



CORPORATE COMPLIANCE DEPARTMENT

Provider Meeting Updates
August 30, 2024

January-August 2024

❑ The following noncompliance issues remains under heightened scrutiny

- Billing for services not rendered
- Workforce training
- Workforce Background Check
- Unsupported clinical documentation
- Failure to update staffing records in MHWIN

Compliance Investigations

❑ Documentation request from compliance

- Compliance cannot guarantee that any information provided after the due date will be reviewed or considered as supporting documentation for the investigation.
- Compliance investigations are time-sensitive to ensure prompt submission to the appropriate regulatory authorities All requested documentation not received by the date

COMPLIANCE UPDATES

NON-COMPLIANCE

How to avoid being cited for any of the noncompliance allegations.

- **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.
- **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.

COMING SOON

- Beginning October 1st Compliance will hold quarterly provider training sessions on:
 - ✓ Policy Development: Creating and updating policies to reflect current laws and best practices.
 - ✓ Auditing: Conducting regular reviews of billing practices, clinical documentation, and data security to identify non-compliance
 - ✓ Data Security Measures: Implementing technical safeguards to protect patient information and ensure data integrity.



Detroit Wayne Integrated Health Network

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MEMORANDUM

To: DWIHN Specialized Residential Service Providers
From: Ryan Morgan, LMSW – Director of Residential Services-DWIHN
CC: Melissa Moody, LLP- Vice President of Clinical Operations- DWIHN
Manny Singla- Interim President and CEO- DWIHN
Subject: **Standardized Progress Note Implementation – Effective, September 3, 2024**

Please note the implementation of the revised **Standardized Progress Note** will be effective as of **Tuesday, September 3rd, 2024**. The revision cites DWIHN’s compliance with the Medicaid Provider Manual indicating the requiring of START and END times for rendered community living supports/personal care services.

Service Documentation Requirements

Michigan Medicaid Provider Manual requirements (non-exhaustive list) (Medicaid Provider Manual Section 15: Record Keeping)

The clinical record must be **sufficiently detailed** to allow reconstruction of what transpired for each service billed.

All documentation must be **signed and dated** by the rendering health care professional

- Documentation, including signatures, must be **legible**
- If a signature is not legible, the clinician’s name and credentials should be printed below

For services that are time-specific according to the procedure code billed, providers must indicate in the medical record the **actual begin time and end time** of the particular service

Progress notes must include the following:

- Goal(s) and/or Objective(s) of the Plan of Service addressed
- Progress/lack thereof toward desired outcome

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All related documentation can be accessed from the DWIHN website:

- Standardized Progress Note for **LICENSED** Settings
 - w/ PowerPoint presentation (with imbedded training video)

- Standardized Progress Note for **UNLICENSED** Settings | **CLS Staffing Agents**
 - w/ PowerPoint presentation (with imbedded training video)

Requests for additional assistance can be submitted to the department inbox by emailing residentialreferral@dwihn.org, using the Subject Line “*Progress Note Training Request*”.

Thank you.



Claim Adjudication

Quinnetta Robinson

Claims Manager



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- Please remember that while a claim is in "**claim data entry**" status, you, the Provider, have full control over it. You can edit and modify the claim at this stage, as it has not yet been submitted for adjudication.

Batch Date	Batch Status	# of Claims	Totals	
10/31/2023	Claim Data Entry	1	Claimed: \$4,250.00 Payable: \$0.00	View Claims in Batch Adjudication Report Take Over Batch View Batch Info Scanned/Uploaded Documents

Billing Tips

CLAIMS DEPARTMENT



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Claim Adjudication

- Please refrain from sending inquiries to the PIHP claim mailbox while your claim is in this status. Submit the claim and allow our adjudicators to complete their review, as some errors or edits will be addressed during the adjudication phase. If our team cannot resolve an issue, a clear and detailed comment will be added to the claim, detailing the steps needed to facilitate payment. Only after the adjudication process is complete, and if you disagree with the outcome or need further clarification, should you contact PIHPclaims@dwhn.org for a management-level review.



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TOP WORK PLACES 2023

Appeals & Reconsideration

- Providers it is imperative that you include clear and detailed comments on all claims appeals and reconsiderations. These comments guide the Adjudicator in making informed decisions, which helps prevent denials and delays in payments.

Billing Tips

CLAIMS DEPARTMENT



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Claims Department Contact:

PIHPclaims@dwihn.org