DWIHN Provider Contract Pre-requistes Checklist

**Detroit Wayne Integrated Health Network (DWIHN)** is contracted with The Michigan Department of Health and Human Services (MDHHS) which oversees and administers the Medicaid program in the State of Michigan. In 2013, MDHHS selected 10 behavioral health managed care organizations (MCOs) to serve as prepaid inpatient health plans (PIHPs). The PIHPs are responsible for managing Medicaid beneficiaries’ behavioral healthcare, including authorization of services and monitoring of health outcomes and standards of care. **DWIHN** is 1 of 10 PIHPs that serve members directly or through contracts with providers and community mental health services programs (CMHSPs).

### We are excited that you would like to be part of our Network, please note in order for a provider to be evaluated for a contract with DWHIN the provider MUST meet the requirements listed below. Should you meet the requirements below you may proceed to completing the Provider Inquiry form located on our website. (*Interested in becoming a Provider in our Network? Click*[***here***](https://app.smartsheet.com/b/form/5c6bbf51c6914a49bf8c5c9bdbee1a4c)*to complete the inquiry form)*

 If you do not meet the requirements and remain interested please comply with the requirements then complete the Provider Inquiry form. The checklist requirements below are the first steps to getting the process started. Please read the information and follow the link(s) below to identify services you provide that can be reimbursable through Medicaid, while the checklist below does not cover all requirements, these are key in the first steps.

# MDHHS Code/Modifier Requirements

[ ]  **PIHP/CMHSP ENCOUNTER REPORTING HCPCS and REVENUE CODES**

 In this report you will find several items needed for billing, the place of service codes, a short description of service, the number of reporting units and its limits, the revenue code and the funding sources.

 [**Click here for PIHP/CMHSP Encounter Reporting**](https://www.michigan.gov/documents/mdhhs/FINAL_MHCodeChart_July2021_2_738117_7.pdf)

[ ]  **MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES**

 All providers must be: at least 18 years of age; able to prevent transmission of communicable disease; able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and to report on activities performed; and in good standing with the law (i.e., not a fugitive from justice, a convicted felon who is either under jurisdiction or whose felony relates to the kind of duty to be performed, or an illegal alien). The PIHP or its contracted provider network is responsible for completing the criminal history/background investigation by checking state-wide databases and for providing documentation in the employees personnel file, pursuant to federal and state law and regulations. Investigations must be of sufficient scope to conclude that the provider is in good standing with the law. Licensed professionals must act within the scope of practice defined by their licenses. "Supervision" is defined by the Occupational Regulations Section of the Michigan Public Health Code at MCL§333.16109 and, as appropriate, in the administrative rules that govern licensed, certified and registered professionals.

 [**Click here for Michigan PIHP/CMHSP Provider Qualifications**](https://www.michigan.gov/documents/mdhhs/PIHP-MHSP_Provider_Qualifications_530980_7.pdf)

[**https://www.michigan.gov/documents/mdhhs/PIHP-MHSP\_Provider\_Qualifications\_530980\_7.pdf**](https://www.michigan.gov/documents/mdhhs/PIHP-MHSP_Provider_Qualifications_530980_7.pdf)

[ ]  **Medicaid Provider Manual**

 The electronic Medicaid Provider Manual contains coverage, billing, and reimbursement policies for Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Maternity Outpatient Medical Services (MOMS), and other healthcare programs administered by the Michigan Department of Health and Human Services (MDHHS).

 [**Click here for the Medicaid Provider Manual**](https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf)

# credentialing

[ ]  **SAM.GOV REGISTRATION** (with duns#, cage# & expiration date)

A provider must show yearly proof that they are in good standing with SAM.gov.

[**https://sam.gov/content/home**](https://sam.gov/content/home)

[ ]  **Copy of CHAMPS Provider Enrolment (Medicaid Billing System)**

 The CHAMPS Provider Verification Tool is for providers to verify if any provider is enrolled with Michigan Medicaid. Any individual or entity that provides services to, or orders, prescribes, refers or certifies eligibility for services for, individuals who are eligible for medical assistance under the Medicaid State Plan is required to be screened and enrolled in Medicaid.

 [**Click here for Copy of CHAMPS Provider Enrolment**](https://www.michigan.gov/mdhhs/0%2C5885%2C7-339-71547_4860_78446_78448_78460-471862--%2C00.html)

[ ]  **Department of Licensing and Regulatory affairs**

 All business and/or AFC homes must be registered with the state and be in good standing

 Verify a License:[**Click here to Verify a License**](https://adultfostercare.apps.lara.state.mi.us/)

[ ]  **Home &Community Based Services (HCBS)**

 On March 17, 2014 the Centers for Medicare and Medicaid Services published a new set of rules for the delivery of Home and Community Based Services through Medicaid waiver programs. Through these rules, the Centers for Medicare and Medicaid Services aim to improve the experience of individuals in these programs by enhancing access to the community, promoting the delivery of services in more integrated settings, and expanding the use of person-cantered planning. Please review the links below as providers are required to be in compliance by March 2022 if you provide these services in specific settings.

<https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder3/Folder79/Folder2/Folder179/Folder1/Folder279/MSA_17-42_606958_7_003.pdf?rev=430ffa77ec9441cea0050dba709b1ce6&hash=55DDDC8005B66900615412AB59161F0E>

# Insurance REquirements

[ ]  **DWIHN Outpatient and Residential Provider Insurance Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Requirement | Required Insurance Limit | Certificate Holder | Listed as Additional Insured |
| General / Commercial Liability  | 1,000,000 per occurrence and 3,000,000 in annual aggregate  | Detroit Wayne Integrated Health Network (DWIHN) | Detroit Wayne Integrated Health Network (DWIHN)  |
| Professional also commonly referred to as Errors and Omissions  | 1,000,000 per occurrence and 3,000,000 in annual aggregate | Detroit Wayne Integrated Health Network (DWIHN) | Detroit Wayne Integrated Health Network (DWIHN) |
| Auto | If Provider or its employees owns, leases or uses in the transportation of members or provision of services, provider must maintain motor vehicle insurance in the minimum amount of 1,000,000 per occurrence. If no vehicle are owned or leased, non-owned and hired vehicle coverage shall be required  | DWIHN | DWIHN (only applies to the extent that they use car/vans to perform services |
| Workers Compensation | Provider shall maintain workers compensation insurance including Employer’s Liability. | DWIHN | N/A – DWIHN is not an additional insured.In the certificate, Limits here should be 500,000500,000500,000Or per statute |
| Property  | If Provider has furnishings or equipment provided by or purchased by DWIHN or the State funds, Provider must procure and maintain replacement cost Property Insurance inclusive of personal property of members under provider’s care  | DWIHN | DWIHN |

***Note: Providers are required to maintain the required insurance requirements at all times as well as include DWIHN as certificate holder and additional insured accordance with the Section 10 of the Residential and Outpatient Provider Agreements*.**

* Where the provider’s insurance policies do not meet the minimum policy limit requirements, Provider may use an umbrella policy to make up the difference. E.g. if Provider only has $1 million per occurrence/ $2million annual aggregate of GL the provider can use coverage of $1million from their policy to cover the gap in coverage.
* Auto Coverage: Coverage type can be “hired” or “owned” auto.
* DWIHN cannot be named as an additional insured because workers’ compensation can only cover your direct employees.
* Property coverage may only be applicable in residential settings.

# Pre-Contracting Packet

If you are selected to go through the contracting process someone from the DWIHN team will contact you to complete the requested forms below.

[ ]  The Service Agency Profile (SAP) form

[ ]  Disclosure Form (Ownership/Controlling Interest form)

[ ]  The Business Questionnaire Form

 [ ]  Statement of Work (if needed/requested)

 [ ]  EFT Form

[ ]  W9 Form