



## **CRSP Outpatient Provider Meeting Q&A**

**Friday, June 7, 2024**

**Virtual Meeting**

**10:00 am –11:00 am**

- 1. Question:** CMs can use T1017 without modifier?  
**Answer:** Yes
- 2. Question:** Was it titled, Conflict Free Case Mgmt. Model?  
**Answer:** It is called Conflict Free Access and Planning
- 3. Question:** We are a new skill building facility. We are getting authorizations approved and they have no rates. We have reached out to authorizations and have not received a response. Who can we reach out to? Please advise!  
**Answer:** The rates established for specific codes (like H2014) should be listed on our website for your review. Please contact your Provider Network Manager to ensure your contract is set up appropriately in the system.
- 4. Question:** Can you put in the meeting notes what code and modifiers that Support Coordinators have to use when they visit their consumers while they are attending the Skill Building program?  
**Answer:** yes- The approved codes include T1017 and H0032-TS
- 5. Question:** Quinnetta, are there training materials available for billing secondary claims in MHWIN/COB?  
**Answer:** Hi Nicole, the "help" tab in MHWIN is a very helpful resource for COB billing in MHWIN. If you can send me an email at qrobinson@dwihn.org I can also see what I can send over.
- 6. Question:** How do you address timely resubmission when there is a conflict? For example, sometimes we have to ask another provider to correct their claim and then wait for them to do so or wait for them to get paid so we can submit, but by that time the 60 days has passed. Will we be able to submit our claim and be paid for the service without any problems?  
**Answer:** I would advise that you bill your claims adhering to the timely filing guidelines. Even if you receive a denial, they can be reconsidered for payment because claims were

submitted prior to the deadlines. If these are COB claims, you have a year from the primary payment to bill your claims.

7. **Question:** Where is this memo located on the DWIHN website?

**Answer:** <https://www.dwihn.org/billig-coding-bulletins>

8. **Question:** What about seeing Youths in the hospital prior to discharge? What code/modifier does the CM use?

**Answer:** The codes are located on the bulletin. Please visit the website link for 2024-007 bulletin. <https://www.dwihn.org/billig-coding-bulletins>

# 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](mailto:pihpccm@dwihn.org).

Along with the referral form please send current bio Psychosocial assessment, LOCUS/SIS assessment and any other relevant clinical documents.

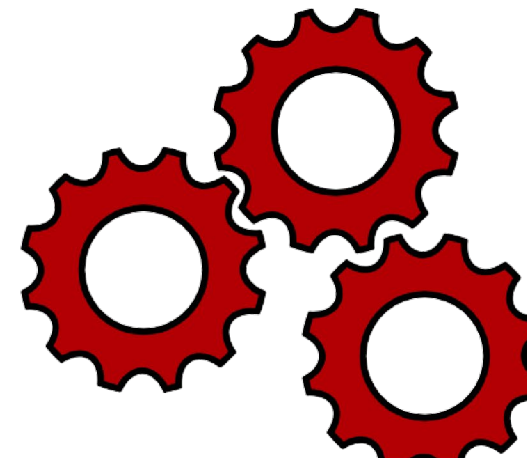


## Detroit Wayne Integrated Health Network

707 W. Milwaukee Street  
Detroit, MI 48202  
313-833-2500  
[www.dwihn.org](http://www.dwihn.org)

### 24-Hour Access Center

800-241-4949





# 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

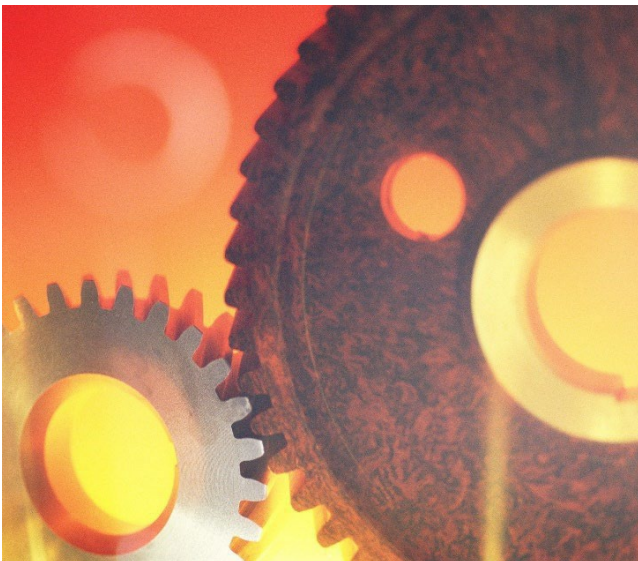
The DWIHN CCM program has general eligibility criteria for adults and children/youth.

### 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 months& 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:**

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Please fax completed form to: 313-989-9529

Please send via secure email to: [pihpccm@dwihn.org](mailto:pihpccm@dwihn.org)

For DWIHN USE:

Date Referral Received: \_\_\_\_\_

Case Assigned To: \_\_\_\_\_

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

# Residential Services

- ▶ Residential Services Director
  - Ryan Morgan LMSW
  - Email address: [rmorgan@dwihn.org](mailto:rmorgan@dwihn.org)
  - 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 [residentialreferral@dwihn.org](mailto:residentialreferral@dwihn.org)
- ▶ 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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**Detroit Wayne  
Integrated Health Network**  
Residential Services Department  
707 W. Milwaukee St.  
Detroit, MI 48202-2943  
Office: (313) 989-9513  
Fax: (313) 989-9525  
[residentialreferral@dwhn.org](mailto:residentialreferral@dwhn.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@dwhn.org**

Please complete the

**DWMHA Residential Referral Checklist**

and submit with complete clinical documentation for review.



1

2







**Detroit Wayne Integrated Health Network**  
Residential Services Department  
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Detroit, MI 48202-2943  
Phone: (313) 989-9513  
Fax: (313) 989-9525  
[residentialreferral@dwihn.org](mailto:residentialreferral@dwihn.org)  
TDD: (800) 630-1044 RR/TDD: (888) 338-6588

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

Placement Type Requested:  Pre-Placement  Specialized Licensed  Specialized Unlicensed  CLS Staffing 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 Test Date: \_\_\_\_\_

Request Summary (Reason for submitting referral):  
\_\_\_\_\_

Designated CRSP: \_\_\_\_\_ LOCUS Score: \_\_\_\_\_

Scheduled Follow-up Appointment (Post Discharge) Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*\*Section Complete by DWIHN Residential Staff Only\*\***  
 Residential Assessment attached by assigned RCC | RCS: \_\_\_\_\_  
Referring Provider: \_\_\_\_\_  
Referral Date: \_\_\_\_\_

Vertical sidebar with navigation icons: Home, Search, Print, Share, and a list of page numbers (2, 2) with up/down arrows.

# Residential Unit Manager

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



## Detroit Wayne Integrated Health Network

707 W. Milwaukee St.  
Detroit, MI 48202-2943  
Phone: (313) 833-2500  
[www.dwihn.org](http://www.dwihn.org)

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

**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

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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:

[https://dwihn-org.zoom.us/rec/share/pW-ghHvjuiTGozi\\_cXT02ORzxGZzMRVQrf0jm6y5mb2aQTV262RXTNLzxwzS8LFT.tRz-582mF4TQ\\_gyb](https://dwihn-org.zoom.us/rec/share/pW-ghHvjuiTGozi_cXT02ORzxGZzMRVQrf0jm6y5mb2aQTV262RXTNLzxwzS8LFT.tRz-582mF4TQ_gyb)

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: [TCOMTraining.com](http://TCOMTraining.com)

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

**Provider Resources**

- [CRSP/OP Providers: Info, Forms & Docs](#)
- [General Forms, Guidelines, and Tools](#)
- [HEDIS Info](#)
- [Meetings/Trainings/Announcements](#)
- **[MichiCANS](#)**
- [Policies](#)

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If you have any questions you can contact Cassandra Phipps, Director of Children's Initiative @ [cphipps@dwhin.org](mailto:cphipps@dwhin.org) and Ebony Redding @ [eredding@dwhin.org](mailto:eredding@dwhin.org) .

Sincerely,

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



# Detroit Wayne Integrated Health Network

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Detroit, MI 48202-2943  
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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).***

Examples of Child Care Institute (CCI) include: 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

#### New Members without an Integrated Biopsychosocial Assessment (IBPS) 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
<b>Child Caring Institution (CCI)</b>  <i>Place of Service: (21 - Inpatient Hospital)</i>	<ul style="list-style-type: none"> <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>
<b>Emergency Room</b>  <i>Place of Service: (23 – Emergency Room)</i>	No applicable cpt code for this setting. CRSPs to document with a contact note.
<b>Partial Hospitalization</b>	Partial hospitalization is not considered a hospital admission; however, a preauthorized outpatient service. Thus, CRSPs can provide therapy services after partial hospitalization business hours.
<b>Psychiatric Inpatient Hospitalization</b>  <i>Place of Service: (51 - Inpatient Psychiatric facility)</i>	<ul style="list-style-type: none"> <li>• Targeted Case Management – T1017 LI</li> </ul>

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



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

<b>Authorization</b>	<b>This scenario does require a prior authorization</b>
<b>Service Location</b>	<b>Service Program / CPT Code</b>
<b>Child Caring Institution (CCI)</b>  <i>Place of Service: (21 - Inpatient Hospital)</i>	<ul style="list-style-type: none"> <li>• Targeted Case Management – T1017 LI</li> <li>• Wrap Around – H2021 LI</li> <li>• SED Waiver Wrap Around – H2022 LI</li> </ul>
<b>Emergency Room</b>  <i>Place of Service: (23 – Emergency Room)</i>	No applicable procedure codes. CRSPs to document with a contact note.
<b>Partial Hospitalization</b>	Partial hospitalization is not considered a hospital admission; however, a preauthorized outpatient service. Thus, CRSPs can provide therapy services after partial hospitalization business hours.
<b>Psychiatric Inpatient Hospitalization</b>  <i>Place of Service: (51 - Inpatient Psychiatric facility)</i>	<ul style="list-style-type: none"> <li>• Targeted Case Management – T1017 LI</li> <li>• Home Based Therapy – H0036 LI</li> <li>• Wrap Around – H2021 LI</li> <li>• SED Waiver Wrap Around – H2022 LI</li> </ul>

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

<b>Authorization</b>	<b>Provider to email Utilization Department requesting to authorize a stand-alone authorization for hospital discharge planning and provide clinical justification with the request. <a href="mailto:pihpauthorizations@dwihi.org">pihpauthorizations@dwihi.org</a></b>
<b>Service Location</b>	<b>Service Program / CPT Code</b>
<b>Child Caring Institution (CCI)</b>  <i>Place of Service: (21 - Inpatient Hospital)</i>	<ul style="list-style-type: none"> <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>
<b>Emergency Room</b>  <i>Place of Service: (23 – Emergency Room)</i>	No applicable cpt code for this setting. CRSPs to document with a contact note.
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<b>Psychiatric Inpatient Hospitalization</b>	<ul style="list-style-type: none"> <li>• Targeted Case Management – T1017 LI</li> </ul>

<i>Place of Service: (51 - Inpatient Psychiatric facility)</i>	
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**REFERENCES:**

**Telemedicine Policy**

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

**Benefit Policy: Children Services Transition Protocol Attachment**

<https://dwmha.policystat.com/policy/14721291/>

**MDHHS Website: SFY 2024 Behavioral Health and Provider Qualifications**

[https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](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: [procedure.coding@dwihn.org](mailto:procedure.coding@dwihn.org)



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# **National Committee for Quality Assurance**

**Maria B. Stanfield, MA, LLP, CADC**

**June 8, 2024**





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# 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.





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## Revisit our path to success Areas Assessed

Areas of focus for entities who earn MBHO accreditation through NCQA are as follows:

Provides a framework for internal quality improvement in:

- Quality Management and Improvement.
- Care Coordination.
- Utilization Management.
- Credentialing and Recredentialing.
- Members' Rights and Responsibilities.

DWIHN has had uninterrupted NCQA MBHO accreditation since February of 2018.



# National Committee for Quality Assurance Managed Behavioral Healthcare Organization



  
**National Committee for Quality Assurance**  
has awarded

*Detroit Wayne Integrated Health Network*  
*Medicaid MBHO*  
the status of  
**Full**

for the development and maintenance of a clinically effective  
managed behavioral healthcare delivery system  
which maintains as its primary objective the delivery of  
high quality member care and service.



  
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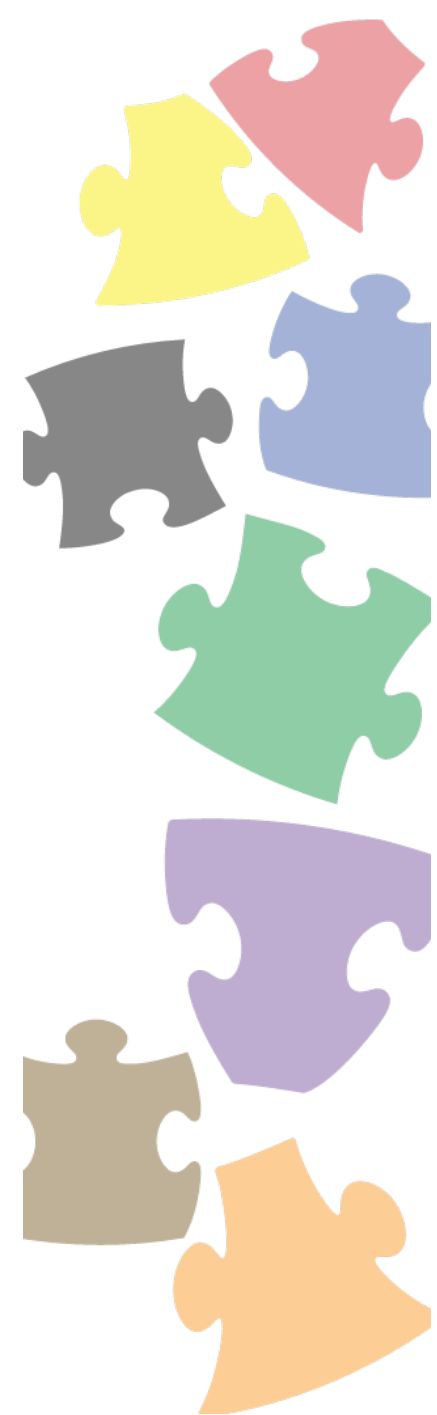
05/14/2024                      05/14/2027  
DATE GRANTED                      EXPIRATION DATE





# 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

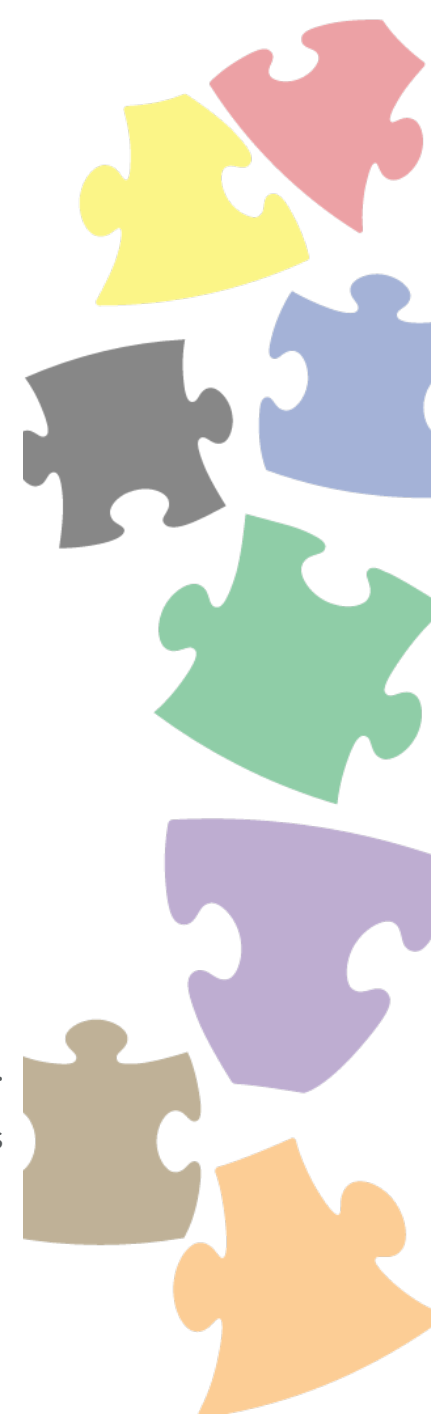


# See it before you see it!



# 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.





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**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 #
- NPI # or proof of application

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

