CRSP/Outpatient Provider Meeting
Friday, February 16, 2024
Virtual Meeting
10:00 am –11:00 am
Agenda
Zoom Link: https://dwihn-org.zoom.us/j/93220807823

I.   Welcome/Introductions

II.   Finance – Steve Zawisa
   - Performance Improvement Incentives (Pages 2-12)

III. Claims Department – Quinnetta Robinson
   - Timely Filing Deadlines (Pages 13-18)

IV.   Recipient Rights – Edward Sims
   - ORR Monitoring and Training (Pages 19-21)

V.   Utilization Management – Leigh Wayna
   - Authorization Requests Refresher (Pages 22-27)

VI.   Access Center – Yvonne Bostic
   - Disability Designation Change Request Process (Pages 28-32)

VII. Adult & Children Services – Cassandra Phipps
   - Bulletin 24-002
   - CRSP Discharge Summary Link (Pages 33-42)

VIII. Credentialing – Ricarda Pope-King
   - Credentialing Reminders (Pages 42-48)

IX.   Administrative Updates – Eric Doeh, President and CEO
X.   Questions
XI.   Adjourn

FY24 PERFORMANCE INDICATOR-BASED INCENTIVES

Effective 10/1/23

Table of Contents
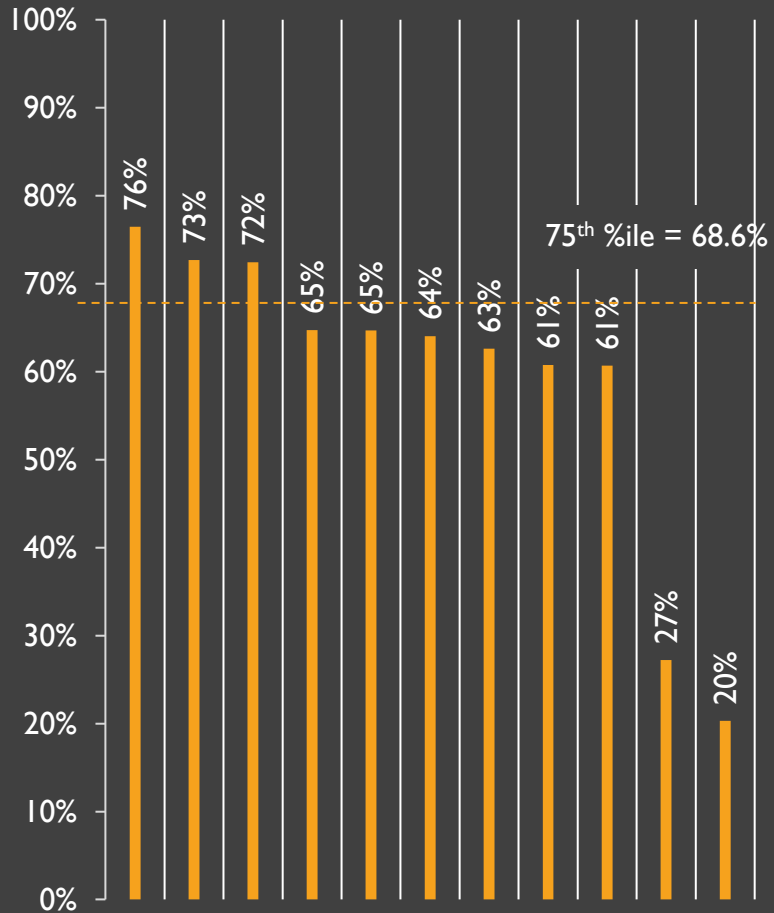
PI #2 TIMELY INTAKES

Thresholds and Methodology

- Threshold for earning the incentive
  - In compliance at or above the 75th percentile
    - AMI – 68.6% (previously at 80%)
    - SED – 76.7% (previously at 80%)
    - I/DD – 73.6% (previously at 80%)
  - Events are assigned to providers based on CRSP at time of event
  - Appointments scheduled 14+ days out are excluded from performance measurement
- Amounts available per quarter for this incentive
  - AMI - $495,000 per quarter
  - SED - $165,000 per quarter
  - I/DD - $300,000 per quarter
- Method for allocating the available incentive funds across providers
  - Allocate based on # appointments that the provider puts on the MHWIN calendar during the quarter, includes both those used and unused
    - "used" appointments will be no less than the number of actual intake appointments performed, per data in the PI Module.
    - "unused" appointments counted will be limited to 20 appointments or 50% of the number of "used" appointments, whichever is greater
    - Appointments outside of typical usable hours might not be included in the counts
- Eligible Providers
  - Include providers with at least 1% of total events
  - CCBHC's are not eligible after their first year

PI #2 TIMELY INTAKES

AMI PROVIDERS
AVG % COMPLIANCE – FOUR QUARTERS ENDING JUNE 2023

75th %ile = 68.6%

76%, 73%, 72%, 65%, 65%, 64%, 63%, 61%, 61%, 27%, 20%

SED PROVIDERS
AVG % COMPLIANCE – FOUR QUARTERS ENDING JUNE 2023

75th %ile = 76.7%

83%, 82%, 77%, 76%, 75%, 73%, 69%, 66%, 59%, 50%, 33%

I/DD PROVIDERS
AVG % COMPLIANCE – FOUR QUARTERS ENDING JUNE 2023

75th %ile = 73.6%

92%, 85%, 74%, 73%, 71%, 68%, 68%, 59%, 57%, 55%, 52%, 25%
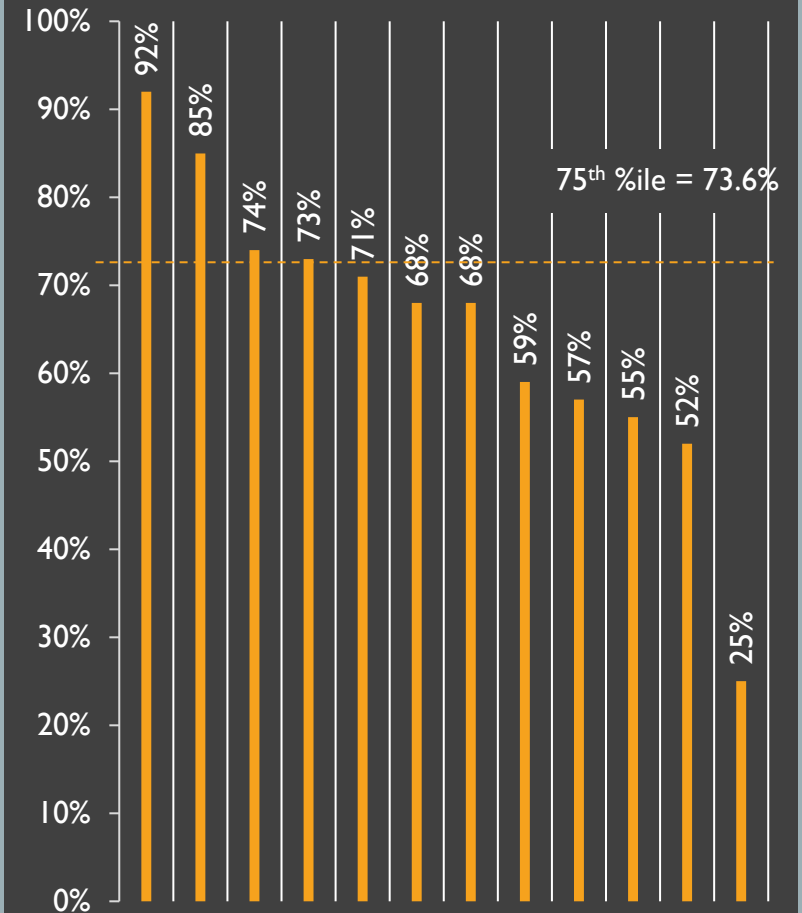
PI #3 TIMELY SERVICES

Thresholds and Methodology

- Threshold for earning the incentive
    - In compliance at or above the 75th percentile
        - AMI – 97.2% (previously at 98%)
        - SED – 92.4% (previously at 100%)
        - I/DD – leave at 98.0% (75th percentile is 98.6%, do not increase threshold)
    - Events are assigned to providers based on CRSP at time of event
- Amounts available per quarter for this incentive
    - AMI - $330,000 per quarter
    - SED - $110,000 per quarter
    - I/DD - $200,000 per quarter
- Method for allocating the available incentive funds across providers
    - No change – available funding prorated across providers based on relative number of events
- Eligible Providers
    - Include providers with at least 1% of total events
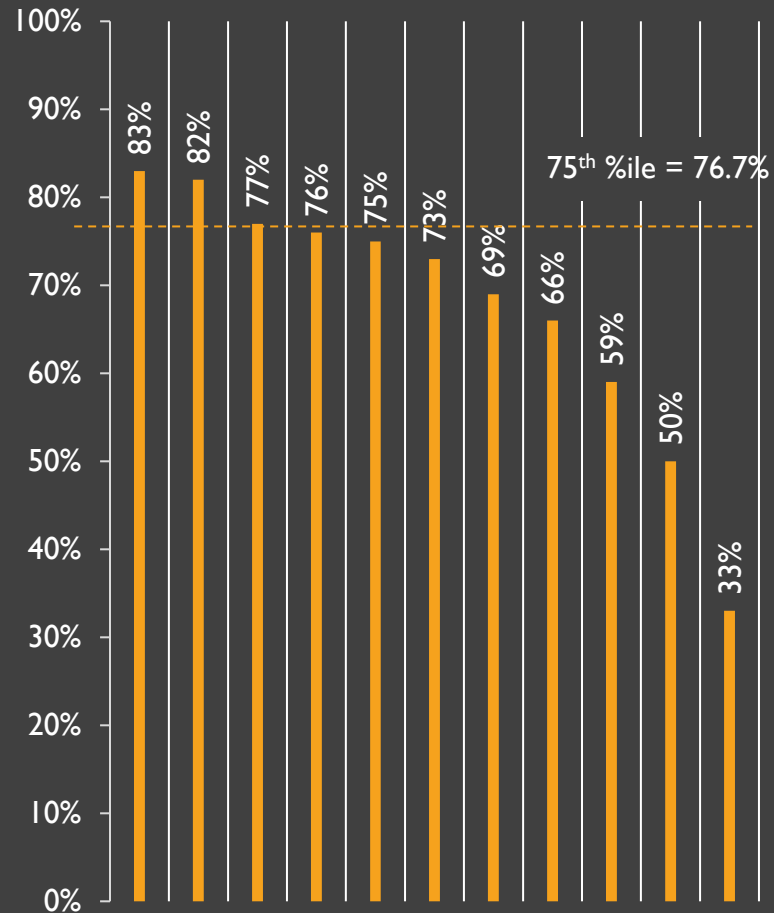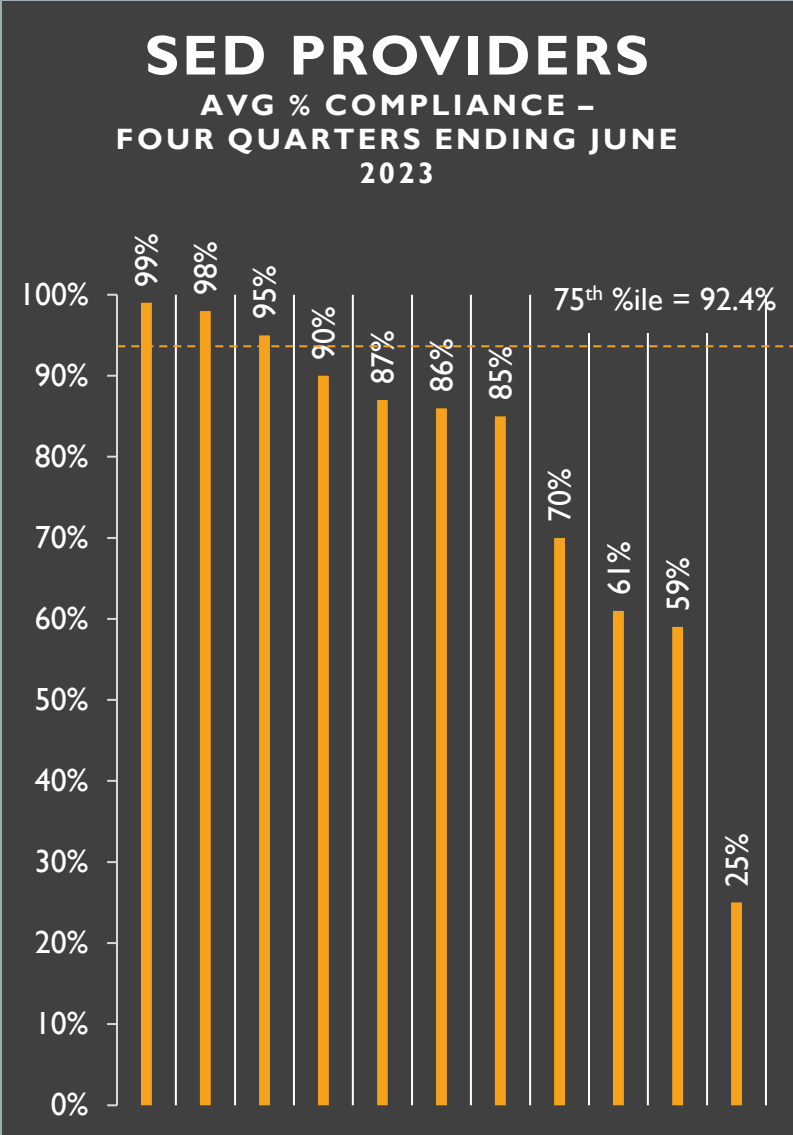   - CCBHC's are not eligible after their first year
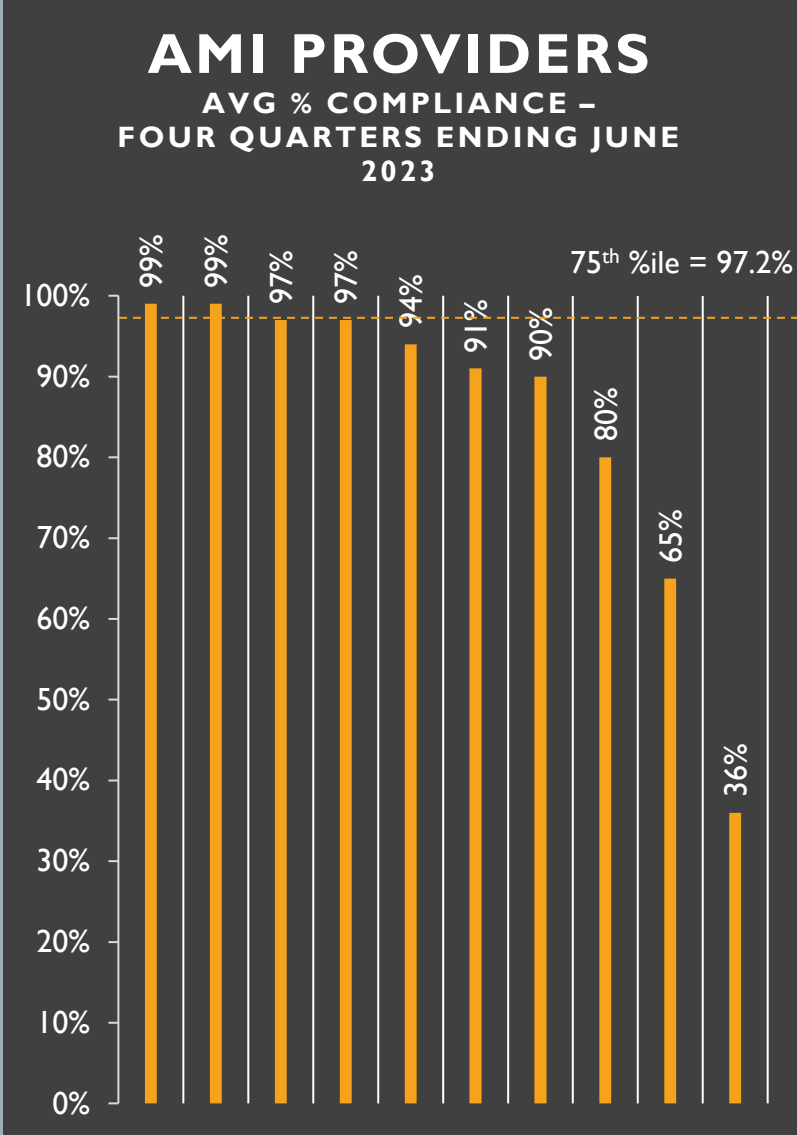
PI #4 HOSPITAL DISCHARGE FOLLOW UP

Thresholds and Methodology

- DO NOT CHANGE THIS INCENTIVE

  - Threshold for earning the incentive

    - In compliance at 100%

    - Majority of providers are earning this

  - Events are assigned to providers based on CRSP at time of event

  - Amounts available per quarter for this incentive

    - AMI - $165,000 per quarter

    - SED - $55,000 per quarter

  - Method for allocating the available incentive funds across providers

    - Based on relative CRSP size as measured by # distinct members served in the quarter

  - Eligible Providers

    - Include providers serving at least 1% of members in the population

    - CCBHC's are not eligible after their first year

PI #4 HOSPITAL DISCHARGE FOLLOW UP

AMI PROVIDERS
AVG % COMPLIANCE – FOUR QUARTERS ENDING JUNE 2023

Threshold = 100%

100%, 100%, 100%, 100%, 100%, 100%, 99%, 98%, 94%, 93%, 91%, 80%

SED PROVIDERS
AVG % COMPLIANCE – FOUR QUARTERS ENDING JUNE 2023

Threshold = 100%

100%, 100%, 100%, 100%, 100%, 100%, 100%, 100%, 100%, 95%
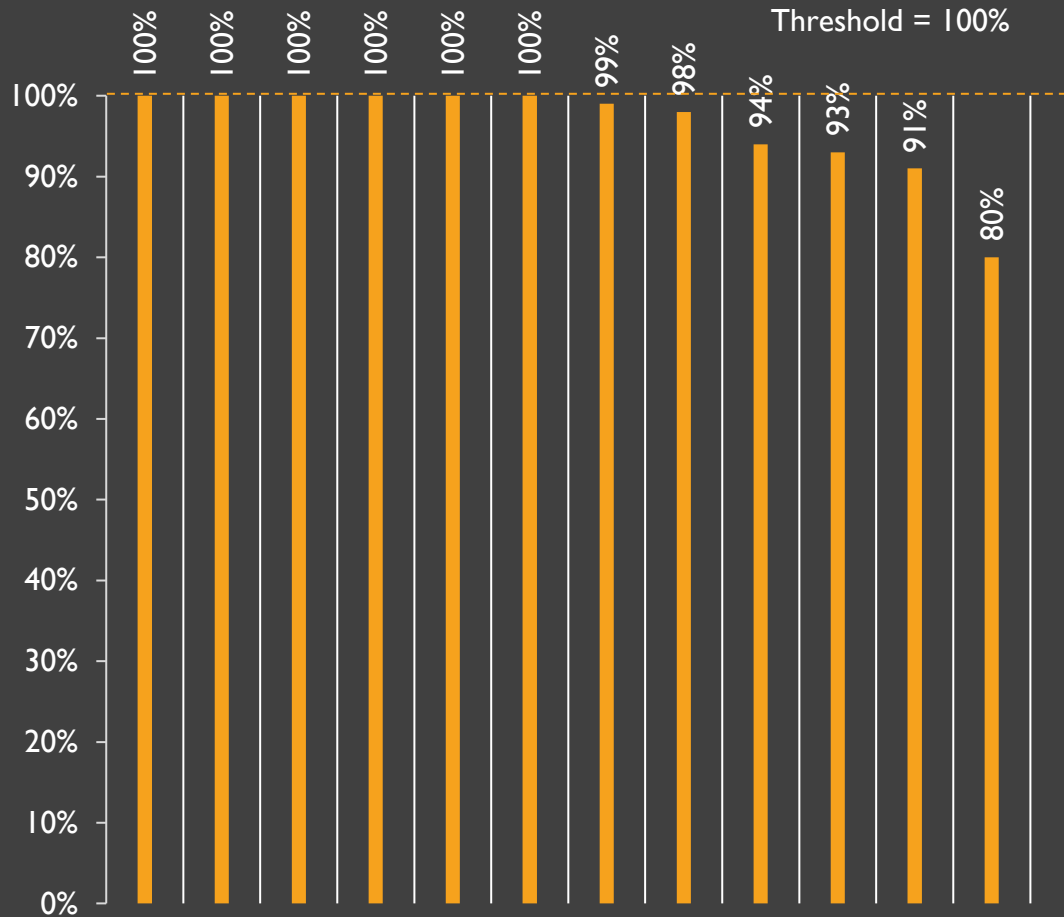
PI #10 RECIDIVISM

Thresholds and Methodology

- DO NOT CHANGE THIS INCENTIVE
  - Threshold for earning the incentive
    - AMI 10%, SED 5% or less than one readmission
    - Majority of SED providers are earning this
    - Events are assigned to providers based on CRSP at time of event
  - Amounts available per quarter for this incentive
    - AMI - $330,000 per quarter
    - SED - $110,000 per quarter
  - Method for allocating the available incentive funds across providers
    - Based on relative CRSP size as measured by # distinct members served in the quarter
  - Eligible Providers
    - Include providers serving at least 1% of members in the population
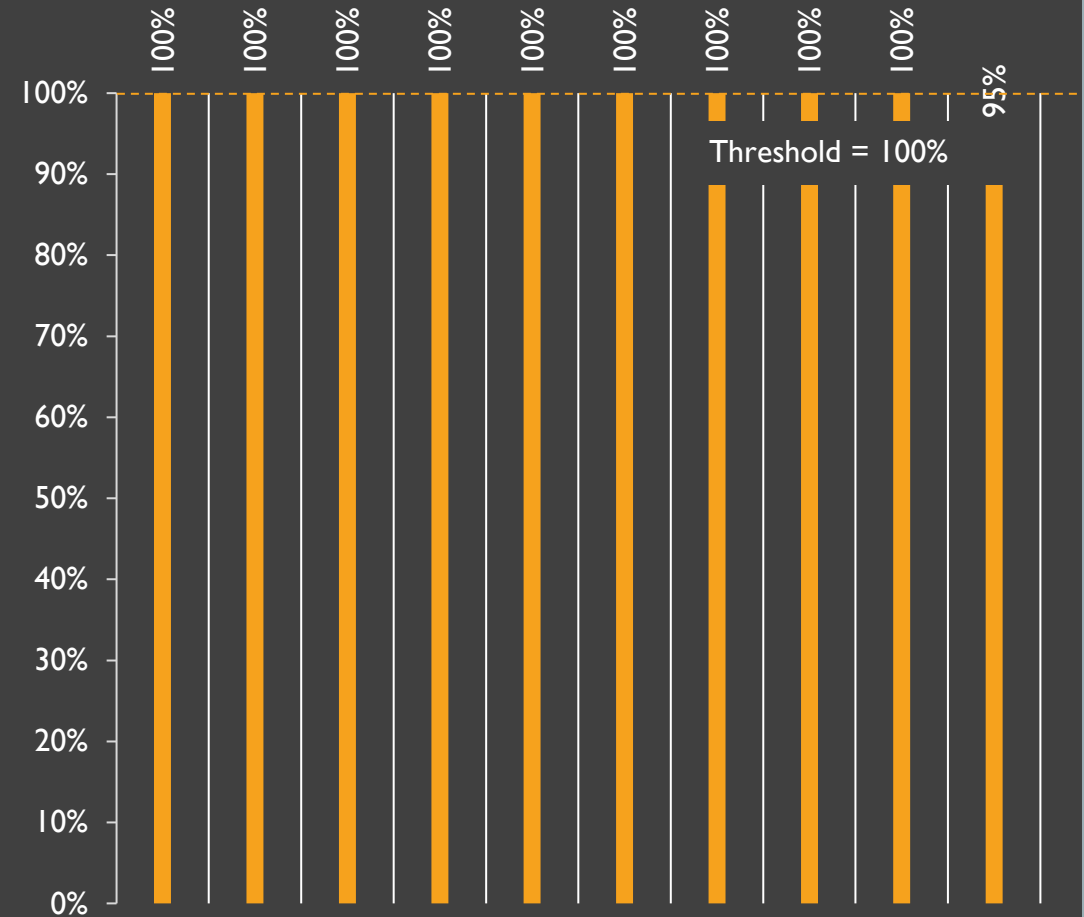   - CCBHC's are not eligible after their first year

PI #10 RECIDIVISM

AMI PROVIDERS
AVG % COMPLIANCE –
FOUR QUARTERS ENDING JUNE 2023

Values: 13%, 14%, 14%, 14%, 15%, 16%, 16%, 16%, 19%, 19%, 20%, 22%

Threshold < 10%

SED PROVIDERS
AVG % COMPLIANCE –
FOUR QUARTERS ENDING JUNE 2023

Values: 0%, 3%, 5%, 6%, 8%, 9%, 10%, 11%, 14%, 15%, 38%
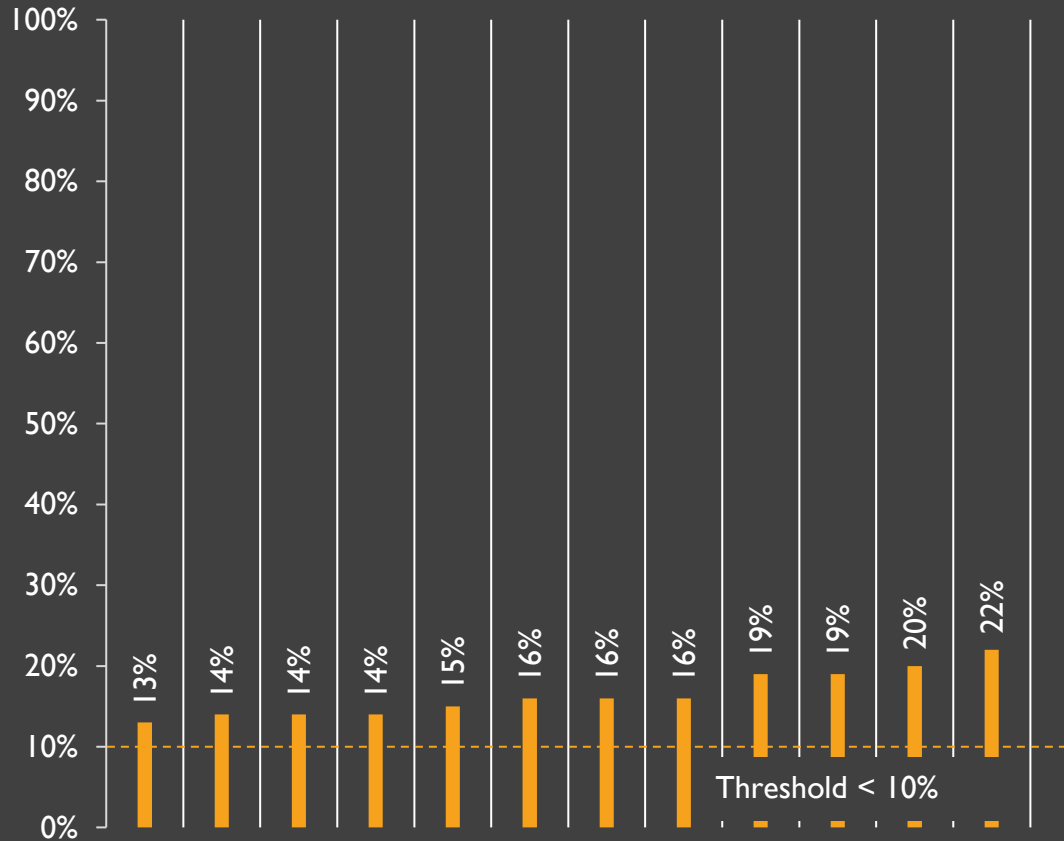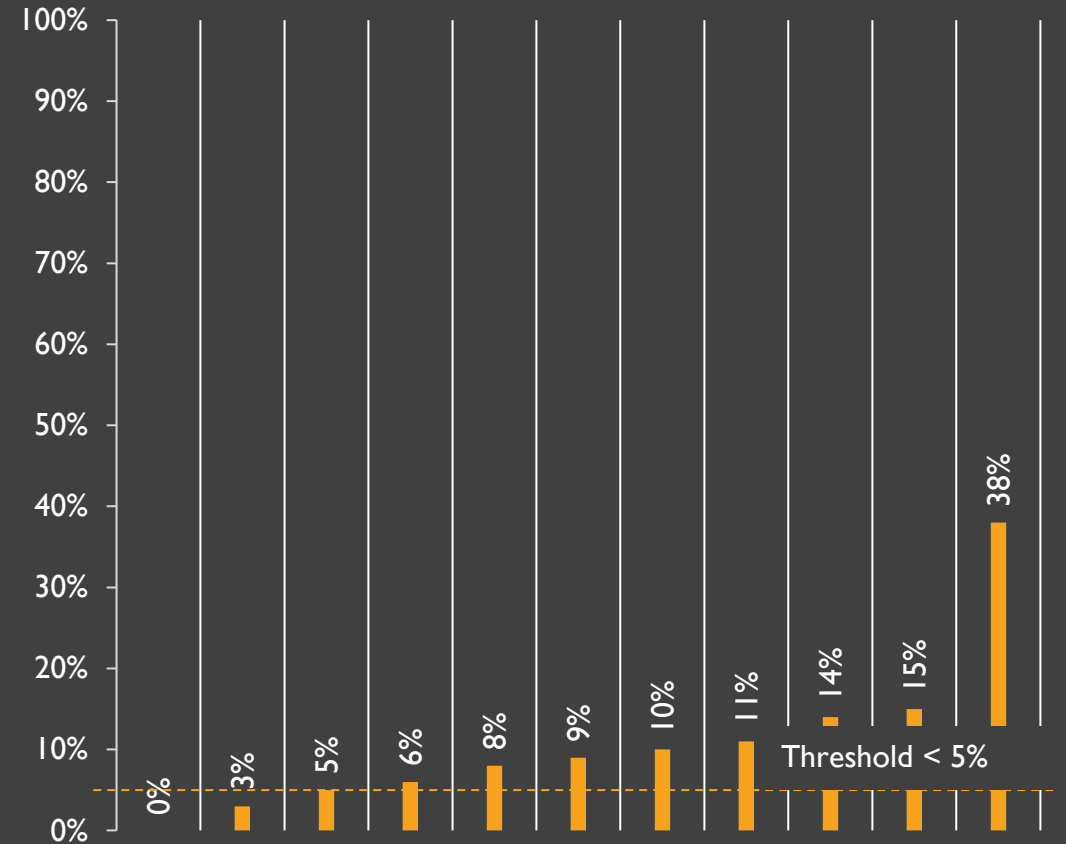
Threshold < 5%

SUMMARY
THRESHOLDS FOR EARNING INCENTIVES

	AMI	SED	I/DD	Notes
PI #2 Timely Intakes	>= 68.6%	>= 76.7%	>= 73.6%	75th Percentile
PI #3 Timely Services	>= 97.2%	>= 92.4%	>= 98.0%	75th Percentile
PI #4 Hospital Follow Up	100%	100%	N/A	No change
PI #10 Recidivism	<= 10%	<= 5%, or <=1readmission	N/A	No change

PROVIDER ELIGIBILITY

Provider	PI #2 AMI	SED	I/DD	PI #3 AMI	SED	I/DD	PI #4 AMI	SED	PI #10 AMI	SED
ACC		X			X		X	X	X	X
ACCESS	X	X		X	X		X	X	X	X
All Well Being Services	X		X	X		X	X		X	
Assured Family Services		X			X					
Black Family Development		X			X			X		X
CCIH	X			X			X		X	
The Childrens Center		X	X		X	X		X		X
CLS			X			X				
CNS Healthcare	X	X	X	X	X	X	X	X	X	X
Detroit Recovery Project	X									
Development Centers	X	X		X	X		X	X	X	X
Elmhurst	X			X						
Hegira Health	X	X	X	X	X	X	X	X	X	X
Lincoln Behavioral Services	X	X		X	X		X	X	X	X
MORC			X			X				
NSO	X		X	X		X	X		X	
PsyGenics			X			X				
Starfish Family Services		X	X		X	X		X		X
Services To Enhance Potential			X			X				
Southwest Counseling Solutions							X	X	X	X
Team Wellness Center	X	X	X	X	X	X	X	X	X	X
Wayne Center			X			X				

For PI #2 and #3, based on review of activity for the twelve months ending June 2023, these providers marked with an "x" each make up at least 1% of the total event volume within the population. For PI #4 and #10, these providers provide services to at least 1% of the total members served within the population.

Timely Filing Deadlines

Quinnetta Robinson

Claims Manager

➢ Claims must be submitted to DWIHN within 60 calendar days from the date services were rendered for outpatient and residentials claims.

➢ Claims must be submitted to DWIHN within 90 calendar days from the date services were rendered for inpatient claims.

➢ Re-submission of previously denied claims with corrections and requests for adjustments must be submitted within 30 calendar days from the date of the denial notice.

Timely Filing

CLAIMS DEPARTMENT

> Payment for BHH services is dependent on the submission of appropriate service encounter codes. Valid BHH encounters must be submitted by HHPs (Home Health Partner) to DWIHN (Lead Entity) within ==90 days== of providing a BHH service to assure timely service verification.

BHH Encounter Submission

CLAIMS DEPARTMENT

➢CCBHCs and PIHPs must submit timely and complete CCBHC service encounters in accordance with federal managed care rules and state requirements. CCBHCs must submit encounters to the DWIHN within ==30 days== following the month in which CCBHC services are adjudicated.

CCBHC Encounter Submission

CLAIMS DEPARTMENT

➢Providers if you experience any barriers that may prevent you from meeting these deadlines you are required to notify DWIHN **immediately** to have your issues documented and investigated prior to submission deadlines. There will be no "timely filing" denial decisions overturned if there is not documented proof that issues existed prior to due date deadlines

Notifications

CLAIMS DEPARTMENT

➤ Claim Inquiries – PIHP@dwihn.org

➤ Authorizations – pihpauthorizations@dwihn.org or residentialauthorizations@dwihn.org

➤ Contract issues – contact your Contract Manager

➤ System issues – mhwin@dwihn.org

➤ Payment issues - tomani@dwihn.org

Contacts
CLAIMS DEPARTMENT

DETROIT WAYNE INTEGRATED HEALTH NETWORK

800-241-4949

www.dwihn.org

ORR Recipient Rights Training

Updates:

- ☐ *ORR Triennial Assessment results-training.

- ☐ *ORR Trg. info located on DWIHN website (dwihn.org), in MHWIN, & on the FAQ's form-See under: "Provider tab/ORR training info."

- ☐ *Current NHRRT availability-continues to be about **2 weeks out**; 2 mos. open trgs in MHWIN.

- ☐ *Recommended: Register staff for NHRRT during the **onboarding/orientation** process-**all new staff w/i 30 DOH**

- ☐ NHRRT-available seats: **50/class=600/mo.**

- ☐ *If staff marked "Incomplete" for NHRRT, must contact Trainers at **orr.training@dwihn.org** to reschedule.

- ☐ NHRRT vs. ARRT-NHRRT: Virtual ZOOM new staff; ARRT: DWC website (1year after NHRRT training date, and annually thereafter).

- ☐ If Providers need to **cancel/reschedule** their staff for NHRRT, notify ORR Trainers at **orr.training@dwihn.org, do not mark them as canceled in MHWIN.**

- ☐ NHRRT conducted **Mon-Wed** from **10am-12pm**. Evening NHRRT-**2nd** Tuesday of the month from **4pm-6pm**. Check MHWIN for available training dates.

- ☐ If your staff experiences any issues with NHRRT, you may contact us at: **orr.training@dwihn.org** no later than ½ hour prior to the class start time.

- ☐ *NHRRT is held via the Zoom App-participants need a strong Wi-Fi signal to participate and be familiar w/Chat feature.

- ☐ *Participants must be present **online**, with working cameras, and remain **visible** and available to communicate with us **throughout** the course.

- ☐ If your staff are **OBSERVED DRIVING OR OTHERWISE NOT ENGAGED DURING THE TRAINING**, they will be removed from the training and will need to be rescheduled.

- ☐ *When registering staff for NHRRT, please make sure they are not working & that they have time set aside to attend the entire training and submit the quiz.

- ☐ *ORR Trainers: LaShanda Neely, Michael Olver, Joyce Wells

OFFICE OF RECIPIENT RIGHTS: MONITORING (SITE REVIEWS)

Updates:

- *ORR Triennial Assessment results-Monitoring

- *New ORR Monitoring Staff-Lawrence Hudson

- *New Contracts/Address changes-Request Vendors pls. include notification to ORR Monitoring Mgr. @ spride@dwihn.org

- Providers please assure your staff adhere to the MMHC requirements re: NHRRT

Site Review Process:

- *ORR Site Visit conducted onsite (in person). Covid 19 Questionnaire-If +exposure, an alternative site review will be arranged

- Review new staff hired **since the previous site review**-NHRRT must be completed **w/i 30 doh**

- *ORR accepts NHRRT obtained from *different* counties w/ evidence provided & verification of validity

- ORR Reviewer looks for: required postings, RR booklets, confidential items stored, health/safety violations, interior/exterior of facility, interviews staff & members re: rights awareness and complaint filing

- Any violation(s) found requires a Corrective Action Plan. Provider has 10-business days from the date of the site visit to remedy violation

- *End of site review visit, Site Rep **required** to sign & date page #4 of site review tool

Important Reminders:

- *Provider contact info and staff records should be kept current, as required in MHWIN

- *Questions re: ORR Monitoring: esims1@dwihn.org, lhudson@dwihn.org or spride@dwihn.org

Items needed to request an authorization:

1. Must have **completed assessments** relating to the appropriate levels of care (i.e. LOCUS, CAFAS, PECAFAS, etc IBSPA).

2. Must have **completed IPOS or Addendum** related to the authorizations being requested.

3. Each service requested should have a corresponding **goal, objective and intervention** in the IPOS.

4. IPOS should indicate the amount, scope and duration of services being requested. How many units per week are going to be used of this service in order to achieve the stated goal?

5. If requesting services above the SUGs, must provide rationale for the need for this number of units (should be documented in assessments, IPOS, etc. – The Golden Thread).

Important things to be aware of

▶ **When requesting authorizations – check to be sure there are not already authorizations in place for the services you are requesting.**

  ▶ Early Terminate any un-needed authorizations, or begin the new authorizations after the expiration date of the previous ones.

▶ **When requesting authorizations – check to be sure they are not outside of the SUGs, or if there is rationale for requesting above the SUGs, that you've provided that.**

TIMEFRAMES -- UM

- Utilization Management has 14 days to review and provide a disposition on authorization requests.

  - Please make sure you are requesting authorizations **prior** to the needed effective date to allow time for this processing.

  - When authorizations are returned for corrections/additional information, please review them and correct them **in a timely fashion to avoid further delays or potential administrative denials.**

  - We will make every attempt to prioritize authorizations that have already been "sent back" and are being returned to us with corrections made, however please note we continue to have 14 days from the date of the original request.

Timeliness

Backdating of authorizations **should not occur**. All services are prior authorized services and must be requested prior to the start date of the service.

Requests to backdate authorizations are subject to administrative denial.

If there is no active IPOS for the dates of service, then services cannot be authorized.

Questions?

DWIHN Access Call Center
CRSP Outpatient/ Residential Meeting
Friday February 16,2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK
800-241-4949
www.dwihn.org

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Disability Designation Change Request (effective Aug. 2023)

▶ Effective August 2023 Disability Designation Change requests will be submitted online to improve processing times and tracking for DWIHN.

▶ Basic information will be gathered using a SmartSheet and the actual form will be uploaded, along with supporting documentation (Psychological Evaluation / Psychiatric Evaluation, etc.)

▶ If a request is submitted via fax or email, the requesting provider will be directed to use this new process

▶ Request forms MUST be signed y the member or guardian in order to be processed. Verbal authorizations will no longer be accepted.

▶ If properly submitted, requests will be reviewed within 7 business days

Disability Designation Change Request Form

DWIHN

Disability Designation/Program Change Form

Instructions: To change Disability Designation/Program:
(1) Program changes must be completed by a Mental Health Clinically Responsible Service Provider (CRSP) only.
(2) Provide Clinical documentation to support change request, i.e., psychological/psychiatric evaluations, biopsychosocial assessments, etc.
(3) Requests will be reviewed within seven (7) business days.
(4) Form **MUST** be signed by consumer or legal guardian.

SED Definition: A diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year and has resulted in functional impairment that substantially interferes or limits the minors role in functioning in the family, school, or community.

I/DD Definition: A severe chronic condition that is attributable to a mental or physical impairment or both, and is manifested before the age of 22 years; is likely to continue indefinitely; and results in substantial functional limitations in three or more areas of the following major life activities: **self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration.**

SMI Definition: A diagnosable mental, behavioral, or emotional disorder that exists or has existed during the past year and has resulted in functional impairment that substantially interferes or limits one or more major life activities.

STEP 1: Please Print
CRSP: _____ **Staff Completing Form:** _____

Email: _____ **Phone #:** _____ **Fax#** _____

Member Name: _____ **Birthdate:** _____ **MHWIN ID#:** _____

Member Address: _____ **Phone:** _____

STEP 2: Complete section below to request changes to Disability Designation

Current Disability Designation	New Disability Designation
☐ Intellectual/Developmental Disabilities (I/DD)	☐ Intellectual/Developmental Disabilities (I/DD)
☐ Severe Emotional Disturbances (SED)	☐ Severe Emotional Disturbances (SED)
☐ Serious Mental Illness (SMI)	☐ Serious Mental Illness (SMI)
List clinical documentation supporting this change request and upload in MH-WIN:	

STEP 3: A brief rationale for proposed change (this does not substitute the clinical documentation requirements):
_____
_____

STEP 4: Member/Guardian Signature to acknowledge agreement of requested program change

My signature below, acknowledges I agree with the program change request.

Signature of Member/Guardian: _____

Step 5: Attach form to SmartSheet at:
https://app.smartsheet.com/b/form/a713f14ee3ca4463ad67b1fb88b80467

Rev: 3/29/21jed

3

Disability Designation Change Request (effective Aug. 2023)

▶ How to get to the new SmartSheet and Request Form

    ▶ go to DWIHN.org

        ▶ For Providers,

        ▶ then Access Call Center,

        ▶ Then Disability Program Change Request Page

        ▶ Or you can click on this link: **https://app.smartsheet.com/b/form/a713f14ee3ca4463ad67b1fb88b80467**

Questions?

BULLETIN NUMBER:	24-002
ISSUED/REVISED:	2/9/2024
EFFECTIVE:	10/1/2023
SUBJECT:	Staff Credentialed from Group Therapy
SERVICE AFFECTED:	90853 – Group Therapy for Mental Health (Does not impact SUD services)

BACKGROUND

Historically, MDHHS allowed the usage of 90853 with the HN modifier for "Bachelor's in Human Services Field, Child/CMHP Provider Only", the HO modifier for several "Master's Level" staff, the TD modifier for Registered Nurse and HP for Doctoral Level Psychologist.

On June 30, 2023, the revised MDHHS code chart discontinued the following modifiers from procedure code 90853 for the mental health population:

- HN - Bachelor's in Human Services Field
- HO - Master's in Human Services Field

PROCEDURE

Effective immediately, providers will stop utilizing staff without the appropriate credentials to provide/supervise Group Therapy service, per the MDHHS Code Chart. Providers must be licensed in the State of Michigan to provide therapy and have a master's degree or higher.

BILLING

The provider will continue to submit claims as usual for staff with master's or doctoral level degree as the rendering provider. Providers can no longer submit claims for staff with a bachelor's degree or peer certification as the rendering provider. The rendering provider must be licensed in the State of Michigan to provide therapy and have a master's degree or higher.

CHARTS

For the behavioral health population, the MDHHS approved staff credentials and modifiers are listed below. For the substance use disorder population, there were no changes to the staff credentials or modifiers.

Code & Description	Staff Credentials	Modifiers
90853 - Group therapy, adult or child, per session, includes MOM Power.	Licensed Professional Counselor	HO - Master's Level
	Marriage and Family Therapist	HO - Master's Level
	Master's Social Worker	HO - Master's Level
	Physician	AG - Physician
	Psychiatrist	AF - Specialty physician
	Psychologist	AH - Clinical Psychologist
	Psychologist	HP - Doctoral Level
	Registered Nurse	TD - Registered Nurse

REFERENCES:
Michigan Medicaid Provider Manual
http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42553-87572--,00.html

MDHHS Website: SFY 2024 Behavioral Health and Provider Qualifications
https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html

DWIHN Rate Charts
https://www.dwihn.org/rate-charts

If there are any additional questions and or concerns, please contact:
- Adult Services – Adult Initiative / AdultInitiatives@dwihn.org
- Children Services – Children Initiatives Department / TeamChildrens@dwihn.org

DETROIT WAYNE INTEGRATED HEALTH NETWORK

MHWIN Discharge Summary Link

DWIHN Outpatient Provider Meeting

2.13.24

Memorandum: CRSPs (SED / SMI / IDD)

Re: MHWIN Discharge Summary Link

Date: February 13, 2024

According to Detroit Wayne Integrated Health Network (DWIHN) CRSP Member Re-Engagement and Case Closure Policy – Section II: Case Closure, *"It is the responsibility of the CRSP to perform case closure and complete the CRSP Discharge Records link via MHWIN."*

Effective March 1, 2024: CRSPs must begin completing the Discharge Records Link in MHWIN for members who have been discharged from their CRSP.

CRSP Discharge Records: Prior to the member's disenrollment process, the CRSP must complete the CRSP Discharge Record via MHWIN within 14 calendar days from when the member was discharged from the CRSP and a copy of the Discharge Summary must be uploaded to MHWIN. The CRSP Discharge Records link is found in the Clinical Services section of the members chart within MHWIN.
*** Note: This procedure is only to be completed for SED/SMI/IDD disability designations.

Objective

❑The purpose is to develop a CRSP Discharge Summary Link in MHWIN

1. DWIHN to be informed when members has discharged from CRSP

- Currently the Disenrollment Policy is about a 6-month time frame from when member was discharged from the CRSP.

- The CRSP Discharge Record Link in MHWIN to be completed within 14 calendar days from when member was discharged at the CRSP

- The CRSP Discharge Record Link procedure does not change the Disenrollment process.

2. Member discharge date can be included as a parameter in various Risk Matrix Reports

(Ex: PHQ, PHQ A, IPOS, Crisis Plans, BH Teds, etc)

3. Various DWIHN Departments can view if member is currently active in services

(Ex: Customer Service Departments, Access Department, Clinical Departments, etc.)

***This information was previously presented at IPLT in July 2023. Updates have been made in MHWIN that are now finalized.

MHWIN Instructions

MHWIN Instructions

❏ **Clinical Services**

Step 3 (continued):

Was a copy of the Adverse Determination Letter given to the Member? *
○ Yes   ○ No

If No, Explain

characters left: 1024

Was a copy of the Discharge Summary given to the Member? *
○ Yes   ○ No

If No, Explain

characters left: 1024

MHWIN Instructions

❑**Clinical Services**

Step 3 (continued):

Was a copy of the Discharge Summary uploaded to All Scanned Documents or sent via HIE to MHWIN? *

○ Yes ○ No

If No, Explain

characters left: 1024

When applicable have all necessary Program Assignments been discontinued in MHWIN? *

○ Yes ○ No

If No, Explain

MHWIN Instructions

❑ **Discharge Summary:**

Currently the Discharge Summary does not HIE to MHWIN; however, once the Discharge Summary Form is developed in MHWIN in the future this can be an option.

❑ **Program Assignments:**

When applicable it is expected to inform DWIHN of any Program Assignments that are to be discontinued in MHWIN when a member has been discharged at the CRSP.

o Example Program Assignments include: ACT, Home Based Services, Wrap Around Services, etc.

o Submit Program Assignment updates to:

- Adult Providers email AdultInitiatives@dwihn.org

- Children Providers complete the smartsheet link
https://app.smartsheet.com/b/form/ff2727ef7f5645a580fafc74595e7730

***Note: Autism Services – ABA Providers continue to submit ABA Monthly Logs to Autism Benefit Support Specialist

Questions

❑ **Please direct any questions regarding this process to:**

Adult Providers AdultInitiatives@dwihn.org

Children Providers TeamChildrens@dwihn.org

DETROIT WAYNE INTEGRATED HEALTH NETWORK
800-241-4949
www.dwihn.org

MCO UPDATES

Rai Williams is the Director of Managed Care Operations
Ortheia Ward is the Senior Provider Network Manager
Melissa McManus is a Provider Network Manager

Credentialing Reminders

- ▶ All providers must be credentialed to get/maintain a contract with DWIHN

- ▶ If your organization is not credentialed a representative must attend Microsite and Provider Source Application Training

- ▶ Providers have access to training at 9:55 AM via ZOOM

- ▶ The training is not accessible after 10:05 AM

- ▶ 10 days to complete applications and upload supporting documentation

- ▶ DWIHN staff will check 5 days later to ensure that the application is in the Medversant portal

Credentialing Reminders

- ▶ If the application is not there you will receive an email informing you that you have until close of business the next day to complete this task

- ▶ If the application is still missing notification will be made to Contract Management unit regarding non-compliance with Credentialing requirements

- ▶ All practitioners must submit current resumes with their Initial and Re-credentialing applications

- ▶ In addition, the trainings must be specific to the delivery of service and

Credentialing Reminders

▶ The core DWC trainings, except for **Person Centered Planning and Human Sex Trafficking,** are not counted toward CMHP, QMHP, IDD, SATS, SAPS or QBHP trainings

▶ Practitioners and providers must re-attest every 180 days that the information submitted with the application is current and accurate

▶ If there is outdated information in the file please update and re-attest

▶ All practitioners and providers have rights go to our website dwihn.org, click on For Providers go to the Credentialing section and click on practitioner rights

▶ https://dwihn.org/providers/Practitioner-Rights.pdf

Credentialing Reminders

➤ If you hire practitioners that have worked at other DWIHN contracted providers, they should designate the new organization as their Health Plan and re-attest and then give the Officer Manager at the New Organization permission to be their Officer Manager

➤ Please utilize the Practitioner Affiliation report that can be found in Client Portal

➤ Make sure that the staff files in MHWIN are current and up to date

➤ https://dwihn.org/MHWIN-staff-file-maintenance-set-up-quick-tips.pdf

➤ https://dwihn.org/providers_forms_guidelines

➤ A spreadsheet is pulled and sent to the CVO of practitioner information which starts the credentialing process, if information is missing or the staff is not in MHWIN the credentialing application will not be processed

➤ If you need any additional information do not hesitate to contact the Credentialing Unit at pihpcredentialing@dwihn.org