

DETROIT WAYNE INTEGRATED HEALTH NETWORK

CRSP Disenrollment Process Rollout

October 7, 2021



Sign In

- Please place in the chat:
 - Name
 - Organization
 - Title
 - Email address
 - First time attending Training: YES or NO

Welcome & Introductions Michele

- Michele Vasconcellos – Director, Customer Service
- Melissa Moody – Chief Clinical Officer
- Nasr Doss- Deputy Chief Information Officer
- Dorian Johnson- Manager Member Due Process
- Brandi Marable – Appeals Specialist
- Desiree Purry - Interim Customer Service Administrative Assistant
- CRSP Pilot Team Members
 - Team Wellness
 - Guidance Center
 - Community Care

Handouts

- Agenda
- Handouts:
 - PowerPoint
 - CRSP Re-Engagement & Case Closure Policy
 - PIHP Disenrollment Policy
 - Evaluation Form

Goal of Training Michele

- To provide our selected CRSP Provides with an overview of DWIHN's Expectation for the Disenrollment Process by:
 - Providing a historical perspective of DWIHN's disenrollment efforts
 - Introducing 2 Draft Policies on CRSP Re-Engagement Case Closure and PIHP Disenrollment
 - Importance of Member Notification
 - Introducing MHWIN Modules to be used for Disenrollment Process

Importance of Disenrollment Process

Melissa

- There are currently thousands of DWIHN members showing as open/active cases in the DWIHN system that have been closed out of provider EHR systems.
- This not only provides incorrect data provided to MDHHS, which can result in a decrease in mental health funding (BH-Teds), but it also affects a provider's Risk Matrix, potential incentives, and is a liability when no active services are being provided.

Importance of Disenrollment Process

.....continued Melissa

- Having an ongoing process to dis-enroll members will provide timely, accurate information so when providers discharge members DWIHN will also be updated with that discharge information resulting in DWIHN disenrollment.

Historical Perspective of Disenrollment Process

Michele

- This is not our first Rodeo.
- In 2017 Detroit Wayne initiated a mass disenrollment which involved MCPNs instructing their providers that members would be disenrolled if there were no claims within the past 6 months.
- Also in 2017 there was the disenrollment of members who held LOCUS Scores of 0-1 followed by level 2's.

Historical Perspective of Disenrollment Process cont..... Michele

- At the time this initiative it was not viewed as a continuous process.
- The results were that several appeals were filed by members/guardians.
- Reassessments were made by providers as it pertained to Locus scores.
- In 2018, the initiative to address disenrollment came about again, this time with IT identifying for MCPN's a monthly list of members identified as needing to be disenrolled. The MCPN were to confirm there had not been any re-engagement and they were in agreement to the disenrollment.

Historical Perspective of Disenrollment Process cont...

- Detroit- Wayne's Customer Service Unit sent out letters to those members that were targeted for disenrollment. The letters notified members that within 30 days they would no longer be listed as enrolled in Detroit – Wayne services. The letters allowed members to contact Customer Service for re-engagement into services and or community referrals.
- Disenrollment numbers were large and Administration wanted the process detained until identified issues/concerns were addressed.

Historical Perspective of Disenrollment Process cont....

- In 2020 DWIHN again reviewed it's rolls and identified those individuals who had not received services in over a year and those individuals that had a Locus Score of 0-1 and disenrolled them.
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- The internal Disenrollment workgroup continued to meet and identify what were some of the areas that needed to be addressed to make this a continuous process.
-

Historical Perspective of Disenrollment Process cont....

- The focus began with establishing policies for consistency in CRSP re-engagement of it's members.
- Reviewed the internal DWIHN process needed for Disenrollment
- What enhancements needed to be made to MHWIN for CRSP to document re-engagement, confirm DWIHN identified disenrollments and timely notification of members.
- In May 2021 DWIHN piloted the new CRSP disenrollment process with 3 CRSP providers, for approximately 2.5 months to identify snags that needed to be addressed prior to official rollout.
- Rolled out first training August 12, 2021.

CRSP Pilot Participants

- Great feedback obtained by CRSP Pilot Participants!
 - Team
 - Community Care
 - Guidance Center

Policies: Re-Engagement & Case Closure Disenrollment

Michele

- You have been provided “Draft” Policies for your review. We want it to provide procedural and operational guidance to CRSP Provider (CRSP), and all staff involved in the re-engagement and case closure of DWIHN members.
- Policies are currently in draft form because we have made recent adjustments as a result of input from the pilot.

Policies: Key Take-Away

- Policies do not apply to MI Health Link populations due to their status as MI Health Link members and unique requirements of contracts with the Integrated Care Organizations.
- **Policies do not apply to SUD population**
- The CRSP is required on an ongoing basis to monitor their members' activity within their own Electronic Medical Record (EMR) or member's chart.

Policies Take-Away cont...

- It is the CRSP's responsibility to determine those individuals that have not been seen/contacted within 60 calendar days. This applies to SED, SMI and IDD populations.

Re-engagement

- It is the responsibility of the assigned CRSP to ensure that outreach and re-engagement efforts are clinically appropriate and tailored to the individual needs of the member/enrollee.
- Outreach attempts need to be inclusive of reviewing significant events such as: admission for in-patient services, a behavioral health crisis, refusal of prescribed psychotropic meds, release from county jail etc.
- All attempts to re-engage the enrollee/member must be no less than (3) and documented in the comprehensive clinical record.
- A variety of different types of attempts should be used. The policy provides examples of these types.

Notice To Members Dorian

- After unsuccessful attempts to re-engage, the CRSP is responsible for sending out the ABD notice to the member.
- The Advance Adverse Benefit Determination letter is available in MHWIN under the Consumer Notification tab and should be mailed to the member within at least **10 calendar days** prior to the documented effective date of the action.
- This document can be created using the Consumer Notification module in MHWIN. If the provider does not have the capability to have the notice shared with DWIHN via the Health Information Exchange (HIE) process, the CRSP must go to MHWIN.com and enter the information manually.
- Please note that this letter is to be sent to the consumer/guardian ten days prior to the termination date for Medicaid members and **30 calendar days** prior to the termination date for the Uninsured/Underinsured population

Disenrollment Module Nasr



[Home](#) [Logout](#) [Help](#)

- Consumers
- Contract Management
- Coordinating Agency

Open Consumers No Service



List of consumers who are still open but have not had a service within 45/90 days. [+ myPage](#)

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Open Consumer No Services List

Affiliate / PIHP:

CRSP:

Consumer:

Letter Generated: -

Type: MH SUD

|

User can export current list data to Excel

User can export past discharges to Excel for random audits

The Discharge function now Discharge the consumer from all open lines of business

Showing 41 - 60 of 28960 Consumers

[Previous](#) [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [Next](#)

Consumer	CRSP	Reason	Notice Sent	Letter Generated On	
01369979	Team Wellness Center - Main Office	No service within past 4 months. (Last service: 08/07/2020) No appointments in the future.	07/21/2020		View Client Generate Letter Discharge
01443043	ACCESS	No service within past 4 months. (Last service: 11/09/2020) No appointments in the future.	08/09/2019		View Client Generate Letter Discharge
01542610		No service within past 4 months. (Last service: 09/29/2020) No appointments in the future. Low/no LOCUS level of care. (No LOCUS)			View Client Generate Letter
00034814	Neighborhood Service Organization	No service within past 4 months. No appointments in the future.	04/16/2020		View Client Generate Letter Discharge
01507514	ACCESS	No appointments in the future. Low/no LOCUS level of care. (No LOCUS)	12/08/2020		View Client Generate Letter Discharge

When no Notice Sent Discharge, Function is hidden and Generate Letter Function is available

Disenrollment Flow Chart Nasr

Exclude Anyone with:
 1- Open MI Health Link Admission
 2- New Admission in the past 3 month
 3- Crisis Request for Service in the past 3 month



(No Service for the past 4 month
 AND
 No Appointments in the future)

(No Service for the past 4 month
 AND
 No Appointments in the future)
 OR
 LOCUS (NULL OR 0 OR 1)

Providers to check and clear daily / recommended

Letter Generated: -
 Type: MH SUD

User can export current list data to Excel

User can export past discharges to Excel for random audits

Export to CSV File | Export Past Discharges CSV

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01443043	ACCESS	No service within past 4 months. (Last service: 11/09/2020) No appointments in the future.	08/09/2019	
01542610		No service within past 4 months. (Last service: 09/29/2020) No appointments in the future. Losing LOCUS level of care. (No LOCUS)		
00034814	Neighborhood Service Organization	No service within past 4 months. No appointments in the future.		

When no Notice Sent Discharge, Function is hidden and Generate Letter Function is available

Disenroll from all lines of business
 Select random sample to ensure provider adherence to re-engagement policy

DWIHN's Expectation Nasr

- The official **Go Live Date** occurred on **August 12, 2021**.
- Your Discharge queue is currently open and ready to be used.
- Documentation of all findings/recommendations so it can be discussed with DWIHN, such as:
 - System glitch's e.g. button or function doesn't work as expected
 - Calculation Errors e.g. dates of claims or letters sent doesn't add up correctly
 - Nice to have features for future enhancements.

Disenrollment Policy Key Take Away

Melissa

- Those individuals that have been disenrolled post the 30 days disenrollment process may wish to re-enter the community behavioral health system. The Customer Service and/or Access Center is available to assist with re-entry questions. Re-entry will follow these guidelines:
 - **a.** Persons wishing to return to a Line of Business they have been disenrolled from and it is still within **120 calendar days**, they do not require a new eligibility determination by the Access Center. They are to be referred to the provider to go through the provider's intake process.
 - If the individual has received a behavioral health assessment in the last **120 calendar days** and there has not been a significant change in his/her behavioral health condition, the provider must use the most current assessment, along with a review/revision of the most recent Individual Plan of Service (IPOS).

Disenrollment Policy Key Take Away cont...

- **b.** If a disenrolled individual has not received a behavioral health assessment in the prior **120 calendar days**, the provider is to conduct a new behavioral health assessment and develop a new IPOS.
- **c.** Individuals who have been away from services for more than **120 days** and have been disenrolled and are requesting to start/resume non-emergent services, must go through the Access Center for eligibility re-determination.

Disenrollment Policy Key Take Away cont...

- d. Disenrolled individuals will have an open case during a psychiatric hospitalization. The case will be closed at the time of hospital disenrollment and the individual must go through the Access Center for eligibility re-determination for ongoing behavioral health services. This must be done in a timely manner to meet the Michigan Mission Based Performance.

Disenrollment Policy Key Take Away cont...

- For individuals that contact DWIHN's Customer Service requesting an appeal of a disenrollment decision are to be immediately referred to the Customer Service Appeals division.
- DWIHN's Customer Service will monitor the Open Customer No Service Queue periodically for auditing and reporting purposes.
- Customer Service will have the ability to generate reports on the following elements:
 - a. Number of dis-enrollments
 - b. Number of calls received by an individual regarding disenrollment
 - c. Number of appeals related to disenrollment

Support Team During Pilot - Michele

- **Technical Support** – MHWIN@DWIHN.ORG
- **Notices and Appeals Related Issues** –
- Dorian Johnson # djohnson@dwi hn.org

Questions & Concerns- Team

- We will begin to address your additional questions you might have. Please place them in the chat. Desiree will be reading them off and our team will provide you with an applicable answer.
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- Before we address your questions, we would like to cover some questions that were posed during our pilot and previous trainings.

Frequently Asked Questions

- The following questions were asked by CRSP Providers that attended the previous trainings.
- **1. Will we receive a copy of the disenrollment process chart?**
- *Yes, a copy of the chart is included in the PowerPoint presentation provided for this training.*
- **2. Will we have the availability in MHWIN to run our own open consumer - no services report?**
- *Yes*
- **3. Do we currently have access to the members assigned to our CRSP but no service report?**
- *Yes. If you not have access, email Nasr with list of members from your organization that will need access.*

Frequently Asked Questions Cont.

- **4. Is the thought of DWIHN that just one staff will be discharging the members?**
- *That decision is left to the discretion each individual organization. Some organizations are larger than others and may require more than one or two people to complete the task.*

- **5. When will we have access to the queue?**
- *You should have access to the queue now.*
-
- **6. How often is the Member No Service Queue updated?**
- *The queue is updated daily.*

Frequently Asked Questions cont.

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- **7. If someone is not automatically put on the list, but they were discharged because they moved out of state?**
- *No, because at the time they moved out of state there is no lack of service. In that case you will need to call and email the Access Center to disenroll them.*
- **8. If a LOCUS Score error occurs, and corrections are made, will the member(s) be removed from the list?**
- *Yes, as long as they meet the necessary criteria.*

Frequently Asked Questions cont.

- **9. Problem:** If a client has two open TEDS episodes, I am not able to discharge either TEDS, both indicate that an overlapping TEDS exists.
- *Solution: the latest admission either needs to be removed or changed to an update and merged into the earlier admission.*

- **10. Problem:** client is only 10 years old A LOCUS isn't used until the client turns 18.
- *Solution: PCE implemented a change to the logic to exclude children from the LOCUS requirement.*

Thank you for your participation. We would like to have your feedback on this training!

Using the Chat, please rate the statements below using the following question numbers and rating scale:



Disenrollment Training Evaluation

Our Customer Service Department strives to provide quality service to those we serve. We look forward to your input in order to enhance our processes. Please complete this brief survey to assist us in our quest for excellence.

Please rate the statements below using the following rating scale:

4=Excellent 3=Good 2=Fair 1=Poor

4(Excellent): This was fantastic! Can I come again?

3(Good): I definitely learned something.

2(Fair): I've been to/seen better but I've sat through worse. Room for improvement.

1(Poor): Needs much improvement.

Question 1.

On a scale of 1 to 4, how would you rate today's training? *4=Excellent 1=Poor*

4 3 2 1

Question 2.

On a scale of 1 to 4, how would you rate today's presenter(s)? *4=Excellent 1=Poor.*

/

4 3 2 1

Question 3.

How can we improve this training/presentation?