

Detroit Wayne Integrated Health Network

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Residential Provider Meeting Friday, October 11, 2024 Virtual Meeting 11:30 am –12:30 pm Agenda Zoom Link: <u>https://dwihn-org.zoom.us/j/92653624476</u>

- I. Welcome/Introductions
- II. Compliance Sheree Jackson
 - Compliance Investigation Process (Pages 2-9)
- III. Integrated Care Ashley Bond
 - Complex Case Management (Pages 10-12)
- IV. Claims Department Quinnetta Robinson
 - PHI (Protected Health Information) (Pages 11-16)
- V. Residential Ryan Morgan
 - CRSP Trainings for the new FY (Pages 17)
- VI. Recipient Rights Edward Sims
 - ORR Training
 - RRI (Pages 18-20)
- VII. Administrative Updates Manny Singla, Interim President and CEO
- VIII. Questions
- IX. Adjourn

Board of Directors

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Manny Singla, Interim President and CEO





PROVIDER NETWORK Compliance Investigation Process

SHEREE JACKSON, VICE PRESIDENT OF COMPLIANCE

October 2024

The Process...

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The Office of Inspector General (OIG) assigns a referral or an internal referral is submitted for preliminary investigation to DWIHN Compliance.

Upon receipt, a risk level is assigned to the case, and an internal evaluation is performed to assess whether the matter aligns with the program integrity guidelines.

The Compliance Officer assigns the case to a compliance staff for investigation.

Claims audits, research, data analysis, interviews and site inspections (if applicable) are performed. This includes request for supportive documentation, policies and procedures, timesheets, mileage logs, etc.)

Findings are reported to the OIG accompanied by the MDHHS fraud referral (if applicable), and once confirmation is received from the OIG, DWIHN Compliance notifies the provider(s) and all relevant DWIHN stakeholders of the outcome of the preliminary investigation findings.

All applicable sanctions are entered, recoupment (if applicable) is processed, and the exit meeting is scheduled with the provider.

Upon receipt of the completed CAP and subsequent approval from the DWIHN Compliance department, the sanction is lifted, and the provider is referred for ongoing monitoring (if applicable).

If the OIG, Attorney General (AG), and Medicaid Fraud Control Unit (MFCU) accepts the fraud referral and opts to take further action, DWIHN staff and/or employees of the provider network may be required to provide legal testimony.

Question

• Can a decision rendered in a preliminary investigation be appealed?

Answer

YES, BASED ON CONSIDERATION OF SEVERAL FACTORS Did?

- New Evidence: If new evidence emerges that contradicts the findings of the initial investigation, it may warrant a review or reversal of the conclusions.
- Regulatory Changes: Changes in laws or regulations that affect the basis for the investigation's conclusions may also lead to a reevaluation

Then..

• The Chief Compliance Officer or the delegate will reassess the new evidence and all laws, statutes, DWIHN policies, and the contractual agreement.

Question

 We located supportive documentation after the due date listed on the notification letter. Why won't the Compliance Department accept them?

Answer

- To be consistent with the Michigan Medicaid Provider Manual, General Information for Providers, Section 14.4, "Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained."
- All documents are required for review at the time of the request.
- •Documentation submitted after the due date can be presented at the exit meeting or included with the CAP.

Question

 Why does our findings say a, "Credible Allegation of Fraud?"

Answer

• This statement means that the preliminary investigation determined there was a credible allegation of fraud as defined by the Office of Inspector General.

CREDIBLE ALLEGATION OF FRAUD

- An overpayment of \$5,000
- The investigation found that there was intent to misrepresent the claim, backed by specific facts or evidence that supports the allegation.

Question

• Why would the compliance department investigate a closed provider site? How long can such an investigation last?

Answer

- A provider investigation can occur up to 10 years after the date on which the violation occurred.
 - 400.614 Statute of limitations.
- An investigation can take up to, but is not limited to, 180 days.

Question

• Why weren't we informed that the investigation was initiated by the Office of Inspector General?

Answer

 The disclosure requirements are established by the Office of Inspector General (OIG), and the OIG enforces the standard operating guidelines of DWIHN's compliance department.

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 requested from your agency?
 - Plese contact John Shafer, Compliance Special Investigation 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.

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

CCM services do not take the place of current services but are integrated with the clinically responsible service provider's case management servcies.

Referral Process

The DWIHN CCM staff may receive referrals for services via:

- E-mail pihpccmedwihn.org
- Fax 313-989-9529
- Phone 313-833-2500

A referral form is available on the DWIHN website on the Integrated Health Care page.

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



CONTACT US!

Phone: 313-833-2500 Access Helpline: 800-241-4949 Website: dwihn.org 707 W. Milwaukee St. Detroit, MI 48202



COMPLEX CASE MANAGEMENT





What is Complex Case Management?

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.



Criteria to Participate

The DWIHN CCM program has general eligibility criteria for adults and children/youth. CCM is a voluntary program, all active participants have to be willing to participate in the program for at least 90 days.

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:

- Absence of primary care or specialty medical care visits within the last 12 months
- Gaps in care (medication refills, not seeing doctors and etc.)
- Chronic Pain and/or Morbid Obesity
- Frequent ED visits within the last six months
- Missing appointments with behavioral health providers

Children/Youth

Diagnosed with serious emotional disturbances (SED) and autism spectrum disorder (ASD) between the ages of 2–21 years of age and diagnosed with chronic asthma or other medical health condition as well as evidence of one or more gaps in services:

- Frequent ED visits related to medical and/or behavioral health in the last 12 months
- Gaps in services and/or care (absence of primary care visit within the last six months, gaps in refilling medications, and etc.)
- Missing appointments within behavioral health providers





Integrated Health Care Initiatives Complex Case Management Referral Form

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

Referral Source:

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

Please fax completed form to: 313-989-9529

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

For DWIHN USE:

Date Referral Received: ______ Case Assigned To:______

Date Referral Assigned: _____

Hs11012016



PHI (Protected Health Information)

Quinnetta Robinson

Claims Manager



- To ensure we are protecting our consumers 'privacy, effective immediately the Claims Department will not be responding to inquiries containing member PHI unless it is sent using secure methods.
- As a reminder PHI includes any personal data that relates to a consumer and/or their health. Ensuring the security of PHI is critical for protecting patient privacy and maintaining compliance with HIPAA regulations.
 PHI (Protected Health Information)
 CLAIMS DEPARTMENT

PHU (Protocto

PHI (Protected Health Information)

Remember protecting consumer information is a shared responsibility. For more information or guidance on secure email procedures, please refer to our IT policy on DWIHN's website at DWIHN.org.

- Click the "For Providers" tab
- Scroll Down to "Provider Resources" and select policies.



• Select Policy Stat and you will have accessed all DWIHN's policies.

For Members





Claims Department Contact:

PIHPclaims@dwihn.org





Detroit Wayne Integrated Health Network

Residential Assessment, Service Authorizations, & Clinical Alignment of Documentation Trainings

Training Attendees Include:

CRSP Supports Coordinators | Case Managers CRSP Supervisory Team

Beginning Tuesday, October 8, 2024 then Bimonthly Every 1st Tuesday

IDD CRSP Providers: **<u>11:00 AM</u>**

AMI CRSP Providers: 2:00 PM

2024-25 Bimonthly Training Dates

October 8, 2024

December 3, 2024

February 4, 2025

April 1, 2025

June 3, 2025

August 5, 2025

October 7, 2025

No Registration Required!

Rick-click on hyperlink below to join Zoom meeting:

https://dwihn-org.zoom.us/j/8759841092?pwd=eFVpbE9IYTJGdHQ4TGhCcW8xSnFUUT09&omn=89354935805

Meeting ID:875 984 1092Passcode:BKx8br



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

ORR Recipient Rights Training

Updates: October 2024

- NHRRT registration availability-currently <u>2</u> weeks out; see available New Hire RR training classes in MHWIN.
- ORR training unit will continue to work with Providers to assure their staff are trained w/I 30 doh, even if class has to be overbooked. <u>Strongly</u> encourage Providers to register new staff during the onboarding process, i.e, pls don't wait until the 28th day.
- FYI-For each NHRRT class-different documents are utilized for different NHRRT dates.
- ALL staff who attend a NHRRT class <u>must</u> be registered for that class.

ORR NHRRT Information:

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

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

OFFICE OF RECIPIENT RIGHTS: MONITORING (SITE REVIEWS)

Updates: October 2024

- Licensed Psychiatric Hospital's; Each annual ORR LPH site review visit for FY24 completed by 09/30/24, and will undergo typing, audit, revision, if applicable.
- <u>All</u> other ORR site reviews for FY24-completed by 09/30/24. Final totals for monitoring will be calculated and presented at next Provider meeting.
- Beginning FY2025, on 10/01/24, Providers will be requested to document <u>ALL</u> current staff's DOH, NHRRT & ARRT dates, if NHRRT over 1 year old; <u>During</u> the site review visit, evidence of RR trg. will be requested by ORR Reviewer.
- Also, any <u>new</u> staff hired since the previous site review, evidence of NHRRT will also need to be submitted to ORR Reviewer.

ORR Monitoring Information:

- ORR Site Visit conducted onsite (in person). Covid 19 Questionnaire-If +exposure, an alternative site review will be arranged
- ORR accepts NHRRT obtained from different counties w/evidence provided & verification of validity, in most cases (Oakland, Macomb, Washtenaw accepted)

- ORR Reviewer looks for the following during site review:
- List: Required postings, RR booklets, confidential items stored, health/safety violations, interior/exterior of facility, interviews staff & members re: rights awareness and complaint filing
- Any violation(s) found requires a <u>Corrective</u> <u>Action Plan</u>. Provider has <u>10-business days</u> from the date of the site visit to remedy violation
- End of site review visit, Site Rep required to sign & date page #4 of site review tool

Important Reminders:

- Provider contact info and staff records should be kept <u>current</u>, as required in MHWIN
- Questions re: ORR Monitoring: <u>esims1@dwihn.org</u>, <u>lhudson@dwihn.org</u> <u>ahardrick@dwihn.org</u> or <u>spride@dwihn.org</u>