**Detroit Wayne** 



#### **Integrated Health Network**

707 W. Milwaukee St. Detroit, MI 48202-2943 Phone: (313) 833-2500 <u>www.dwihn.org</u>

FAX: (313) 833-2156 TDD: (800) 630-1044 RR/TDD: (888) 339-5588

#### CRSP/Outpatient Provider Meeting Friday, June 7, 2024 Virtual Meeting 10:00 am –11:00 am Agenda Zoom Link: <u>https://dwihn-org.zoom.us/j/93220807823</u>

- I. Welcome/Introductions
- II. Annual Assessment and IPOS Timeframes- Melissa Moody
   1915iSPA Update
- III. Clinical Practice Improvement-Emily Patterson
  - Behavioral Health Homes (RFA)
- IV. Integrated Health Care-Ashley Bond
  - Complex Case Management (Pages 3-5)
- V. Residential -Ryan Morgan
  - Updated Residential Referral (Pages 6-10)
- VI. Claims Department Quinnetta Robinson
  - Claims Tips
  - Provider Claims Training
  - Timely Filing Deadlines (Pages 11-13)
- VII. Recipient Rights Edward Sims
  - ORR Training & Monitoring (Pages 14-16)
- VIII. Children Services & Adult Initiatives Cassandra Phipps
  - MichiCANs Q/A Session (Pages 17-22)

#### **Board of Directors**

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Eric W. Doeh, President and CEO

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- IX. Strategic Operations-Maria StanfieldNCQA Accreditation (Page 23-29)
- X. Credentialing- Ricarda Pope-King
  - Credentialing Reminders
- XI. MCO- Sharon Matthews
  - FY 24/25 Contract Renewal (Pages 30-31)
- XII. Administrative Updates Eric Doeh, President and CEO
- XIII. Questions
- XIV. Adjourn

### **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.

### 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.



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707 W. Milwaukee Street Detroit, MI 48202 313-833-2500 www.dwihn.org

#### 24-Hour Access Center

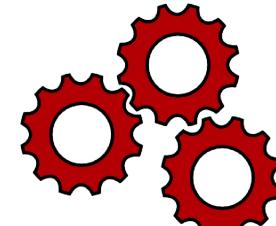
800-241-4949





### 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 friendly and cost effective outcomes.

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.





### **CRITERIA TO PARTICIPATE IN CCM**

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 or chronic pain 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 Autism Spectrum Disorder (ASD) 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 or other medial health condition AND

- 4 or more ED visits related to medical and/or behavioral health in the last 12 months OR Gaps in service/care - i .e., absence of primary care visit within the last six monthsÊ gaps in refilling medications AND
- Willingness of Legal Guardian & Child/Youth to be an active participant in the program for at least 90 days



#### Integrated Health Care Initiatives Complex Case Management Referral Form

Complex Case Management is designed to assess, plan, implement, coordinate, monitor and evaluate options and services needed to meet an enrollee's chronic complex health (behavioral and physical) and human service needs. Enrollees are chosen for Complex Case Management because of frequent inpatient admissions, frequent visits to the Emergency Department, and because they have complex medical and behavioral needs that are not being resolved using traditional means/resources. Along with this referral form, please include the psychosocial assessment, current LOCUS, medication sheet, and any other clinicals that would be useful in managing this enrollee's care.

#### **Referral Source**:

Behavioral Health Provider	Medical Health Provider/Primary Care Provider
DWIHN	Self-Referral
Other (specify):	
Name of Facility/Agency/Referral Source:	
Telephone #:	
Fax #:	
Enrollee Name:	Date of Birth:
Enrollee Telephone #:	
Reason for Referral:	

Please fax completed form to: 313-989-9529

Please send via secure email to: pihpccm@dwihn.org

For DWIHN USE:

Date Referral Received: \_\_\_\_\_\_ Case Assigned To:\_\_\_\_\_\_

Date Referral Assigned: \_\_\_\_\_

Hs11012016

## **Residential Services**

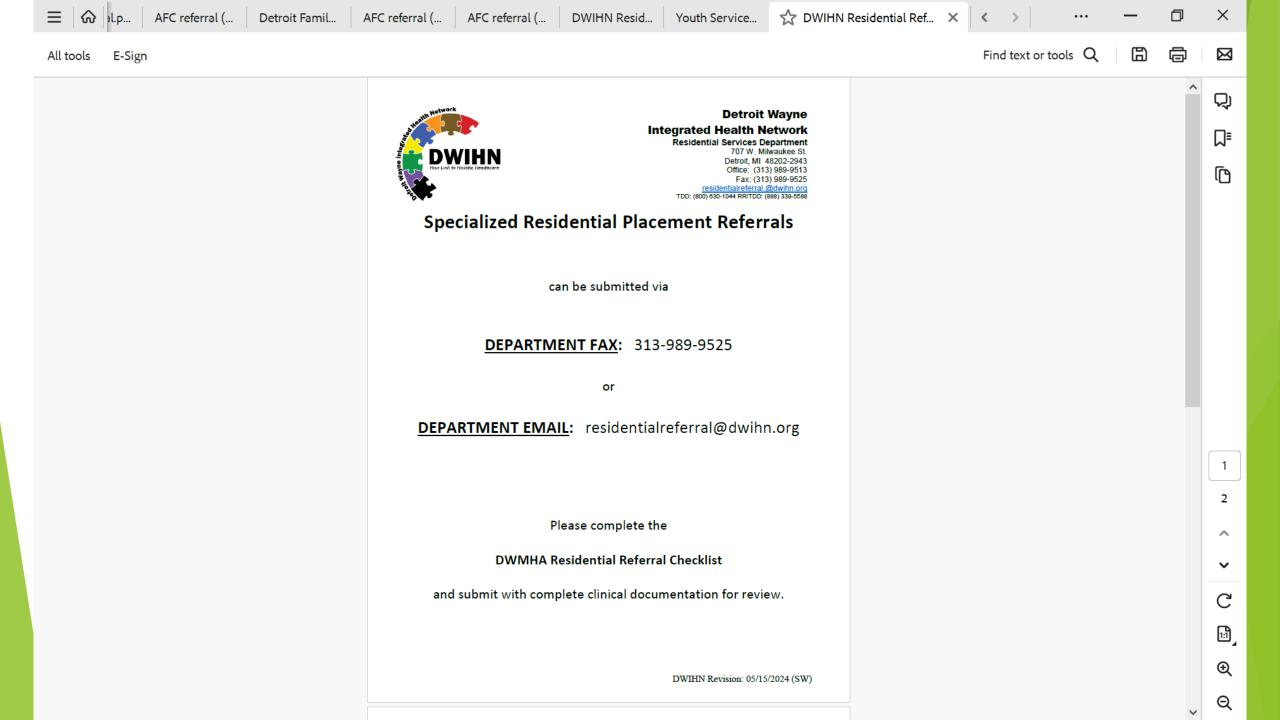
- Residential Services Director
  - Ryan Morgan LMSW
  - Email address: <a href="mailto:rmorgan@dwihn.org">rmorgan@dwihn.org</a>
  - Phone #313-569-1575



## **Residential Referral Form Update**

- The residential referral has been updated. The process has not changed for submitting residential referrals.
- Continue to email referral to <u>residentialreferral@dwihn.org</u>
- Or you can fax referral to (313) 989-9525
- The referral will now assist DWIHN staff with internal tracking
- Forms will be updated on the DWIHN website under the residential services section.





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	DWIHN	Prvices Department 707 W. Milwaukee St. Detroit, MI 48202-2943				
	Your Link to Holistic Healthboare	Phone: (313) 989-9513 Fax: (313) 989-9525 entialreferral@dwihn.org 04 RR/TDD: (888) 339-6588			ſ	
	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: DID AMI NGRI DHHS Youth Age-Du (Deck M That Apply to Member) Placement Yung Requested: Pre-Placement Specialized Licensed Specialized Unicensed	_		- 1		
	Placement Type Requested: Pre-Placement Specialized Licensed Specialized Unlicensed L Benefits Verified: Medicaid Medicare SSI/SSD No In					
		anship Documentation			2	
	IPDS/Clinical Summary (PE, Bios, Crick Plan, etc.)     Health Risk     Medica     Curvent Physicians' Orders/Labs     Medical Concerns/Physical Limitations     COVID				2	
	COVID-19 Test Result: Positive Regative Test Date:				^	
	Request Summary (Reason for submitting referral):				~	
					G	
	Designated CRSP: LOCUS Score: Scheduled Follow-up Appointment (Post Discharge) Date: Time:					
	**Section Complete by DWIHN Residential Staff Only**				Ŀ	
	Residential Assessment attached by assigned RCC   RCS: Referring Provider:				Q	
	Referral Date: DWI	HN Revision: 05/15/2024 (SW)		~	Q	
			/			

## **Residential Unit Manager**

- Danita Love-Carter has been hired as a residential manager working with the I/DD unit.
- Danita case be reached at <u>Dlovecarter@dwihn.org</u> Phone number (734) 691-2488
- Harriet Siddiqui will continue working with DWIHN in a Residential Care Specialist role.



### Claims Tips

#### Quinnetta Robinson

Claims Manager



# Provider Claims Training

Providers can request additional claims training or refreshers as needed by sending a request to the <u>PIHPclaims@dwihn.org</u> mailbox.

# Provider Claims Training

CLAIMS DEPARTMENT



Providers, please ensure you are adhering to the timely filing deadlines.

# 60 Days for outpatient claims 90 Days for inpatient claims

**Note:** Providers experiencing any barriers that may prevent you from meeting these deadlines you are required to notify DWIHN **immediately** to have your issues documented and investigated before submission deadlines. There will be no "timely filing" denial decisions overturned if there is no documented proof that issues existed prior to the timely deadlines.

# Timely Filing Deadlines



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

### **ORR Recipient Rights Training**

#### Updates: May 2024

- Increase in NHRRT attendance w/i 30 doh for 04/2024: 74%. Thank you to Providers! Continued improvement.
- New Procedure-Impact status is *pending* re: Providers checking MHWIN no later than the end of business on Friday to make sure their staff have <u>attended AND</u> <u>completed</u> NHRRT. If they have not, please reschedule them or email <u>orr.training@dwihn.org</u> for assistance.
- Multiple emails sent out requesting Providers not mark NHRRT participants as "canceled" in MHWIN-affects training data. ORR recommends notifying the ORR Trainers via the orr.trg email address.

#### **ORR NHRRT Information:**

- NHRRT conducted <u>Mon-Wed</u> from <u>10am-12pm</u>. Evening NHRRT-2nd Tuesday of the month from <u>4pm-6pm</u>. Check MHWIN for available training dates.
- If new staff report they previously attended NHRRT, request evidence during the onboarding/orientation process.
- NHRRT is held via the Zoom App-<u>participants need</u> strong Wi-Fi signal & be familiar w/the Chat feature.

- Participants <u>must</u> be present <u>online</u>, with working <u>cameras</u>, and remain <u>visible</u> and available to communicate <u>throughout</u> the course. Staff are not allowed into the training 5 minutes after the start time.
- If your staff are <u>OBSERVED DRIVING OR OTHERWISE</u> <u>NOT ENGAGED DURING THE TRAINING</u>, they will be removed from the training and will need to be rescheduled.
- Providers, if you know that your staff are not technology savvy, please have them come into the office to take the training, where you are able to assist them.
- An email is sent on morning of training to email address listed in MHWIN. If your staff experiences any issues with the NHRRT class email, you may contact us at: orr.training@dwihn.org
- NHRRT vs. ARRT-NHRRT: Virtual ZOOM new staff; ARRT: DWC website (1year after NHRRT training date, and annually thereafter)
- ORR Trg. info located on DWIHN website (dwihn.org), in MHWIN, & on the FAQ's form-See under: "Provider tab/ORR training info"
- ORR Trainers: LaShanda Neely, Michael Olver, Joyce Wells

### **OFFICE OF RECIPIENT RIGHTS: MONITORING (SITE REVIEWS)**

#### Updates: May 2024

- "Request for Documents" letters to be sent via email/USPS this month (June), for the upcoming LPH site reviews
- Recommended LPH <u>Site Review</u> tool revised, 1 page-MDHHS ORR responsible to conduct LPH <u>Assessment</u> (once every 3 years)

#### **ORR Monitoring Information:**

- 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, in most cases (Oakland, Macomb, Washtenaw)

- ORR Reviewer looks for during site review request:
- List: 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 <u>Corrective</u> <u>Action Plan</u>. Provider has <u>10-business days</u> 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 <u>current</u>, as required in MHWIN
- Questions re: ORR Monitoring: <u>esims1@dwihn.org</u>, <u>lhudson@dwihn.org</u> or <u>spride@dwihn.org</u>



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To:	Clinically Responsive Service Providers (CRSPs) – Child SED / Child IDD
From:	Cassandra Phipps (Director of Children's Initiative)
CC:	Melissa Moody (VP of Clinical Operations), Ebony Redding (Special Project
	Specialist)
Re:	FY 24 – 25 MichiCANs Q & A Session Update
Date:	June 4, 2024

In preparation for the MichiCANs Hard Launch effective 10/1/2024, the Children Initiatives Department hosted a MichiCANs Q&A Session on Thursday 5/23/24 from 10:00am –11:00am via Zoom. MichiCANs Hard Launch is applicable to both SED and IDD Children Providers services members ages 0 to 21<sup>st</sup> birthday.

**Recording:** The MichiCANs Q&A Session recording is available by accessing the link and passcode below:

#### <u>https://dwihn-org.zoom.us/rec/share/pW-</u> <u>ghHyjuiTGozj\_cXT02ORzxGZzMRVQrf0jm6y5mb2aQTV262RXTNLzxwz88LFT.tRz-</u> <u>582mF4TQ\_gyb</u>

Passcode: x3=d!&gy

**MichiCANs Training:** Clinicians, Wrap Around Facilitators, and Supervisors are also to register for the MichiCANs Training scheduled for June 2024 and July 2024 via the TCOM website: <u>TCOMTraining.com</u>

**MichiCANs Documents:** MichiCANs information and supporting documents are now available on the DWIHN website / Provider page: <u>https://www.dwihn.org/for-providers</u>

#### **Provider Resources**

- <u>CRSP/OP Providers: Info, Forms & Docs</u>
- General Forms, Guidelines, and Tools
- HEDIS Info
- <u>Meetings/Trainings/Announcements</u>
- <u>MichiCANS</u>
- Policies

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Eric W. Doeh, President and CEO



If you have any questions you can contact Cassandra Phipps, Director of Children's Initiative @ <a href="mailto:cphipps@dwhin.org">cphipps@dwhin.org</a> and Ebony Redding @ <a href="mailto:eredding@dwihn.org">eredding@dwihn.org</a> .

Sincerely,

#### Cassandra Phipps LPC. LLP. CAADC

Cassandra Phipps, LPC, LLP, CAADC Director of Children's Initiatives Detroit Wayne Integrated Health Network



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BULLETIN NUMBER:	24-007 (v.3)
ISSUED/REVISED:	5/30/2024
EFFECTIVE:	5/1/2024
SUBJECT:	Inpatient Discharge Planning for Children's Services (SED & IDD)
SERVICE AFFECTED:	T1017-LI; H2021-LI; H2022-LI; and H0036-LI

#### BACKGROUND

Per Bulletins 19-007, 23-007, Hospital Liaison services were moved from the "Children's Crisis Services" contracts to the "MH Child Outpatient" contracts for all providers of children's outpatient services. The Clinically Responsible Service Provider (CRSP) is responsible for discharge planning services when a child is hospitalized or transitioning out of a Child Caring Institution. These services are referred to as "Hospital Liaison Services" (T1017 LI).

#### PROCEDURE

Effective 5/1/2024 CRSPs are to follow additional guidance regarding hospital discharge planning. In addition, CRSPs are to clearly document the purpose of discharge planning in progress notes and any other required clinical documentation. CRSPs to refer to Telemedicine Policy regarding use of telemedicine services.

#### Youth transitioning from a Child Caring Institution (CCI) back into the Community:

For both the CCI and Hawthorn Center, the following mental health services initiated by the PIHP (the child needs to be open to the PIHP/CMHSP) may be provided within the designated timeframes:

- The assessment of a child's eligibility and needs for the purpose of determining the community-based services necessary to transition the child out of a CCI or Hawthorn Center. This should occur up to 180 days prior to the anticipated discharge from a CCI or Hawthorn Center.
- Wraparound planning, case management or supports coordination. This should occur up to 180 days prior to discharge from a CCI or Hawthorn Center.

Medicaid-funded behavioral health services may be provided to support children with intellectual and

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developmental disabilities (I/DD) in a CCI that exclusively serves children with I/DD when authorized by the respective PIHP/CMHSP. Authorization by the PIHP/CMHSP includes special considerations, services and/or funding arrangements. Enrollment of the CCI provider is the responsibility of the PIHP/CMHSP to ensure providers rendering services adhere to all state and federal regulations on the use of seclusion and restraint and are appropriately credentialed to perform I/DD services. Medicaid does not cover services provided to persons/children involuntarily residing in non-medical public facilities (such as jails, prisons, or juvenile detention facilities).

# *Children Services Transition Protocol (December 2023): Youth transitions from a Child Caring Institution (CCI) back into the Community: Michigan Medicaid Provider Manual Section 2 – Program Requirements (2.3 Location of Service).*

<u>Examples of Child Care Institute (CCI) include:</u> State Facility Hospital, Intensive Community Transition Services (ICTS), and Psychiatric Residential Treatment Facility (PRTF).

The State Facility Hospital Hawthorne is now Walter Reuther

#### CHILDREN SERVICES – SED / IDD

#### <u>New Members without an Integrated Biopsychosocial Assessment (IBPS)</u> and or Individual Plan of Service (IPOS)

Authorization	This scenario <u>does not</u> require a prior authorization for services within initial 60 days of the admission date
Service Location	Service Program / CPT Code
Child Caring Institution (CCI) Place of Service:	<ul> <li>Biopsychosocial Assessment – T1017 LI, BI</li> <li>Supports Coordination – T1017 LI</li> <li>Targeted Case Management – T1017 LI</li> </ul>
(21 - Inpatient Hospital)	Wrap Around – H2021 LI
Emergency Room	No applicable cpt code for this setting. CRSPs to document with a contact note.
Place of Service: (23 – Emergency Room)	
Partial Hospitalization	Partial hospitalization is not considered a hospital admission; however, a preauthorized outpatient service. Thus, CRSPs can provide therapy services after partial hospitalization business hours.
Psychiatric Inpatient Hospitalization	Targeted Case Management – T1017 LI
Place of Service: (51 - Inpatient Psychiatric facility)	

#### Existing Members with a completed Integrated Biopsychosocial Assessment (IBPS)

#### and an Individual Plan of Service (IPOS).

Authorization	This scenario does require a prior authorization	
Service Location	Service Program / CPT Code	
Child Caring Institution (CCI)	<ul> <li>Targeted Case Management – T1017 LI</li> </ul>	
	<ul> <li>Wrap Around – H2021 LI</li> </ul>	
Place of Service:	<ul> <li>SED Waiver Wrap Around – H2022 LI</li> </ul>	
(21 - Inpatient Hospital)	· · · · · · · · · · · · · · · · · · ·	
Emergency Room	No applicable procedure codes. CRSPs to document with a contact note.	
Place of Service:		
(23 – Emergency Room)		
Partial Hospitalization	Partial hospitalization is not considered a hospital	
	admission; however, a preauthorized outpatient service.	
	Thus, CRSPs can provide therapy services after partial	
	hospitalization business hours.	
Psychiatric Inpatient	<ul> <li>Targeted Case Management – T1017 LI</li> </ul>	
Hospitalization	<ul> <li>Home Based Therapy – H0036 LI</li> </ul>	
	<ul> <li>Wrap Around – H2021 LI</li> </ul>	
Place of Service:	<ul> <li>SED Waiver Wrap Around – H2022 LI</li> </ul>	
(51 - Inpatient Psychiatric facility)	·	

#### Existing Members with an expired Integrated Biopsychosocial Assessment (IBPS) and or expired Individual Plan of Service (IPOS)

Authorization	Provider to email Utilization Department requesting to authorize a stand-alone authorization for hospital discharge planning and provide clinical justification with the request. pihpauthorizations@dwihn.org
Service Location	Service Program / CPT Code
Child Caring Institution (CCI) Place of Service: (21 - Inpatient Hospital)	<ul> <li>Biopsychosocial Assessment – T1017 LI, BI</li> <li>Supports Coordination – T1017 LI</li> <li>Targeted Case Management – T1017 LI</li> <li>Wrap Around – H2021 LI</li> </ul>
Emergency Room Place of Service: (23 – Emergency Room)	No applicable cpt code for this setting. CRSPs to document with a contact note.
Partial Hospitalization	Partial hospitalization is not considered a hospital admission; however, a preauthorized outpatient service. Thus, CRSPs can provide therapy services after partial hospitalization business hours.
Psychiatric Inpatient Hospitalization	Targeted Case Management – T1017 LI

Place of Service:	
(51 - Inpatient Psychiatric facility)	

#### **REFERENCES:**

#### **Telemedicine Policy**

https://dwmha.policystat.com/policy/10681486/latest

Benefit Policy: Children Services Transition Protocol Attachment <a href="https://dwmha.policystat.com/policy/14721291/">https://dwmha.policystat.com/policy/14721291/</a>

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

Please direct any questions and or concerns to: <u>procedure.coding@dwihn.org</u>



### National Committee for Quality Assurance

### Maria B. Stanfield, MA, LLP, CADC June 8, 2024





## National Commission on Quality Assurance NCQA

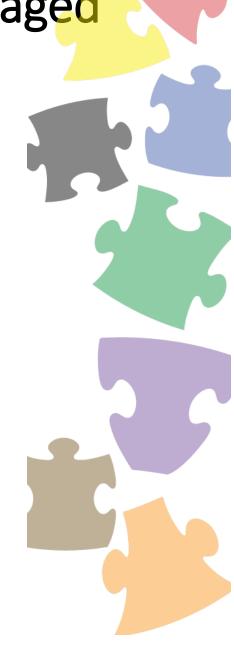
NCQA's Managed Behavioral Healthcare Organization (MBHO) Accreditation program evaluates organizations on whether they implement industry best practices to provide high-quality behavioral healthcare.



# National Committee for Quality Assurance Managed Behavioral Healthcare Organization







# Where do we go from here?

- Continuous Quality Improvement
- Strategic Planning and Accreditation Alignment
- Modify and Augment our existing tools
- Modify and revise policies PRN
- Revisit our Quality Plans and activities
- Share our accreditation with the State of Michigan and Provider Network
- Provider Recognition Programs: NCQA offers recognition programs for healthcare providers, such as physicians and physician groups. These programs assess the quality of care provided by healthcare professionals
- Public reporting of performance against our measures and standards becomes the focus for groups we evaluate and for their customers





## See it before you see it!





# Why NCQA MBHO Accreditation?

- Demonstrates a level of health plan performance and commitment to Quality
- Considered the "gold standard" for quality
- Entities must demonstrate that they follow evidence-based practices for providing high-quality care across
  multiple standards. MBHO Accreditation emphasizes care coordination, complex case management and data
  exchange between health plans and behavioral health organizations.
- The MBHO standards focus on:
- Quality Management and Improvement: The MBHO has processes to monitor, evaluate and improve the quality and safety of care provided, including practitioner availability, behavioral health screening programs and complex case management.
- Care Coordination: The MBHO coordinates care among behavioral health practitioners and between behavioral healthcare and medical care.
- Utilization Management: Utilization management is a critical component of accreditation. The MBHO
  demonstrates, through extensive record review, that it adheres to a process that ensures members are
  receiving decisions on treatments that are timely and evidence-based.
- Credentialing: The MBHO has and follows processes for verifying and monitoring the credentials of practitioners in its network.
- Member Experience: The MBHO ensures a positive member experience and follows processes for handling member complaints and appeals.





# Questions?







### FY 2024-2025 PRE-CONTRACTING PREREQUISITES

### **MANAGED CARE OPERATIONS**



# FY 2024-2025 PRE-CONTRACTING PREREQUISITES

- Credentialing Status
  - Approved or Application Completed
- ➤ Certificate of Insurance (COI)
  - Proof of General, Professional, Auto & Workers Comp per DWIHN Contract
  - Coverage thru 10-1-24 @ minimum
  - DWIHN is listed as additional insured
  - DWIHN listed as certificate holder
  - If auto not applicable, a statement on company letterhead
- ➤ Active SAM.Gov with CAGE #
- $\succ$  NPI # or proof of application

### \*Please contact your Contract Manager with any questions.

