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, September 25th, 2026
Virtual Meeting
11:30 am –12:00 pm
Agenda
Zoom Link: https://dwihn-org.zoom.us/j/92653624476

I. Welcome/ Introductions

II. IT Department- Keith Frambro
- New Platform for DWConnect

III. Claims Department- Quinnetta Robinson (3-6)
- Claims Updates

IV. Quality Management- Fareeha Nadeem (7)
- New Service Launch – DWIHN Behavior Treatment Plan Review Committee

V. ORR Monitoring and Training Department -Michael Olver (8-13)
- ORR Monitoring and Training Updates

VI. Strategic Planning- Margaret Keyes- Howard (14-45)
- 2025 Provider Survey
- Future/action process improvement planned to support providers

VII. Quality Performance Monitoring- Danielle Dobija (46-50)
- Quality Performance Monitoring Updates

VIII. The Network Capacity Attestation- Manny Singla, Deputy CEO

IX. Administrative Updates- Manny Singla, Deputy CEO

X. Questions

Board of Directors

Jonathan C. Kinloch, Chairperson
Karima Bentounsi
Kevin McNamara
Bernard Parker, Vice Chairperson
Barry Blackwell
William Phillips
Dora Brown, Treasurer
Lynne F. Carter, MD
Dr. Cynthia Taueg
Angelo Glenn, Secretary
Eva Garza Dewaelsche

James E. White, President and CEO

XI. Adjourn

Claims Department Updates

Quinn Robinson- Claims Manager

Year End Closeout Process

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To: DWIHN Providers

From: Stacie Durant, VP of Finance

Date: September 15, 2026

Subject: Year End Closeout Process for Claims, Encounters, and Financial Status Reports

This correspondence provides notification concerning the DWIHN year-end closeout process for ensuring reimbursement to providers upon submission of encounters, claims and/or Financial Status Reports (FSR's) through the year ending September 30, 2026. Please review your records, identifying any outstanding encounters, claims and/or FSR's that have **NOT** been submitted to the Office of Fiscal Management (Finance) for reimbursement through the period ending September 30, 2026.

Financial Status Reports (FSR's)
All outstanding FSR's MUST be received by DWIHN no later than 5:00 p.m. on Friday, October 23, 2026. FSR's received after this date may NOT be considered for reimbursement.

Claims and Encounters
All outstanding encounters and claims MUST be submitted within MH-WIN by Friday, November 27, 2026. All denials and rejections (including those incurred in the month of September) MUST also be submitted within MH-WIN by Friday, November 27, 2026. With the exception of MICH HIDE-SNP (formerly MI Health Link -MHL), any submissions received after these dates will NOT be considered for reimbursement.

Should you have any questions and/or concerns, please email Tyreesse Omani at tomani@dwihn.org.

Claims and Encounters:

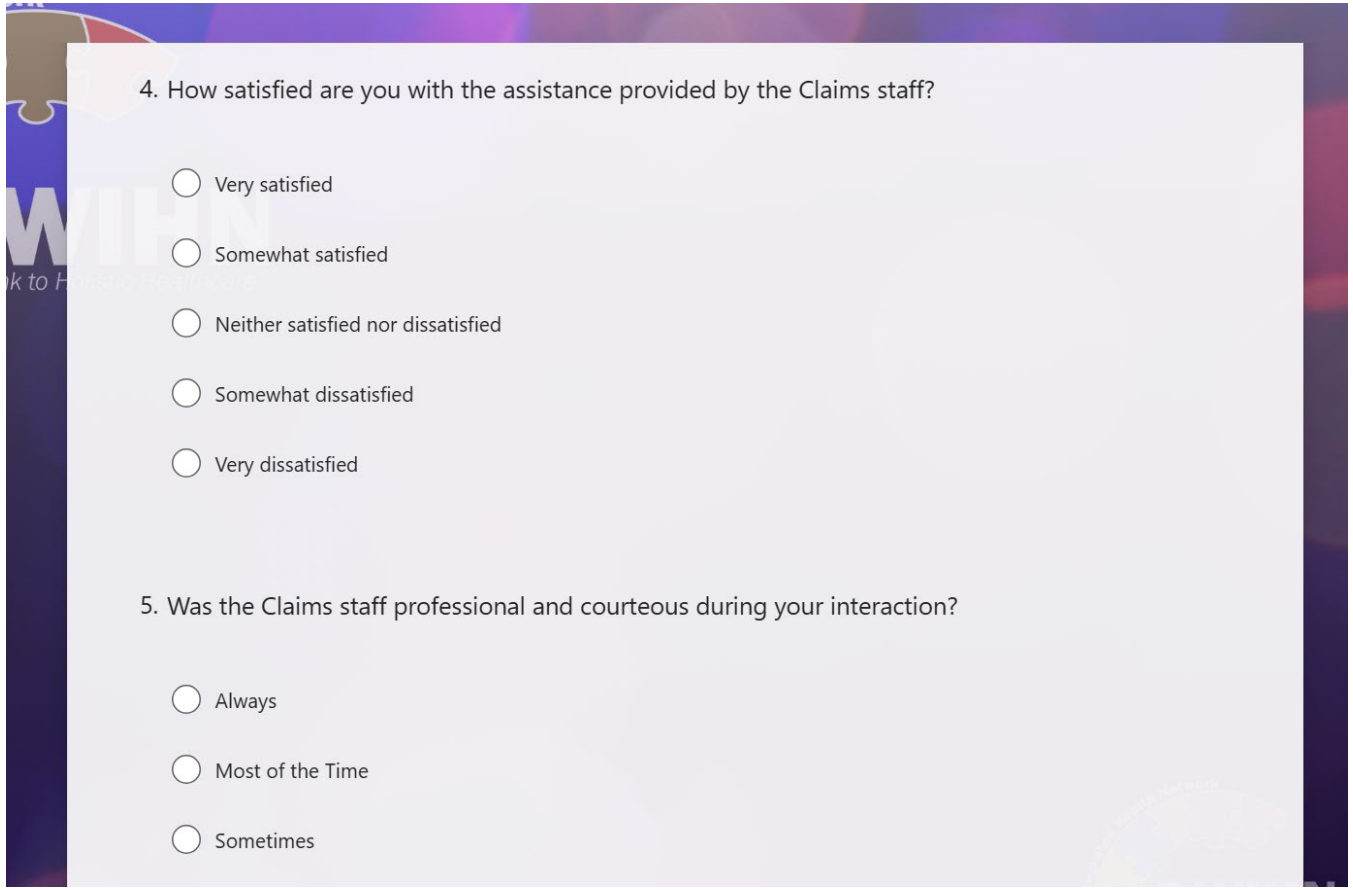
All outstanding encounters and claims MUST be submitted within MH-WIN by **Friday, November 27, 2026**. All denials and rejections (including those incurred in the month of September) MUST also be submitted within MH-WIN by **Friday, November 27, 2026**. With the exception of MICH HIDE-SNP (formerly MI Health Link -MHL), any submissions received after these dates will NOT be considered for reimbursement.

Should you have any questions and/or concerns, please email Tyreesse Omani at tomani@dwihn.org.

Provider Satisfaction Survey

Following interactions with the Adjudication Team, you may receive a survey link. To complete a survey about your experience.

https://forms.office.com/g/FVWYqUgi3a



Provider Satisfaction Survey

If you receive a survey request, please complete it.

- The survey contains 13 multiple-choice questions.
- It takes only a few minutes.
- Questions focus on your resolution experience with our team and allows for you to provide feedback.

Your feedback helps us continuously improve your customer service experience!

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Date: September 9, 2026.

NEW SERVICE LAUNCH

DWIHN BEHAVIOR TREATMENT PLAN REVIEW COMMITTEE (BTPRC)

NOW ACCEPTING APPOINTMENTS!

DWIHN's BTPRC is here to support network providers with routine and emergency Behavior Treatment Plan reviews.

🗓️ **APPOINTMENTS AVAILABLE NOW**
September & October
⭐ **NO WAIT TIMES — Additional appointments are available!**

Need a routine review or an emergency review?
DWIHN is here to help!

💻 **UPCOMING VIRTUAL MEETING**
September 28, 2026.
🕘 9:00 a.m. – 1:00 p.m.
💻 Microsoft Teams

📩 **READY TO SCHEDULE?**
Email: pilotbtprc@dwihn.org

👥 **DWIHN BTPRC TEAM**
Fareeha Nadeem, M.A., LLP — Committee Chair
Dr. Razi Antoon, M.D. — Physician
Nicole Williams — Recipient Rights Representative

✅ **BEFORE YOUR APPOINTMENT**
Please upload all required documentation to the member's MHWIN case record before the scheduled appointment.

We look forward to partnering with you!

Board of Directors

Jonathan C. Kinloch, Chairperson
Karima Bentounsi
William Phillips

Bernard Parker, Vice Chairperson
Lynne F. Carter, M.D.
Kenya Ruth

Dora Brown, Treasurer
Eva Garza Dewaelsche
Dr. Cynthia Taueg

Angelo Glenn, Secretary
Kevin McNamara

James E. White, President and CEO

DETROIT WAYNE INTEGRATED HEALTH NETWORK

800-241-4949

www.dwihn.org

ORR Training & Monitoring Agenda Provider Meeting

(09/25/26)

Updates-ORR Training (09/25/2026)

1. ORR NHRRT Class Calendar Revised -The New Hire Recipient Rights training Calendar has been revised due to the RR conference & upcoming holidays. Several NHRRT classes have been added on Mondays for September, November & December 2026, to maintain the total number of NHRRT classes offered each month. See NHRRT class schedule located in MHWIN.

2. New training site-Moved to the new Elevare LMS website, from the DWC (Detroit Wayne Connect) training website. "LIVE" date was 09/15/26.

2. Annual Recipient Rights training-Providers and their employees are NO longer required to complete Annual Recipient Rights training, previously provided by Detroit Wayne Connect, effective imediately. Other DWIHN Depts *may* require/request ARRT for staff. New Hire Recipient Rights training is required to be completed w/i 30 days of hire for all new staff, per the Mental Health Code.

ORR NHRRT information for Review:

NHRRT is held via the Zoom App-Tues, Wed, & Thur, 10am-12pm, and every 2nd & 4th Tuesday, from 4pm-6pm.

Review Cont'd

Participants need a strong Wi-Fi signal & be familiar w/the Zoom App & the Chat feature. Providers, if your staff aren't familiar with the chat feature and Q & A, please provide assistance, if possible.

Participants are required to be present online, with working cameras, and remain visible and available to communicate throughout the course.

Driving or sitting in a vehicle *DURING* NHRRT class-Is prohibited, for safety reasons, non-engagement in the trg, & to abide by the laws against distracted driving.

Participants observed driving or sitting in a vehicle during the NHRRT class will automatically be removed from the training and will need to be re-registered for NHRRT.

Training participants will ***not*** be permitted into the NHRRT class training 5 minutes after the start time.

An email is sent on morning/evening of trg, to the training participant's email address listed in MHWIN. Please assure your employee's staff records are kept current.

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

Updates: ORR Monitoring 09/25/2026

1. ORR Staff Training Record Form-Revised, no longer requesting staff ARRT certificates for the annual site review visits. The Staff Training Record form should be completed *prior* to the ORR Reviewer's site visit-Include: Name, DOH, NHRRT date for each staff. Evidence of trainings will be reviewed during the site visit. (certificates/transcripts).

2. FY26 ORR Site Reviews-All site review visits for FY26 are required to be completed by 09/30/26.

ORR Monitoring Information for Review:

ORR Site Visit conducted onsite (in person).

Covid 19 Questionnaire-If + exposure, an alternative review will be arranged.

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

During site review, ORR Reviewer will check:

Required postings, RR booklets, confidential items stored,

Review Cont'd

health/safety violations, interior/exterior of facility, interview staff & members re: rights knowledge and complaint filing.

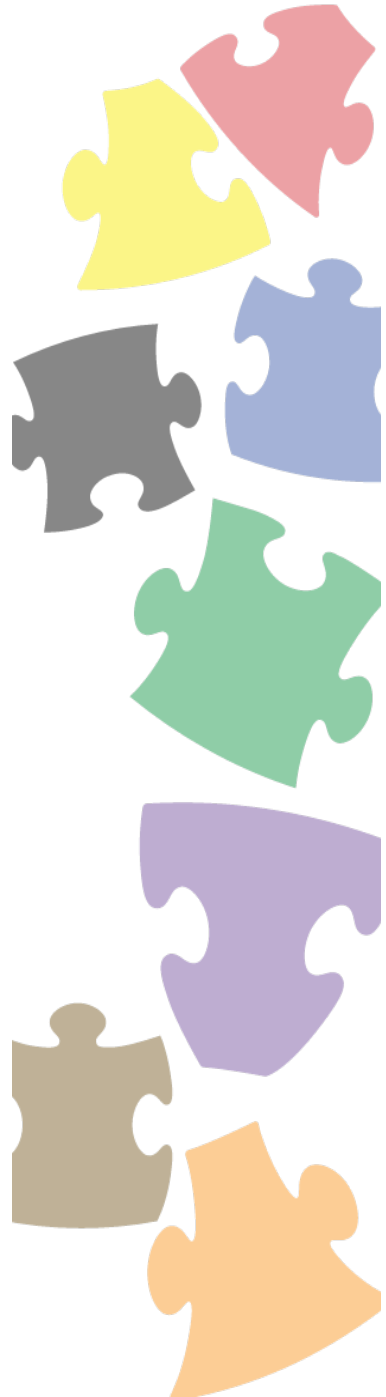
Providers may request a written list of items to be reviewed during the site review visits by emailing the ORR Reviewers documented below.

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.

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 abarnett@dwihn.org or spride@dwihn.org



Detroit Wayne Integrated Health Network
DWIHN
Your Link to Holistic Healthcare

HEALTHCARE INDUSTRY TOP WORK PLACES 2025

THANK YOU FOR ATTENDING!



QUESTIONS????

THANK YOU!!!

PROVIDER SATISFACTION
FY 2025 REVIEW

HOW WE RANK



Margaret Keyes-Howard, M.A.,
Strategic Operations Administrator

April 2026

OVERVIEW:

The Detroit Wayne Integrated Health Network (DWIHN) routinely offers the opportunity for providers of service to give feedback related to our operational units in an effort to help identify key areas in need of improvement. It was determined that a look back on the Fiscal Year (FY) 2025 would be an appropriate way to view an entire FY therefore a survey was launched after the close of the service period. This report represents the time frame between October 1, 2024, and September 30, 2025. This document is a summary analysis of aggregated data which focuses on how various units within DWIHN perform related to availability of staff, timeliness of responses when providers are trying to reach out to staff or expect return information, content and clarity of written communications, level of technical assistance given by DWIHN staff and coordination of care between units and provider when applicable. The data highlighted in this report should be used as an internal mechanism for evaluation purposes of the organization and individual units. It is also a guide to offer recommendations for improvements based on the responses of the participating providers.

Overall, the aggregated data in this report indicates that DWIHN performance rankings are generally averaging between Good and Fair on the Likert five-point quality scale, with some other rankings showing we perform Excellently and Very Good and in rare cases Poorly. Rather than view these results as negative or biased, it is the goal of DWIHN to utilize the information as a blueprint for process improvement and to further use the data as a means of crafting actionable items that support our clinical goals while improving operational efficiencies.

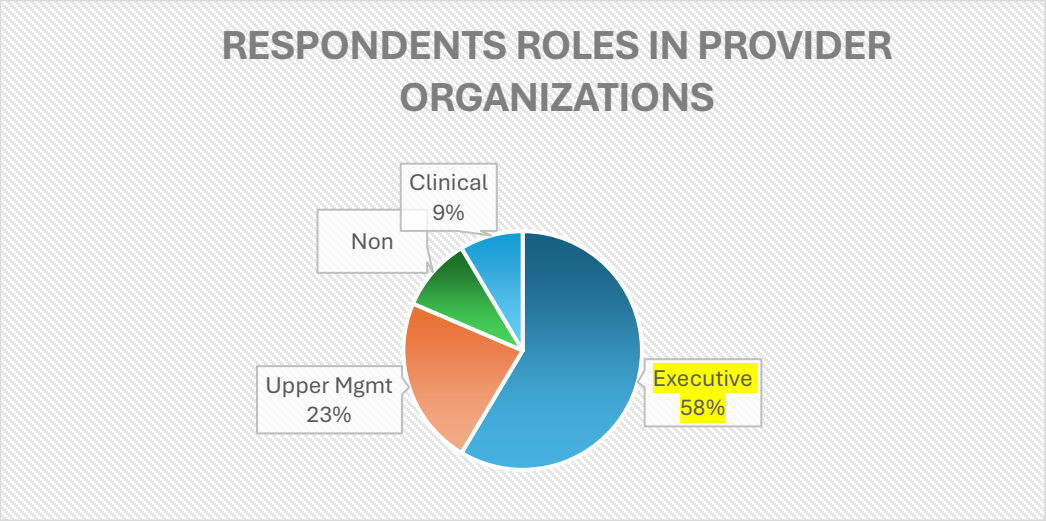
Note: This report is defined as a parent report for the Provider Satisfaction FY 2025. In addition to this report a companion data Supplemental Provider Report that addresses satisfaction exclusively for MI Health Link participating Providers is attached to these findings in a separate document dated March 2026.

METHODOLOGY:

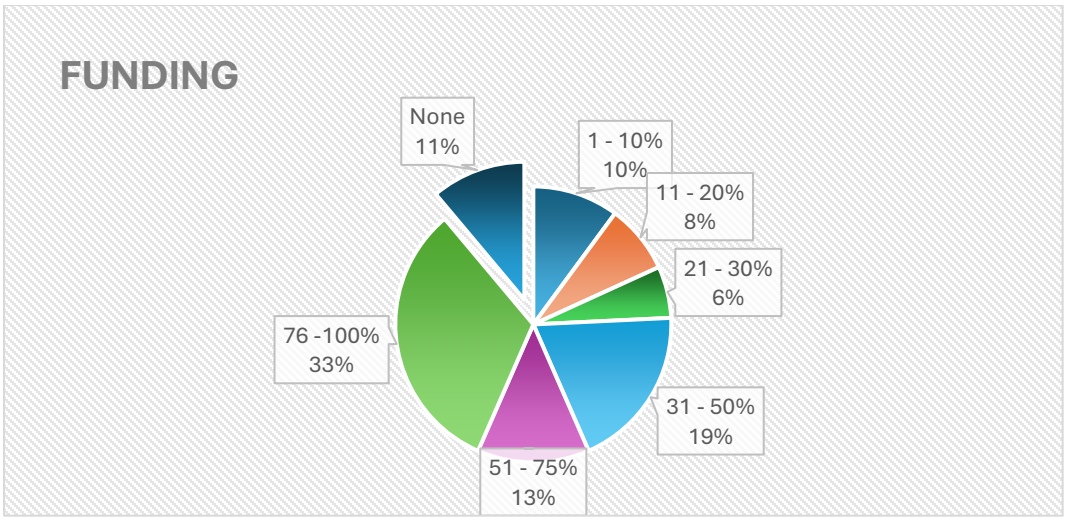
DWIHN team of Directors and other staff reviewed the existing Provider Satisfaction Survey to determine if the tool was relevant and up to date. Adjustments were made to improve the tool leaving critical questions intact for the purpose of being able to compare results and to compare increments of change. The survey was sent to approximately 381 providers via email list verified through DWIHN's contracting department through the electronic Qualtrics system. The survey was released with a duration of three (3) weeks. Automatic prompts to remind potential participants about the survey after three (3) days, six (6) days, day ten (10), days, 13, 16, 20 and 21 for last chance opportunities. The Qualtrics survey system receives electronic responses that help with the quantitative terms to further analyze patterns and objectively interpret data. That report is further assessed and interpreted. Respondents were advised to consider the questions as a review of the past and look period for FY 2025.

DEMOGRAPHICS:

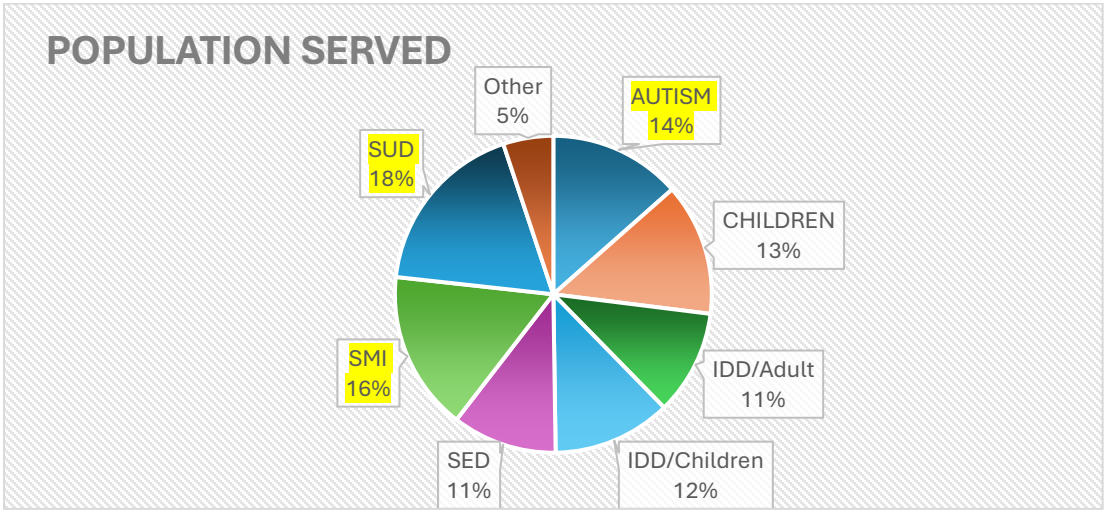
Providers participating in the survey are represented by 58% who identify as Executive level staff and 23% identified as Upper Management. Additionally, 9% are clinical and 10% are non-clinical. While participant rate was low, the fact that the greater portion of respondents are higher management level and often Chief Executive Officers, Chief Operating Officers and in significant leadership roles in their organizations *may* imply that that the findings are adequately representative of persons aware of the system and the viewpoint may accurately reflect the system's view of our performance rather that just a small minority. It is important to review these responses regarding disparities that may occur in a (separate) survey which represents practitioners' survey (FY 25) points of view that may offer a different perspective, this consideration should be applied when reviewing the results of this survey.



As a part of the demographic questions to help DWIHN further identify provider participants in the FY 2025 survey, the question was asked what portion of the organization's funding comes from DWIHN source. Below the chart depicts that the largest group of respondents (33%) indicate that between 76% and 100% of their funding comes through the DWIHN system 11% indicate that none comes from DWIHN which is a false anomaly as all respondents are reported active providers during the specified period.

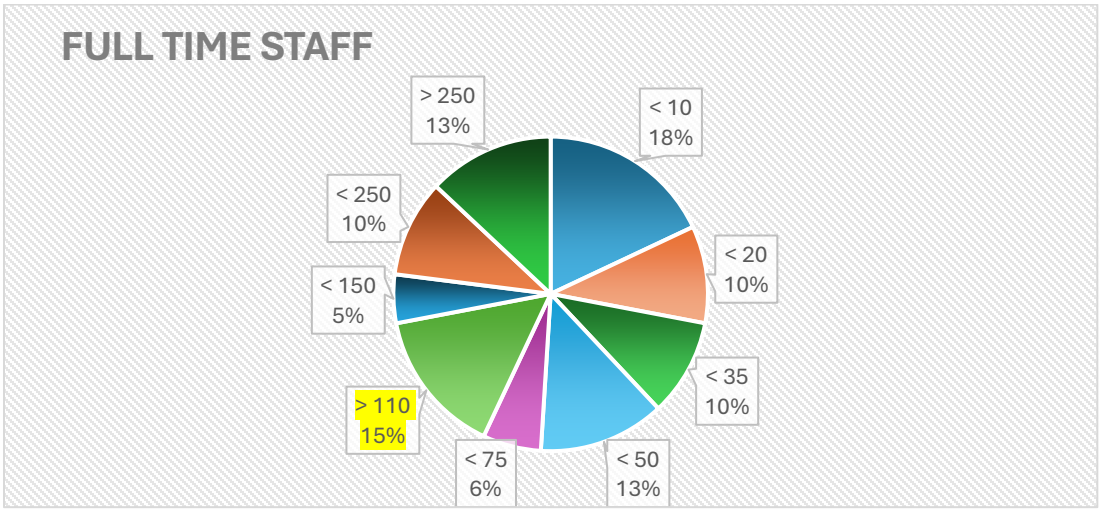


The survey asked each respondent what groups of services they provided an array of services for. The respondent could select all that apply indicating that the greatest of those who responded provided substance use disorder services (SUD) at 18%, followed by responses that indicated 16% provide services for the Severely Mentally Ill (SMI), which indicates adults and only 11% indicted they provided services for the Intellectually & Developmentally Disabled (IDD), Adult. The pie chart below demonstrates how respondents indicated the populations served at their provider locations.

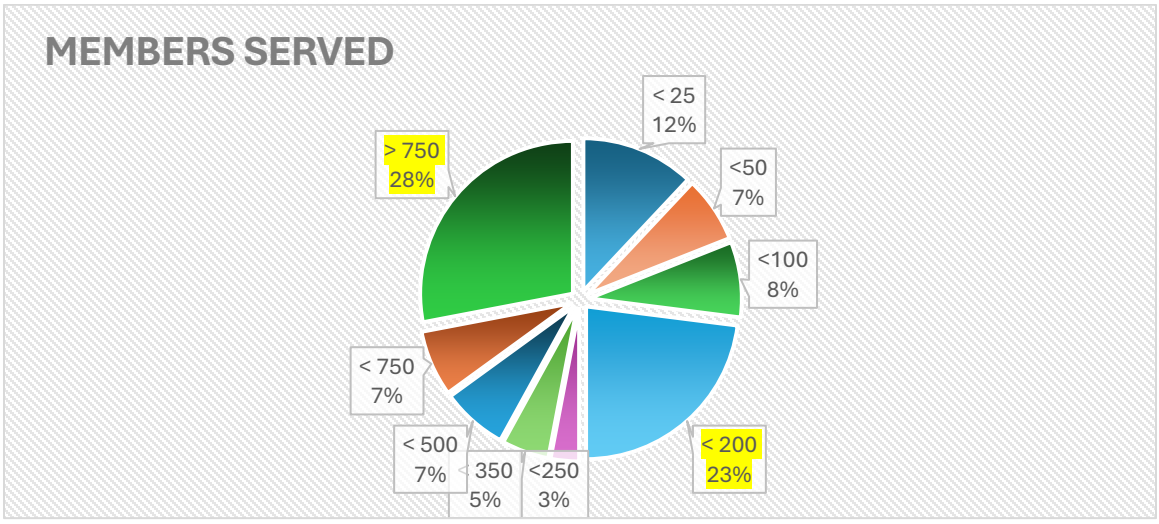


In order to better assess the size of the providers responding, the survey asked how many Full Time Employees were affiliated with the organization. 15% indicated that they had a greater than 110 staff member which indicates a significant size operation, 10% indicated that they at FTE's greater than 250 employees and 13% indicated that they had less than 250 employees but more

than 150. See highlighted areas. The pie chart indicates that the respondents represented come from multiple types of services as far as size and presumably service capacity.

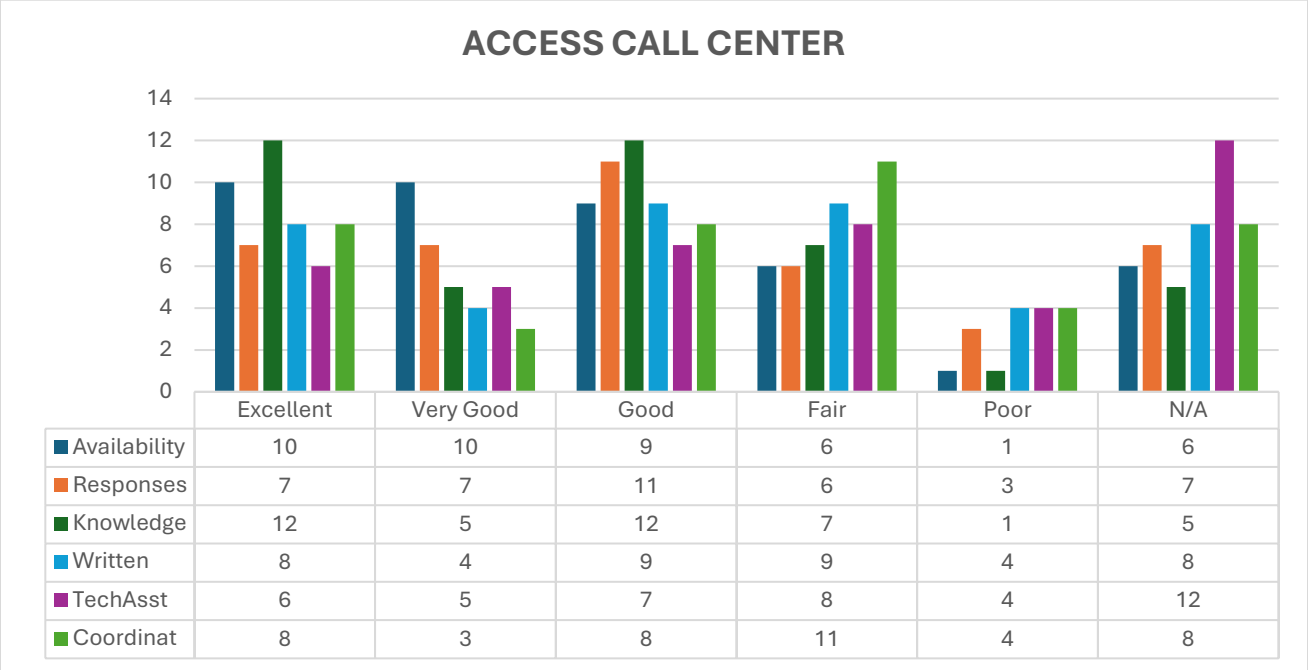


Supplemental to the question to better identify the demographic of respondents was to share how many members were served, 28% indicated that served more than 500 members but less than 750 members, the second greatest number of respondents 23% indicated that they served less than 200 but more than 100 members.



FINDINGS ACCESS CALL CENTER:

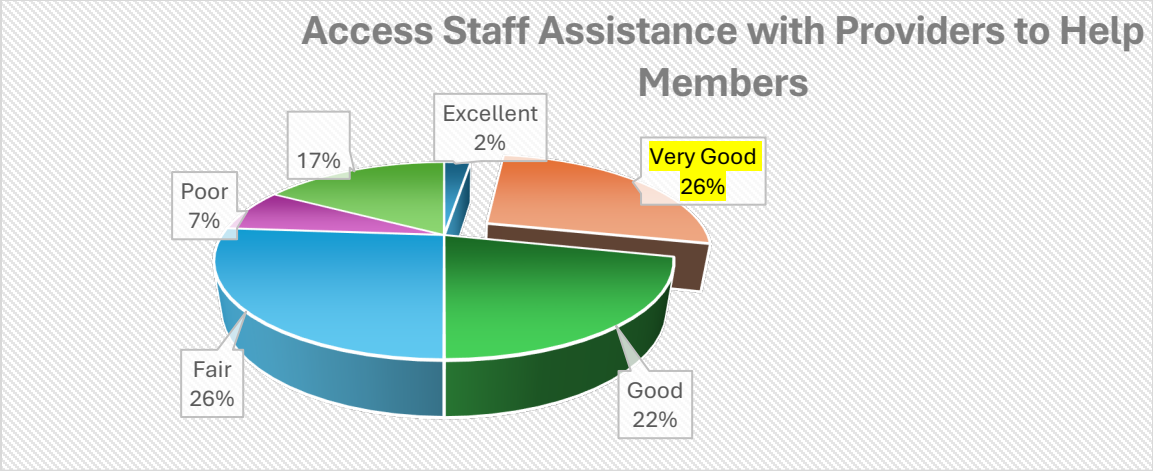
Front door first encounter access is critically important to the viability of DWIHN to ensure that we are serving our intended beneficiaries with excellent care. The entre to care through the telephone connection is not only important to the caller or members, but just as critical is the relationship that providers have with the DWIHN Access Call Center. The unit is a 24/7/365 operation that is a critical link between member and direct care. Having a knowledgeable well-trained staff is essential to ensure that our clinical mission is maintained. Coordination of care and assistance to the provider is equally important. The results of the FY Provider Survey is expressed below in the column chart the first grouping shows respondents who described the service as Excellent the second grouping as Very Good, moving left and down each column one will find that of the applicable respondents most rated the Access Call Center as Good in the categories listed.



	Excellent	Very Good	Good	Fair	Poor	N/A
Availability	10	10	9	6	1	6
Responses	7	7	11	6	3	7
Knowledge	12	5	12	7	1	5
Written	8	4	9	9	4	8
TechAsst	6	5	7	8	4	12
Coordinat	8	3	8	11	4	8

Categories listed are in the chart to the far right. Availability of Staff, Response Time of Staff, Knowledge Level of Staff, The Content and Comprehension of Written Instructions, Memos, and other Communications, The Level of Technical Assistance or Training provided by the Staff and Coordination of Assistance and Care between DWIHN units. The Chart above applies only to results in the DWIHN Access Call Center. The same columns and categories apply to subsequent charts that represent other units.

A more specific data pie chart (below) reveals specifically how Providers rates the Call Center Assistance with members. From those responding providers a combined 48% agree that the DWIHN Access Call Center assistance with members is either Very Good or Good, rating the Access Center above average on the Likert scale.



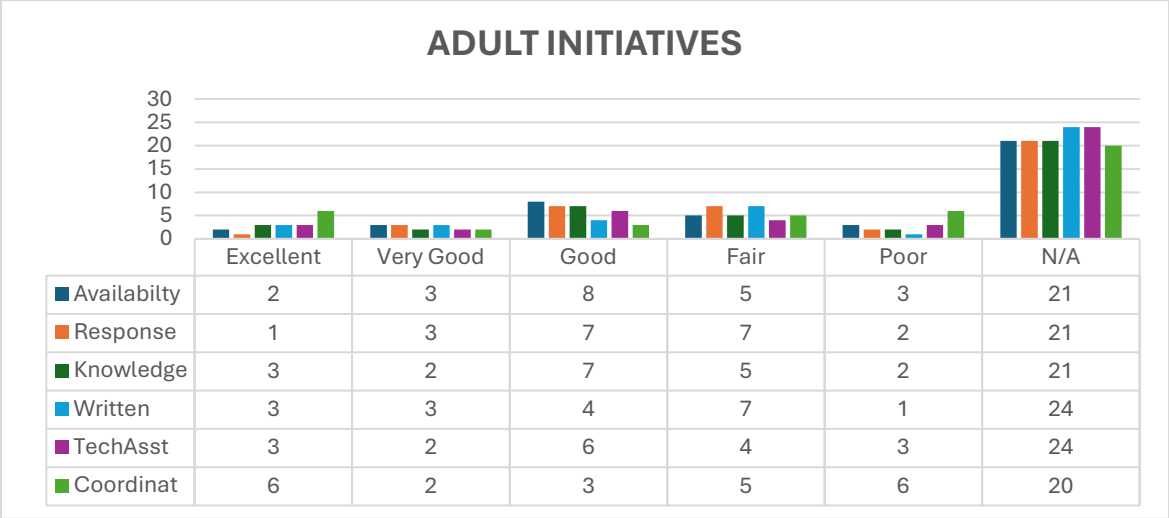
OPPORTUNITIES:

Utilizing tools that assist Call Center Staff to directly coordinate with Electronic Medical Records, to access information and coordinate care is essential to continually improve and optimize the system.

- Strategies may include Technology upgrade and automation to route calls and reduce wait time.
- Support Staff training to improve listening skills and activate a team that address Provider issues directly.
- Personalize interaction to get Team Access Center familiar with Providers and vice-versa.
- Use AI effectively to assure dynamics and needs of staff management, especially during peak hours.
- Measure continuous quality improvements, make sure Providers can participate in a real time satisfaction surveys to measure performance of call center.

FINDINGS ADULT INITIATIVES:

DWIHN Adult Initiatives Staff assists Providers with a myriad of supports including monitoring of programs and services like Assertive Community Treatment, Med Drop Program, Assisted Outpatient Treatment and Clubhouse Services and other services. In the Provider Survey results respondents indicate in most cases that their relationship with adult services is more likely not applicable. Nevertheless, those having an opinion or experience with the unit find that in the categories of Availability, Response Time, Knowledgeable Staff, Written Communications, Technical Assistance/Training and Coordination remain between Good and Fair as noted in the column chart below.



	Excellent	Very Good	Good	Fair	Poor	N/A
Availabilty	2	3	8	5	3	21
Response	1	3	7	7	2	21
Knowledge	3	2	7	5	2	21
Written	3	3	4	7	1	24
TechAsst	3	2	6	4	3	24
Coordinat	6	2	3	5	6	20

OPPORTUNITIES:

DWIHN Adult services plays a crucial role in supporting programs and efforts of the entire system. The interface with Providers is a priority to ensure that the performance and fidelity to programs remain the focus. Based on the respondents the greatest opportunities seem to be in creating an environment to better support providers with training and Technical Assistance. Also, improvement in written communications. Some other opportunities may include the following;

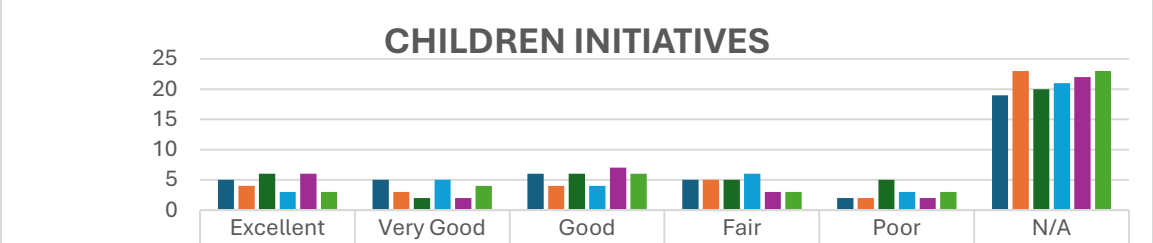
- Assist with some specialized training for Medication Management for Providers.
- Assist with some specialized training for Providers to integrate treatment for co-occurring disorders.
- Assist with focusing Providers on Continuity of Care, maintaining fidelity to programs such as ACT.
- Continue to nurture Evidenced Based programs to ensure programs are meeting goals and following the National models and indicators.
- Integrate assistance by actively hiring Peer Support Specialist to the team structure to help support recovery outcomes and offer more lived-experience core to the trainings and interactions with Providers.
- Utilize LMS for internal staff to ensure written communications are timely, but also concise and understood. Written communications are often an entre to better Customer Service toward Provider Satisfaction.

- Implement technology that can assist with streamlining coverage and response time. Multidisciplinary teams of staff that can respond to providers in real time is ideal.

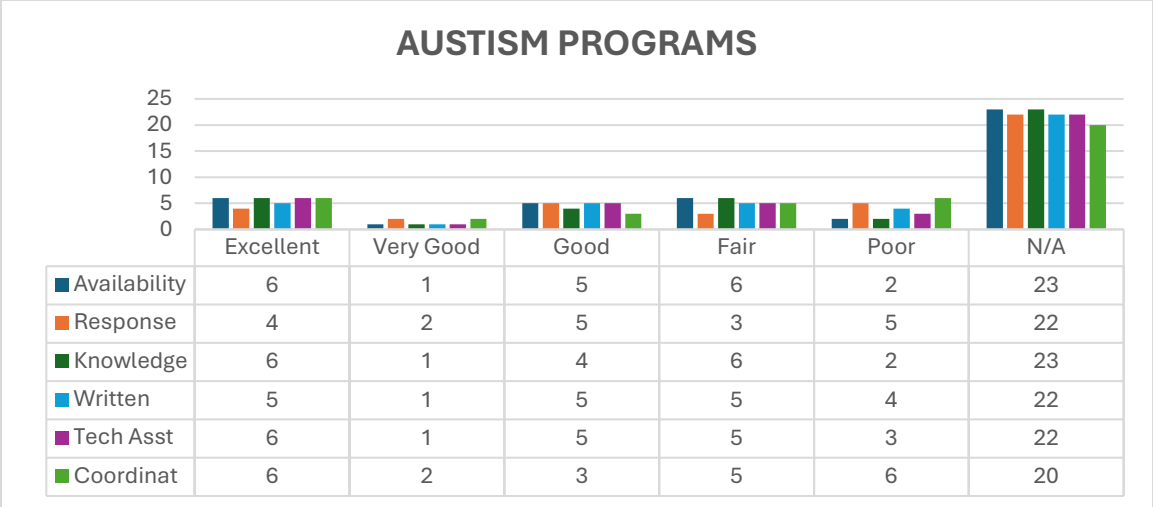
FINDINGS CHILDREN INITIATIVES:

Children Services has a goal of meeting the needs of children, youth and families through active work with Providers of care and the community. The team is focused with an initiative that coined itself as "Putting Children First" offering a gambit of solutions for assisting with early age on services, prevention, crisis and intervention initiatives and support to improve access to services. In the FY 2025 Provider Survey data indicated that more services were rated Good than any other of the represented categories. Autism programs were rated separately as their program intent and growth have been a center aim of for the entire system.

As noted in the chart below, Putting Children First Initiatives also scores Excellent in the Knowledge category regarding DWIHN staff as well as excelling in providing Technical Assistance or Training to Providers.



	Excellent	Very Good	Good	Fair	Poor	N/A
Availabiltiy	5	5	6	5	2	19
Response	4	3	4	5	2	23
Knowledge	6	2	6	5	5	20
Written	3	5	4	6	3	21
Tech Asst	6	2	7	3	2	22
Coordinat	3	4	6	3	3	23



	Excellent	Very Good	Good	Fair	Poor	N/A
Availability	6	1	5	6	2	23
Response	4	2	5	3	5	22
Knowledge	6	1	4	6	2	23
Written	5	1	5	5	4	22
Tech Asst	6	1	5	5	3	22
Coordinat	6	2	3	5	6	20

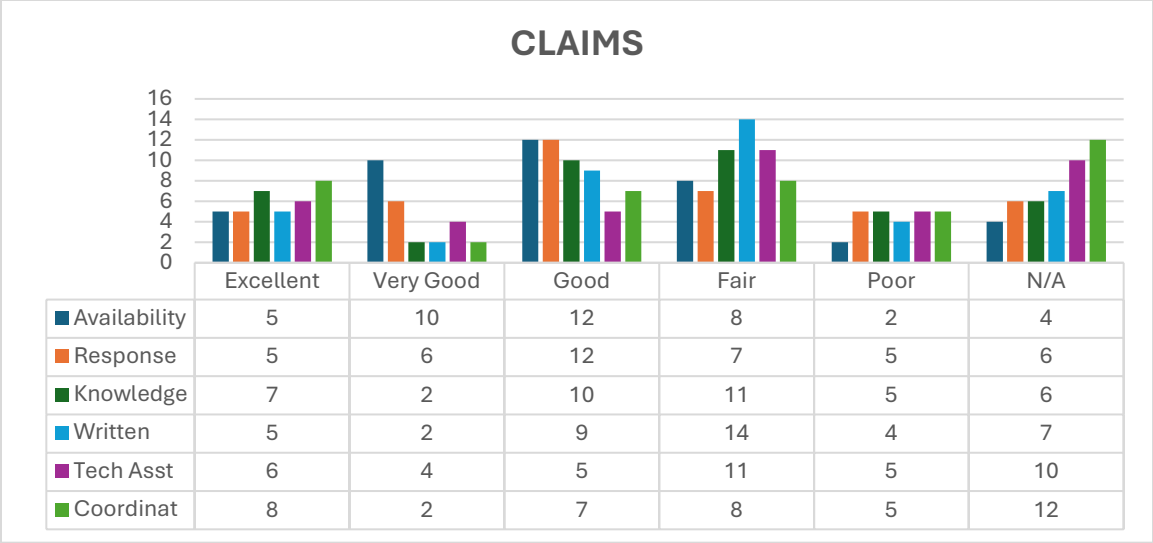
Autism Informed Training is a continued goal of DWIHN creating a system that supports Strength-based care for our members is essential. Creating a collaborative effort with members remains a significant goal, to ensure that this specialized therapy is properly supported, by prioritizing early diagnosis, early intervention and individualized (non-cookie-cutter) models of care.

OPPORTUNITIES:

- Focus on improving internal Staff Availability to Provider, perhaps have a designated coordinator to address Provider issues.
- Improving Staff Training in order to assist Providers with Technical Assistance and being more competent to answer questions.
- Utilizing LMS to improve the written communication to Providers.
- Ensure staff availability by posting office or availability slots Monday – Friday.

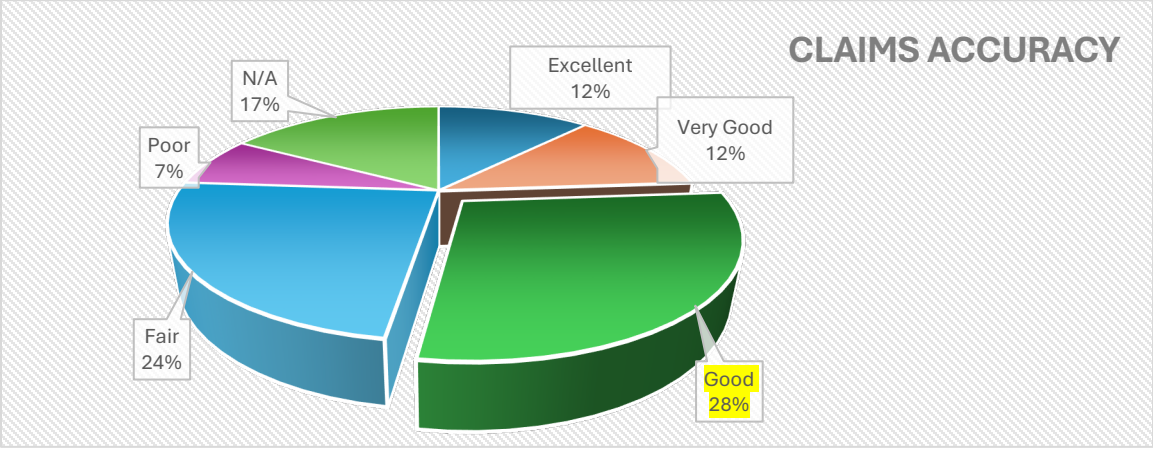
FINDINGS CLAIMS SYSTEM:

Timely and accurate claims processing is important to the entire system as it not only guides the financial climate of the system but ensures that the intended beneficiary is being seen and that access to care is maintained. According to the Provider respondents who participated in the 2025 FY Provider Satisfaction Survey, the DWIHN Claims unit is rated the highest between Good and Fair in overall performance, however Claims does show some tracking in the Excellent and Very Good categories, particularly looking at Coordination between Claims and Provider as well as staff Availability.

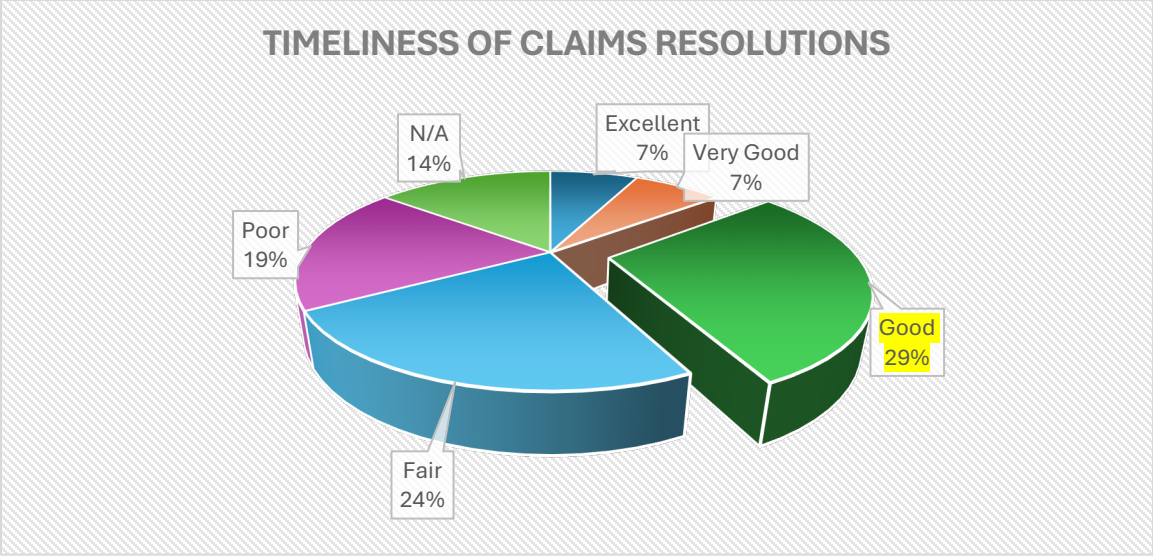


	Excellent	Very Good	Good	Fair	Poor	N/A
Availability	5	10	12	8	2	4
Response	5	6	12	7	5	6
Knowledge	7	2	10	11	5	6
Written	5	2	9	14	4	7
Tech Asst	6	4	5	11	5	10
Coordinat	8	2	7	8	5	12

An additional question about claims asked how the Provider would rate DWIHN's accuracy of claims processing, appeals or disputes? Note below the greatest portion of respondents affirmed that the accuracy of processed claims is generally Good. 24% rated the accuracy as Fair. A combined 24% rated the DWIHN Claims processing accuracy as Excellent of Very Good.



Timeliness in resolutions of claims appeals or disputes is very important. Operational efficiencies are needed to ensure the management of all regulations and coverage rules. Providers rated DWIHN with the data below revealing how Providers experience this important function.



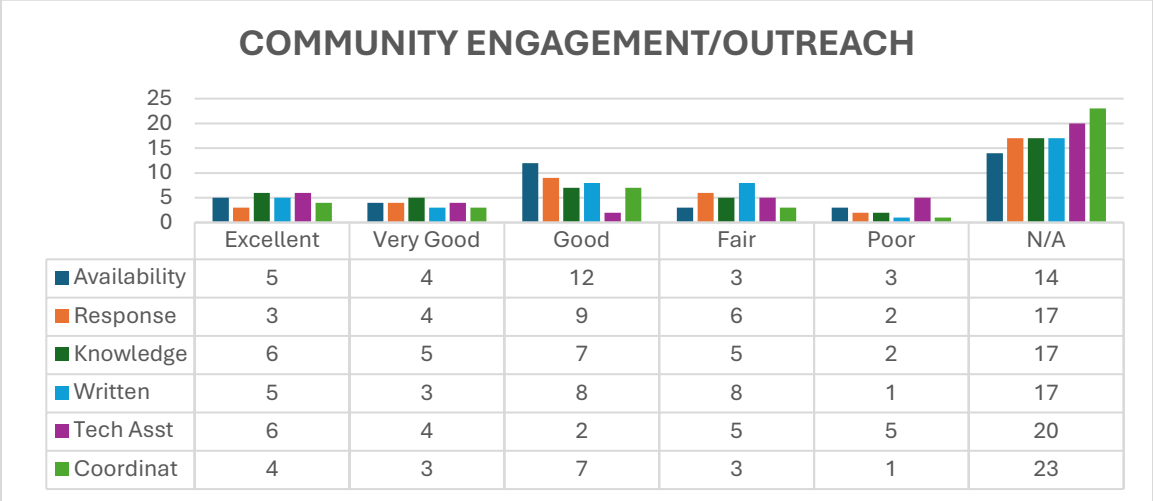
Just below 20% of respondents rated DWIHN as Poor as it relates to resolutions of claims that need correction or completion, concluding that 43% combined feel that we are below average, in this category.

OPPORTUNITIES:

- Streamlining Administrative function by standardizing tools and providing technical assistance to ensure clean submissions of claims.
- Implementation of MichiCans to standardize care should assist with denials or claim rejections.
- Adhere to coding updates, make them uniform and consistent.
- Implement the Framework to clearly define and educate Providers on reducing payment disputes.
- Train staff to regularly review with Providers Claims Verification Process. When a dispute trend is noticed, plan training to ensure all Providers are educated properly on what to submit.
- Use technology and analytics to track payment trends and performance of each Provider.

FINDINGS COMMUNITY OUTREACH:

DWIHN has significantly increased its outreach endeavors in FY 2025 through the development of our Innovation and Community Engagement unit in cooperation with all DWIHN departments. The goal of our community engagement toward development and workforce advancement across the Provider network. Most respondents, however, indicated that they have little experience with the Not Applicable answer dominating the ratings. The Good rating otherwise was significantly more agreed on than any other category as noted in the chart.



	Excellent	Very Good	Good	Fair	Poor	N/A
Availability	5	4	12	3	3	14
Response	3	4	9	6	2	17
Knowledge	6	5	7	5	2	17
Written	5	3	8	8	1	17
Tech Asst	6	4	2	5	5	20
Coordinat	4	3	7	3	1	23

OPPORTUNITIES:

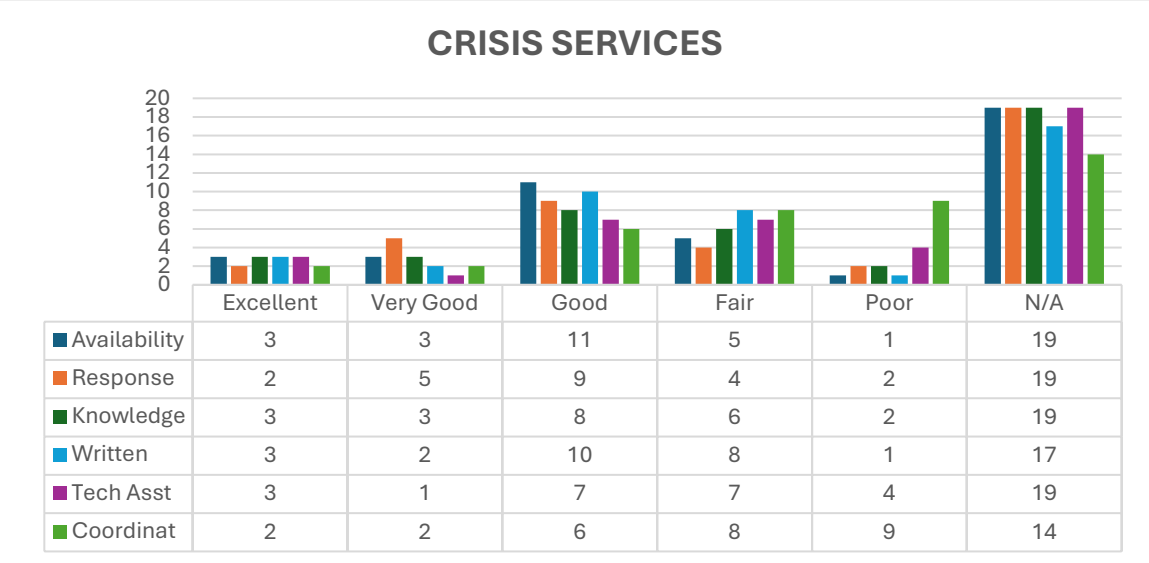
- Leverage Peer supports people who can relate to the community.
- Collaborate with local organizations and trusted partners, like churches, schools, food pantries, community settings and other non-clinicals settings.
- Empower Community advocates and connects with the CV to bridge gap between community and services also to help bust stigma.
- Expand Boots on the Ground outreach with mobile clinic, serving fringe communities and geographical areas that do not have close location/access to providers.
- Connect with Providers advising them more of resources and combining opportunities to outreach as a team.
- Ensure that messaging meets the needs of the community, consider cultural and linguistic abilities to target underserved and minority communities.
- Use data and needs assessments to address the barriers to care to specific locations and populations.

- Create an efficient feedback loop to be sure that the community as well as providers can give feedback to outreach endeavors.

FINDINGS CRISIS SERVICES:

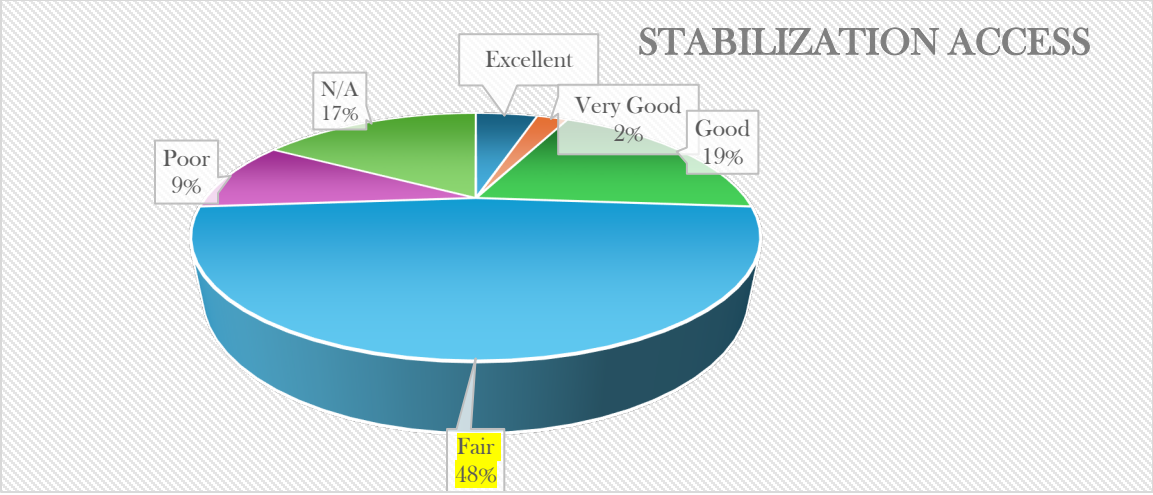
DWIHN was proud to launch several direct crisis services in Wayne County during the end of FY 2024 and maturing with more efficiency and support during FY 2025. These services include a Crisis hotline, Mobile Crisis units that dispatch into the community 24/7/365 as well as facility-based Crisis Stabilization located at 707 West Milwaukee in mid-town Detroit.

The Provider Survey afforded the good rating for Crisis Center (overall). For the majority of responding Providers their experience has been limited encounter or knowledge regarding the DWIHN Crisis Services.



	Excellent	Very Good	Good	Fair	Poor	N/A
Availability	3	3	11	5	1	19
Response	2	5	9	4	2	19
Knowledge	3	3	8	6	2	19
Written	3	2	10	8	1	17
Tech Asst	3	1	7	7	4	19
Coordinat	2	2	6	8	9	14

An additional question to Providers was, how would you rate the ease of placement in a suitable setting for the reduction or stabilization of symptoms for DWIHN members? The chart below indicates that most person find the services as Fair at 48%.



OPPORTUNITIES:

- Continue investing in stabilization services, expanding locations and geographical strategic communities.
- Continue to work with Providers to provide community-based care models.
- Improve communication with Providers utilizing multi-disciplinary teams to reduce reliance on ER's and police intervention.
- Improve response and access services assisting Providers on how to inform and navigate the system for members.
- Implement standardized tools, billing codes, and performance measures to assist providers with access for members.
- Improve access points to ensure that crisis lines can assist providers on a dedicated line to connect with providers and mobile dispatch

FINDINGS CUSTOMER SERVICE:

DWIHN's Customer Service unit is a significant entry point for the entire system. Providing Customer Service beyond the membership and for inquiries from others seeking services are just a part of DWIHNs obligation to serve. Responsivity, trust and transparency between the Customer Service staff and Providers of care is essential, the two entities are partners in ushering the members through their recovery journey. Ensuring that all Customer Service standards are maintained and that members understand fully their benefits and the complexity of the network

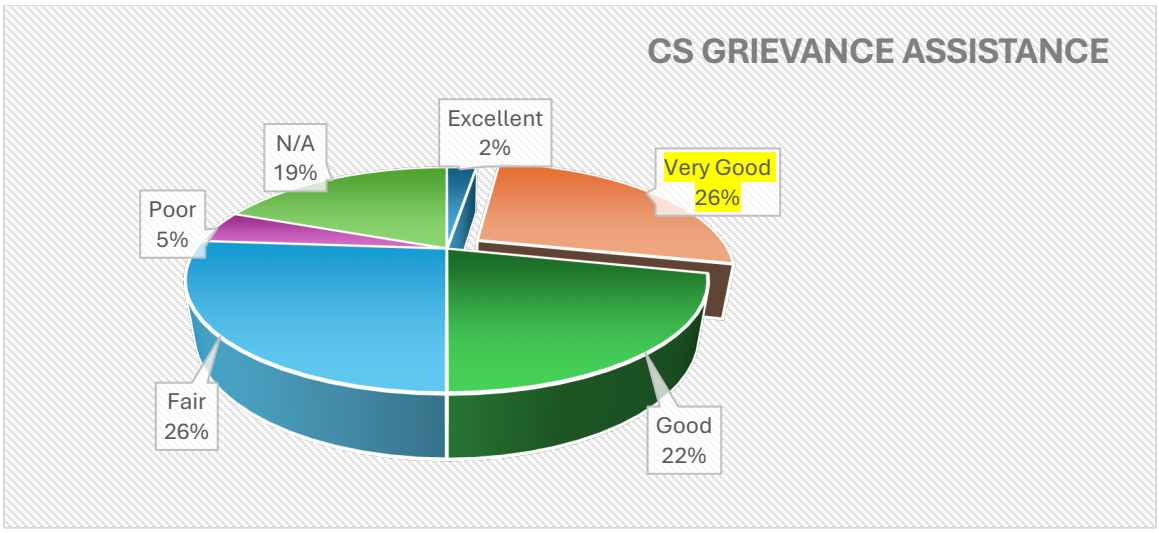
has the partnership between Providers and Customer Service being knowledgeable and available and working in concert with the provider is a vital necessity.

Providers highly rank the DWIHN Customer Service unit achieving significant rankings in the Excellent categories, Very Good and Good Categories. Particularly related to Availability, Response time and Knowledge of Staff, Customer Service has ranked very well.

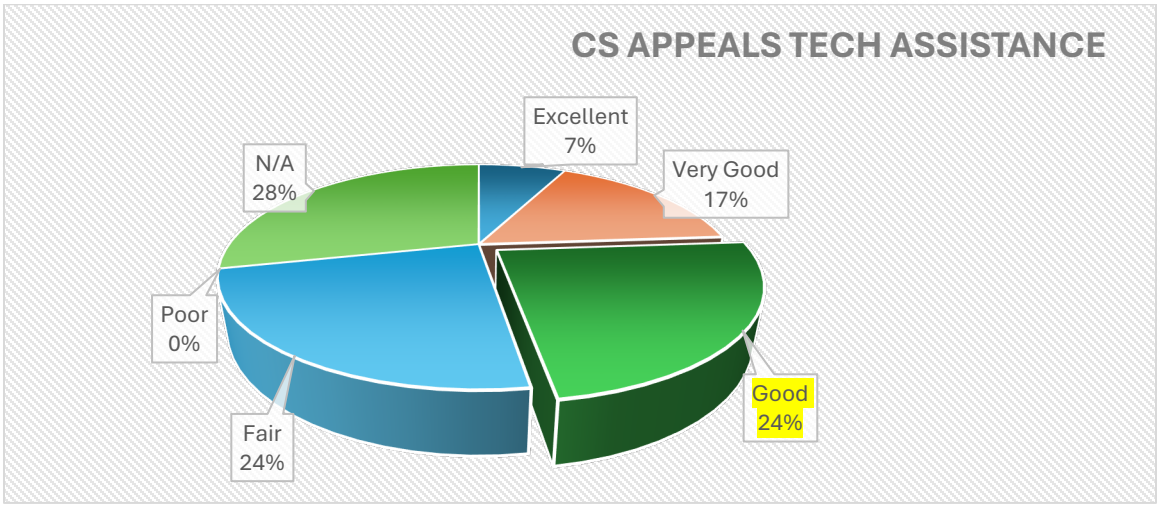


	Excellent	Very Good	Good	Fair	Poor	N/A
Availability	7	8	15	3	4	5
Response	5	9	9	7	4	7
Knowledge	7	5	11	9	3	7
Written	5	6	9	10	2	10
Tech Asst	6	4	10	8	1	13
Coordinat	7	3	11	10	1	10

DWIHNs Customer Service (CS) Department handles Due Process Services on behalf of members and works consistently with Providers to ensure that Grievances are addressed timely and appropriately. Providers indicate that the Technical Assistance provided by the CS Grievance unit ranks above average with 50% ranking the training a combined score either as Excellent, Very Good or Good and 75% would rate it above average. The pie chart below indicates the data collected regarding the FY 2025 look back period.



In addition to Grievances, the CS Due Process unit also handles Members appeals, and aid Providers and Members in assuring that documentation is provided to members when any Adverse Benefit Determinations are made. Criteria for Providers members with adequate notices on any initial action must be maintained. Denials, Reduction or Termination of Services, or if there are cases in which a Provider denies an out of network request, DWIHN is responsible for reviewing. 28% of responding Providers have no experience with interface of the Appeals unit staff, however 49% (combined scores) rank the Technical Assistance as Excellent, Very Good or Good and no Provider rated it as Poor.



OPPORTUNITES:

- Effective communication and updates are always apropos to developing a relationship between the PIHP and the Provider Network. Clear and concise information and updates to meet the needs of the members in collaboration with the Provider is essential.

- Consider assigning dedicated staff to handle incoming calls to reduce wait times and have more fluid ability for Providers to get through when needing CS, Grievance or Appeals assistance.

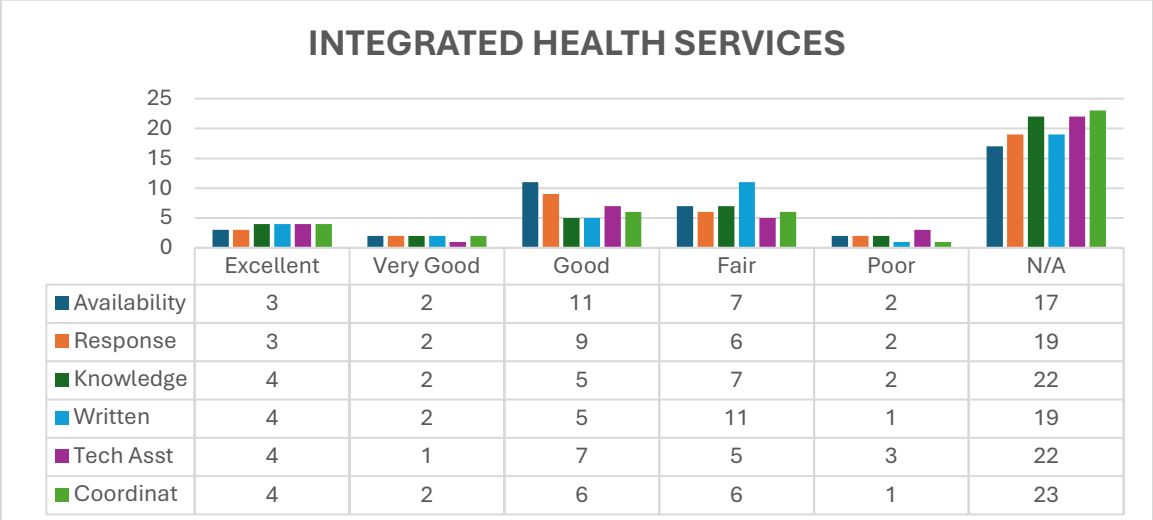
- Initiate QIP for improving Provider relationships, acting on feedback is essential to building trust with the Provider stakeholder.

- Plan monitoring in advance giving the expected standards and tools to Providers and making sure that Plan of Corrections are not done as a penalty but rather used as a tool for ensuring quality of care and support to Provider.

- Engage and update Trainings including Orientation tools, Grievance Training, and supporting Providers with quick responses.

- Engage with special cases, optimizing resources and making resolutions a priority.

FINDINGS INTEGRATED HEALTH SERVICES:



	Excellent	Very Good	Good	Fair	Poor	N/A
Availability	3	2	11	7	2	17
Response	3	2	9	6	2	19
Knowledge	4	2	5	7	2	22
Written	4	2	5	11	1	19
Tech Asst	4	1	7	5	3	22
Coordinat	4	2	6	6	1	23

As it relates to Integrated Care and Health Services most responding Providers had little interface with the unit, of the participating Providers Integrated Health rank Good in the areas of Availability of Staff, Response time, Knowledge of Staff, and Fair in the Efficiency of Written Communications and Coordination. The chart above is the result of the parent Provider Satisfaction Survey. A supplemental survey that Providers respondents who participated in the MI Health Link programs during FY 2025 have data results which directly correlate with services

offered by and through the DWIHN Integrated Care unit. This document is dated March 2026 and offers additional insight to the satisfaction of DWIHN with regards to the coordination and accountability of the aforementioned MI Health Link program.

OPPORTUNITIES:

- Utilizing the LMS staff can take advantage of perfecting written communications, better advising Providers with concise viable information that assist the Providers in better aiding members and improving their overall quality of health.

- Establish collaborative care models to offer more wholistic approach to integrated services, with consultants that are able to assist Providers on how to manage caseloads.

- Assess overall population health to help leverage resources that increase access and provide structural care with tools, services and partnerships to help increase support to intended beneficiaries.

- Increase complex case management to offer specialized services to members needing more support and offer task sharing programs between the primary physician, behavioral health provider and other services.

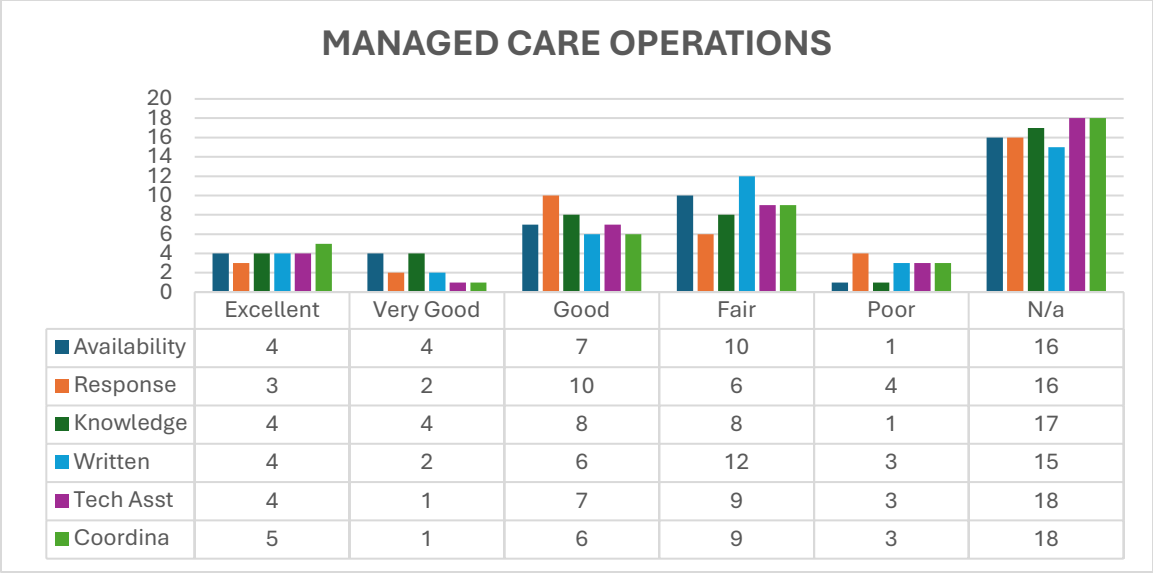
- Technical assistance and trainings offering assistance for expanding care teams, embedding clinicians and Peer Support Specialists within the system to help train the workforce on how to identify the other social drivers of health outcomes.

- Embed Certified Community Health Workers with the behavioral health setting to assist with building capacity for wholistic health care for all intended beneficiaries.

FINDINGS MANAGED CARE OPERATIONS (MCO) & CREDENTIALING:

DWIHNs MCO unit is dedicated to the development of provider contracts, credentialling, maintenance and evaluation of the entire network. They are staffed to uphold the regulatory and performance standards of network and work most closely with Providers to ensure gaps and deficiencies are addressed and that the business operations that help to fulfill network adequacy is maintained.

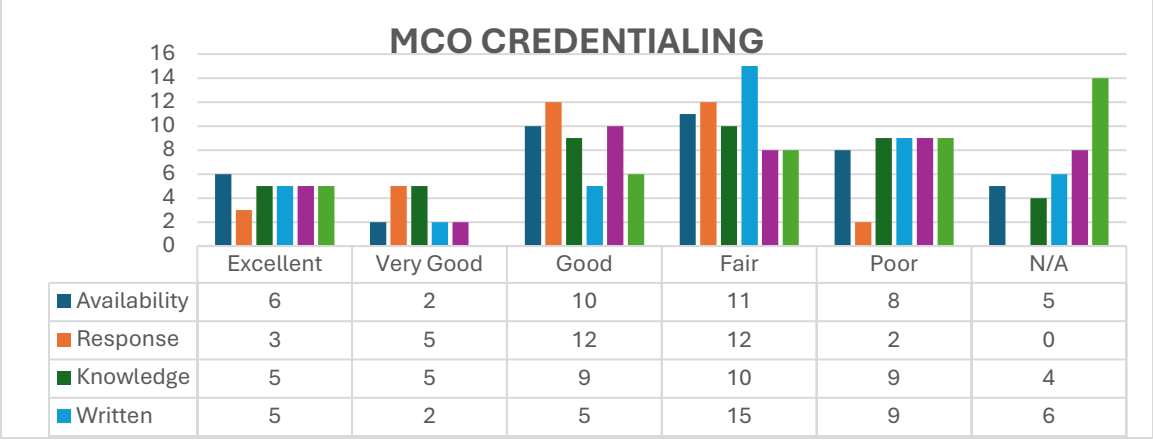
The majority of responding Providers declined to recognize their relationship with MCO, this is unconceivable notion insomuch that all contracted Providers must have some coordinated relationship with the unit as it is the only way that they are impaneled to serve our beneficiaries of care. Of those who decided to participate in ranking the services, most respondents ranked the MCO department between Good and Fair they excelled the best on Response time and Knowledge of staff. They ranked Fair as it relates to Written Communication.



	Excellent	Very Good	Good	Fair	Poor	N/a
Availability	4	4	7	10	1	16
Response	3	2	10	6	4	16
Knowledge	4	4	8	8	1	17
Written	4	2	6	12	3	15
Tech Asst	4	1	7	9	3	18
Coordina	5	1	6	9	3	18

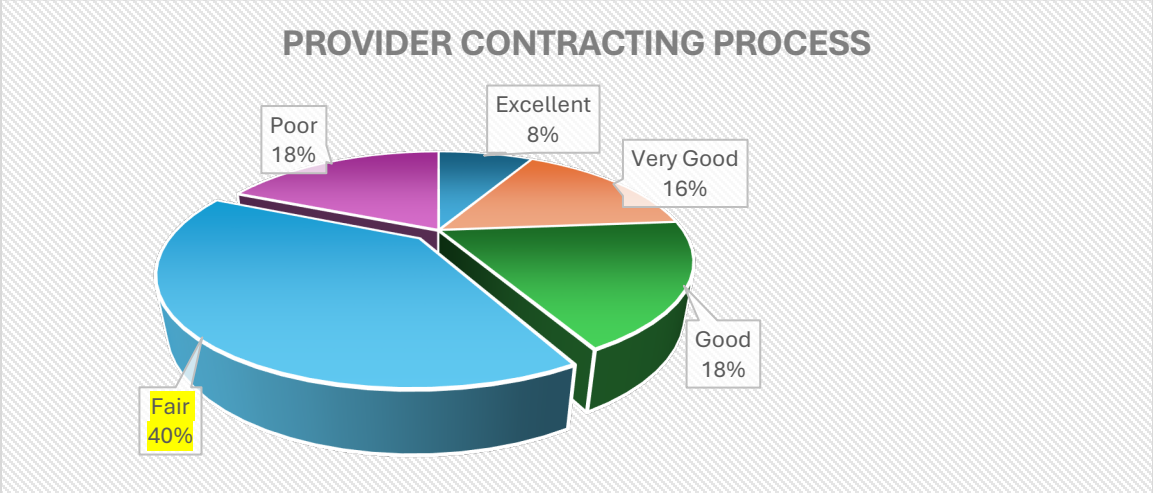
Verifying the credentials, education, licenses and training of the workforce is essential to maintaining a viable Network. It is imperative and mandatory that the proper individual has maintained the appropriate standard of licensure to ensure the safety of our members, ensuring that any legal liability is avoided and mitigating any risks of malpractice or inappropriate care. Effectively credentialling manages other risks and ensures that reimbursement is suitable for the type of service offered to members.

DWIHN has met with some challenges over the years requiring high volume administrative requests for records and verification standards. A part of this fragmented process is due to some gaps with the credentialling programs DWIHN has used that has processed credentials with some errors and pitfalls. Ensuring qualified legitimate staff and providers are a part of our workforce has a huge bearing on the overall viability of the system. DWIHNs commitment to improve this complex and often burdensome process is a priority, eliminating prolonged approvals and operational uncertainties is a core objective of the MCO/Credentialling department.



	Excellent	Very Good	Good	Fair	Poor	N/A
Availability	6	2	10	11	8	5
Response	3	5	12	12	2	0
Knowledge	5	5	9	10	9	4
Written	5	2	5	15	9	6

An additional question posed to Provider related to the contract process revealed that 40% of respondents thinks the system is Fair and 18% rate it as Poor offering lots of opportunities to further inquire about how the process could be beneficial and improved.



OPPORTUNITIES:

- Utilizing the LMS system, staff could be better trained in developing concise more effective communications. Other functions such as Grammarly and Co-pilot tools could further aide in staff developing better communications.

- Optimizing the credential management data system to reduce administrative burden and to ensure that high resolution documentation is being transacted will help to attest and confirm workforce quicker.

- Leverage technology for processing contracts quicker and sooner, using tools and metrics that shape the ability to review network adequacy.

- Develop a clear SOP step-by step procedure for onboarding new providers and to review potential providers.

- Continue to track metrics and risks to determine underperforming concerns of providers and help quickly and document technical advisement/trainings.

- Continue to use the Email feedback system to ensure that MCO team monitors their relationship with their contracted providers and respond quickly.

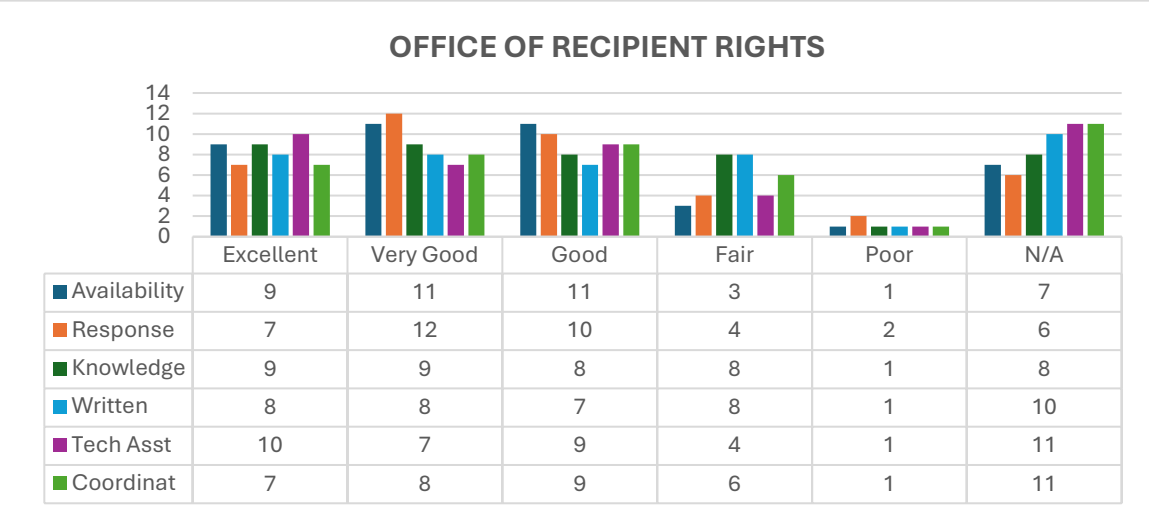
- Adopt a proactive data driven approach to managing the paperwork that treats contracts as a transactional business function rather than just submitting documents.

- Focus a survey or feedback study on how providers think the contract process could be streamlined or improved in coming contract years.

FINDINGS OFFICE OF RECIPIENT RIGHTS (ORR):

Strengthening and advancing the safeguards of the network is an imperative function of the DWIHN ORR. Ensuring the safety, dignity, and respect of all members is a priority and all of the network workforce has responsibility to maintain this mandated statue. DWIHN requires all contracted staff and workforce to participate in mandatory courses that protect the members in all aspects to ensure they are treated without harm and with conscientious quality of care.

Overall, the Providers responded in great favor of the ORR office rating the services above Average in every category. A few outliers indicated that Knowledge of ORR staff was Fair and written communications were Fair, but overall rankings were high in every category as expressed in the box chart below.



	Excellent	Very Good	Good	Fair	Poor	N/A
Availability	9	11	11	3	1	7
Response	7	12	10	4	2	6
Knowledge	9	9	8	8	1	8
Written	8	8	7	8	1	10
Tech Asst	10	7	9	4	1	11
Coordinat	7	8	9	6	1	11

OPPORTUNITIES:

- Continue the offering and maintaining Rights and ethical training programs to enhance the system of care and ensures the safety and overall wellbeing of each member.

- Monitor Provider trends and provide remedial training to ensure compliance and avoid disruption of care and services.

- Expand training on Rights of Members, emphasizing the required reporting on abuse and neglect and to further help/prevent unintentional Rights Violations.

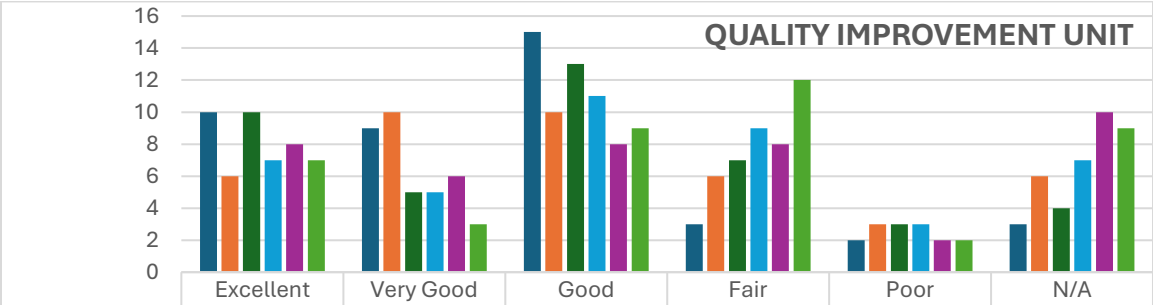
- Coordinate site assessments and review risk matrix with other units, ensuring appropriate Provider environments and to ensure safe, sanitary, and humane services are delivered by all Providers.

- Support prevention initiatives with Providers.

FINDINGS QUALITY IMPROVEMENT UNIT:

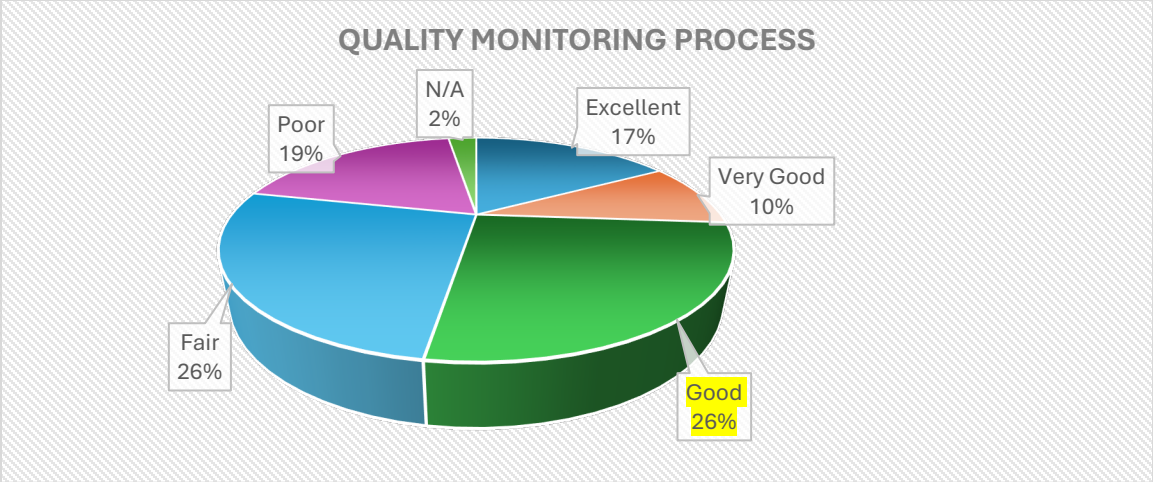
Focused efforts of DWIHNs Quality Improvement program and unit are built on interdisciplinary teams, to plan, monitor and engage in Continuous Quality Improvement and interventions that help to improve the system. The team uses proactive strategies and data to enhance both clinical outcomes and member experience by fostering relationships with the Providers. Measuring success and gaps utilizing data, HEDIS measures and other Michigan Based Performance Indicators.

The DWIHN Quality Improvement unit rated well overall showing high marks in Availability of Staff, Response Availability, Knowledge of Staff and providing Technical Assistance. He ranked Fair in the Coordination between units.



	Excellent	Very Good	Good	Fair	Poor	N/A
Availability	10	9	15	3	2	3
Response	6	10	10	6	3	6
Knowledge	10	5	13	7	3	4
Written	7	5	11	9	3	7
Tech Asst	8	6	8	8	2	10
Coordin	7	3	9	12	2	9

As a supplemental question to the Provider Survey, an additional question was asked on how they would rate the Quality Performance Monitoring process? Overall, the rating was a combined 53% for either Excellent, Very Good or Good.



OPPORTUNITIES:

- Continue to actively review outcome measures to identify service gaps to help the provider to better serve the member.
- Work with Providers to enhance care models that embed mental health services and primary care services.
- Continue to monitor Providers for EBP, programs and psychotherapies for fidelity and implement interventions to improve efforts and measures.
- Enhance training and technical assistance to Providers ensuring new evidence-based treatments and system-based practice skills are elevated.
- Actively seek more specific feedback from providers to address equity gaps and to assist them with initiatives to improve.
- Implement more system wide small interventions and pilot programs that are compliance driven to teach Providers how to bring them to scale or to develop them for system wide implementation.

FINDINGS RESIDENTIAL SERVICES:

Improving residential services for all members takes significant coordination between the Residential Services unit and Providers. Linking members with specialized- residential care, supportive housing or other permanent housing solutions assist with reducing the costly care of emergency care while facilitating safety and care for those who need it. Overall, the Providers participating in the survey described their experience as limited or Not Applicable (N/A). The chart below describes the limited collaboration between the Residential unit and respondents.



	Excellent	Very Good	Good	Fair	Poor	N/A
Availability	2	2	5	2	2	25
Response	2	3	4	3	3	26
Knowledge	2	2	5	3	3	27
Written	1	0	5	4	4	27
Tech Asst	1	2	4	4	3	27
Coordin	1	4	4	4	3	25

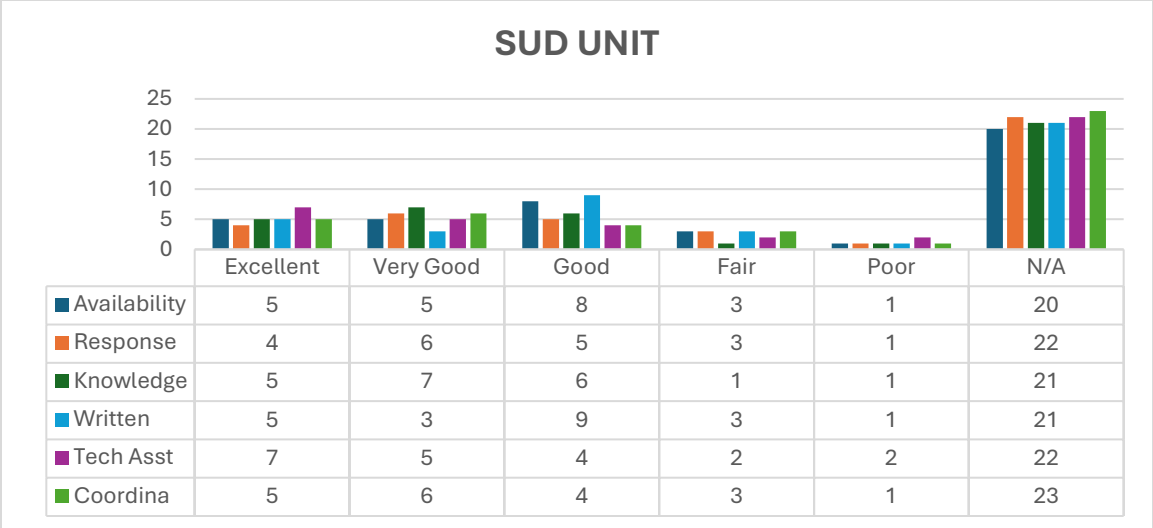
OPPORTUNITIES:

While there is not much data to support opportunities for improvement clearly there are some measures that may assist in fostering collaboration with DWIHN and Providers to support members who need care in support in the living arrangements and daily living management.

- Improve response times between assistance and placement.
- Provide core services that help Providers coordinate between inpatient and residential settings and to further reduce homelessness and re-hospitalizations.
- Create levels of care in residential settings that offer varying intensity of support to individuals allowing Providers to place more members in need of care or living options.'
- Implement LMS Trainings that focus on improving written communications offered to Providers.
- Consider survey or focus groups for better/more specific feedback from Residential Providers.

FINDINGS SUBSTANCE USE DISORDER (SUD):

Maintaining SUD Providers within the mental health system is essential to ensure that co-occurring disorders are being addressed and that the treatment of this care is being coordinated for effective course of recovery. The complex relationship between addiction and mental health makes it critically important for SUD providers to feel supported and engaged. DWIHN supports the framework that helps improvement member engagement. The survey data indicates that while most of the participating respondents did not have experience with the SUD unit, those that did felt they were above average in overall service, Availability, Knowledge, Written communication and Coordination.



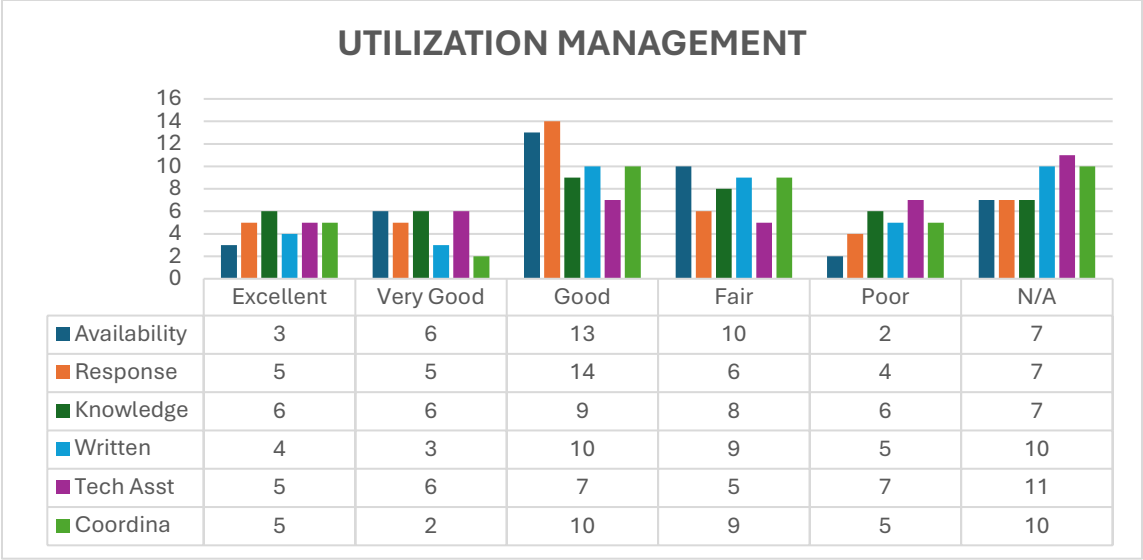
	Excellent	Very Good	Good	Fair	Poor	N/A
Availability	5	5	8	3	1	20
Response	4	6	5	3	1	22
Knowledge	5	7	6	1	1	21
Written	5	3	9	3	1	21
Tech Asst	7	5	4	2	2	22
Coordina	5	6	4	3	1	23

OPPORTUNITIES:

- Increase outreach and feedback from SUD Providers to get more data to better assist with improvement initiatives.
- Utilize feedback from RSA to initiate improvement plan along with other survey data.
- Initiate training and TA symposiums to assist in facilitating SUD Providers more efficiently.

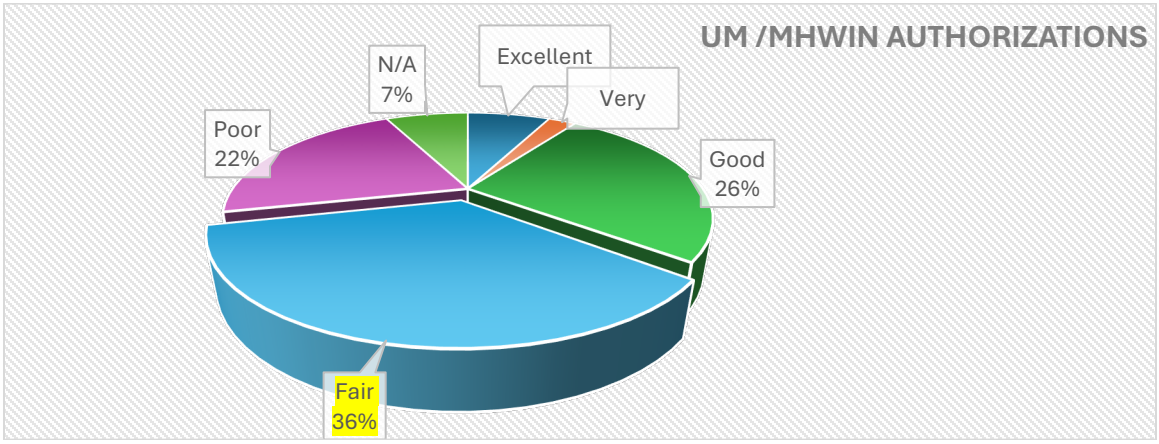
FINDINGS UTILZATION MANAGEMENT (UM):

Aggregated data from the survey indicates that the UM department ranks between Very Good and Good in their overall performance according to participating Providers. The rand exception in Availability and Responsivity and between Good and Fair in their Written Communications.
See the column chart below.



	Excellent	Very Good	Good	Fair	Poor	N/A
Availability	3	6	13	10	2	7
Response	5	5	14	6	4	7
Knowledge	6	6	9	8	6	7
Written	4	3	10	9	5	10
Tech Asst	5	6	7	5	7	11
Coordina	5	2	10	9	5	10

A supplemental question on how DWIHN authorization functions are handled were ranked much lower with 36% or respondents indicating that the service is Fair and 22% ranking the UM Authorization functions as Poor. 26% ranked Authorizations as Good.



OPPORTUNITIES:

- Continue to foster relationships to strengthen the framework for standardizing assessment tools and to align level of care across the network.
- Leverage analytics and technology to allow providers to verify real-time determinations, check authorization status.
- Identify trends in appeals, out of network requests and single-case agreements to foster trust and to ensure criteria are realistic for Providers to comply.

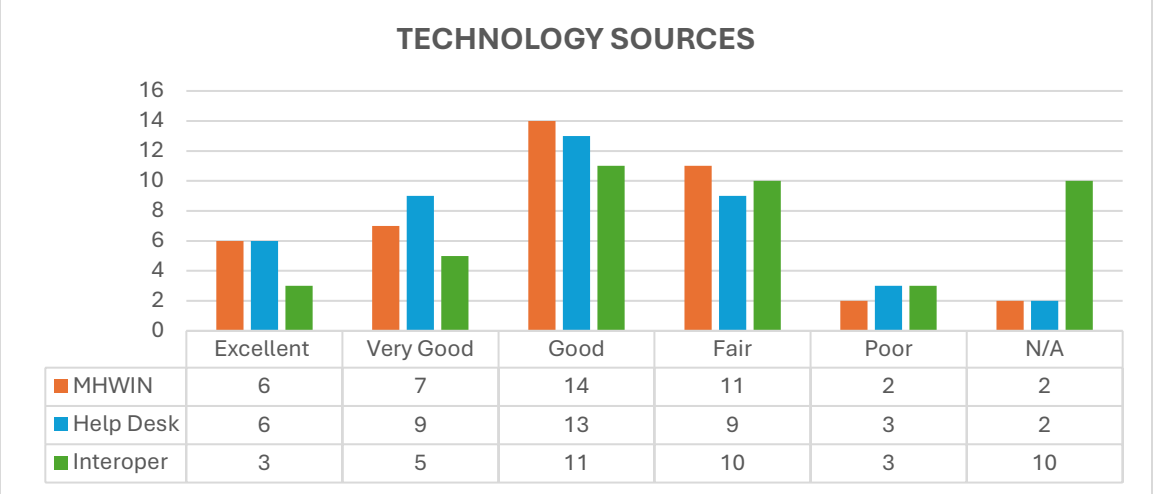
- Utilize LMS system to engage UM staff in better facilitating written communications and to ensure letters are concise.

- Align UM processes with the person-centered planning process to ensure that authorizations are not becoming a barrier of care.

- Review with Providers/focus groups how Authorizations could be improved implementing incremental trials to ensure new processes are feasible and have non-intentional impact.'

FINDINGS INFORMATION TECHNOLOGY (IT):

Different than the other categories that were aggregated in the FY 2025 look back survey the IT unit ratings were specific on the operational aspects of MHWIN, the Help Desk operation and the Interoperability of the systems. Of the Providers who participated in the survey the overall ranking was Good to Very Good, denoting an above average score.



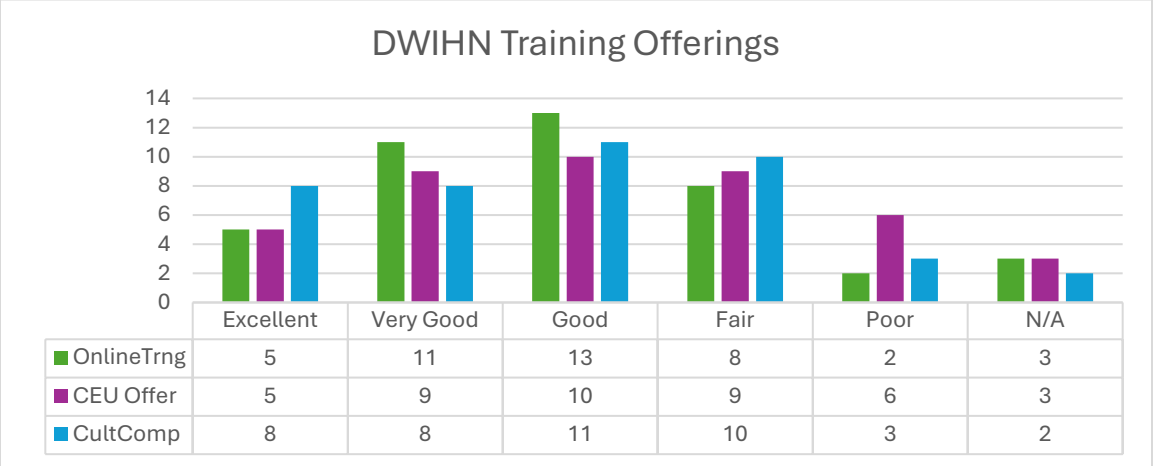
	Excellent	Very Good	Good	Fair	Poor	N/A
MHWIN	6	7	14	11	2	2
Help Desk	6	9	13	9	3	2
Interoper	3	5	11	10	3	10

OPPORTUNITIES:

- Explore options to get more feedback from Providers/Users about interoperability opportunities for improving the exchange capabilities of the system.

FINDINGS GENERAL DWIHN:

The following chart describes the Providers view on DWIHNs resources related to the Online Training Courses on Detroit Wayne Connect, a rating of the CEU offerings and training specifically on Cultural Competency. Overall DWIHN ranked Good in all categories.



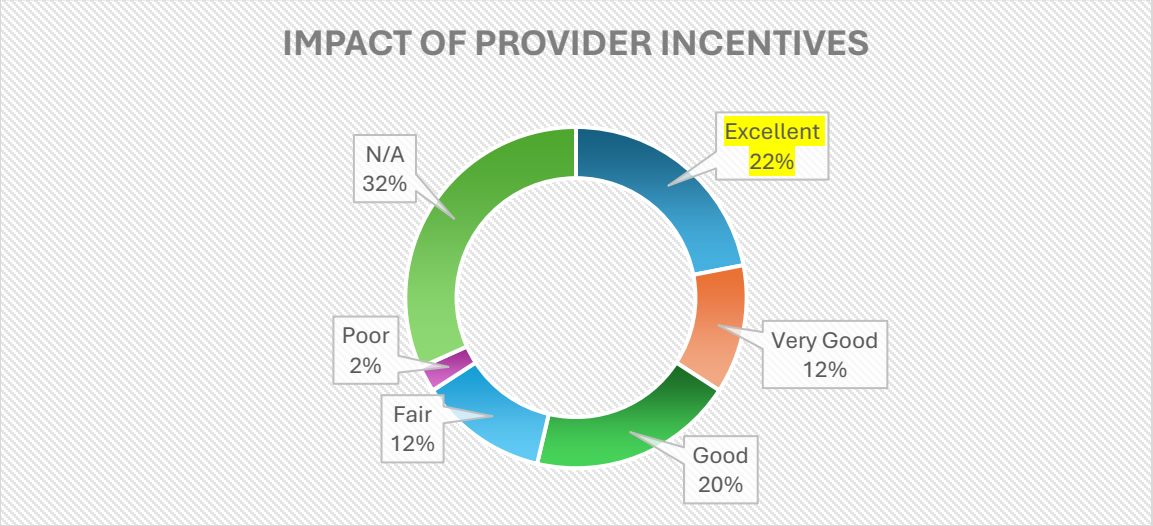
	Excellent	Very Good	Good	Fair	Poor	N/A
OnlineTrng	5	11	13	8	2	3
CEU Offer	5	9	10	9	6	3
CultComp	8	8	11	10	3	2

OPPORTUNITIES:

- Many of the DWIHN online trainings could use an update. Technology offers the opportunity for implementing interactive EB content that offers simulation or case studies.
- Web-based on demand content on improving the system, for instance like improving Cultural Competency for Behavioral Health organizations would be a needed E-learning opportunity.
- Replace passive quizzing with using peers to explain their experience related to subject matter and also perhaps a case study or two.
- Consider CEU and training for teaching telehealth management.
- Consider improving the ethics training, updating and making case studies available for those needing CEU's.
- Adjust training to become more mobile friendly, many professionals use their phones as a dominant and desired platform.
- Produce more engaging formats like live discussions or virtual classrooms.
- Engage Content Experts to produce new information/modules for improving training and when updating.
- Ensure that feedback is solicited and analyzed to validate impact of each training.

An additional question from the survey asked respondents the following question:

How would you rate the impact of the Provider Incentive? The scale rating totaled 54% for either a Good, Very Good or Excellent rating, all above average review.



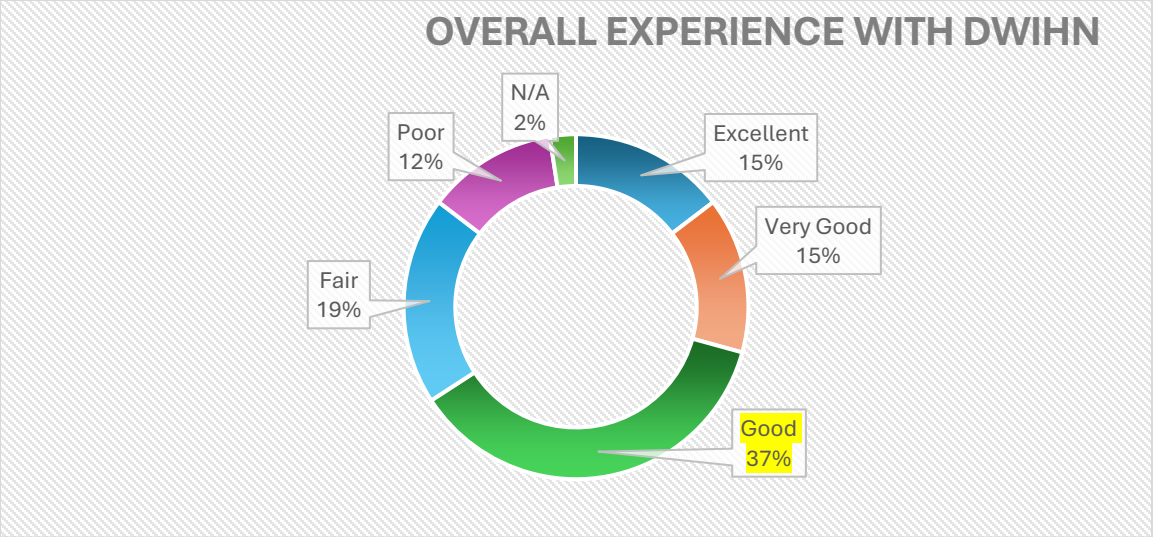
OPPORTUNITIES:

- Executive Level discussions with Finance, MCO, and UM may ascertain additional information on how Provider Incentives can be improved.

OVERALL PROVIDER RATING ON EXPERIENCE WITH DWIHN:

Determining overall experience of our Provider Network is a vital part of long-term strategies to build a strong framework. Satisfaction feedback is a business tool that can assist with identifying systemic bottlenecks, pinpointing inefficiencies in our operational practices, assists with mitigating risk by identifying potential safety issues. Investing in an effective feedback system is a proactive strategy to fix the friction points in the system and is also helping to retain our workforce, by listening and taking steps toward actionable steps that validate improvements.

Below the ring-circle chart shows the continuum of experience as rated by the participating Providers. A combined 67% of respondents rate DWIHN above average, that is either Good, Very Good or Excellent. The feedback in this report should be reviewed with other data and resources that provide evidence and metrics that can help identify obstacles to network growth and gold standard accreditation as well as impact positive outcomes for intended beneficiaries.



WRAP-UP:

The goal of the Provider Satisfaction Survey is intended to be a useful tool to guide DWIHN through data analysis, make interventions and actionable next steps to improve the system. The contracted DWIHN Provider is one of the most vested stakeholders, their input and buy-in to our business model is consequential to making the system achieve our intended mission. While this year's participation rate was low, there are a few mitigating factors to consider. Foremost consideration of the over-saturation of surveys during a specific period of time, for Providers. Particularly those who are independently surveying because of their CCBHC status, but also National Core Indicators, Linguistic Studies, Data review for the ACT, Home-based Services and Long Term Supports Services. Also, additional administrative burdens of the system seem to mostly reduce the interest in the survey. DWIHN has proactively surveyed and continued to hold discussions to determine how do Providers really prefer to communicate with DWIHN about things that are going well or about things that are not progressing in a positive supportive way that could impede the network from improvement objectives. We have offered options to providers to include focus groups, more meetings and potentially establishing a Provider Ombudsmen's office separate from MCO to better address non-contractual concerns that may be an issue for Providers.

In addition to Provider survey- fatigue, there appears to be some anomalies in how DWIHN identifies and keeps an accurate Provider list. From the release of this survey alone from the list supplied by the contract unit (MCO), the list indicates over 150 duplicates and another 42 bounce back emails which indicates that the true number of potential participants is only a total of 173 actual recipients. Therefore (n) represents just under 25% participation rate, for this survey which is considerably a better participation rate than initially thought.

The final chart below gives an overview of the implementation of the Provider Survey which also combines the survey results of the (FY 2025) MI Health Link Provider participants.

Name of Email List	Emails Sent	Emails Hard Bounce	Duplicates
ProviderSurvey2026 CRSP Crisis	25	2	0
Children's Provider List 1	16	2	2
Children's Provider List 2	19	1	6
Provider Survey FY 2025 Adult Outpatient Provider	94	8	32
Children Provider 3	30	1	8
Sud Prevention	29	1	0
SUD Treatment Provider Survey 2025	33	8	8
Provider Contact List Provider Survey	23	5	16
ABA Provider List	27	3	19
Children's 6b	37	4	8
Children 6a	48	7	67
Total Sum	**381**	**42**	**166**

Opportunities exist on every level to improve DWIHN's providers system. Additional commentary and feedback that drills down to the practitioner level and receives a perspective from individuals about their experience on a personal level should also be used to better understand the Provider's view of DWIHN during the look-back period of FY 2025.

A summary report of the three Provider Surveys will be prepared at a later date.

Quality Improvement
Performance Monitoring Updates
Sept. 25, 2026

MDHHS Waiver & iSPA CAP

MDHHS 1915(c) Waiver and

1915(i) State Plan Amendment (iSPA)

State review occurred March 2026 – May 2026

160 member records reviewed

Noncompliance was found with several Waiver & iSPA performance measures

DWIHN will be providing trainings to address the findings and provide guidance and technical assistance on how to meet performance measures

MDHHS Waiver & iSPA CAP

Training Dates

09/30/2026 – Quality Operations Technical Assistance Workgroup

Target Audience: Clinically Responsible Service Providers (CRSP)

Time: 9:30 – 11:00 AM

Zoom Link: https://dwihn-org.zoom.us/j/84702212163?pwd=mbGeObWGGbv4t0uZWfbWXErBk8Ewd7.1

10/06/2026 – MDHHS CAP Training (Waiver & iSPA)

Target Audience: All (CRSP and HCBS service providers)

Time: 2:00 PM

Register in advance for this Zoom meeting:
Meeting Registration - Zoom

MDHHS Waiver & iSPA CAP

Training Dates

10/08/2026 – MDHHS CAP Training (Waiver & iSPA)

Target Audience: All (CRSP and HCBS service providers)

Time: 9:30 AM

Register in advance for this Zoom meeting:
Meeting Registration - Zoom

10/13/2026 – Residential HCBS Meeting

Target Audience: HCBS service providers

Time: 11:00 AM

Zoom Link: https://dwihn-org.zoom.us/webinar/register/WN_W8D-e5R_R7uUoirZlP4xZA

MDHHS Waiver & iSPA CAP

Questions

Contact Quality@dwihn.org