



Detroit Wayne Integrated Health Network

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Outpatient Provider Meeting Friday, October 28, 2022 Virtual Meeting 10:00 am –11:00 am Agenda

Zoom Link: <https://dwihn-org.zoom.us/j/93220807823>

- I. Welcome/Introductions
- II. Claims Department- Quinnetta Allen (pages 2-9)
 - Overview for the Billing and Claims Processing Unit
- III. Utilization Management
 - Habilitative Support Waiver (HSW)- Lucinda Brown
 - Back Dated Service Authorizations- Leigh Wayna
- IV. Compliance Department- Laura Frattini (pages 10-15)
 - Care Coordination
- V. Quality Department
 - CE/SE, RCA and MDHHS CRM Reporting System- Tania Greason
 - Home and Community Based Services (HCBS) Transition project-- William Sabado
- VI. Recipient Rights
 - Recipient Rights Training -LaShanda Neely (pages 16-17)
 - Recipient Rights Monitoring -Ed Sims (pages 18-20)
 - Recipient Rights Prevention- Chad Witcher (pages 21-26)
- VII. Residential Department- Kate Mancani
 - Residential Referral Checklist (page 27-28)
 - Authorization Updates
 - IPOS Reporting
- VIII. Managed Care Operations- Sharon Matthews
 - Quarterly Reports/Biannual meetings
 - Signing contract with a true signature not a line or initials
- IX. Administrative Updates – Eric Doeh, President and CEO
- X. Questions
- XI. Adjourn

Board of Directors

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DETROIT WAYNE INTEGRATED HEALTH NETWORK

Billing and Claims Processing Unit
Deabra Hardrick-Crump



Billing and Claims Unit

- The Claims Unit processes claims for contracted and non-contracted providers.
- Claims are submitted electronically (837 file/Direct Submit) and via paper for services rendered.
- Claims are processed for the following Services:
 - Substance Use Disorder (SUD),
 - Autism
 - Adult/Child Mental Illness
 - Intellectual Development Disabilities (IDD)
 - MI Health Link

Our Team

- Claims personnel works closely with other units such as Management & Budget (Finance), Managed Care Operations (MCO), Quality, Compliance, Residential/Utilization Management and Information Technology (IT) to ensure a smooth process for paying claims.
- The claims unit works endlessly to ensure claims are processed and paid timely without errors.

Role of the Claims Processor

- The role of claims personnel is to investigate and act on claims filed by providers. It involves multiple administrative and customer service layers that include review, investigation, adjustment (if necessary), and payment or denial of the claim.
 - Investigation:
 - Claims containing error messages are reviewed to determine correctness. The Claim Adjudicator adds a comment on the claim. The most common errors are:
 - Timely Filing
 - No authorization or incorrect authorization was billed.
 - Units exhausted
 - Duplicate claims which are reviewed by the Claim Adjudicator for overlapping codes that are payable.

Claim Corrections

- Ways to have a claim re-reviewed.
 - Complete a claim reconsideration request
 - send to pihpclaims@dwihn.org
 - Reconsideration request should only be completed if a takeback is being requested or a correction to dollar amounts or units
 - A claims Appeal form can be completed in MHWIN once a claim has completed the payment process.

Reminders

- Batches must be sent to the Claims Department for adjudication, not left in Claim Data Entry.
- Denied claims will have comments entered by the Claim Adjudicator.
- When reviewing Error Messages on your claims contact the correct department.
 - Authorizations – UM - pihpauthorizations@dwihn.org
 - Residential Authorizations - residentialauthorizations@dwihn.org
 - CRSP – request all authorizations including General Fund auth#
 - Payment issues not related to denied claims– Finance - tomani@dwihn.org
 - System issues - mhwin@dwihn.org
 - Procedure Code issues – procedure.coding@dwihn.org

Providers can go to “View all Batches” in mhwin and enter the Batch # and view all error messages, payments (Invoice #, EFT#/date), and comments that have been entered on each claim.

Contact Information

For questions regarding Claims, please contact:
pihpclaims@dwihsn.org or call (313) 344-9099 ext. 2653



The End



Care Coordination Presented by: DWIHN Compliance

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

Care Coordination

▶ What is care coordination?

- ▶ Care Coordination can be summed up as:
 - ▶ Deliberately organizing consumer care activities and sharing information among all of the participants concerned with a member's care.

▶ Benefits of care coordination:

- ▶ Improve effectiveness, safety and efficiency of healthcare services
- ▶ Member's preferences are respected and upheld
- ▶ Improves outcomes for everyone including, individuals served, providers and payers.

Care Coordination

- ▶ **How can this be achieved?**
 - ▶ **IPOS In-Service/training**
 - ▶ This should happen between the Clinically Responsible Service Provider (CRSP), and the staff who are to implement coordinated services.
 - ▶ **Communication**
 - ▶ Everyone should be in communication about the plan of care. The primary case holder /clinically responsible service provider or other qualified staff, and the individual receiving those services as well as their natural caregivers.

Care Coordination

▶ IPOS In-Service

- ▶ **When?** - Any time there is a new IPOS, or an update to an existing IPOS or related documents such as a crisis plan or Behavioral Treatment Plan are updated/changed.
- ▶ **Who?** - The author of the IPOS (from the CRSP), the case manager/support coordinator or clinician needs to schedule this as soon as possible with the provider after the IPOS is finalized.
 - ▶ Additionally, the train the trainer approach can be used once a staff is in-serviced.
- ▶ **Where?** - This can be done via telephone, zoom, or in person.
- ▶ **How?** - Reviewing the IPOS, the applicable goals, objectives and interventions as well as the crisis plan with staff that will be working with the individual.
 - ▶ This needs to be documented on a in-service training form. This can not be a running list, it needs to be on a separate training form for each occurrence.

References

▶ DWIHN Policy

- ▶ Treatment Plan Training Procedure for Direct Support Professional (DSP)/Aide
- ▶ IPOS Individual Plan of Service/Person Centered Plan
- ▶ Data Sharing Care Coordination
- ▶ Case Management Network Procedure

▶ Other Sources

- ▶ *Care coordination*. AHRQ. (2018, August). Retrieved October 18, 2022, from <https://www.ahrq.gov/ncepcr/care/coordination.html#:~:text=Care%20coordination%20involves%20deliberately%20organizing,safer%20and%20more%20effective%20care.>

Contact Us

- ▶ Directly to their supervisor or the Corporate Compliance Officer.
- ▶ To the DWIHN Compliance Hotline (313-833-3502), for anonymous and confidential reporting to the extent provided by law.
- ▶ In writing to the Corporate Compliance Officer:

Attn: Corporate Compliance Officer
Detroit Wayne Integrated Health Network
707 W. Milwaukee, Detroit MI, 48202

OR

- ▶ VIA EMAIL: compliance@dwhn.org

New Hire Recipient Rights Training

- ❑ **Trainings are currently open for Registration in MHWIN 2 months in advance.**
- ❑ There are 9 to 11 trainings held each month.
- ❑ **Staff Record-Ensure the record is completely filled in, especially the provider name and location as well as the date of hire and the email address of the staff member.**
- ❑ The email address in the staff record should be that of the participant. This will ensure that they receive the correct training documents.
- ❑ If your staff does not receive the email by **8:30 a.m.**, please ensure the email address is correct in MHWIN and have your staff check their spam folder prior to contacting us. Otherwise, please contact us via email at orr.training@dwihn.org no later than **9:30 a.m.** for assistance prior to training.
- ❑ Participants must be present online, with working cameras, and remain visible and available to communicate with us **throughout** the course.
- ❑ If your staff are seen driving during the training, laying down/asleep, OR OBSERVED OTHERWISE NOT ENGAGED DURING THE TRAINING, they will be removed from the training. If the camera is facing the ceiling, the floor or otherwise NOT on the training participant, the participant will be removed from the training and will have to reschedule. NHRRT is considered a "face-to-face" training, in a virtual format.
- ❑ **For the month of September 368 participants were registered, with 186 completing and 182 No Shows. Providers please assist us in decreasing the No Show rate by supporting and communicating with your staff to complete the training.**

New Hire Recipient Rights Training

- ❑ **Course Completion**-Staff should thoroughly read the training email and review the training documents prior to the training session. Staff must participate in the virtual- live training using the Zoom app AND pass the quiz with a score of **80%** or greater. NHRRT documents, including the quiz, are *different* for each training, so any attempts by Participants to submit documents from a previous training will not be accepted. The deadline to **return the quiz is 3pm** the day of the NHRRT class, from 10am-12 noon. Incomplete or late exams will not be accepted.
- ❑ **Evening NHRRT class is offered once per month from 4pm-6pm, return of the completed quiz is due by 9pm, the day of the NHRRT class. Please check MHWIN for available training dates.**
- ❑ Please contact the ORR Trainers ASAP to remove a registered participant once you become aware that they are unable to attend NHRRT, to ensure scheduling availability for other participants.
- ❑ **To Maintain Compliance**- Register your staff for NHRRT training during the **onboarding/orientation** process.
- ❑ If Providers have difficulty registering staff for NHRRT, PowerPoint Instructions are available via our email **orr.training@dwihn.org**.
- ❑ To **unregister** a participant, assistance with certificate verification or for any questions regarding training, please email us at **orr.training@dwihn.org**.
- ❑ ORR Trainers remain available at **orr.training@dwihn.org** to partner with Providers and ensure compliance with regulatory standards and DWIHN policies, related to ORR Training requirements.
- ❑ Review the DWIHN website and/or the MHWIN newsflash for updates regarding NHRRT.

Provider Meeting
(Outpatient & Residential)

Presenter: Edward Sims, ORR RRI-Monitoring

Friday, October 28, 2022

ORR Annual Site Review Process:

DWIHN ORR FY22-23 annual site review visits are underway, began on 10/01/22.

- The annual site review visits will be conducted in person.
- Response to the DWIHN Covid Questionnaire will be requested and based on responses received, will determine if an *alternative* to in person SRs will be conducted.
- The ORR Reviewer will contact the Vendor to schedule a convenient date/time to conduct the site review visit. Please respond promptly to ORR's request to schedule the visit, in order to assist in meeting the required timeframes.
- The ORR Reviewer may request photos and other documents to be submitted, *prior* to the site review date-such as, postings, photos of MMHC, policies, location of Rights booklets, etc.

Verification of Training:

The ORR Reviewer will request if there were any new staff *hired since the last site review visit*, that are currently working at the facility. If yes, did they receive New Hire Recipient Rights training w/i 30 days of their hire date? Please provide:

- Staff name
- Date of hire
- Date of NHRRT
- If NHRRT is *more* than 1 year old, submit the date of online ARRT (update via DWC)

Additional request:

- Are there any additional locations, other than the location that's currently being reviewed?
- FOR AFC HOMES ONLY-If any members have restrictions or limitations on the use of phone, mail or visiting hours. If yes, is the restriction or limitation documented in the member's IPOS?
- Do members and staff know how to file a complaint?
- Where is confidential information is stored?
- Are there any health or safety violations found by the ORR Reviewer during the environmental walk-through (interior and exterior of the location), i.e, trip hazards, loose railings, unlocked meds etc.
- Are contraband items which are not allowed into the facility posted? Ex: illegal drugs, weapons, alcohol

- If location is a licensed AFC, please provide the expiration date of the license
- Vendor/Provider contact information should be kept current

Violation(s) & Corrective Action Plan:

If a violation is found during the site review visit, a Corrective Action Plan (CAP) will be required. DWIHN-contracted Providers will be required to submit a “CAP response” to remedy the violation **within 10 business days** from the date of the SR visit. Examples:

- Staff failure to attend NHRRT (face-to-face) w/i 30 doh, will result in non-compliance for that FY
- Annual RR training required one year after NHRRT date
- Repeat violations x2 FYs in a row-Contract Manager will be notified

After Completion of Site Review Visit:

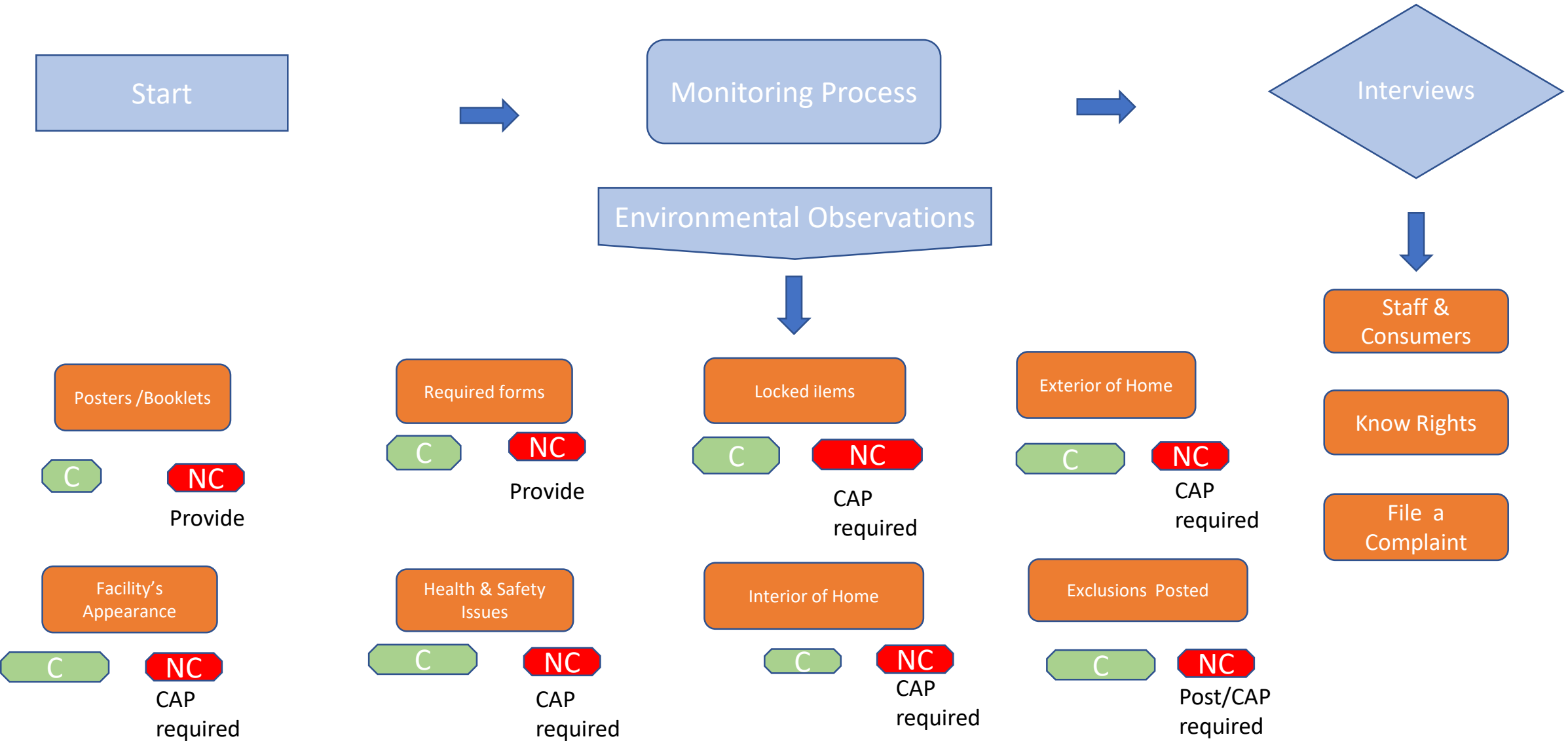
- Vendor/Provider will receive an email request for signature on pg #4 of site review tool
- Copies of site review documents will be sent out via email & USPS, to the Vendor
- Please provide the ORR Reviewer with a valid email address for the Provider/Site Rep
- Staff Record-contact info should be kept current/updated in MHWIN

If you would like a copy of the list of items to be reviewed during the Site Review visit, please email ORR RRI, Edward Sims at esims1@dwihn.org to receive a copy of the list.

Contact Info-ORR Monitoring:

Edward Sims, ORR RRI-esims1@dwihn.org, or 313-433-2845-work cell
Schakerra Pride, ORR Manager-spride@dwihn.org, or 313 498-4769-work cell

DWIHN ORR-MONITORING FLOW CHART



Note: Reviews must be conducted annually, 30 days before or after last FY's review. If a CAP is required, the Vendor has 10 business days to submit the CAP response.

DWIHN-ORR PREVENTION MANAGER

Presentation to DWIHN Outpatient and
Residential Provider Meetings

October 28, 2022

Chad Witcher

Prevention in the Mental Health Code

- ▶ Only specific statutory language using the term “prevent” is with respect to remedial action preventing a recurrence of the violation.
- ▶ Many statutory requirements with a prevention focus.
- ▶ Consultation with Provider CEOs and executive/administrative staff regarding rights-related matters.
- ▶ Policy and Procedure Review with Recommendations to address Recipient Rights related matters.
- ▶ Review substantiated violations for sufficiency of remedial action recommended and taken.

Prevention in the Mental Health Code

- ▶ Address concerns identified in Monitoring, Complaint Investigation activities
- ▶ Ensure information and explanations regarding rights of recipients provided to Recipients, staff and other stakeholders are practical and effective
- ▶ Ensure information and explanations regarding the Recipient Rights complaint investigation legal and contractual requirements are clearly understood
- ▶ Implement strategies to coordinate ORR activities with advocacy and regulatory agencies

Remedial Action

MCL 330.1780

- ▶ Remedy the violation
- ▶ Prevent Recurrence
- ▶ Timeliness

Prevention Unit Primary Responsibilities

- ▶ Serve as main contact for prevention initiatives for DWIHN Providers
- ▶ Provide leadership for developing and implementing prevention-related training initiatives in coordination with DWIHN ORR Training Unit for DWIHN Providers
- ▶ Assess all substantiated complaint investigations for prevention opportunities
- ▶ Ensure all trainings and recommendations **related to remedial action for Recipient Rights violations** are in adherence to the Michigan Mental Health Code and MDHHS Administrative Rules.
- ▶ Present **recognition and commendations** for major improvements and **outstanding performance in recipient rights protection** by DWIHN Providers that have had zero to one Rights Protections incidents **and/or demonstrate outstanding performance in a particular instance or situation.**

QUESTIONS ?

THANK YOU !



**Detroit Wayne
Integrated Health Network**

Residential Services Department

707 W. Milwaukee St.

Detroit, MI 48202-2943

Phone: (313) 989-9513

Fax: (313) 989-9525

residentialreferral@dwhn.org

TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Specialized Residential Referral Checklist

Request Date: _____

Referral Contact Name: _____ **Direct Contact Number:** _____

Referring Facility: _____ **Email:** _____

Member Name: _____ **DOB:** _____

MHWIN ID#: _____ **Anticipated Discharge Date:** _____

Disability Designation: *(Check All That Apply to Member)* IDD AMI NGRI DHHS Youth Age-Out Self-Directed

Type of Placement Requested: Pre-placement Semi-Independent Living
 Specialized AFC CLS Services in Own Home

Benefits Verified: Medicaid Medicare SSI/SSD No Income

Clinical Packet Checklist: Face Sheet Guardianship Documentation
 IPDS/Clinical Summary (PE, BioS, Crisis Plan, etc.) Health Risk Medication List
 Current Physicians' Orders/Labs Medical Concerns/Physical Limitations COVID Vaccination Card

COVID-19 Test Result: ___ Positive ___ Negative COVID-19 Vaccination Dates: Date of Shot #1: _____
Test Date: _____ Date of Shot #2: _____
Booster Shot Date: _____

Request Summary (Reason for submitting referral):

Designated CRSP: _____ **LOCUS Score:** _____

Scheduled Follow-up Appointment (Post Discharge) Date: _____ **Time:** _____



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Residential Services Department
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Office: (313) 989-9513
Fax: (313) 989-9525
residentialreferral@dwihn.org
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Specialized Residential Placement Referrals

can be submitted via

DEPARTMENT FAX: 313-989-9525

or

DEPARTMENT EMAIL: residentialreferral@dwihn.org

Please complete the

DWMHA Residential Referral Checklist

and submit with complete clinical documentation for review.