



Detroit Wayne Integrated Health Network

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

FAX: (313) 833-2156
TTY: 711

Residential Provider Meeting

Friday, June 27, 2025

Virtual Meeting

11:30 am –12:30 pm

Agenda

Zoom Link: <https://dwihn-org.zoom.us/j/92653624476>

- I. Welcome/Introductions
- II. Cost of Care Letters and Medical Needs Forms- Katrina Myles
- III. Claims – Quinnetta Robinson (Pages 2-5)
 - General Fund
- IV. Corporate Compliance- Andrew Ling (Pages 6 -11)
 - Compliance Updates
- V. Recipient Rights – Michael Olver (Pages 12-28)
 - ORR Training & Monitoring
 - 2025 revised ORR NHRRT Calendar
- VI. Residential – Ryan Morgan
 - Residential Updates (Pages 29 -30)
- VII. Contracts/Credentialing – Rai Williams (Pages 26-52)
 - Staff File Maintenance Policy
 - Credentialing / Re-credentialing Policy
 - Provider Responsibilities
 - Provider Network Manager In-Person Meetings
- VIII. Administrative Updates – James White, President and CEO
- IX. Questions
- X. Adjourn

Board of Directors

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Edit of the Month

Quinn Robinson
Claims Manager



General Funds

- (30 Days) Service is not in DWMHA benefit plan for this individual on DOS.
- GF-2 Service not in DWMHA benefit plan for this Individual on this date of service (60 Days)
- GF-3 (90-days) is no longer allowed. General Funds must be resolved within the 60day timeframe. Please refer to the bulletin released June 10th 2025, for additional information.

GF-2 Service not in DWMHA benefit plan for this Individual on this date of service (60 Days)	<u>GF</u> Alw: .00 Pay: .00	0	<input type="checkbox"/>	Override
		Service Line Allowed/Paid: .00 / .00		0

This edit means that the consumer has lost Medicaid coverage for your dates of service. This edit “**can not**” be an override to pay. The claims department can not correct this issue.

General Funds Resolution




- ✓ After the consumer loses Medicaid coverage a “special GF Authorization” is **required** for claims to pay.
- ✓ The consumer’s Case Manager/Supports Coordinator ***must*** complete a General Fund Exception Request Form. This is completed via MH-WIN under ‘Request for General Fund Exception’ in the Authorization screen.
- ✓ Once the special GF Authorization is created you must use the new GF authorization to bill for services that fall within the GF period. The GF Authorization will bypass the edits.
- ✓ General Fund (GF) authorizations are created to cover a 90-day time frame. During this period the Case Manager/Supports Coordinator /Guardian ***must*** work with the DHS office to get the consumer re-enrolled in Medicaid.



DWIHN GF Bulletin

I want to also remind everyone that all billing and coding bulletins can be found on our website at DWIHN.org under the billing and authorization tab.

[Home](#) > [For Providers](#) > [Billing and Authorizations](#) > [DWIHN Coding Manual Bulletins](#)



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MEMORANDUM

Date: June 10, 2025
To: Clinically Responsible Service Providers (CRSP)
From: Melissa Moody MS, LLP, MBA- VP of Clinical Operations
Re: General Fund Benefit Plan- Revised

Detroit Wayne Integrated Health Network (DWIHN) continues to evaluate current services covered under general fund to ensure they are essential services for this service population. Historically, when a member lost their Medicaid, DWIHN's claim system allowed payment for up to 90 days of services while the member reapplied for Medicaid. The MHWIN system has been updated and no longer allows for a 90-day grace period effective immediately.

General Fund Exception is the process designed to prevent the interruption of needed services while the insurance acquisition/reinstatement is completed. For a member to be considered for General Fund Exception to cover the cost of services, the CRSP must first confirm the insurance status, then electronically complete and submit the "Requests for General Fund Exception." General Fund authorization approvals are completed on a case-by-case basis and will not exceed





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Corporate Compliance Department

Provider Meeting Updates June 27th, 2025



Compliance Update

❑ June 2025

❑ Frequent noncompliance issues:

- Billing for services not rendered
 - 42 CFR 455.2, *"fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person."*
- Billing for services that do not accurately reflect time with the beneficiary
 - Medicaid Providers Manual, General Information for Providers, section 14.7 Clinical Records *"For service that are time specific according to procedure codes billed, providers must indicate in the medical record the actual began time and end time of particular services."*
- Billing for services without a signed Individual Plan of Service
 - 42 CFR 441.725 Peron Centered Service Plan (b)(9) *the written plan must: Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.*



Strategies on How to Remain in Compliance

- **Auditing and Monitoring:** Conduct regular audits and monitoring of operations to identify and address compliance issues promptly.
- **Stay Informed:** Regularly monitor updates to healthcare laws, regulations and industry standards relevant to your practice.
- **Policies and Requirements:** Regularly review DWIHN policies and contracts to ensure you are up to date on contract requirements and regulatory changes.
- **Implement Policies and Procedures:** Establish and maintain clear policies and procedures that align with regulatory requirements and best practices.
- **Training and Education:** Provide ongoing training to staff on compliance issues, including fraud prevention, patient privacy (HIPAA), and billing practices.
- **Documentation:** Maintain accurate and detailed records of patient care, billing, compliance activities and HR files.



When and Who to contact

If you have a question pertaining to an active investigation?

Your designated investigator is listed in the notification letter sent to your agency, along with their name and contact details.

If you have a question pertaining to a closed case. This means you have submitted your CAP, and no further action is required from your agency?

Please contact John Shafer, Compliance Special Investigations Unit Administrator,
Jshafer@dwihn.org

If you have concerns about sanctions or actions being taken against your agency.

Please contact Sheree Jackson, Vice President of Compliance, Sjackson@dwihn.org



Compliance Academy

- Next Residential Provider Compliance Academy is set for July 22nd and July 24th Via Zoom
 - If you have not received a memo regarding the Compliance Academy and wish to receive it, please contact Andrew Ling, DWIHN Senior Compliance Auditing Specialist, Aling@DWIHN.org
- All Compliance Academy feedback, potential topic suggestions and all other questions should be directed to Andrew Ling, DWIHN Senior Compliance Auditing Specialist, Aling@DWIHN.org



Questions





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DETROIT WAYNE INTEGRATED HEALTH NETWORK

800-241-4949

www.dwihn.org



ORR Training & Monitoring Agenda

Provider Meeting

(06/27/2025)



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Updates: ORR Training (June 2025)

1. **Effective 7/1/2025**-Training participants will *not* be permitted to sit in their vehicles while attending NHRRT, as trainers lack the ability to ensure those participants are not driving. On 7/1/2025 going forward, if you're observed in a vehicle during NHRRT, you will be removed from the training and will have to be rescheduled.
2. **ORR NHRRT Training Calendar for 2025**-The July 2025 calendar has been revised. The 7/10/25, NHRRT class has been **removed** and an additional NHRRT class has been **added** for **Wednesday 7/30/25**, as a result. (See attached calendar, also located on the DWIHN website @ [dwihn.org-ORR/Provider tab/ORR calendar](http://dwihn.org-ORR/Provider%20tab/ORR%20calendar))
3. **Questions for ORR Training**-Please place in the Q & A.

ORR NHRRT Information for Review:

If new staff report that they previously attended NHRRT, request evidence during the onboarding/orientation process.

NHRRT is held via the Zoom App-participants need a strong Wi-Fi signal & be familiar w/the Chat feature.

Participants must be present online, with working cameras, and remain visible and available to communicate throughout the course. Training participants not allowed into training 5 minutes after the start time.

If your staff are OBSERVED DRIVING, SITTING IN A VEHICLE OR OTHERWISE NOT ENGAGED DURING THE TRAINING, they will be removed from the training and will need to be rescheduled.

Providers, if your staff aren't tech-savvy, please provide assistance when they attend NHRRT, if possible.

An email is sent on morning/evening of trg, to training participant's email address listed in MHWIN. If staff experiences any issues with receiving the NHRRT class email, they may contact ORR trainers at: orr.training@dwihn.org

ORR Trg. info located on DWIHN website (dwihn.org), in MHWIN Newsflash, & on the FAQ's form on DWIHN website @ dwihn.org.

ORR Trainers: orr.training@dwihn.org-LaShanda Neely,
Michael Olver, Joyce Wells
ORR Manager: Schakerra Pride



Updates: ORR Monitoring June 2025

1. ORR 2025 Monitoring Annual Site Visit tools-Different appearance but same questions as previous ORR site visit tool. **Residential ONLY**-ORR assisting with conducting Specialized Residential HCBS site reviews, which includes additional HCBS-related questions, on the ORR HCBS site visit tool.

2. ORR Annual Site Visit tool Scores-Scores are tabulated for each section of the tool. In order to successfully pass the ORR site review visit, the final score for all sections of the tool is required to be 95% or higher. Scores that are less than 95% will require a Corrective Action Plan (CAP).

3. Questions for ORR Monitoring-Please place in the Q & A.

ORR Monitoring Information for Review:

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

DWIHN ORR accepts NHRRT certificates obtained from *different* counties w/evidence provided & verification of validity, in most cases. (Oakland, Macomb, Washtenaw CMH NHRRT accepted)



During site review ORR Reviewer will check the following:

Required postings, RR booklets, confidential items stored, health/safety violations, interior/exterior of facility, interview staff & members re: rights knowledge and complaint filing-
Please note: Additional questions will be included for HCBS locations.

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

End of site review visit, Site Rep is required to sign & date of site review tool.

Important Reminder/Contact Info:

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

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



THANK YOU FOR ATTENDING!



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JUNE 2025

* Please note that training dates are subject to change

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 NHRRT Virtual 10am – 12pm	4 NHRRT Virtual 10am – 12pm	5 NHRRT Virtual 10am – 12pm	6	7
8	9	10 NHRRT Virtual 4pm – 6pm	11 NHRRT Virtual 10am – 12pm	12 NHRRT Virtual 10am – 12pm	13	14
15	16	17 NHRRT Virtual 10am – 12pm	18 NHRRT Virtual 10am – 12pm	19 Juneteenth	20	21
22	23	24 NHRRT Virtual 4pm – 6pm	25 NHRRT Virtual 10am – 12pm	26 NHRRT Virtual 10am – 12pm	27	28
29	30	1	2	3	4	5

JULY 2025

* Please note that training dates are subject to change

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	1 NHRRT Virtual 10am – 12pm	2 NHRRT Virtual 10am – 12pm	3 NHRRT Virtual 10am – 12pm	4 July 4th	5
6	7	8 NHRRT Virtual 4pm – 6pm	9 NHRRT Virtual 10am – 12pm	10	11	12
13	14	15 NHRRT Virtual 10am – 12pm	16 NHRRT Virtual 10am – 12pm	17 NHRRT Virtual 10am – 12pm	18	19
20	21	22 NHRRT Virtual 4pm – 6pm	23 NHRRT Virtual 10am – 12pm	24 NHRRT Virtual 10am – 12pm	25	26
27	28	29 NHRRT Virtual 10am – 12pm	30 NHRRT Virtual 10am – 12pm	31	1	2

AUGUST 2025

* Please note that training dates are subject to change

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
25	26	27	28	29	1	2
3	4	5 NHRRT Virtual 10am – 12pm	6 NHRRT Virtual 10am – 12pm	7 NHRRT Virtual 10am – 12pm	8	9
10	11	12 NHRRT Virtual 4pm – 6pm	13 NHRRT Virtual 10am – 12pm	14 NHRRT Virtual 10am – 12pm	15	16
17	18	19 NHRRT Virtual 10am – 12pm	20 NHRRT Virtual 10am – 12pm	21 NHRRT Virtual 10am – 12pm	22	23
24	25	26 NHRRT Virtual 4pm – 6pm	27 NHRRT Virtual 10am – 12pm	28 NHRRT Virtual 10am – 12pm	29	30
31	1	2	3	4	5	6

SEPTEMBER 2025

* Please note that training dates are subject to change

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1 Labor Day	2 NHRRT Virtual 10am – 12pm	3 NHRRT Virtual 10am – 12pm	4 NHRRT Virtual 10am – 12pm	5	6
7	8	9 NHRRT Virtual 4pm – 6pm	10 NHRRT Virtual 10am – 12pm	11 NHRRT Virtual 10am – 12pm	12	13
14	15	16 Recipient Rights Conference	17 Recipient Rights Conference	18 Recipient Rights Conference	19 Recipient Rights Conference	20
21	22	23 NHRRT Virtual 4pm – 6pm	24 NHRRT Virtual 10am – 12pm	25 NHRRT Virtual 10am – 12pm	26	27
28	29	30	1	2	3	4

OCTOBER 2025

* Please note that training dates are subject to change

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	1 NHRRT Virtual 10am – 12pm	2 NHRRT Virtual 10am – 12pm	3	4
5	6	7 NHRRT Virtual 10am – 12pm	8 NHRRT Virtual 10am – 12pm	9 NHRRT Virtual 10am – 12pm	10	11
12	13	14 NHRRT Virtual 4pm – 6pm	15 NHRRT Virtual 10am – 12pm	16 NHRRT Virtual 10am – 12pm	17	18
19	20	21 NHRRT Virtual 10am – 12pm	22 NHRRT Virtual 10am – 12pm	23 NHRRT Virtual 10am – 12pm	24	25
26	27	28 NHRRT Virtual 4pm – 6pm	29	30	31	1

NOVEMBER 2025

* Please note that training dates are subject to change

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	31	1
2	3	4 NHRRT Virtual 10am – 12pm	5 NHRRT Virtual 10am – 12pm	6 NHRRT Virtual 10am – 12pm	7	8
9	10	11 Veteran's Day	12 NHRRT Virtual 10am – 12pm	13 NHRRT Virtual 10am – 12pm	14	15
16	17	18 NHRRT Virtual 4p – 6pm	19 NHRRT Virtual 10am – 12pm	20 NHRRT Virtual 10am – 12pm	21	22
23	24 NHRRT Virtual 10am – 12pm	25 NHRRT Virtual 4pm – 6pm	26	27 Thanksgiving Day	28 DWIHN closed	29
30	1	2	3	4	5	6

DECEMBER 2025

* Please note that training dates are subject to change

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	1	2 NHRRT Virtual 10am – 12pm	3 NHRRT Virtual 10am – 12pm	4 NHRRT Virtual 10am – 12pm	5	6
7	8	9 NHRRT Virtual 4pm – 6pm	10 NHRRT Virtual 10am – 12pm	11 NHRRT Virtual 10am – 12pm	12	13
14	15 NHRRT Virtual 10am – 12pm	16 NHRRT Virtual 4pm – 6pm	17 NHRRT Virtual 10am – 12pm	18 NHRRT Virtual 10am – 12pm	19	20
21	22	23	24 Christmas Eve	25 Christmas Day	26	27
28	29	30	31 New Year's Eve	1 New Year's Day	2	3

Residential Services

Director: Ryan Morgan



Residential Updates

- Complex cases- Thank you for your continued collaboration to work with us on members with challenging behaviors.
- Mobile Crisis Unit is available as a resource to assist members. Contact (844) 462-7474 24 hours/7 days per week.
- New hire Joshua Stroud (Residential Care Specialist) within our I/DD Unit. We will be completing new and updated residential assessments.



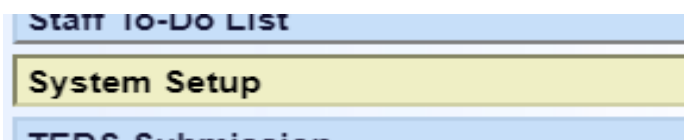
Staff File Maintenance Staff set up in MHWIN – Quick Tips

***PLEASE NOTE-** this process does not apply to Hospitals. If the Provider is a hospital, they must submit the New Hire forms for all staff who need access to MHWIN as hospital staff records are managed by DWIHN. They need to include their Billers, (if third party, parent company etc) on a New Hire form as well.

1. The New Hire Staff Record Request form can be found at DWIHN.org under the Provider Supports tab, then go to the green MHWIN box & select Instructions and Guidelines. A ticket will automatically be generated and sent to the MHWIN Help Desk.

New Hire Staff Record Request
Form (MHWIN)

2. Once the Staff File Maintenance Staff (AKA – administrator) is set up by the Help Desk, that person should submit a New Hire request for each Staff person who will require a Staff ID in the system. The Help Desk will conduct a record search in MHWIN to see if that Staff record already exists.
3. If it does exist, the Help Desk will update the record and assign the Staff to the Provider. If it does **NOT** exist, the administrator will receive notice to set up the Staff ID based upon the instructions below.
4. Go to the System Set up Tab on the left of the MHWIN screen:



5. Go to Staff Directory Link

[Staff Directory](#)



Update Staff and System User information including user name, address, and system function authorization. [+ myPage](#)

6. Select the 'Add Staff Member' option:
 - For standard Mental Health services, select PIHP as the affiliation; For SUD, affiliate should be DWMHA-SUD.
 - Your company's information should be pre-populated under the "Primary Provider" section.

Staff File Maintenance Staff set up in MHWIN – Quick Tips

Staff

Affiliate / PIHP
 *PIHP Staff ▼

Primary Provider **lookup** **clear**
 Select a location / provider for provider staff

Address

City State Zip

- Complete all identifying information; including the practitioner type fields (mark Not Applicable if this is not a credentialed staff).

First Name Middle Initial Last Name

Date of Birth

Last 4 SSN

Phone Fax Email Address

☐ Automatically Send Calendar Appointments to Email ⓘ

Hire Date Termination Date

Title

State ID / Driver's License Number

Supervisor **lookup** **clear**

Department (Agency Staff Only)
 * Select Department (Agency Staff Only) ▼

Primary Practitioner Type
 * Select Primary Practitioner Type ▼

Additional Practitioner Type
 * Select Additional Practitioner Type ▼

- When creating the record, you will need to know if your staff member will access the system (MHWIN) or not:

User Information

Staff Type
 Other ▼

☒ Select if this staff will not have a User ID and will never log into EMR system

☐ Select to connect this staff to an existing User ID

☐ Select to create a User ID specified above for this staff

☐ Check here if this staff member is no longer active

- Under “User Information” select the first option for staff members that will not need to access MHWIN; Generally, these people are being added to the system for training purposes.

Staff File Maintenance Staff set up in MHWIN – Quick Tips

- Under “User Information”, the second option should not be used.
- Under “User Information” select the third option for staff members that will need to access MHWIN and create a user id – user id formats are usually first initial and last name (up to 8 characters)
 - Staff’s user name and password will be the same for the first-time login.
 - Additionally, only give staff access that is necessary. If excessive access is found, DWIHN reserves the right to restrict access for staff and staff file maintenance persons.
 - Select the Initial Menu to the right of this section – usually the consumer menu
- Hit Save.
- Once the record has been created access the “Assigned Location” option.

0 Assigned Locations	0 Credentials	0 Enrollments	1 Group
Assigned Location	Effective	Is Primary?	Add Staff Assigned Location
Zero Assigned Locations Found			

- Make sure the staff is assigned to the Vendor location for your company.
- Make certain to mark the location as “Primary”.
- Add effective date to match the hire date, otherwise the date the record was added will be populated as the hire date. **Whatever date is used in this section is the date the person will be visible to your organization.**
- Do not put an end date under the record – if you do it will not show the employee under your company when you search for them.
- If your staff has credentials that need to be added to the system (NPI, degree, license, etc.) that information can be added under the credentials tab.

0 Assigned Locations	0 Credentials	0 Enrollments	1 Group
Credentials	Expiration	Add Signature Add Credentials Add License Add Degree Add Pin Add Taxonomy Add Billing Exclusion Add Certification Add Job Function	

NOTE: There is a limit of 2-3 Staff File Maintenance personnel per Provider Organization

Helpful Hints

- If you are looking for staff that can’t be located under the Vendor account use the “Assigned Location” option and search under all your company’s locations.
- If you need to reactivate an inactive account, uncheck the inactive box in the record and reset the password. Resetting the password resets the 60 day login

Staff File Maintenance Staff set up in MHWIN – Quick Tips

clock. (If you don't login the system for 60 days the system will automatically inactivate the account.)

User Information		
User ID	Staff Type	Initial Menu
	Other	Consumers
Reset Password		
Unlink User ID from this staff profile		
<input checked="" type="checkbox"/> Check here if this staff member is no longer active		

How to Remove Staff from Provider Roster

1. Identify the staff record within MHWIN & select the Assigned Location tab

Staff	Status	User ID	Type
[Redacted]	Active	[Redacted]	Other
1 Assigned Location 1 Credential 0 Enrollments			

2. Locate your organization & click Change tab

Assigned Location	Effective	Is Primary?	
Gateway Pediatric Therapy, LLC (29236)	08/04/2023	Yes	Change View Delete

3. Complete Expiration Date field & click Save

Effective Date *	Expiration Date
08/04/2023	
Use Current Date	Use Current Date

4. An expiration/end date will now appear under assigned location & staff will now be removed from the roster

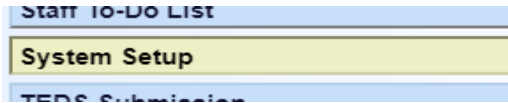
Assigned Location	Effective	Is Primary?
Gateway Pediatric Therapy, LLC (29236)	08/04/2023 - 05/03/2024	

Important Note

Staff File Maintenance Staff set up in MHWIN – Quick Tips

MHWIN provides the ability for providers to run a report showing their staff in MHWIN. To do so, follow the steps outlined below:

1. Go to the System Set up Tab on the left of the MHWIN screen



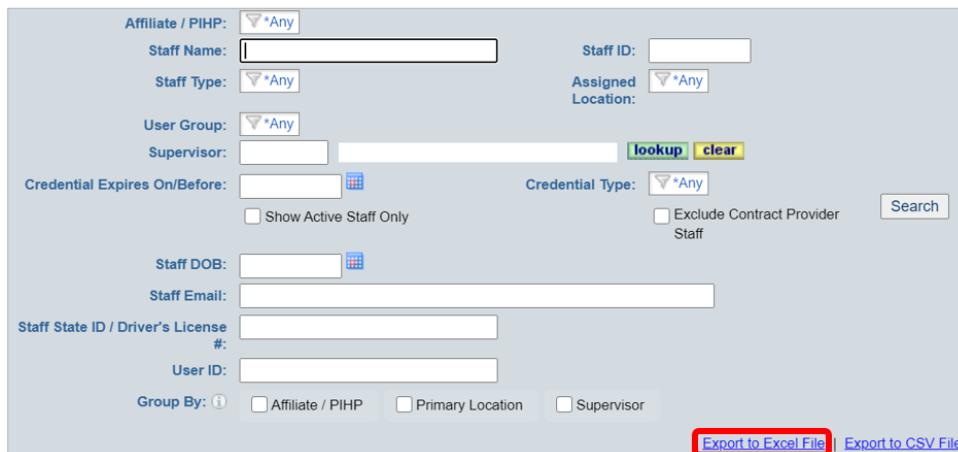
2. Go to Staff Directory Link

[Staff Directory](#)



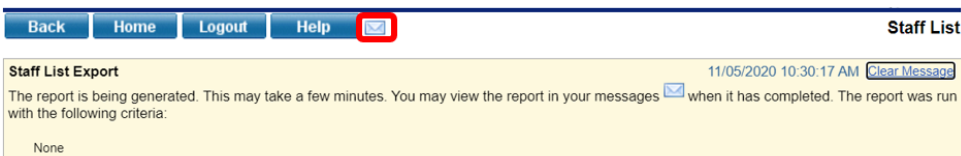
Update Staff and System User information including user name, address, and system function authorization. [+ myPage](#)

3. Select 'Export to Excel File'



Affiliate / PIHP: Staff ID:
Staff Name: Assigned Location:
Staff Type:
User Group:
Supervisor:
Credential Expires On/Before: Credential Type:
☐ Show Active Staff Only ☐ Exclude Contract Provider Staff
Staff DOB:
Staff Email:
Staff State ID / Driver's License #:
User ID:
Group By: ☐ Affiliate / PIHP ☐ Primary Location ☐ Supervisor
[Export to Excel File](#) [Export to CSV File](#)

4. As the report is being completed, a message at the top of the screen will be displayed and user can locate report in the messages for review



Back Home Logout Help Staff List

Staff List Export 11/05/2020 10:30:17 AM

The report is being generated. This may take a few minutes. You may view the report in your messages when it has completed. The report was run with the following criteria:

None



Origination 04/2017
 Last Approved 12/2024
 Effective 12/2024
 Last Revised 12/2024
 Next Review 07/2025

Owner Anna Hemphill:
 Credentialing
 Administrator
 Policy Area Credentialing
 Applicability Detroit Wayne
 Integrated Health
 Network
 References 42 CFR
 438.214,
 CMHSP
 Contract
 6.4.2, NCQA
 CR1, CR2,
 CR3, CR4,
 CR5, CR8

CREDENTIALING/RE-CREDENTIALING

POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) that organizations and individuals directly or contractually employed shall meet all applicable licensing scopes of practice, contractual, Medicaid and Medicare Provider and General Fund requirements for appropriate credentialing and re-credentialing.

PURPOSE

The purpose of this policy is to delineate and describe the functions and oversight of DWIHN , DWIHN's Credentialing Committee, DWIHN's Credentialing Verification Organization (CVO) and the responsibilities of the direct contractors, in the implementation of the credentialing/re-credentialing.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Staff, Contractual Staff, Access Center Staff, Direct Contracted Providers, Mobile Crisis Stabilization Unit, Emergency Telephone Service Vendor, Credentialing Verification Organization (CVO), Certified Community Behavioral Health Clinics

2. This policy serves the following populations: Adults with SMI/SEI, Individuals with mild to moderate mental illness, Children with SED, Adults with I/DD, Children with I/DD, Adults with SUD, Children with SUD and Autism
3. This policy impacts the following contracts/service lines: MI-Health Link Dual Eligible Pilot Project, Medicaid, Substance Use Disorders, Autism, Grants, General Fund, Certified Community Behavioral Health Clinics

KEYWORDS

1. Accredited: The official review process that allows organizations to demonstrate their ability to meet official regulatory requirements and standards.
2. Credentialing: The process of assessing the academic qualifications and clinical practice history of a healthcare provider.
3. Credentialing Committee: The DWIHN Credentialing Committee is comprised of staff and representation of contracted providers.
4. Credentialing Verification Organization (CVO): The entity that conducts primary source verification.
5. CMS: Centers for Medicare and Medicaid Services
6. Deemed Status: Providers that have been credentialed by other PIHPs may be afforded a Credentialed status
7. MDHHS: [Michigan Department of Health](#) and Human Services
8. National Practitioner Databank (NPDB): The *NPDB* is a confidential information clearinghouse created by Congress to improve health care quality, protect the public, and reduce health care fraud
9. NCQA: National Committee for Quality Assurance
10. Organizational Providers: Contracted with DWIHN to provide behavioral health and or substance use disorders.
11. Practitioner: An individual clinician that must be credentialed before performing services.
12. Primary Source Verification: Primary Source Verification (PSV) is required for confirming that an individual possesses a valid license, certification or registration to practice a profession when required by law or regulation. It is the responsibility of the accredited organization to complete PSV, not the licensed individual.

STANDARDS

Responsibilities of DWIHN:

1. Establish and update policies and procedures consistent with federal or state requirements and other relevant requirements
2. Ensures all entities shall adhere to the provisions and standards set forth in the credentialing guidelines of DWIHN's contract with Michigan Department of Health and Human Services (MDHHS).

3. DWIHN notifies MDHHS and Integrated Care Organizations (ICO) within seven days of any significant changes to the provider network composition that affect adequate capacity and services.
4. Ensures that the credentialing and re-credentialing processes are confidential, protecting the privacy of the applicants.
5. To inform practitioners of their rights.
6. Ensures the development and implementation of a Credentialing Committee charged with oversight of the credentialing, re-credentialing process. Oversight of the credentialing/re-credentialing process ensures that all clean files are approved by this committee. (See the [Credentialing Committee procedure.](#)) NCQA CR 2 ELEMENT A
7. Ensure findings from the Quality Assessment Performance Improvement Program (QAPI) are submitted to the chair of DWIHN's Credentialing Committee (DWIHN's Chief Medical Officer (CMO) and incorporated in all re-credentialing decisions.
8. DWIHN will ensure that the initial credentialing of all providers applying for network provider status shall be completed within 90 calendar days.
 - a. The start time begins when the file is deemed complete, meaning when DWIHN has received all necessary credentialing materials from the provider.
 - b. Completion time ends when written communication is mailed or faxed to the provider notifying them of DWIHN's decision. (Refer to the [Behavioral Health and Developmental Disabilities Administration CREDENTIALING AND RECREDENTIALING PROCESSES](#)).

Types of practitioners that DWIHN credentials and re-credentials: (CR 1 Element A Factor 1)

Credentialing and Re-credentialing processes shall include at least the following health care professionals who by license, certification or registration with the State of Michigan are allowed to practice independently, limited licensed, temporary limited licensed professionals must be supervised by fully licensed professional of the same discipline:

Types of Practitioners DWIHN Credentials

Physicians	MD's or DO's
Physician's Assistants	PA
Psychologists (licensed, limited license, temporary license)	TLLP, LLP, PsyD
Licensed Master's Social Workers	LMSW
Licensed Bachelor's Social Workers	LBWS
Limited License Social Workers (Masters and Bachelors) and Registered Social Service Therapist	LLMSW, LLBSW, RSST
Licensed Professional Counselors, Limited License Professional Counselors	LPC and LLPC
Licensed Marriage and Family Therapists, and Limited Licensed Marriage and Family Therapists	LMFT, LLMFT

Nurse Practitioners, Registered Professional Nurses, or Licensed Practical Nurses	NP, RN, LPN
Occupational Therapists or Occupational Therapist Assistants	OT and OTA
Physical Therapists or Physical Therapist Assistants	PT, PTA
Certified Therapeutic Recreational Specialists and Recreational Therapists	CTRS, RT
Speech and Language Pathologist	SLP
Autism Spectrum Disorders Benefit Behaviorists-Qualified Behavior Health Professionals	BCBA, BCaBA, and QBHP
Substance Abuse Treatment Specialists	SATS
Substance Abuse Certified Prevention Specialists	SAPS
Certified Peer Recovery Mentor and Certified Peer Recovery Coach	CPRM and CPRC

The Verification Sources used: (CR 1 Element A Factor 2)

The information in the practitioner's application shall be verified using the original source that granted the credential. In behavioral health primary source verification includes the following:

1. Verification of the license will be made directly with state licensing agency internet web site (LARA website for the state of Michigan <http://w3.lara.state.mi.us/free/>).
2. Valid Michigan Certification Board for Addiction Professionals (MCBAP) Certification if applicable. Verification Method: Verification of the MCBAP certification will be made directly on the web site (<http://search.mcbap.com/lo>).
3. The highest of the following three levels of education and training obtained by the practitioner as appropriate (Board certification, Residency or Graduation from medical or professional school).
 - a. Verification of education shall be completed through primary source verification to the educational institution or certification board or may be made through the National Student Clearinghouse, recognized national leader in verifying student enrollments and educational achievements (<https://www.studentclearinghouse.org/>).
 - b. If a practitioner is not board certified, verification of the medical education at the highest level is verified either through:
 1. The American Medical Association (AMA) Physician Masterfile or
 2. American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report or AOA Physician Master File may be used as the source for education verification for physicians.
 - c. Completion of Residency Training:
4. Federation Credentials Verification Service (FCVS) for closed residency programs.
5. The Educational Commission for Foreign Medical Graduates (ECFMG) may be used to verify education of foreign physicians educated after 1986 (for practitioners who are not board certified and verification of completion of a residency program or graduation from a foreign

medical school are not verifiable with the primary source).

For additional details on the PSV process, refer to the Procedure: [Primary Source Verification of Credentialing Information](#)

The criteria for Credentialing and Re-Credentialing: (CR 1 Element A Factor 3)

Criteria for Initial Credentialing:

1. DWIHN assures that all practitioners applying for inclusion in the DWIHN network meet rigorous credentialing standards prior to providing care to members.
2. The following elements are the criteria to make a credentialing determination:
 - a. Completed Application
 - b. Evidence of 5 years of work history (including resume) delineated by month and year. There must be an explanation for gaps in employment that exceed 6 months.
 - c. Verification of Education, including continuing education
 - d. Verification of License or Certification
 - e. A completed Background Check ensures the applicant is in good standing with the law.
 - f. Evidence there was a search of the National Practitioner Databank (NPDB) for malpractice history
 - g. Verification of National Provider Identifier (NPI)
 - h. Verified search of the Social Security Death Master File (SSDM)
 - i. Evidence of Medicare Fraud Waste and Abuse Training, if MI-Health Link practitioner
 - j. Verification of Medicare Opt-Out
 - k. Current malpractice insurance (Professional Liability Insurance)
 - l. Implementation of the following additional requirement regarding physicians: **(NCQA CR 3 Element B)**
 1. Utilization of the physician profile information obtained from the American Medical Association and the American Osteopathic Association (AOA) to satisfy primary source verification for:
 - i. Five-year work history.
 - ii. Primary source verification of licensure or certification.
 - iii. Board certification/highest level of credentials attained.
 - iv. Completion of any required internships/residency programs/ other postgraduate training.
3. The provider must submit information and documentation of his/her education, qualification and certification which qualifies them to be identified as a specialist in a particular field of medicine. It is anticipated that the services to DWIHN members, performed by that

credentialed specialist, would be consistent with the medical specialty for which the provider applied for and was evaluated and credentialed by DWIHN. Credentialed specialists are accordingly expected to provide covered services to DWIHN members that are within the scope of the specialty credentialed by DWIHN after review of the providers' application.

4. Applicants requesting credentialed status must complete a signed and dated application that attests to the following:
 - a. Lack of present illegal drug use.
 - b. Any history of loss of license, registration, or certification, and/or felony convictions.
 - c. Any history of loss or limitation of privileges or disciplinary action.
 - d. State sanctions or limitations on licensure and limitations on scope of practice.
 - e. Any history of Medicare/Medicaid sanctions, including the Preclusions database for MI Health Link Practitioners.
 - f. Reasons for inability to perform the essential functions of the position.
 - g. Current malpractice insurance coverage.
 - h. A summary of the practitioner's work history for the prior five years. Recent college graduates may use their internships as experience when submitting their initial credentialing application after graduation.
 - i. Attestation by the applicant of the correctness and completeness of the application.

Criteria for Re-Credentialing:

1. Practitioners will go through the re-credentialing process within 24 months of the previous credentialing decision. The re-credentialing process will incorporate data from the following sources as a part of the assessment:
 - a. Member appeal and grievance and member complaints
 - b. Member Satisfaction Surveys
 - c. Quality of Care and quality of service events
 - d. Utilization Management (UM) information
 - e. Medical Record Review
 - f. Performance Indicators obtained through the Quality Improvement Plan (QIP)
 - g. Contractual issues
2. The re-credentialing cycle begins with the date of the initial credentialing decision. DWIHN counts the 24-month cycle to the month, not to the day. If a practitioner cannot be re-credentialed within the time frame due to military assignment, maternity leave or on a sabbatical, DWIHN will re-credentialed the practitioner upon their return, following the credentialing/re-credentialing guidelines. Within 60 days of when a practitioner resumes practice, DWIHN will complete within 60 days.
3. If a practitioner is given administrative termination for reasons beyond DWIHN's control (e.g., the practitioner failed to provide the complete the credentialing information), and is then reinstated within 30 calendar days, DWIHN may re-credential the practitioner if it is documented that the person was terminated for reasons beyond DWIHN's control and was

reinstated within 30 calendar days of termination. DWIHN will initially credential practitioners if reinstatement is more than 30 calendar days after termination.

The process for making Credentialing and Re-credentialing decisions: (CR 1 Element A Factor 4)

Process for Initial Credentialing:

A complete application allows the CVO to perform primary source verification. Once the CVO completes verification of the required documents the following occurs:

1. A designated Credentialing Specialist acting as a Scheduler assigns clean and unclean files to designated members of the Credentialing Committee. These members act as the Virtual Review Committee (VRC).
2. The VRC members review 100% of the unclean files and review the findings in 10% of the clean files.
3. If there are false positives in the unclean file, an email is sent to the VRC Scheduler explaining that this file should be labeled "clean" and the reason why.
4. The Scheduler then identifies the unclean file as clean. The VRC Scheduler does not modify any files.
5. If a file is deemed unclean based on an NPDB finding it will be referred to the Risk Management Committee for review.
6. If the Risk Management committee decides the individual should not be credentialed the practitioner will get a letter informing them in addition to notifying them of their appeal rights as detailed in the [Credentialing Committee Procedure](#).
7. The member then makes recommendations to approve the clean files or to deny the unclean file to the Chief Medical Officer or their Physician designee.
8. The Chief Medical Officer or their physician designee will review the clean files and makes the credentialing decision (approval or denial). **NCQA CR 2 ELEMENT A FACTOR 3**
9. A report of the clean files will go to the Credentialing Committee.
10. All unclean files will go to the Credentialing Committee for further discussion and disposition will be made there. All credentialing activities are in compliance with NCQA, Michigan Department of Health and Human Services (MDHHS), and other applicable laws and regulatory bodies.

Process for Re-Credentialing

1. The process must be completed every two years.
2. Practitioners must update information in the Re-credentialing file.
3. A review of any sanctions, complaints, and quality issues pertaining to the practitioner which must include, at minimum, a review of:
 - a. Medicare/Medicaid sanctions.
 - b. State sanctions or limitations on licensure, registration, or certification; and

- c. Concerns/issues pertaining to grievances (complaints), quality of care issues and appeals.
4. Continuing education credits must cover the two years from initial credentialing until the Re-Credentialing cycle.

Temporary/Provisional Credentialing of Individual Practitioners

Temporary or provisional credentialing of individual practitioners is intended to increase the available network of providers in Wayne County. DWIHN grants a one-time temporary or provisional credentials to practitioners applying to the network when it is in the best interest of Medicaid Beneficiaries that providers be available to provide care prior to formal completion of the entire credentialing process.

Temporary or provisional credentialing **shall not exceed 60 days. (NCQA CR 1 Element A Factor 4)**

1. DWIHN shall have up to **30 days** from receipt of a **complete application**, accompanied by the minimum documents identified below, within which to render a decision regarding temporary or provisional credentialing.
2. For consideration of temporary or provisional credentialing, at a minimum, a provider must complete a signed application that must include the following items:
 - a. Lack of present illegal drug use.
 - b. History of loss of license, registration, certification, and/or felony convictions.
 - c. History of loss or limitation of privileges or disciplinary action.
 - d. A summary of the provider's work history for the prior five years.
 - e. Attestation by the applicant of the correctness and completeness of the application.
3. DWIHN conducts primary source verification of the following:
 - a. Licensure or certification;
 - b. Board certification, if applicable, or the highest level of credential attained;
 - c. Medicare/Medicaid sanctions (NPDB)
4. The request for temporary/ provisional credentials shall become part of the applicant's file.
5. Following the same process for all initial credentialing, the Credentialing Committee will review the information obtained and determine whether to grant provisional credentials. Following approval of provisional credentials, the process of verification as outlined in this policy will be completed.

The process for managing credentialing files that meet DWIHN's established criteria: (CR 1 Element A Factor 5)

1. DWIHN shall ensure the completeness of credentialing files prior to submission to the Credentialing Committee, and document all findings through the CVO and the Credentialing Unit of DWIHN. Incomplete files shall be returned and submitted to the Credentialing Committee when the file is complete.
2. DWIHN's Chief Medical Officer (CMO) or a designated physician will review and approve or

deny the file.

3. The CMO or their designated physician attends all Credentialing Committee meetings.
4. The CMO or their physician designee provides direction during credentialing discussions ensuring that the Credentialing Committee complies with Federal, State and Accreditation standards.
5. The CMO acts as the Chair of the Credentialing Committee and is the subject matter expert when adverse issues arise regarding credentialing of practitioners. **(NCQA CR 1 ELEMENT A FACTOR 9)**
6. See the procedure [On-Boarding Process for Contracted Providers](#) (formally called "[Credentialing Procedures Delegated to All Accredited Providers.](#)").

Practitioners who fail to meet the Credentialing Requirements (NCQA CR 2 Element A Factor 2)

1. Mental health professionals that fail to meet the credentialing requirements of the provider organization, or of DWIHN as detailed in this policy, shall be reviewed by the Credentialing Committee.
2. If member health and safety is determined to be at risk, the provider shall be immediately prohibited from providing mental health services on behalf of those entities.
3. In addition, the provider organization shall not be reimbursed for any services performed or billed for by that non-credentialed mental health professional during the period of his or her non-compliance, and any funds received by the provider organization prior to the discovery of the mental health professionals noncompliance shall be returned to DWIHN.
4. Providers and practitioners that have been terminated from the credentialing process can be reinstated within 30 days of receipt of notification of termination without going through the re-credentialing procedure.
5. If the provider or practitioner responds to the notification of termination after 30 days they must go through the initial credentialing process.
6. See the [Credentialing Committee Procedure](#) for additional information about Adverse Decisions.

The process for requiring that Credentialing and Re-Credentialing are conducted in a non-discriminatory manner. (CR 1 Element A Factor 6)

DWIHN ensures the credentialing process does not discriminate against a health care professional based on race, ethnic/national identity, gender, age, sexual orientation, patient type, license, registration; or certification, to the extent the provider is acting within the scope of the provider's license or certification under applicable state law, or against a health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment

1. DWIHN ensures that individuals that make credentialing/re-credentialing decisions sign an

attestation stating that they will not discriminate, or breach confidentiality of applications reviewed.

2. Annually the Credentialing Committee will review all files denied and the reasons for the denial to determine if individuals were discriminated against based on specialty, race, ethnicity, gender, sexual orientation and/or age.
3. Annually Credentialing staff will discuss with the CVO ensuring that discrimination does not occur during the verification process.
4. Ensures that complaints of discrimination or breach of confidentiality regarding the credentialing/re-credentialing process are reported to the Credentialing Committee for investigation.
 - a. Complaints about discrimination or breach of confidentiality can be made either by phone, US Postal Service, or via email. Compliance Hot-line Phone number: 313-833-3502
Emailed address: pihpcredentialing@dwmha.com, or
Postal address: Detroit Wayne Integrated Health Network 707 W. Milwaukee, Detroit, MI 48202 attn: Compliance Officer.
 - b. The complainant will receive an initial response within 72 hours.
 - c. Ensures that the disposition of substantiated complaints against clinicians are addressed and monitored.

The process for notifying practitioners regarding discrepancies in credentialing information (CR 1 Element A Factor 7)

1. Practitioners will be notified in writing within 14 days when credentialing information obtained from other sources varies substantially from that provided by the practitioner.
2. Upon notification of substantially varied information obtained from other sources, the practitioner has the right to correct any erroneous information. **(NCQA CR 1 Element B Factor 2)** The following procedures must be followed:
 - a. The practitioner must complete a request in writing within 7 days of notification to appeal/refute the findings that the information is incorrect.
 - b. Practitioners have 30 days to correct and submit back to the CVO any erroneous information.
 - c. CVO ensures written documentation of corrections are submitted to the Credentialing Committee within 10 days of receipt of corrected information.
 - d. DWIHN Committee will verify corrections.
 - e. The status of the practitioner application is available to the provider organization via the CVO provider portal.

Notification of Decisions: (CR 1 Element A Factor 8)

1. DWIHN or its CVO delegate will notify the applicant within 30 days of credentialing decision.
2. A letter from the DWIHN Credentialing Committee describing the Credential that was awarded

and the expiration date is sent to the email address from the originating application to both practitioner and the provider organization.

3. Denial notices/letters for initial and re-credentialing with the reason for the denial are sent by the Credentialing Committee via the email address from the originating application to both practitioner and the provider organization.

Practitioner Rights (CR 1 Element B)

Practitioners have the following rights:

1. If a practitioner receives an adverse credentialing decision, they have the right to appeal.
2. The letter sent regarding an adverse decision will have an appeal document attached that must be returned within 30 calendar days of the decision in order to get a review by the Appeals Committee.
 - a. Failure to send a valid request for appeal within 30 calendar days allotted shall constitute waiver by the practitioner of any right to appeal.
3. The applicant has the right and will receive a decision within 7 business days of the final disposition.
4. The right to review information submitted to support the credentialing application (CR 1 Element B Factor 1)
5. The applicant has the right to review information obtained by the CVO to evaluate their credentialing application, attestation or Curriculum Vitae (CV). (CR 1 Element B Factor 1)
 - a. The applicant must send a request in writing to the CVO.
 - b. The CVO may share information obtained from any outside source, such as malpractice insurance carriers, state licensing boards, with the exception of references, recommendations or other peer-review protected information.
 - c. The applicant must submit missing documentation within 14 calendar days of notification that file submission is incomplete.
6. The right to correct erroneous information (CR 1 Element B Factor 2)
7. The right to receive the status of the credentialing or re-credentialing application upon request (CR 1 Element B Factor 3)
8. The right to be informed about the information it is allowed to share with practitioners.
9. The right to be informed about the process for responding to requests for application status.

The Medical Director or other designated physician's direct responsibility and participation in the credentialing program. (CR 1 Element A Factor 9)

1. The DWIHN Chief Medical Officer (CMO) is responsible for Chairing the Credentialing Committee.

2. The CMO ensures that DWIHN carries out its credentialing activities in the most efficient, effective way possible and that all credentialing activities are in compliance with the Credentialing Policies, NCQA standards, MDHHS, and all other applicable laws and regulations.
3. The CMO may approve initial and re-credentialing files that meet all credentialing criteria or may determine that additional review is necessary by the Credentialing Committee.

The process for securing the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law. (CR 1 Element A Factor 10)

1. All credentialing and re-credentialing applications, primary source verification information, and any other information pertinent to the credentialing/recredentialing process shall be maintained securely. DWIHN ensures that processes are in place to secure, modify, and track modifications of credential files.
2. The Credentialing Committee members sign a statement of confidentiality and non-discriminatory decision making on an annual basis. (See the [Credentialing File Security Procedure](#) and the [Credentialing Committee Procedure](#)).

The process for confirming that listings in practitioner directories and other materials for members are consistent with credentialing data, including education, training, certification and specialty. (CR 1 Element A Factor 11)

1. To ensure completeness of the practitioner information in the DWIHN Practitioner Directory and all member materials, the Information Technology (IT) Department performs a bi-weekly process, ensuring the DWIHN website contains the most up-to-date information extracting provider and practitioner data from the EHR system (MHWIN). Refer to the [Procedure for Updates of Providers Information on DWIHN Website](#).
2. IT will add the newly credentialed or re-credentialed practitioners to the on-line DWIHN Practitioner Directory database displayed as <https://www.dwihn.org/find-a-practitioner>. Customer Service can print the directory on demand.

REQUIRED TRAINING ASSOCIATED WITH CREDENTIALS

1. Minimum standards for continuing education credits by credential complies with Michigan Department of Health and Human Services staff requirements:
 - a. Minimum standards require at least 24-hours per year of SED Child and Adolescent specific training and continued education for Child Mental Health Professionals (CMHP) .
 - b. Minimum standards for SMI require at least five (5) CE hours per year specific training and continued education for Qualified Mental Health Professionals (QMHP).

- c. Minimum standards for I/DD require at least five (5) CE hours per year specific training and continued education in intellectual/developmental disabilities for Qualified Intellectual Disabilities Professional (QIDP).
 - d. Minimum standards for MI Health Link providers require annual Medicare Fraud, Waste and Abuse training within 30 days of hire and annually thereafter.
 - e. Minimum standards for BCBA, BCaBA Autism providers are required to obtain 32 continuing education units (CEUs) within each 2-year recertification cycle, including 4 CEUs in ethics and 3 CEUs in supervision (for supervisors) and continued education for Qualified Behavioral Health Professional (QBHP).
 - f. Minimum standards for Substance Abuse Treatment Specialist require at least twenty (20) CE hours per year specific training and continued education in Substance Use Disorders and Certified Alcohol and Drug Counselor or state approved development plan.
 - g. Minimum standards for Substance Abuse Certified Prevention Specialist and Certified Peer recovery Mentor require at least twenty (20) CE hours per year specific training with 6 hours must be ethics.
2. Trainings may be counted toward more than one credential type.
- a. If a training's title and content reflect that it addresses mental health issues for Children and Adults, it may be counted toward CMHP and QMHP credentials.
 - b. Likewise, if a training's title reflects that it addresses I/DD issues in Children, it may be counted toward CMHP and QIDP credentials.
 - c. If clinicians must be credentialed as CMHP, QIDP, and QMHP simultaneously and the 24 hours of Child-specific training they completed includes titles which reflected I/DD and SMI (Adults with Severe Mental Illness) topics, training may be counted toward each of the relevant credentials. In other words, a person could realistically satisfy all three credentials with 24 hours of training if all 24 of the hours reflected Child-specific topics and at least 5 of them additionally reflected I/DD topics for a Children's population and another 5 of them reflected topics related to Adults with Severe Mental Illness.
3. For staff currently pursuing a graduate degree, the college course credit can be used as a source for CE hours in the credentialing process. The current degree classes must be included on the staff transcript as completed and credit(s) earned and the training must meet the criteria of credential population requirements.
4. For practitioners hired within 6 months of graduation, classes specific to the credential they are seeking can be used as continuing education units.
5. Maintenance of all credentialing material for practitioners in files with the following documentation that supports the specific activity or population group for which practitioners are being credentialed:
- a. A resume dated by month and year that provides evidence of supervised experience in working with the relevant population. In lieu of a resume, a descriptive statement on letterhead of a previous employer will be accepted.
 - b. Evidence of primary source verification of the following:

1. Licensure or certification.
2. Board Certification or highest level of credentials attained if applicable,
3. Valid DEA or CDS certificate for all prescribers.
4. Medicare and Medicaid sanctions.
5. Degree from accredited school.
6. Current competence:
 - i. Documentation of certification to provide special assessments, services or processes (e.g., Child & Adolescent Functioning Assessment Scale (CAFAS), electroconvulsive therapy (ECT), and neuropsychological testing etc.).
 - ii. Practitioners must be qualified by training and experience to provide services, supports, treatment and UR/UM activities, as clinically indicated.
 - iii. For Qualified Behavioral Health Professional, transcripts must identify the completion of 3 of the 6 Board Certified Behavior Analyst required master level courses.

Oversight and Monitoring (NCQA CR 5 ELEMENT A)

1. DWIHN has established an ongoing monitoring program to support credentialing standards between re-credentialing cycles. DWIHN does this to help ensure compliance with credentialing standards and to monitor instances of possible substandard professional conduct and competence. The credentialing department will review periodic listings/reports within 30 days of the time they are made available from these and other sources:
 - a. Medicare/Medicaid sanctions on a monthly basis.
 - b. Medicare Preclusion lists
 - c. MDHHS sanctioned provider list.
 - d. State sanctions or limitation on licensure, registration or certification including source of information.
 - e. Social Security Administration Death Master file
 - f. Member concerns about clinicians which include grievances complaints and appeals information.
 - g. DWIHN identified Quality issues (including data regarding complaints of both a clinical and non-clinical nature, reports of adverse clinical events and outcomes, and satisfaction data, as available).
 - h. When MDHHS-OIG sanctions (suspends and/or terminates from the Medicaid Program) providers, including for a credible allegation of fraud under 42 CFR § 455.23, DWIHN must, at minimum, apply the same sanction to the provider upon receipt of written notification of the sanction from MDHHS-OIG. DWIHN may pursue additional measures/remedies independent of the State. If MDHHS OIG lifts a sanction, DWIHN may elect to do the same.

2. Providing oversight, as applicable, specific to "Deemed Status" entities. In instances where DWIHN chooses to accept the credentialing decisions of another PIHP entity it determines to have "Deemed Status," copies of the credentialing entity's decision shall be maintained in the administrative records to delineate how documentation (re-credentialing, member grievances or appeals, etc.) regarding "Deemed Status" providers are to be handled within the system.
 - a. DWIHN will request a copy of the PIHP's Credentialing policy and a blank Credentialing application in addition to the PIHP's approval letter.
 - b. DWIHN will primary source verify information received from any PIHP that is not NCQA accredited
 - c. The Credentialing Committee will review the documents and determine whether to grant deemed status.
 - d. If deemed status is given the provider will receive provisional credentialing for 60 days and be scheduled for the next DWIHN Credentialing training.
3. Oversight of the CVO delegate's implementation of the credentialing and re-credentialing process, which includes the right to approve, suspend or terminate the CVO.
 - a. Shall contact contracted providers that do not respond to the CVO's request for verification of credentialing providers. Contract sanctions may be imposed to non-responsive providers.
 - b. DWIHN shall annually review and validate a 10% sample of CVO staff credential files.
4. Oversight of the contracted provider network's implementation of the on-boarding process, which includes the right to approve, suspend or terminate providers selected by the DWIHN or their subcontractors.
 - a. If DWIHN makes an organizational decision to delegate to another entity any of the responsibilities of credentialing/re-credentialing or selection of providers that are required by this policy, it must retain the right to approve, suspend, or terminate from participation in the provision of Medicaid/Medicare funded services of a provider selected by that entity that does not meet all requirements associated with the delegation of (DWIHN) functions
 - b. DWIHN is responsible for oversight regarding on-boarding decisions for practitioners that provide services within the DWIHN.
 - c. DWIHN reviews on a quarterly basis 25% of the Provider's On-boarding/Credentialing policies and procedures and a sample of the Human Resource files. See the procedure "Provider Credentialing/On-boarding Monitoring and Auditing".
5. Medicare Opt Out database is monitored monthly. Individuals/providers that opt out of Medicare will not provide services to MI Health Link beneficiaries.

DELEGATE RESPONSIBILITIES (NCQA CR 8)

1. DWIHN's CVO, direct contractors, and subcontractors shall adhere to the following standards and procedures:
 - a. The direct contractors and their sub-contractors on-boarding process meet DWIHN's credentialing/re-credentialing processes and must be in place to verify that the

qualifications of practitioners are consistent with national credentialing standards and applicable laws.

- b. The development and implementation of written policies and procedures that guide the on-boarding and credentialing/re-credentialing process for employment of individual practitioners shall include the following:
 - 1. Primary source verification of licensure or certification
 - 2. Primary source verification of board certification or highest level of credentials attained, if applicable, or completion of any required internships/residency programs or other postgraduate training
 - 3. Documentation of graduation from an accredited school
 - 4. A National Practitioner Databank (NPDB) query, verification of all of the following:
 - i. A minimum five-year history of professional liability claims resulting in a judgment or settlement
 - ii. Disciplinary status with a regulatory board or agency
 - iii. A Medicare/Medicaid sanctions query
 - iv. Mechanisms to ensure that practitioners provide treatment, services, supports, and UR/UM activities to persons within the scope of practice as determined by their licensure/registration/certification, training, and supervised experience
 - v. Clinical Privileges Action
- c. Determinations on temporary/provisional credentialing of practitioners shall be performed prior to the practitioner's initial provision of services on behalf of DWIHN. Re-credentialing occurs at least every two years thereafter. The Credentialing Committee may determine, in its sole discretion, that more frequent re-credentialing examinations of certain providers based on criteria directly related to the quality of care and Utilization Review activities are necessary on an individual basis.
- d. Maintenance of the Staff Record of all individuals who are credentialed, including the licensure/registration/certification numbers, and issue expiration dates (as applicable) is to be contained within MH-WIN, populated by the designated person at each provider, within 5 business days of hire.
- e. Development and implementation of minimum standards that require ongoing population-specific (SMI, SED, I/DD, SUD) in-service training and/or continuing education related to the provision of services, supports, treatment and UR/UM activities.
- f. Maintain documentation that shows evidence that those practitioners, including Children's Diagnostic and Treatment Services Program staff receive training and continuing education, and that the practitioner's file reflects the date of training, name of training, and the clock hours of training. Training may be in the form of formal conferences, documented discussions of books or articles, in-house training, etc.

- g. Report, as required, all individual practitioners/organizational providers of improper conduct and criminal convictions, including convictions for fraud-related federal payer programs, resulting in suspension or termination to the appropriate authorities, which include Michigan Department of Health and Human Service's Attorney General, Licensing entities, NPDB, Health Plans, etc. These reporting procedures shall be consistent with contractual, federal and state requirements.
- h. Ensure the provision of supervision to staff members with a bachelor's degree, or less, who have less than three years of experience or a master's degree with less than one year of paid experience in the treatment of consumers in the population group or in the specific service area for which certification is being required.
- i. Ensure that supervision requirements of applicable law and regulations are met such that all staff requiring supervisions (e.g., medical residents and interns) are provided with the level of supervision required in order to allow proper billing for services by the supervising professional.

2. REPORTING REQUIREMENTS OF CVO DELEGATE

- a. Monthly monitoring reports from the Credentialing Verification Organization of Office of Inspector General and Systems for Award Management exclusions.
- b. Monthly reports to be submitted include (but not an exclusive list) Completion (Incomplete Application) Report, Credentialed Entities Report, Copies of Credentialing Letters.
- c. Quarterly Reports of CVO compliance to the Credentialing Security and Control Policy.
- d. CVO provides current accreditation status upon request.
- e. CVO will submit information to enable DWIHN to conduct an annual contract compliance report at end of the fiscal year (includes review of timeliness, completeness of the credentialing file, accuracy in labeling "clean" files, etc.)

3. REPORTING REQUIREMENTS OF PROVIDERS

- a. Annually the providers On-boarding (Hiring)/Credentialing/Re-credentialing policy and procedure(s) are submitted to the Credentialing Unit.
- b. Providers complete the MHWIN Staff Records for all provider staff per the [Staff File Maintenance Policy](#).

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, risk management program, and Quality Assessment/Performance Improvement Program (QAPIP) Work-plan.

The quality improvement programs of Network Providers must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, Contracted Network Providers, and their subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended..

LEGAL AUTHORITY

1. Agreement Between Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network, contract Attachment P.7.1.1 Credentialing and re-credentialing Processes
2. Department of Health and Human Services Behavioral Health and Developmental Disabilities Administration CREDENTIALING AND RE-CREDENTIALING PROCESSES policy
3. Balance Budget Act of 1997, P.L. 105-183
4. Behavior Analyst Certification Board- www.bacb.com
5. Health Insurance Portability and Accountability Act of 1996, P.L. 104-191
6. HHS-OIG List of excluded Individuals/Entities, <http://exclusions.oig.hhs.gov>
7. MCL 333.20173 (a) and (b)
8. 42 CFR 438.214
9. Medical Services Administration (MSA) Bulletin-MSA 13-09 Michigan Department of Health and Human Services-Coverage of Autism services
10. Michigan Certification Board of Addition Professionals- www.mcbap.com
11. Michigan Department of Community Health, Administrative Rule 330.2105 (b)
12. Michigan Department of Consumer and Industry Services, Requirements for Criminal Background Checks, www.michigan.gov
13. Michigan Department of Health and Human Services Provider Qualifications, p. 11 Medicaid Provider Manual

RELATED POLICIES AND PROCEDURES

1. [Children Diagnostic Treatment Services Program](#)
2. [Credentialing Committee](#)
3. [Credentialing File Security Procedure](#)
4. [On-Boarding Process for Contracted Providers](#)
5. [Credentialing Verification Organization \(CVO\) Responsibilities](#)
6. [Disclosure of Control and Ownership Interest](#)
7. [Organizational Credentialing](#)
8. [Primary Source Verification of Credentialing Information](#)
9. [Provider Credentialing/On-Boarding Monitoring and Auditing](#)

10. [Recipient Rights Complaint Resolution](#)
11. [Service Provider and Practitioner Updates and Changes](#)
12. [Staff File Maintenance Policy](#)
13. [Workforce and Provider Background Check](#)

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

External

Approval Signatures

Step Description	Approver	Date
Final Approval	Melissa Moody: VP of Clinical Operations	12/2024
Stakeholder Feedback	Allison Smith: Director of Strategic Operations	12/2024
Compliance/Administrative Review	Yolanda Turner: VP of Legal Affairs	12/2024
Compliance/Administrative Review	Tiffany Devon: Director of Communications [AS]	12/2024
Compliance/Administrative Review	Sheree Jackson: Vice President of Compliance	12/2024
Compliance/Administrative Review	Stacie Durant: VP of Finance	12/2024
Compliance/Administrative Review	Manny Singla: Executive VP of Operations	11/2024
Clinical Review Committee	Judy Davis: Director of Substance Abuse Disorders	11/2024
Clinical Review Committee	Jacquelyn Davis: Clinical Officer	11/2024
Clinical Review Committee	Marlena Hampton: UM Administrator	10/2024

Clinical Review Committee	Shama Faheem: Chief Medical Officer	10/2024
Clinical Review Committee	Stacey Sharp: Clinical Officer	10/2024
Clinical Review Committee	April Siebert: Director of Quality Improvement	10/2024
Clinical Review Committee	Daniel West: Director of Crisis Services	10/2024
Clinical Review Committee	Cassandra Phipps: Director of Children's Initiatives	10/2024
Clinical Review Committee	Polly McCalister: Director of Recipient Rights	10/2024
Clinical Review Committee	Ryan Morgan: Director of Residential Services	10/2024
Clinical Review Committee	Vicky Politowski: Director of Integrated Care	10/2024
Clinical Review Committee	Melissa Moody: VP of Clinical Operations	10/2024
NCQA Committee	Tania Greason: Quality Administrator	10/2024
NCQA Committee	Shana Norfolk: Strategic Planning Administrator	10/2024
NCQA Committee	Allison Smith: Project Manager	10/2024
Director Review	Rai Williams: Director of Contract Management	10/2024
Unit Review and Approval	Rai Williams: Director of Contract Management	10/2024

Applicability

Detroit Wayne Integrated Health Network



DWIHN Provider Responsibilities

As a Detroit Wayne Integrated Health Network (DWIHN) Contracted Provider (directly or indirectly) all providers are required to notify DWIHN of any changes to information regarding their organization. Requirements are identified in the provider contract (if applicable) and in DWIHN's policies and procedures and must be followed.

Providers must notify DWIHN of any changes listed below within 3 days of the date Provider acquires knowledge:

- Change(s) in Ownership - Transfer, sell, owner is deceased, assignment or delegation to an entity other than the Service Provider, of ownership or administrative services
- Litigation

Providers must notify DWIHN of any changes listed below at least 60 calendar days prior to the effective date of change as well as maintain compliant with said below:

- Provider Name
- Provider Office Hours
- Provider Telephone Number
- No longer accepting new patients
- Provider Affiliation Change (i.e. Merger)
- Addition or deletion of service(s)
- Addition/change in program location (new or existing)
- Sanctions, suspensions or termination of credential practitioner staff members of your organization
- Provider Closure (sites or locations)
- Any Certificate of Insurance changes (proper insurance must be applicable for as long as the provider has a current contract with DWIHN.
- Requirement-Update Staff Records in MHWIN
- Maintain compliant with all credentialing procedures/process

Only in emergency situation, where member's health and safety are at risk, the provider must notify DWIHN immediately.

Members must receive a notice of the relevant change at least 30 calendar days prior to effective date of change.

How to notify DWIHN of changes:

Providers must notify their assigned Provider Network Manager (PNM) of listed impending changes by emailing your PNM and going to our website at:

[Existing Provider Change Request Form](#) within 48 business hours of deciding to change or knowledge of a change needed.

Verbal updates and changes must be followed up by written notification.

****It is imperative that you adhere to these responsibilities listed above as they are directly linked to the providers' performance report card matrix for contract renewal. ****