



Detroit Wayne Integrated Health Network

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Residential Provider Meeting
Friday, January 16th, 2026
Virtual Meeting
11:30 am –12:00 pm
Agenda

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

- I. Welcome/Introduction
- II. Managed Care Operations- Rai Brown
 - Quarterly Contract Status Reports
- III. IT Services – Keith Fambro
 - Cyber Security
- IV. Strategic Operations- Allison Smith
 - Policy Notifications
- V. Clinical Operations
 - 1915 (i)SPA
- VI. Office of Recipient Rights- Edward Sims
 - ORR Updates
- VII. Residential Services – Ryan Morgan (3-8)
 - Residential Services Updates
- VIII. Claims Department- Deabra Hardrick- Crump (9-16)
 - Coordination of Benefits
- IX. Claims Department– Deb Schuchert (17-22)
 - Claims Department Updates

Board of Directors

Dr. Cynthia Taueg, Chairperson
Karima Bentounsi
Kevin McNamara

Jonathan C. Kinloch, Vice Chairperson
Angela Bullock
Bernard Parker

Dora Brown, Treasurer
Lynne F. Carter, MD
William Phillips

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

James E. White, President and CEO



- X. Compliance – Andrew Ling (23-27)
 - Compliance Department Updates
- XI. Administrative Updates – James White, President and CEO
- XII. Questions
- XIII. Adjourn



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Residential Providers Meeting

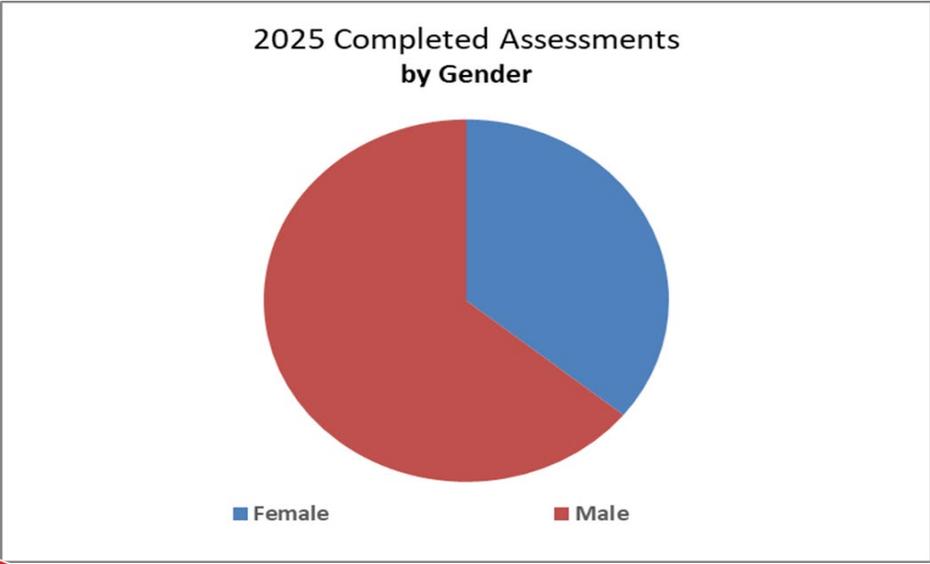
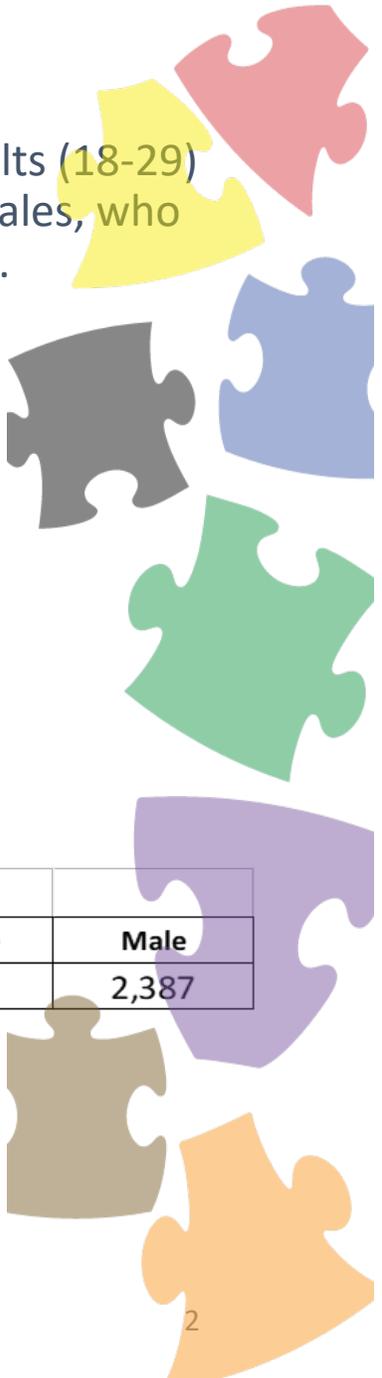
Residential Services Department

Ryan Morgan LMSW- Director of Residential Services



Assessing Dept. Needs and Trends

- Providers capable of serving young adults (18-29) with significant behaviors, especially males, who may require a Behavior Treatment Plan.



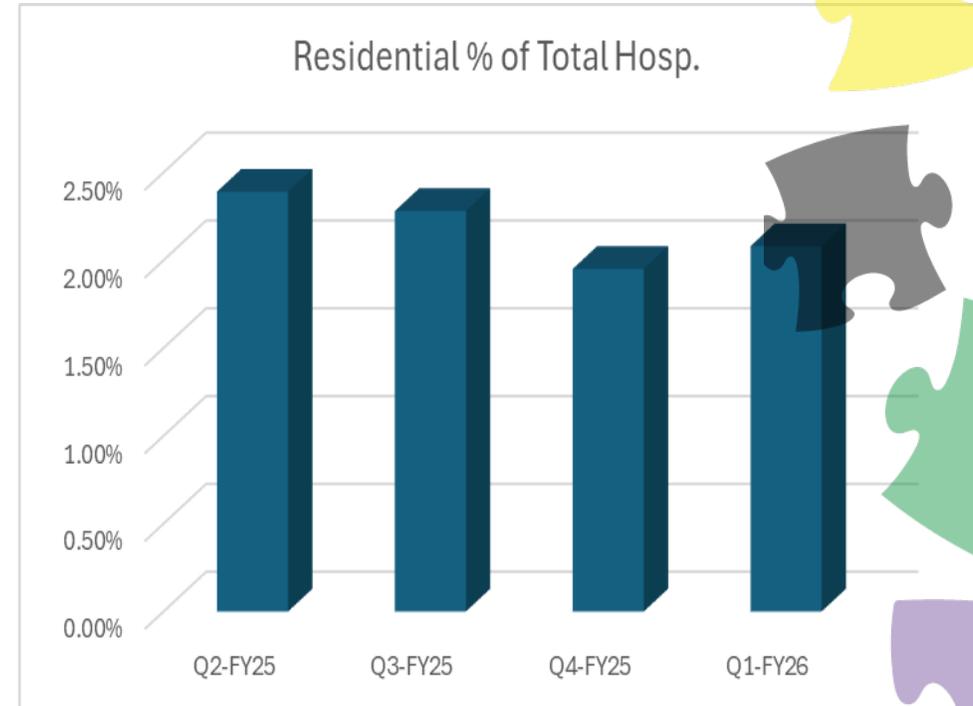
Completed Assessments: by GENDER	Female	Male
TOTAL FY25	1,335	2,387



Assessing Dept. Trends cont.

- Examining Residential Dept. Hospitalization Trends.

Residential Hospitalizations by Quarter				
	Q2-FY25	Q3-FY25	Q4-FY25	Q1-FY26
Residential % of Total Hosp.	2.39%	2.28%	1.95%	2.08%



Updates and Reminders

- Please submit all discharge notification forms to the residential department by email (residentialreferral@dwihn.org) or fax (313-989-9525).
- The residential provider shall provide discharge notifications to:
 - Member
 - Guardian (if applicable)
 - Designated clinically-responsible service provider (CRSP); and
 - DWIHN Residential Services
- Please be mindful of member's insurance status and be cognizant of any potential Medicaid lapse. Work with guardians and CRSP case holders to assist with reapplying when needed.



Reminders cont

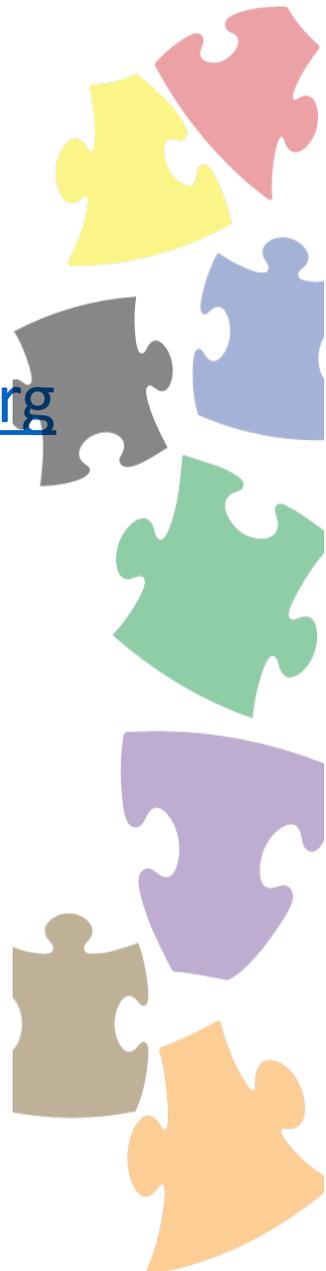
- Submit questions or inquiries to the residentialreferral@dwihn.org email address, or faxed to 313-989-9525.



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Thank You, for everything
you do to serve our
members!



DETROIT WAYNE INTEGRATED HEALTH NETWORK

Deabra Hardrick-Crump, BS, MBA, MIS

Claims Department, Coordination of Benefits



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Coordination of Benefits Overview

- Each type of health insurance coverage is called a “payer.”
- When there’s more than one payer, the coordination of benefits rules decide which pays first.
- There may be primary and secondary payers, and in some cases, there may also be a third payer



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Key Steps & Considerations:

1. Identify the Primary Payer: Use COB rules (like the birthday rule) to determine who pays first; it's often the non-government plan.

2. Bill Primary First: Submit the claim to the commercial insurer within their timely filing limit (e.g., 90-180 days).

3. Submit to Secondary (Medicaid): After primary payment, send the remaining balance (the “adjustment”) to Medicaid, observing their unique state deadlines (e.g., 120-365 days).



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Key Steps & Considerations Continue:

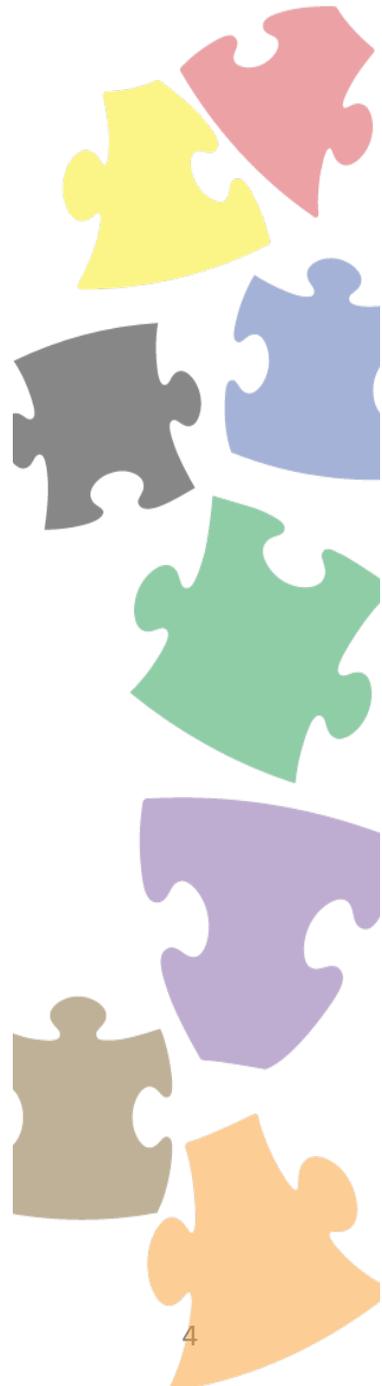
4. Watch for Medicare: If Medicare is involved, it has specific rules, and you must know if it's primary or secondary to other plans.

5. Update Coverage Info: Keep member insurance details current to avoid sending claims to the wrong payer or missing deadlines.

6. Avoid Duplicate Payments: COB ensures total payments don't exceed 100% of the allowed costs.



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COB and Medicaid

- **Primary Payer:** Providers must bill the commercial or individual plan first. Timely filing limits for private insurance typically range from **90 to 180 days**.
- **Medicaid (Secondary/Last Payer):** After receiving an Explanation of Benefits (EOB) from the primary payer, the remaining balance is submitted to Medicaid.
 - **Filing Limits:** These vary widely by state. For example, as of 2026, **New York** maintains a strict **90-day** limit, **Texas** uses **95 days**, and **California, Colorado, and Michigan** allow up to **12 months**.
- **Medicare Inclusion:** If a member is dual-eligible (Medicare and Medicaid), Medicare is generally primary to Medicaid. Medicare's standard timely filing limit remains **12 months** from the date of service.



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DWIHN's COB Billing Requirements

- All COB claims must be billed by the COB deadline identified DWIHN.
- All COB claims must have the primary payer's EOB attached
- All payments indicated on the claim must be supported by the EOB, or the claim will be denied.
- If billing electronically, Coordination of Benefits (COB) information must be included in the electronic submission.
- If DWIHN reimburses a provider and then discovers other coverage is primary, DWIHN will recover the amount paid.
- DWIHN enrollees/members cannot be billed for any outstanding balance after DWIHN makes payment.



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Important Links

Medicare's Coordination of Benefits

<https://www.medicare.gov/publications/11546-Medicare-Coordination-of-Benefits-Getting-Started.pdf>

Medicaid Coordination of Benefits & Third Party Liability

<https://www.medicaid.gov/medicaid/eligibility-policy/coordination-of-benefits-third-party-liability>

Medicaid Training Handbook

<https://www.medicaid.gov/medicaid/eligibility/downloads/cob-tpl-handbook.pdf>



Question and Comments Welcomed ????



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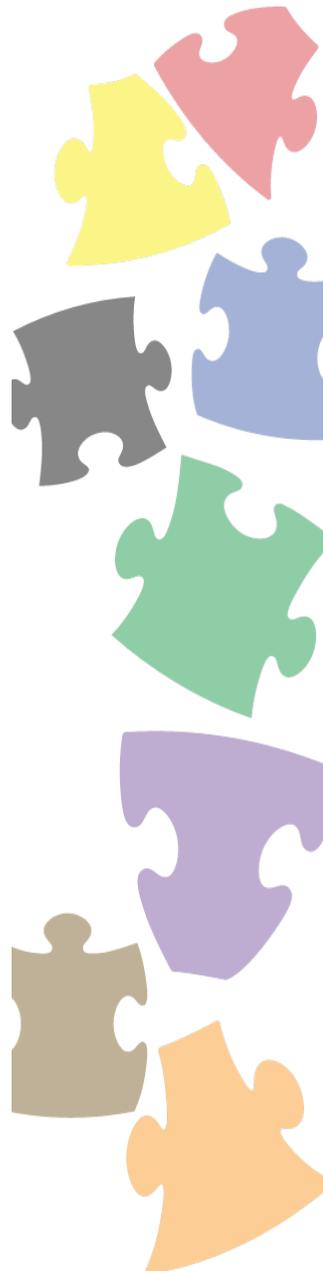


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Provider Claims Best Practices

Quinn Robinson
Claims Manager



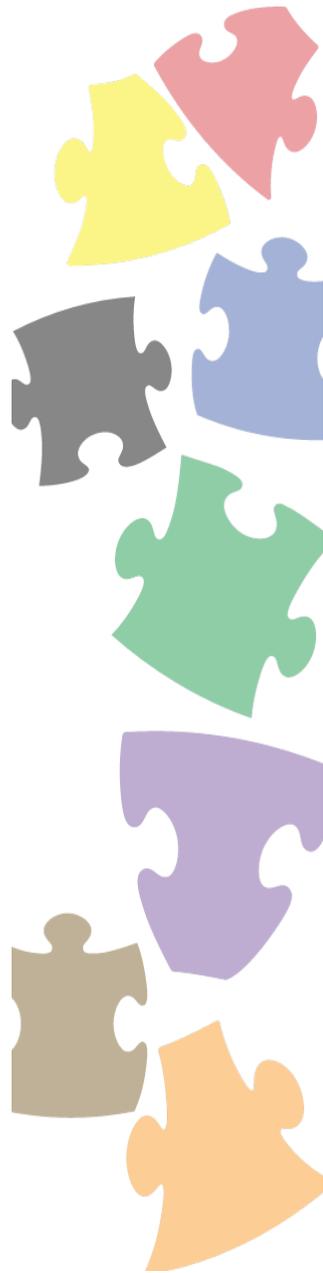
➤ Claim Reconsideration – Required Review Steps

Before submitting a claim reconsideration request to PIHP Claims, please confirm the following:

- ✓ Review the claim under **View All Batches**
- ✓ Confirm the claim has **completed the payment process**
- ✓ Verify the claim is **eligible for reconsideration**

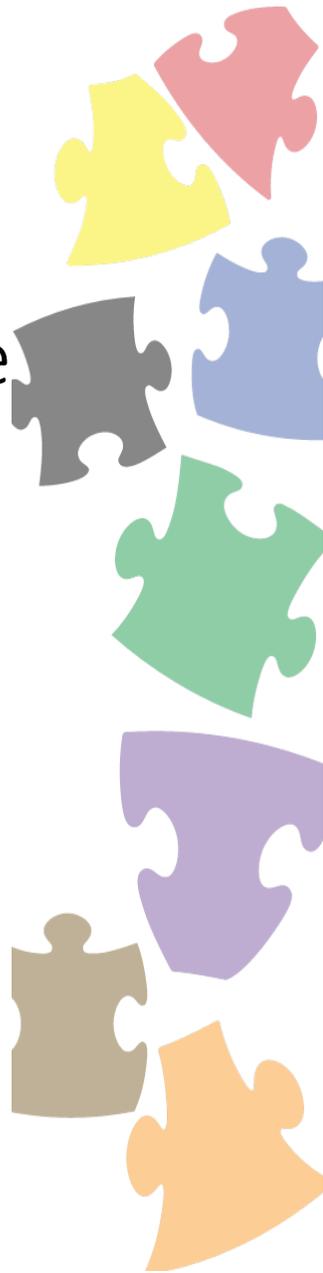
Important Reminder:

⊘ *Do not submit reconsideration requests for claims that are still in processing.*



➤ Why This Is Important

- ❖ Reconsideration requests submitted too early cannot be processed
- ❖ Increases response time for all providers
- ❖ Creates duplicate work and delays resolution
- ✓ System verification ensures accurate and timely reviews



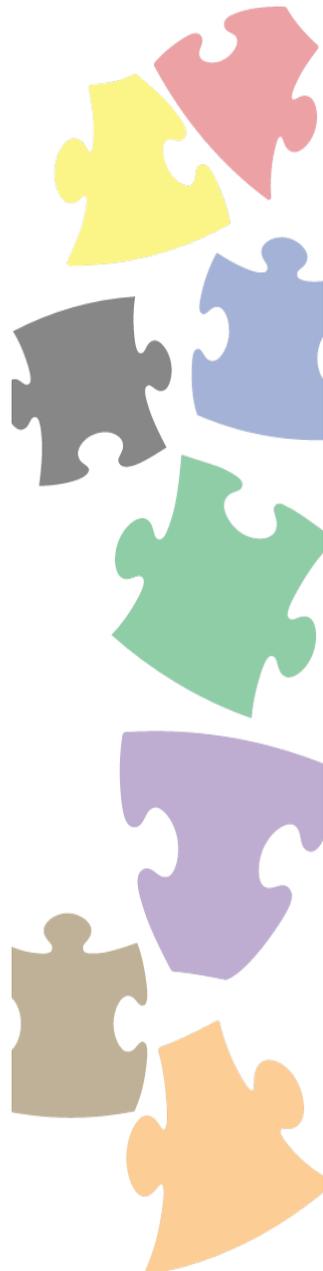
➤ Return Batch / Claim Requests – Required Review Steps

Before submitting a return, batch or claim request to PIHP Claims, please confirm the following:

- ✓ Verify the claim is **not still in Claims Data Entry**
- ✓ Review **View All Batches** to confirm the current claim status
- ✓ Confirm the claim is **not in the payment process**
- ✓ Verify the claim has **not already been paid**

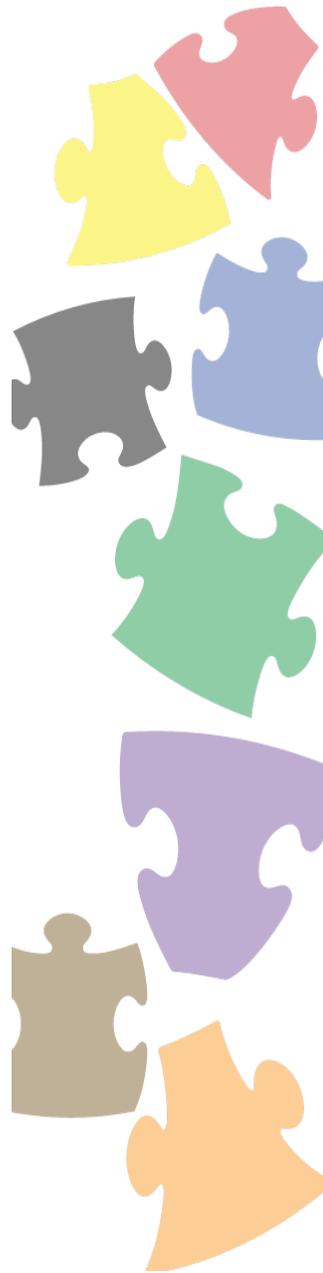
Important Reminder:

⊘ *Claims may only be returned if they have been submitted for adjudication and have not entered the payment process.*



➤ Key Takeaways for Providers

- ❖ Always verify claim status before emailing PIHP Claims
- ❖ Use **View All Batches** and view **Claims Data Entry** consistently
- ❖ Submit requests only after confirming eligibility
- ✓ These steps reduce delays, rework, and processing time



Thank You!

We appreciate your cooperation in improving claims processing efficiency, which supports timely resolutions for all providers.





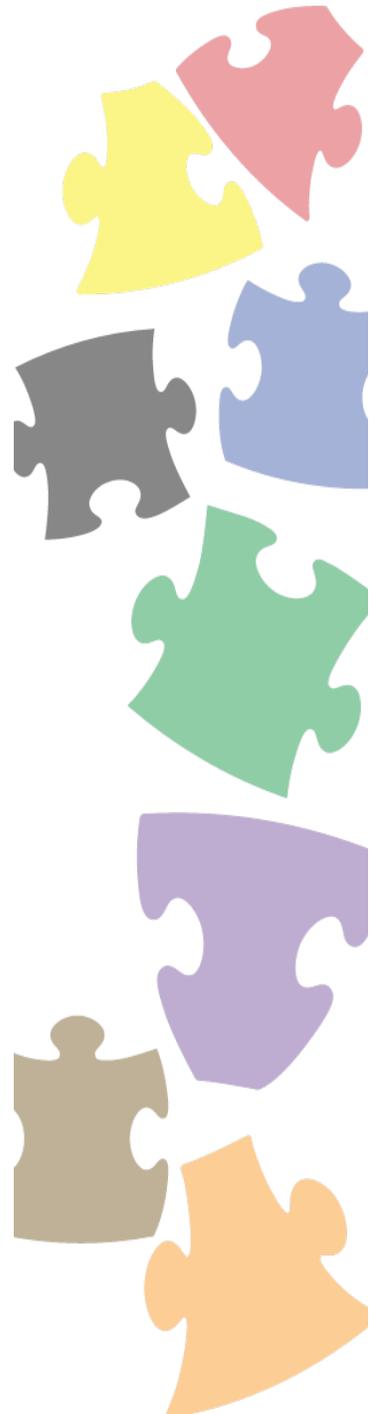
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Corporate Compliance Updates:

- Compliance Academy
- Who to report to
- How to report
- Resources



FY '25-'26 Compliance Academy

QRT 1:

Jan: 6th and 8th - CRSP

Jan: 13th and 15th - Outpatient

Jan: 20th and 22nd - Residential -
Next week

Jan: 27th and 29th - ABA

QRT 2 :

March 31st and April 2nd- CRSP

April: 7th and 9th- Outpatient

April: 14th and 16th- Residential

April: 21st and 23rd- ABA

QRT 3 data:

July: 7th and 10th- CRSP

July: 14th and 17th- Outpatient

July: 21st and 23rd- Residential

July: 28th and 30th- ABA

QRT 4 :

October: 6th and 8th- CRSP

October: 13th and 15th- Outpatient

October: 20th and 23rd- Residential

October: 27th and 29th- ABA

End of the FY review:

November: 3rd and 6th-CRSP

November: 10th and 12th- Outpatient

November: 17th and 20th-Residential

December: 1st and 3rd-ABA



Who and When to Contact?

- **If you have any questions or suggestions regarding the Compliance Academy.** Please contact Andrew Ling, Senior Compliance Auditing Specialist, Aling@dwi hn.org
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- **If you have a question pertaining to an active compliance review?** Your designated reviewer 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 satisfied all CAP or other requirements, and no further action is required from your agency?** Please contact Sheree Jackson, Vice President of Compliance, Sjackson@dwi hn.org
 - **If you have concerns about sanctions or actions being taken against your agency.** Please contact Sheree Jackson, Vice President of Compliance, Sjackson@dwi hn.org



Who to Report to?

- If you have a suspicion of fraud, waste or abuse:
 - Directly to their supervisor or the Corporate Compliance Officer.
 - To the DWIHN Compliance Hotline (313-833-3502), for anonymous and confidential reporting to the extent provided by law.
- In writing to the Corporate Compliance Officer:

Attn: Corporate Compliance Officer
Detroit Wayne Integrated Health Network
707 W. Milwaukee, Detroit MI, 48202

- VIA EMAIL: compliance@dwhin.org
OR
- Office of Inspector General:
Michigan Department of Health and Human Services
Office of Inspector General
PO Box 30062
Lansing, MI 48909
Ph: 855-MI-Fraud (643-7283).



Resources Available

- DWIHN Policies-<https://dwmha.policystat.com/>
- CPT code chart-<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>
- Michigan Medicaid Provider Manual: <https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/medicaid-provider-manual>
- Code of Federal Regulations: <https://www.ecfr.gov>
- DWC Training Events
- DWIHN Provider Meetings

