Team
 - ▶ Eligibility Screening > Children's Crisis Screening
 - ▶ Referral & Information > Crisis Response Line – Proto Call

Customer Service

pihpcustomerservice@dwihn.org



- ▶ The Customer Service Unit is responsible for DWHN's Customer Service Call Center Operations; Member Welcome Center; Member Grievances and Appeals; Medicaid Fair Hearing; Family Support Subsidy; Medical Record Request; Member Engagement; Member Experience; and Customer Service Standards Performance Monitoring and Reporting. The Unit is also responsible for the development and maintenance of all member related materials i.e. Member Handbook, Provider Directory Member newsletter "Person Point's of View" and member brochures.
- ▶ Hours of operations are Mon-Fri 8:00AM-4:30PM and may be reached at 313-833-3232.
- ▶ Mission: The Customer Service Unit is to assure the accessibility of effective behavioral health services and to continuously exceed our Customer's expectations.
- ▶ Vision: To support DWHN's goal to be evidenced-based, data driven and committed to providing holistic quality programs and services that are consumer focused. To be viewed as a strong consumer "Safety Net" and to ensure Consumers are aware of their rights, benefits and access to services.



Customer Service (continued)

pihpcustomerservice@dwihn.org

- ▶ Unit Goals: To be the front door of the DWIHN; To convey an atmosphere that is welcoming, helpful, and informative; and To provide oversight and monitoring of the DWIHN Customer Service function and mandated standards at those provider networks that have the delegated functions of Customer Service.

The Unit's Performance Monitors are assigned to CRSP network to monitor Customer Service Standards i.e. Customer Service Function, Member Rights, Grievances and Appeals. Audits are conducted annually to ensure compliance.

▶ Quarterly Customer Service Provider meetings are facilitated to address policy, procedural and updates pertinent to Customer Service and provider network.

Finance

TeamFinance@dwhn.org

(Finance) Office of Fiscal Management

- ▶ Mission: The Office of Fiscal Management (Finance) is to establish and maintain the financial controls necessary to safeguard the assets of DWIHN in accordance with generally accepted accounting principles and applicable laws; to manage and accurately report DWIHN financial transactions through our Enterprise Resource Planning (ERP) system; and to develop reporting tools and support internal and external stakeholders so they can have the information they need to make data driven decisions and achieve their goals.

- ▶ Standardized Rates and Payment Schedule
<https://www.dwhn.org/rate-charts>

https://www.dwhn.org/finance_payment_schedules



Integrated Health – Complex Case Management

► What is Complex Case Management (CCM)?

CCM is a collaborative process that includes assessment, planning, facilitation, and advocacy. It explores options and services to meet a person's identified needs with the ultimate goal of promoting high quality, person-

CCM does not take the place of services already being received - it compliments them. Participation is not dependent upon the health benefit available to enrollee.

Integrated Health – Complex Case Management (continued)

Goals of CCM

Connect to appropriate community resources

Develop teams that include family, medical, and behavioral health professionals
Improve quality of life

Provide early intervention to prevent crisis

CMM services do not take the place of current services but are integrated with the clinically responsible service provider's case management services.



Integrated Health – Complex Case Management (continued)

The DWIHN CCM program has general eligibility criteria for adults and children/youth.

ADULTS

- ▶ An active member of outpatient behavioral health services with a disability designation of SMI, DD/IDD, or SUD as evidenced by at least one visit within the quarter with a DWIHN provider AND
- ▶ Evidence of one or more gaps in services, i.e., absence of primary care or specialty medical care visits within the last 12 months, or gaps in medication refills for behavioral health and/or medical chronic conditions AND
- ▶ One or more of the following chronic medical health conditions: hypertension, diabetes, asthma, COPD, heart disease and obesity as well as ten or more visits to the ED in the last six months OR
- ▶ Willingness to be an active participant in the program for at least 90 days.

CHILDREN/YOUTH

- ▶ Diagnosed with serious emotional disturbances (SED) and seen for services at a DWIHN provider at least once in the last quarter AND
- ▶ Should range between the ages of 2-21 years of age - those enrollees in this cohort that are 18-21 are usually designated as youth with learning disabilities, court wards, I/DD, etc. - AND
- ▶ Diagnosed with chronic asthma AND 4 or more ED visits related to asthma or behavioral health in the last 12 months OR Gaps in service/care - i.e., absence of primary care visit within the last six months and gaps in refilling prescriptions for asthma controller medication and/or behavioral health medication AND
- ▶ Willingness of child/youth and/or parents/guardian to be active participants in the program for at least 90 days.

Integrated Health – Complex Case Management (continued)

▶ Referral Process

- ▶ The DWIHN CCM staff may receive referrals for services via :
 - ▶ E-mail Fax Phone
 - ▶ A referral form is available on the DWIHN website on the Integrated Health Care page.
 - ▶ Referrals can be faxed to 313-989-9529 or e-mailed to pihpccm@dwihn.org.
 - ▶ Along with the referral form please send current bio-Psychosocial assessment , LOCUS/SIS assessment and any other relevant clinical documents.

▶ Intermission!

The logo features a blue curved line above the text "MI HEALTH LINK". "MI" is in a dark blue, bold, sans-serif font, while "HEALTH LINK" is in a lighter blue, bold, sans-serif font.

MI HEALTH LINK

(Integrated Care Dual Eligible Demonstration Program)

Provider Orientation



What is MI Health Link?

The logo for MI Health Link features a blue curved line above the text "MI HEALTH LINK". The "MI" is in a larger, bold font, and "HEALTH LINK" is in a smaller, all-caps font.

MI HEALTH LINK

- MI Health Link is a health care option for Michigan adults, age 21 or older, who are enrolled in both Medicare and Medicaid.
- These individuals navigate multiple sets of rules, benefits, insurance cards, and providers in accessing services covered by Medicare Parts A and B, Part D, and Medicaid.
- Many also have multiple or chronic conditions and will benefit from better [care coordination](#), [person-centered planning](#), and management of health and long term supports and services.



WhoMI HEALTH LINK



People who



- Are age 21 or over **AND** are eligible for full benefits under both Medicare and Medicaid
- Reside in one of the four demonstration regions
- Are not enrolled in hospice

People enrolled in PACE and MI Choice are eligible but will not be passively enrolled in MI Health Link **and must leave their programs before joining MI Health Link**



Covered Benefits

It is an insurance.....

- All acute and primary health care covered by Medicare and Medicaid
- All behavioral health services covered by Medicare and Medicaid
- Medications (no co-payments)
- Dental and vision
- Home and community-based services
- Nursing home care
- Other benefits offered by the health plans



What is Good About MI Health Link?

It is a program designed to improve care....

- No co-payments or deductibles for services, including prescriptions
- One health plan to manage Medicare & Medicaid services
- Care coordinator and integrated care team for all enrollees
- Holistic, person-centered care, not just doctor-driven medicine
- Increased data sharing capacity
- Simplified billing with single payer source
- The delivery system will work together, not separated by silos





Who Will Administer the Services?

- **Health plans** with experience providing Medicare and/or Medicaid services will manage acute, primary, pharmacy, dental, and long term supports and services
- **DWIHN with along with CRSP** will continue to coordinate services for people with mental illness, intellectual/developmental disabilities and substance use disorders
 - ❖ **Delegated Medicare Managed Care Functions**



Who Will Administer the Services?

Four (4) Regions of the State were selected to implement the Demonstration Program. Eight (8) ICOs were awarded.

❖ **Region 7: Wayne**

- Aetna Better Health of Michigan
- AmeriHealth
- HAP Empowered
- MeridianComplete
- Molina Healthcare



List of Benefits/Services

See PIHP/CMHSP Encounter Reporting Guidelines for on MDCH website for service description, requirements and codes.

PIHP Services Billed to MI Health Link	CMH Services to bill under DWIHN –CMH
<ul style="list-style-type: none"> ACT Assessments Inpatient Crisis Intervention Crisis Residential ECT Family Training Health Services Intensive Crisis Stabilization Medication Administration Occupational Therapy Partial Hospitalization Peer Directed Services² Physical Therapy Speech and Language Therapy SUD Services Supportive Employment³ Supports Coordination Targeted Case Management Therapy Transportation⁴ Treatment Planning 	<ul style="list-style-type: none"> Behavioral Treatment Plan Clubhouse Community Living Supports Drop In Enhanced Medical Enhanced Pharmacy Environmental Modifications Fiscal Intermediary Goods and Services Housing Assistance Nursing Facility Monitoring Out of Home Vocational Out of Home Pre-Vocational Peer Directed Services* Personal Care Personal Emergency Response Private Duty Nursing Respite Self Determination Skill building Supported Employment Transportation⁴





What are the benefits for Providers?

- We recognize the challenges providers face in coordinating care for persons eligible for both Medicare and Medicaid. MI Health Link aims to reduce the administrative burden for providers and simplify the navigation of benefits and services for this population.
- Services will be delivered through one integrated system to enhance communication and care delivery.
- Each enrollee will have access to an ICO Care Coordinator who will provide coordination and follow-up and assist CRSP team with any care needs member has.
- The billing process will be simpler-all billing is processed by the DWIHN. You will no longer need to wait for a Medicare denial to bill Medicaid. Simplified billing will reduce the delay and duplication from working with multiple payment systems. All *BH Outpatient Services* are billed to **MI Health Link Affiliate** and all Medicaid Only services are billed to the DWIHN CMH affiliate.



Contact Information

www.michigan.gov/mihealthlink

www.dwihn.org

Questions about MI Health Link Operations = nyoung@dwihn.org

Program Care Coordination = pihpcarecoordination@dwihn.org

Managed Care Operations = pihpprovidernetwork@dwihn.org

Authorizations = pihpauthorizations@dwihn.org

Claims = pihpclaims@dwihn.org



Managed Care Operations (MCO) / Provider Contract Management

- ▶ The Contract Management of MCO focuses on 5 goals to maintain a strong network. MCO's Contract Management is focused on developing, maintaining, and continually evaluating the Detroit Wayne Integrated Health Network (DWIHN) providers.
 - ▶ With over 400 providers in our network, serving populations: SUD, Autism, MI-Health Link, IDD/SMI, Self Determination, and Grant Funded programs, we ensure network adequacy to provide quality services to individuals within the Detroit Wayne System.
 - ▶ Additionally, we provide oversight of provider contracts as it relates to performance, outcomes, and regulatory compliance to enrollees and fulfill obligations of our Michigan Department of Health and Human Services (MDHHS) contract.
 - ▶ There are 10 Provider Network Managers (PNM) also known as Contract Managers overseeing 400 providers, serving over 75,000 members in Detroit and Wayne County.



Managed Care Operations (MCO) / Provider Contract Management (continued)



- ▶ Key components to maintaining a strong network of providers are:
 - ▶ Building a Partnership/Relationship with providers.
 - ▶ Ensuring our Standardize Rate is competitive and adequate.
 - ▶ Ensure provider compliance with their contractual obligations within DWIHN.
 - ▶ Training and guiding the providers on changes within our system and any changes that come from MDHHS ensuring our providers understand the changes.
 - ▶ Monitor the Performance of the provider throughout the year to certify their eligibility for contract renewal.

Managed Care Operations (MCO) / Provider Contract Management (continued)

- ▶ Monitoring the network of providers include an assessment of adequacy of space to provide designated services.
 - ▶ If there are any areas of deficiency, DWIHN will require an appropriate response which could include a plan of correction, immediate resolution to the deficiency, or contractual sanctions. Depending on the nature of the deficiency contract will be terminated.
 - ▶ The direct contract provider may be required to submit status updates, quarterly, at a minimum, indicating how he/she is meeting specific standards.
 - ▶ Provider Network Managers will meet with direct contract providers no less than quarterly to ensure compliance with all DWIHN policies, any MDHHS standards , laws, and regulations.

Managed Care Operations (MCO) / Provider Contract Management (continued)

- ▶ Provided below are resources to locate your assigned Provider Network Manager as well as DWIHN's provider manual that covers everything you need to know about the expectations of being a contracted provider with DWIHN.
- ▶ Provider Network Manger Assignment list
 - ▶ <https://www.dwihn.org/providers-mco-contract-assignments>
- ▶ DWIHN Provider Manual
 - ▶ https://www.dwihn.org/provider_manual

Managed Care Operations (MCO) / Provider Contract Management (continued)



- ▶ **Provider Required Responsibilities:**
- ▶ Update MHWIN Demographic Database with changes to member and provider information Service Activity Profile (SAP)
 - ▶ Submit Quarterly Report
 - ▶ Complete Required Training/New Hire Recipient Rights Training within 30 days of hire
 - ▶ Maintain Licensure and Insurance documentation which must be valid and accurate throughout the provider's respective current contract
 - ▶ Notify DWIHN/PNM of changes to information regarding their organization. This requirement is identified in the provider contract and in the DWIHN policy. Provider must notify DWIHN/PNM if any changes listed below at least 30 calendar days prior to the effective date of change.

Managed Care Operations (MCO) / Provider Contract Management (continued)

How to notify DWIHN of changes:

- ▶ Providers must notify DWIHN Provider Network Manager/Contract Manager within 48 business hours of making a decision to change or acknowledge that a change is needed.
 - ▶ Verbal updates and changes must be followed up with written notification.
 - ▶ Email all relevant information regarding the change to the following email address:
pihprovidernetwork@dwihn.org



Managed Care Operations (MCO) / Provider Contract Management (continued)

Provider Requirements

- ▶ Changes to Provider Name, CEO, Executive Staff, Office Hours, Telephone Number, E-Mail Address
 - ▶ No longer accepting new patients
 - ▶ Insurance, license and accreditation changes
 - ▶ Provider Affiliation Changes (i.e. Merger)
 - ▶ Addition or deletion of services
 - ▶ Addition/change in program location (new or existing)
 - ▶ Sanctions, suspension or termination of credential practitioner staff members of organization



Managed Care Operations (MCO) / Provider Contract Management (continued)

Provider Requirements

- ▶ Provider Closure (sites or location)
- ▶ Update Staff Records in MHWIN
- ▶ Emergency Situations where member's health and safety are at risk, the provider must notify DWIHN immediately
- ▶ Members must receive a notice of the relevant change at least 30 calendar days prior to effective date of change
- ▶ Complete Close Out Contingency Plan with closure
- ▶ Participate in ECHO Survey
- ▶ Participate in Provider Survey



Procedure Code Workgroup

procedure.coding@dwhn.org

- ▶ Detroit Wayne Integrated Health Network Overview of Procedure Code Work Group (Committee and Helpdesk)





Procedure Code Workgroup (continued)

procedure.coding@dwihn.org

- ▶ The Procedure Code Work Group (PCWG) is an inter-departmental team at DWIHN that is comprised of key staff from multiple departments. Each department brings its area of expertise to issues related to Provider records, Contract records, and Fee Schedule records (which include Procedure Codes, Modifiers and Rates) in the MH-WIN system.
 - ▶ Problems with the above records in MH-WIN may manifest themselves as problems with requesting authorization or with submitting claims. In order to quickly and efficiently resolve problems with authorization or claims that are caused by issues with Provider, Contract, or Fee Schedule records, we have setup a trouble ticket system. Providers may submit a trouble ticket to the PCWG helpdesk by sending an e-mail to:
procedure.coding@dwihn.org

Procedure Code Workgroup (continued)

procedure.coding@dwihn.org

- ▶ The PCWG also includes subject matter experts from various clinical areas, as needed. The PCWG consists of a monthly committee meeting which discusses complex issues and plans future system updates and projects, and a weekly operations meeting which address trouble tickets submitted to the PCWG.

Quality Improvement

quality@dwihn.org

- ▶ The Quality Improvement (QI) Unit has the overall responsibility for monitoring the Behavioral Health Care Provider Network System to ensure that quality improvement functions are in compliance with core quality measures, state and federal laws, rules, and regulations.
- ▶ The QI Unit is committed to ensuring the supports and services provided to the persons in our community by the provider is of the highest quality and exceeds our members' expectation.
- ▶ Functional areas of the QI Unit: The Performance Improvement function involves the Quality Assurance Performance Improvement Program (QAPIP) implementation of the DWIHN approved Strategic Plan using the (6) pillars and (7) focus areas that serve as the foundation of the commitment to continuously improve the quality of treatment, support and services providers.



Quality Improvement (continued)

quality@dwihn.org

- ▶ The Performance Monitoring function is responsible for compliance monitoring of the entire provider system no less than annually. DWIHN, through its performance monitoring, set standards, conduct performance reviews, and conduct remote and on-site monitoring of providers in the system.
- ▶ The Performance Measurement function is the process of regularly assessing the data result produced by a program. It is a way to continuously monitoring and reporting a program's progress and accomplishment.
- ▶ External Reviews and Accreditation functions involves coordinating outside entity reviews such as Michigan Department of Health and Human Services (MDHHS), Health Services Advisory (HSAG), the External Quality Review (EQR), Integrated Care Organization (ICO), and National Council Quality Assurance (NCQA).
- ▶ DWIHN Quality Improvement Program <https://www.dwihn.org/documents-annual-report-2019-20.pdf>

Make An Impact - Inspirational Video

https://www.youtube.com/watch?v=pb7_YJp9bVA

Recipient Rights

orrcomplaints@dwihn.org

RIGHTS IS EVERYBODY'S BUSINESS

- ▶ Every person who receives services in the public mental health system has additional rights. Those rights, specific to mental health and intellectual/developmental disability services, are identified in the Michigan Mental Health Code.
- ▶ Members have many rights specific to their mental health services. Information about rights is contained in the booklet titled “Your Rights When Receiving Mental Health Services in Michigan”. This booklet should be given and have their rights explained to them when they first begin services, and then once again every year. Members should have access to this booklet at any time.
- ▶ The Office of Recipient Rights, in accordance with the Michigan Mental Health Code, is responsible for ensuring the provision of recipient rights protections throughout the DWIHN System of Care. The Rights Office is open between 8:00 AM and 4:30 PM Monday through Friday excluding holidays.

Recipient Rights (continued)

orrcomplaints@dwhn.org

A person may file a Recipient Rights complaint any time they think staff violated their rights or someone else's rights. A rights complaint may be filed by telephone, letter, email, or on a Recipient Rights complaint form. If an individual is unable to complete the complaint form, you and/or your staff must assist them.

If an individual receives public mental health or substance abuse services, they are free to exercise their rights, and to use the rights protection system, without fear of retaliation, harassment, or discrimination. Members do not need permission from anyone to use the Office of Recipient Rights or to take other action(s) about a concern. Detroit Wayne Integrated Health Network staff and contractors will not take-action against anyone using the Office of Recipient Rights reporting system.

The Office of Recipient Rights shall have unimpeded access to staff and members in order to complete the Rights investigation. Your staff should be instructed to participate and/or cooperate as well as, provide any necessary documentation or witnesses needed during the investigation.

Recipient Rights (continued)

orrcomplaints@dwihn.org

- ▶ As Providers you are responsible for insuring that if during the course of the investigation a violation has been determined, the respondent (Provider) shall take appropriate remedial action that meets all of the following requirements: (a) Corrects or provides a remedy for the rights violations. (b) Is implemented in a timely manner. (c) Attempts to prevent a recurrence of the rights violation.
- ▶ The telephone numbers and contact information for the Office of Recipient Rights must always be posted and accessible to members at all times (see Red and White sign). Members and staff may call Detroit Wayne Integrated Health Network Office of Recipient Rights to talk with a Recipient Rights staff with any questions about rights or to get help to make a complaint. The call to the Office of Recipient Rights is confidential. Members/Staff may also fax a complaint directly to DWIHN ORR's secure fax line.



Recipient Rights (continued)

orrcomplaints@dwihn.org

ORR TRAINING SUMMARY

- ▶ DWIHN ORR Trainers: Jacqueline Frazier, Michel Olver and LaShanda Neely. We are available to answer all ORR training-related questions, between 8:00 a.m.-4:00 p.m., Monday-Friday at email address: orr.training@dwihn.org
- ▶ Compliance with the Michigan Mental Health Code, requires employees working in the public CMH system attend New Hire Recipient Rights Training within 30 days of their hire date
- ▶ New Hire Recipient Rights Training (NHRRT) is open for registration in MHWIN. NHRRT is held on Tuesdays, Wednesdays & Thursdays, from 10am-12 noon, with the exception of 1 evening training held on every second Monday of the month from 4:00pm-6:00pm.

Recipient Rights (continued)

orrcomplaints@dwihn.org

Providers please confirm the information in the participant's MHWIN staff record is correct, including email address and date of hire. The start date entered into the employee's MHWIN staff record, for ORR training purposes, is the date the staff begins to provide a Medicaid billable service

NHRRT will take place in a virtual, live, online format using the ZOOM app. Instructions for NHRRT are sent to participants via email on the morning of the trg.

Participants must:

- Actively participate in the live training

- Have their camera on throughout the trg. so that the Trainers can see them

- Must score 80% or higher on the quiz in order to pass the course

Recipient Rights (continued)

orrcomplaints@dwihn.org

- ▶ Please note: If a training participant is observed sleeping, driving, or otherwise engaged, that participant will automatically be removed from the training and will need to be re-registered for another training date
- ▶ Once the participant has completed the virtual training, they must complete and return their quiz and survey to email address: orr.training@dwihn.org no later than 3:00 p.m. the same day the NHRRT was conducted from 10am-12 noon. For NHRRT conducted in the evening, from 4:00 p.m. – 6:00 p.m. the quiz must be completed and submitted no later than 9:00 p.m. on the evening the NHRRT was conducted
- ▶ Certificates will be available to Vendors in MHWIN within 3 business days after the NHRRT was attended
- ▶ DWIHN ORR accepts New Hire Recipient Rights training certificates, (face to face) and annual online Recipient Rights training certificates from Oakland, Macomb and Washtenaw County CMH

Recipient Rights (continued)

orrcomplaints@dwihn.org

ORR annual site review process:

- ORR Monitoring dept. is required to conduct site reviews for DWIHN-contracted facilities at least once annually
- Site reviews are currently being conducted “virtually,” via the MS Teams App
- ORR Reviewer will contact the Vendor to schedule a convenient date/time to conduct the site review visit and may request photos and other documents be submitted by the Vendor, prior to the date of the review

Recipient Rights (continued)

orrcomplaints@dwihn.org



Questions/what to look for during site review:

- Where certain documents are located in the facility (posters, Rights booklet, MHC etc)
- If there are any restrictions/limitations for any member, if yes, included in IPOS
- Do members/staff know how to file a complaint
- Where confidential information is stored
- Any health or safety violations observed
- Any contraband items posted
- Any new staff hired since the last SR
 - If yes, did the staff attend NHRRT within 30 days of their hire date
 - If applicable, has the staff kept their online ARRT up to date
 - If ARRT 2 years old or older, must take NHRRT over again
 - Is this a licensed site and if yes, what is the expiration date of the license

Corrective Action Plan

If required, Vendors have ten business days to submit CAP response:

- ▶ NHRRT face-to-face required within 30-days of hire required by MMHC if no, facility deemed non-compliant for that FY
- ▶ Annual RR Training via Detroit Wayne Connect
- ▶ MHWIN Update-Banner (for training information)
- ▶ Staff Record current
- ▶ Environmental walk-through (Virtual-photos, visual observation of the facility viewed via MS Teams App or ZOOM)
- ▶ Repeat non-compliance-forwarded to Contract Manager
- ▶ Email Address/Contact Information-Vendors/Providers keep current
- ▶ Site review documents submitted to Vendor-request for signature
- ▶ SR doc's will be emailed and received via USPS mail to Vendors

Recipient Rights (continued)

orrcomplaints@dwihn.org



Recipient Rights (continued)

orrcomplaints@dwhn.org

- ▶ Contact information regarding questions for monitoring :
 - ▶ Edward Sims -
esims1@dwhn.org, or 313-433-2845-work cell
 - ▶ Schakerra Pride -
spride@dwhn.org, or 313-498-4769-work cell



Residential Services

residentialreferral@dwihn.org

What Do We Do?

- ▶ Residential services staff assess members for who are in need of Specialized Residential services.
- ▶ Those services are in the form of Community Living Supports and /or Personal Care Services
- ▶ Each member is assessed for services using the Residential Assessment tool
- ▶ Populations reviewed: AMI (Adults with Mental Illness)
IDD (Intellectual Development Disability)

Residential Services

residentialreferral@dwihn.org



Referral Process

- ▶ Referrals can be made by the following:
- ▶ Clinically Responsible Service Provider
- ▶ Hospital Inpatient / Community or State Hospital
- ▶ DHHS for youth aging out of the foster care system
- ▶ Correctional facilities
- ▶ Emergency Department
- ▶ Skilled Nursing Homes/ Rehab Facilities
- ▶ The hospital or CRSP submits the clinical packet with the Referral Checklist to Residential Services:
- ▶ Email- residentialreferral@dwihn.com or by fax (313) 989-9525.

Residential Services

residentialreferral@dwihn.org

Authorizations

Specialized residential authorizations are managed for AMI / IDD by the Residential Services

Specialized residential services include services in the following settings:

Specialized Residential Homes

Supervised Independent Living (SIL) -

Adult Mentally Ill (AMI)

Supervised Independent Living Program (SILP) –

Intellectual/ Developmental Disability (I/DD)

Community Living Supports in the Home (Staffing Agencies)





Residential Services

residentialreferral@dwihn.org

Approved State Medicaid Codes in Licensed Specialized Residential Facilities

- ▶ H2016— Comprehensive Community Living Support Services in specialized residential settings only (CLS)
- ▶ T1020— Personal Care Support Services in specialized residential settings only (PC)

Residential Services

residentialreferral@dwihn.org



H2X15—Community Living Supports

- ▶ AMI and IDD Members
- ▶ H2X15 is reported in 15-minute units.
- ▶ Limited to unlicensed community-based residential settings.
- ▶ H2X15 is labeled in the fee-schedule as “Bundled Authorizations Only”

Residential Services

residentialreferral@dwihn.
org

Contact Us

By email: residentialreferral@dwihn.org

Authorization questions:
residentialauthorizations@dwihn.org

Brokering questions:
residentialbrokers@dwihn.org

By fax: (313) 989-9525

By phone: (313) 989-9513



Self Directing Services

selfdetermination@dwihi.org

- ▶ Self-Directing services (formerly referred to as Self-Determination) is required to be **offered as a method of service delivery** at every Pre-Plan. After the Person-Centered Plan meeting where services are discussed, **“how” the services will be delivered must be decided by the member/legal representative.**

Traditional service delivery	Non-traditional services delivery
Network Providers, Licensed Homes, SIP/SIL -The provider is the employer	Self-Directing Services -The member/Legal rep are the employer -Financial Management Service (formerly referred to as Fiscal Intermediary) pays the employees on behalf of the member.

Self Directing Services (continued)

selfdetermination@dwhn.org

- ▶ DWIHN has a team who are available to help all CRSP set up a self-directed arrangement with the members we mutually serve.
- ▶ NO member is required to change their CRSP if they want to self-direct their services.



SELF-DETERMINATION TEAM

Detroit Wayne Integrated Health Network
707 W. Milwaukee Street
Detroit, MI 48202-2943



Substance Use Disorder (SUD)

Team SUD@dwihn.org

- ▶ DWIHN has over 59 Substance Use Disorder (SUD) providers that provide an array of services.
 - ▶ Our continuum of care consists of prevention, treatment, and recovery services. Our prevention programs address the reduction in childhood and underage drinking, reducing prescription and over the counter drug abuse/misuse, reducing youth access to tobacco, and reducing illicit drug use.
 - ▶ Our traditional treatment consists of: Outpatient, Intensive Outpatient, Withdrawal Management, Residential, as well as innovative modes of treatment such as Early Intervention, Medication-Assisted Treatment, Women Specialty Services, Relapse Recovery, Peer Recovery Coaches, Case Management, Screening Brief Intervention Referral to Treatment (SBIRT), Acupuncture, Faith-Based Services, Returning Citizens, Obesity and Health Programs, Drug Courts, Recovery Homes, Recovery Activities, and Intensive Wraparound services.



Substance Use Disorder (SUD) (continued)

Team SUD@dwihn.org

- ▶ All programs are Licensed with the Licensing and Regulatory Affairs (LARA) for Substance Use Treatment
- ▶ All Treatment Programs are Accredited with one of the 6 national accrediting bodies
- ▶ All Staff are Licensed and/or Certified Staff by the Michigan Certification of Addiction Professionals (MCBAP)



Utilization Management (UM)

pihpauthorization@dwihn.org



- ▶ The Behavioral Health UM Division consists of activities that promote appropriate allocation of behavioral health and substance use resources for individuals managed by staff in the DWIHN office, Access Center, and Crisis Service Vendors. Processes used within the context of UM include: pre-service, concurrent and post-service review; denials and appeals; discharge planning, and other care management activities.
- ▶ Depending on the level of care, certain behavioral health and substance use services require prior authorization. For example, acute inpatient hospitalization, state hospitalization, partial hospitalization, crisis residential services, and withdrawal maintenance/sub-acute detox are some of the services that need prior authorization.

- ▶ Along with monitoring the appropriate level and allocation of care, DWIHN assesses Ambulatory Follow-Up (AFU) rates. Ambulatory Follow-Up activities serve to ensure that enrollee/members are provided with a timely outpatient appointment after they are discharged from the hospital.
 - ▶ Care and Support Coordinators provide support to enrollee/members following discharge to ensure appointment compliance within (7) days following discharge and assist with rescheduling of appointments on an as needed basis.
 - ▶ Medical Necessity Criteria
<https://www.dwihn.org/Behavioral-Health-Service-Medical-Necessity-Criteria.id.634.htm>



**Utilization
Management
(UM)
(continued)**
pihpauthorization@
dwihn.org

Workforce Development

dwachelp@dwihn.org

The mission of the Workforce Training and Program Development Department is to lead the organization in innovation by providing effective and efficient workforce development needs to the provider network.

We strive to provide continuous support to the community through educational outreach and engagement while placing an emphasis on recovery and supporting resilience.

The team maintains the Detroit Wayne Connect (DWC) website, a continuing education platform for stakeholders of the behavioral health workforce. They strive to provide a variety of live and online courses for those serving adults with mental illness, IDD, children with serious mental illness and persons with substance use disorder.

The Workforce Training and Program Development team coordinates conferences, workshops and seminars throughout the system of care. They create, develop and identify the curricula necessary to ensure competencies in Integrated Health Care, Quality, Best Practices and more.