



Provider Network Council (PNC) Minutes Community Mental Health of Ottawa County

Teams

Thursday, September 30th, 2021 1:30pm-3pm

PNC Purpose Statement

This Council's purpose is to discuss and prioritize issues related to the CMHOC Provider Network. This type of forum will assure that there is a common and consistent message going out from CMHOC to the provider network.

1. Welcome and Introductions

Kelly Goetzinger, Program Coordinator, Contracts and Training
kgoetzinger@miottawa.org

Thank you for participating in our third Virtual Provider Network Council (PNC) meeting and for the continued positive partnership we have formed over the years. We appreciate your patience with us during this pandemic.

2. Training Requirements

Kelly Goetzinger, Program Coordinator, Contracts and Training
kgoetzinger@miottawa.org

a. Attachment I Update

- Kelly brought our provider network through our Community Mental Health of Ottawa County home page to explain where they could find information on the training center
<https://www.miottawa.org/Health/CMH/pdf/training/AttachmentITrainingRequirements.pdf>
 - Kelly outlined on the training center's home page, there is important notice about classroom training outlined in red. This should be something that all our providers pay attention to during COVID-19 for important training updates.
 - Lakeshore Learning Management System (LMS) is the region's platform for classroom and online courses. This learning platform is a self-registration system in which each student registers for both classroom and online courses they are required to complete.
<https://lakeshoretraining.org/ottawa/>
- Attachment I is broken down by service type and has just been updated to include an administration column.
 - Whenever there is an "X" in your service type, that means it is a required course for your staff to be trained in per your contract.
 - To get more details about specific trainings, on page 3 on Attachment I, it gives a brief description of the training, the frequency in which this training should be completed, when it should be completed to make sure your staff are in compliance, and how to obtain the training.

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b. Training Updates

- Kelly discussed the importance of developing an internal tracking system for trainings required and due dates. If your agency does not have a tracking system and needs assistance with creating one, please contact Kelly Goetzing so she can assist you further.
- Kelly also went over the Hybrid First Aid-CPR-AED and MANDT Training that was discussed during our March PNC Meeting:
- **Hybrid First Aid-CPR-AED**
 - Starting in Mid-December, CMHOC decided to have 5-10 people in a classroom wasn't the best option and we switched it to having an online portion and a much smaller period that is face-to-face.
 - To register for the 1-hour skills portion on the Lakeshore LMS training website please note that the times are for 1 person only. Many times, during the day there are 6 different time slots.
 - Example: "**Ottawa-Hybrid First Aid/CPR/AED 01/04/21 - 09:00-10:00 (classroom) – TC**"
 - Once registered I will email them the information to the online training from another site (American Trauma Event Management-see below). There are multiple videos to watch and questions to answer.
 - This can take staff anywhere between 1.5-2 hours to complete.
 - Please note, this training isn't a training you can take partially and come back to later, it must be completed in one sitting.
 - Once staff complete the training, they need to email me a screen shot of their certificate of completion prior to attending their 1-hr skills session.
 - Please make sure you have completed the training prior to attending the hands-on session. There are times where it hasn't been completed and this takes away from a time slot for someone else to attend.
 - After completing the skills, they get their card and the training should be reflected on their Lakeshore training transcript.
 - For a list of **LARA approved CPR/FA/AED** providers please go to
 - https://www.michigan.gov/lara/0,4601,7-154-89334_63294_5529_49572_49583-82382--,00.html
 - **The requirement for LARA is that there is a hands-on component.**

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- **MANDT Training**

- Online training for MANDT CANNOT be registered via the Lakeshore training site. It is done through the MANDT site and Matt has to register the staff. All online training registration is conducted as followed:
 - Supervisor/Manager/Homeowner emails me with name of staff and which online training they would like them to take.
 - Matt requests a purchase of this training through our fiscal services.
 - Courses are purchased and fiscal services emails an invoice to agency.
 - Matt then can then assign the training to the specific staff immediately after fiscal services notify me the course was purchased.
 - They get an email with log-in information from MANDT (not Ottawa CMH).
 - If staff does not retrieve the information, they should notify Matt the same day. Matt can initiate a username and password reset.

- **Training Options**

- New Hire staff options
 - Take Day 1,2,3 in-person (must be taken in sequence)
 - Do Day 1 & 2 online through the MANDT website (\$33.99) and do Day 3 in person.
- First year Recert options
 - Take MANDT Recert in-person
 - Take first 3 chapters online (\$28.75) then come to a Day 3 in-person. This also works for people whose certification has expired.
- Second year+ Recerts have two options
 - Take MANDT Recert in-person
 - Take all 6-chapter tests as an online test (\$8.25) out then come to a half-day technical skills course. This is an electronic version that is a “test-out”. Study guides are provided every year and are encouraged to review prior to taking the test. Tests can be taken anywhere.
 - If your certification is expired, then you have to cover the information on Day 1 and Day 3 (First year Recert option above).
 - Currently half-day courses are scheduled as needed. If there is a higher volume of staff who need to schedule the half-day courses, then Matt will put them on the calendar. As of right now they are only scheduled when needed.

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3. Fiscal Updates

Courtney Fritzsche, Accountant II-Fiscal Services cfritzsche@miottawa.org

PowerPoint presentation attached in the meeting minutes

a. Contract Attachment B

- Third Party Attachment B: During the meeting Courtney explained that we have now converted all of our Attachment B Claims Submission Processing to two different types:
 - Claims (which includes third party and non-third party)
 - Invoice
- **Timeliness reminders:**
 - For claims which DO NOT require an EOB:
 - Claims submitted more than 60 days after the date of service will be denied.
 - Claims submitted more than 365 days after the date of service will be denied.
 - For claims which DO require an EOB:
 - If Coordination of Benefits is required for a claim, the Contractor shall submit the claim to CMH within 30 days of receipt of the EOB from the third-party payor. The claim shall include the third-party EOB as evidence that the primary payor was billed. Claims submitted more than 365 days after the date of service will be denied.
 - Previously denied claims should be corrected and re-billed to the CMH within 60 days from the date of the denial for re-processing and reimbursement. Re-billed claims submitted more than 60 days from the date of denial will be ineligible for payment.
- **Year End Reminder**
 - Claims/Invoices: All invoices for the fiscal year are due to CMHOC by **October 22, 2021**. Any disputed claims and/or invoices must be reported to CMHOCFINANCE@miottawa.org by **November 19, 2021**. Claims/invoices not submitted by these deadlines will be denied.
 - Disputed/Outstanding Claims: Any disputed claims, resubmissions, or claims awaiting Coordination of Benefits must be reported to CMHOCFINANCE@miottawa.org by **November 19, 2021**. Claims not submitted by these deadlines will be denied. Please submit a single Excel file of all agency outstanding/disputed claims, including any that you are working with other CMHOC staff to resolve. The file must include consumer number, date of service(s), code(s), unit(s), and estimated liability.

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b. GIVA

- GIVA is the Fiscal Services helpdesk. <https://cmhoc.giva.net/home.cfm>
- Tickets are created two ways.
 - 1. By simply emailing cmhocfinance@miottawa.org
 - 2. By logging into the GIVA helpdesk and creating a ticket from the dashboard.
- GIVA allows pre-approved users the ability to create help-desk tickets for issues like missing an EOB, claims corrections, and general trouble with billing. GIVA is also where you notify Fiscal Services of issues that will negatively impact your ability to meet the 60-day billing requirement.
 - A few examples of such issues may be waiting on an authorization to be entered/updated, or a delay in rendering provider setup. When we're notified of issues which impact your ability to meet the timeliness requirement, we give you a ticket number to reference when you can bill. This ticket number is a flag to the claims processor to override the claim/claims that are automatically denied by the 60-day billing rule.
- When CMHOC sends you an attachment through GIVA, it does require you to login to the site. Attachments cannot be viewed through the email, so it's a good idea to familiarize yourself with the dashboard setup and login every few weeks to keep your dashboard profile active.
 - GIVA deactivates the dashboard for a user when it hasn't been used after 30/60 days.
- When using the dashboard, you can select what's called a Nature of Request, which helps give us an idea of what the ticket is about. If you're not sure what Nature of Request your issue falls under, or if you don't see a Nature of Request that accurately describes your request, you can always default to "Other".
- GIVA is a secure site. Please do not send any encrypted emails to GIVA, we get an error notification, and a ticket is not created.
- If you are given a reference number and your claim is mistakenly denied, please feel free to rebill it and ref. the ticket number again, you do not have to create another GIVA ticket. Overriding claims is a very manual process and our system almost works against us b/c we're telling it to go against the way it was setup.
 - Things do get missed in the process. Our recommendation is that in your notification email to cmhoc.claims that you're providing all the GIVA ref. numbers up front and who they're specific to, as well as any corresponding EOB's.
 - Highlight if something is a rebill, etc. If you can detail as much information as possible in that notification email, it makes it easier to process claims against and ensure nothing gets missed.
- We currently have 1 full time claims processor, Debbie Jennings. She processes all claims, MH/SUD/ABA/OP/Residential/CLS/etc. and also

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helps administer the helpdesk. Please be patient with claims processing times. We also started training Maggie Dood, she currently spends about 3 hours a week processing the AFC services.

c. **ASAM**

- Per the BH TEDS codebook, a start record should not be created until the consumer has been admitted to treatment and the service start date should match the first face to face (or telehealth) billable service.
 - We are regularly seeing consumers that don't have any services billed so it looks like the BH TEDS is not needed – however, these consumers will have an SUD ASAM entered which would indicate that they were seen at some point and should have a service billed.
 - Another scenario we're seeing is that the consumer will have some services billed but not their initial assessment (H0001) so it will look like the BH TEDS start date is incorrect because it doesn't match the first service we have record of.
- Our IT department is seeing these situations when reviewing MMBPIS indicator 2e (request to first service for SUD) and they're struggling to get feedback from providers – Our contract department has been sending out emails for feedback/clarification, but we're not getting responses back. We also get lists from the LRE of BH TEDS records that don't have any encounters detailing the same problem.
- Please review your submitted SUD services for completeness and accuracy. If you notice you've missed submitting initial assessments or that you have not submitted billable services, please include them in your end-of-year spreadsheet by 11.19.21.

d. **10/01/2021 Code Changes**

- **90853 Group Modifier & TT Modifier Elimination**
 - We knew at the start of FY21 that the TT modifier, which denoted group, was being eliminated. And FY21 we started with H2015TT changes. This year we're fully implementing the TT change. Impacted codes include:
 - H2014TT
 - T2023TT
 - T1005TT
 - 90853 (*90853 has always meant group, but now we need to report the group size*)
 - You will now be using the following modifiers to denote group:
 - UN - 2 patients served
 - UP - 3 patients served
 - UQ - 4 patients served
 - UR - 5 patients served
 - US - 6 or more patients served

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- On 09/03/21 Tori Clark sent all the impacted agencies a notice of these changes as well as a request for response for average group size. This was so that we could better tier the group rates on an agency basis. Our Finance Manager is in the process of calculating each modifier rate based on agency response. The possibility that the DCW could increase by another \$0.10 has thrown a bit of a wrench into our timeline but we're trying to pivot and have everything ready once we have a definitive answer on the additional \$0.10, which we're anticipating having within the first few weeks of FY22.

- **ASAM Changes/3.1 increase**

H0018/H0019	3.1	3.3	3.5	3.7
FY21	No modifier	UB	TF	TG
FY22	W1	W3	W5	W7

- For FY20 and FY21 ASAM was reported with UB/TF/ and TG,
- For FY22 ASAM is being changed to W1, W3, W5, and W7.
- The 3.1 is also being increased to \$150/day which includes the \$27 room and board payment.
- Authorizations that span fiscal years will need to be updated to reflect the change in code as well. We recommend working with your billing team/auth team/clinical staff to ensure authorizations are updated and requests for update are sent to CMHOC staff for approval.

- **CTH Residential Level Change**

Previous FY's	10.01.21
Based on points	Based on levels
15-19	LEVEL 1
20-24	LEVEL 2
25-29 etc.	LEVEL 3

- We're excited to announce this change, it's been a heavy lift to get this finished. Leah Brink, our residential ombudsmen spent countless hours homing in the details of the methodology. Previously for CTH homes the authorizations and rates were calculated based on a point scale. We've consolidated all the points down into three levels.

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- On 9.3.21 and 9.16.21 Kelly Goetzinger sent out notices to impacted agencies letting them know of the change and what that switch looks like for them specifically. Both emails included a reminder that because this change is effective 10.01.21, we must make a system change to reflect this update.
- **IMPORTANT!** Once you have submitted all billing for September 2021, you must contact Courtney Fritzsche (cfritzsche@miottawa.org) via email to let her know so she can update our billing systems with your new rates. Failure to contact Courtney will result in you not being able to bill starting October 1, 2021.

- **H0031**

- Effective 10.01.21 H0031 should only be used for SIS or LOCUS assessments for bachelor's degree staff, with the appropriate WX/WY modifier. Other providers previously qualified to use this code for assessments should transition to an appropriate code based on provider qualifications/service, using the appropriate modifier if the service was rendered for a LOCUS or SIS. This hyperlink will take you directly to MDHHS's spreadsheet of code/modifier changes, which includes the crosswalk for provider qualifications and applicable optional codes for use starting 10.01.21. Alternative codes include:

T1001	97802/03	97165-68	97161-63	92550-57
96105	96110	96112	96113	96127
90791	90792			

H0031WX – LOCUS Assessment

H0031WY – SIS Assessment

- Our contract department sent out a request for response email regarding this change and what code(s) each agency felt best represented the service(s) they're rendering. Based on each agency response we're updating the contracts accordingly.

- **HA/HF Modifier**

- HA modifier eliminated 9.30.21
- In all the impacted contracts we've removed the HA modifier and added Y3 and WO as optional modifiers. If you're billing for a child/adolescent and it's not one of those two models, then you'd bill the applicable code w/o the optional modifier.
 - Y3 – Parent Management Training, Oregon Model (EBP only)

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– WO – Children's Friendship Group

- HF modifier will also be eliminated 9.30.21
 - Effective 10.01.21 SUD encounters will be identified through PIHP ID and the HF modifier is no longer needed.

- **T1016 moving to T1017**

- T1016 is being eliminated and will be reported under T1017. We've removed this code from all impacted contracts and that code has been end-dated in the system as well.

- **T2027/H2015UJ**

- Overnight CLS. We're seeing a lot of H2015 being billed with 96 units which equates to 24 hours. For HAB Waiver consumers, you should be billing the sleep time as T2027 with the appropriate number of units the consumer slept. For non-HAB Waiver consumer's you should be billing H2015UJ during the sleep time with the appropriate number of units.

- **H0038 Change**

- H0038 is a peer service and now has peer specific modifiers to denote the provider type, but it is also a group service as well starting 10.01.21.
- For billing purposes, Courtney explained how to order modifiers.
- The prioritized order is:
 1. Provider credential
 - a. WR - Peer Recovery Coach
 - b. WS - Certified Peer Specialist
 - c. WT - Youth peer specialist
 2. Level of care (ASAM)
 3. Group
 - a. UN - 2 patients served
 - b. UP - 3 patients served
 - c. UQ - 4 patients served
 - d. UR - 5 patients served
 - e. US - 6 or more patients served
 4. Method
 - a. Face-to-Face
 - b. GT – Telemedicine (through 12.31.21)
 5. Program
 - a. HD – Pregnant/Parenting Women's Program
 - b. HH – Co-Occurring
- For H0038 you'd start with the code, add the applicable provider credential, this code has no level of care. Level of care think

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ASAM residential levels. Next, you'd select your group size if applicable (UN-US). For Method, think face to face or telemed. And then choose your program.

4. Credentialing and OIG Updates

Amber Cauchi, Program Evaluator and Kristen Henniges, Compliance Manager
acauchi@miottawa.org; khenniges@miottawa.org

PowerPoint presentation attached in the meeting minutes

a. Clinical Application

- When sending a new clinical application, please make sure proof of provider's highest education and licensure are attached.
 - Legible Transcripts or Diploma
 - Copy of actual license NOT LARA verification
- If the job position requires necessary trainings (such as RBT or Recovery Coach Training, CAADC, or DP-C) please make sure it is attached to the application.
 - Please include actual copies of these trainings, certifications, or plans
 - Please make sure clinical application are completed in their entirety when submitted.
 - Please indicate the degree for the employee.
- **"The Effective Date"**
 - The date the Program Evaluator (Amber Vondra) receives the completed clinical application with all appropriate supporting documentation is the date the staff will be set up for billing
- You will receive a confirmation email once the provider has been set up for billing in Ottawa County
 - Do not have your staff provide any services until this email is received
 - The credentialing process takes at minimum 1-week to set up a staff for billing. Amber stated that it is a 30-day max to get them set up.
- The date the Program Evaluator (Amber Vondra) is notified of updated licensure is the day the update is effective for billing
 - If staff bill for services provided with this updated licensure prior to letting the Program Evaluator know, it will cause billing issues
 - It is recommended that you fill out a new clinical application and provide Amber with the necessary proofs for the change.
- **Service Site Address:**
 - Please list all the service sites the staff will be providing services so Amber can credential the staff appropriately.
- **Agency/Supervision Signature**
 - Please make sure that the staff's supervisor or HR department is signing off on the clinical application. By signing the clinical application, they certify that the clinical application has been completed fully for the individual requiring credentialing by CMHOC.

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- Please DO NOT have the staff sign the clinical application

b. Criminal Background Checks

- Providers will require criminal background checks at a minimum of every two years for all persons (staff, management and non-management) providing services to or interacting with Individuals served by CMHSP or persons who have the authority to access or create CMHSP information.
- Please note that Criminal Background Checks cannot be documented via a excel spreadsheet. You must be able to show proof of date the check was performed.
- Please note, the LARA fingerprinting process provides background check, OIG, Michigan Sanctioned Providers, and SAM checks for employees. It's also what's referred to as "wrap back" so that as long as an employee is signed up through a provider, that provider will be notified if there are *ever* any findings.
- Regular fingerprinting outside of LARA does not provide a "wrap back".
- *Student Interns* – it is a best practice to have interns to have criminal background checks performed. Right now, it is not required, but is preferred.

c. OIG Checks

- Providers shall ensure an initial examination of Federal and State databases of excluded parties and litigation checks (OIG checks) are conducted.
 - The OIG Checks must take place at the time of hire and monthly thereafter
 - For all Provider employees and persons joining Provider Board of Directors
- Again, the LARA fingerprinting process provides background check, OIG, Michigan Sanctioned Providers, and SAM checks for employees. It's also what's referred to as "wrap back" so that as long as an employee is signed up through a provider, that provider will be notified if there are *ever* any findings.
- When filling out a clinical application, Amber is only looking for the date of when the criminal background check and OIG checks were performed. The only time CMHOC will request documentation is during an audit.
 - Please keep a screenshot, or PDF, or hard copy of the OIG check so we can verify the specific date the OIG check was performed. During audits, we will need to have proof of the specified date.
 - Please note that OIG checks cannot be documented via a excel spreadsheet. You must be able to show proof of date the check was performed.

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5. Financial Requirements

Keith Falkowski, Finance Manager

kfalkowski@miottawa.org

a. Audit/Reviews

- According to your contract, a provider must obtain an annual financial audit when the total fiscal year (10/01-9/30) revenue from all sources is \$750,001 or more
 - The audit will cover Provider's fiscal year.
 - Audit must be performed by a Certified Public Accountant (CPA) to ensure the financial statements are presented in conformance with accounting principles generally accepted in the United States of America.
 - Management letter issued as a result of the review by the Certified Public Accountant must be submitted to CMHSP.
- According to your contract, a provider must obtain an annual financial review when total fiscal year (10/01-9/30) revenue is between \$250,000 and \$750,000, unless Provider is required to obtain an audit for some other reason.
 - In cases where Provider's total fiscal year revenue is less than \$250,000, CMHSP may request a financial review.
 - The review will cover Provider's fiscal year.
 - The review must be performed by a CPA to provide limited assurance that there are not material modifications that should be made to the financial statements in order for them to be in conformance with accounting principles generally accepted in the United States of America.
 - Management letter issued as a result of the review by the Certified Public Accountant must be submitted to CMHSP.
- Provider's must submit the items above to CMHOC's Finance Manager and/or Contract Manager within one hundred and fifty (150) days following Provider's fiscal year end. Any deviation from this requirement must be requested in writing and in advance and must be approved by CMHOC.

b. Direct Care Wage (DCW)

- MDHHS is talking about implementing a \$0.10 DCW increase, the great news about this increase is that this will be permanent with yearly review.
- \$2.35 per hour for wages and a \$.28 increase to be applied to FICA and administration of the increase for an overall rate of \$2.63
- Once we get a finalized bulletin, we will make sure this is reflected in your contract.

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6. Contract Updates

Tori Clark, Contract Manager

tclark@miottawa.org; CMHContractServices@miottawa.org

a. 10/01/2021 Contract Amendments

- I want to thank you for your patience during this busy time. As you know there are many many changes that are going into effect 10/01/2021 and this impacts over 100 of our providers. We understand the urgency to get the signed contract, but we are working diligently now to make sure you will have all the changes in your amendment before we send it out for electronic signature.
- I am also waiting on the DCW bulletin to be finalized, if your contract includes DCW rates, then I am going to wait until we receive this before processing your amendments since we will have to adjust your rates if the increase is approved.

b. Attachment C and F Updates

- Attachment C includes new language for the Commercial General Liability minimum amount requirements.
- Attachment F reflects new language for MMBPIS benchmark, Financial Management outcome, and the Customer Satisfaction performance indicator.
- A copy of the Insurance Requirements (Attachment C) and Performance Indicators (Attachment F) be located at:
https://www.miottawa.org/Health/CMH/resources_index.htm#prov.

c. Dispute Resolution Policy

- CMHOC has a new contracting email CMHContractServices@miottawa.org. This email will be used for all contract-based questions or concerns.
- If you have a Dispute Resolution Request, please submit them to the new email so we can review and respond to your request within a timely manner.
- Attached to the minutes is CMHOC's dispute resolution policy and levels of appeals and the LRE's dispute resolution policy.

7. LRE and Beacon Updates

Lynne Doyle, Executive Director

- a. There is a new CEO at the Lakeshore Regional Entity – Mary Marlatt-Dumas.
 - Mary comes with a lot of Mental Health experience within the state.
- b. They just hired a new COO – Stephanie VanDerKooi, if this name sounds familiar to you it is because she has done a lot of work with the LRE for SUD services.
- c. They are in the process of resuming the activities that Beacon Health Options had been doing such as Utilization Management Quality Improvement. They are now hiring a lot of staff from Beacon Health Options to join the LRE.

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- d. Lynne thanked all providers for all the hard work you have been doing during this difficult time with COVID and changes that have occurred. We really appreciate your partnership.

8. Questions/Feedback

The next Provider Network Council meeting will be announced soon. Send any suggestions for agenda topics to CMHOC's Contract email at CMHContractServices@miottawa.org

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August 20, 2021

Dear Provider,

We would like to ensure that you receive payment for services provided during the fiscal year 2021 (October 1, 2020 through September 30, 2021).

Please consider this correspondence as notification of the process for ensuring payment and contract compliance with Community Mental Health of Ottawa County (CMHOC) for services provided FY2021.

- **Claims/Invoices:** All invoices for the fiscal year are due to CMHOC by October 22, 2021. Any disputed claims and/or invoices must be reported to CMHOCFINANCE@miottawa.org by November 19, 2021. Claims/invoices not submitted by these deadlines will be denied.
- **Disputed/Outstanding Claims:** Any disputed claims, resubmissions, or claims awaiting Coordination of Benefits must be reported to CMHOCFINANCE@miottawa.org by November 19, 2021. Claims not submitted by these deadlines will be denied. Please submit a **single Excel** file of all agency outstanding/disputed claims, including any that you are working with other CMHOC staff to resolve. The file must include consumer number, date of service(s), code(s), unit(s), and estimated liability.

Claims/invoices that are not submitted by the above deadlines will be denied payment.

Please review the abovementioned, and If you have questions regarding this process, please email Courtney Fritzsche at cfritzsche@miottawa.org.

Further, please review all your previous processed claims (for services provided October 1, 2020 through September 30, 2021) by CMHOC for accuracy well before the end of the year. Waiting to have corrections made or claims submitted will further delay payment to you. Due to budget restrictions this year, we will not be making concessions for missing authorizations, unbilled exception requests or unpaid claims once the fiscal year is closed.

Thank you in advance for your cooperation,

Keith Falkowski
Finance Manager



FISCAL UPDATES

Courtney Fritzsche
PNC 9.30.21

AGENDA



ATTACHMENT B



GIVA



ASAM



10.01.21
Code
Changes

ATTACHMENT B

◦ Timeliness reminders:

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 - Claims submitted more than 60 days after the date of service will be denied.
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ATTACHMENT B

Year-end reminder:

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GIVA

- The Fiscal Services Helpdesk portal: <https://cmhoc.giva.net/home.cfm>
- GIVA email address: CMHOCFINANCE@miottawa.org



ASAM

- Per the BH TEDS codebook, a start record should not be created until the consumer has actually been admitted to treatment and the service start date should match the first face to face (or telehealth) billable service.
- Please review your submitted SUD services for completeness and accuracy. If you notice you've missed submitting initial assessments or that you have not submitted billable services, please include them in your end-of-year spreadsheet by 11.19.21.

10.01.21 CODE CHANGES

- 90853
- TT modifier elimination
- ASAM/3.1 increase
- CTH Scale change
- Increase to H0050
- H0031
- HA/HF modifier elimination
- T1016 elimination
- T2027/H2015UJ
- H0038 change

90853 and TT Modifier Elimination

- UN - 2 patients served
- UP - 3 patients served
- UQ - 4 patients served
- UR - 5 patients served
- US - 6 or more patients served

Codes impacted 10.01.21

- H2014TT
- H2023TT
- T1005TT
- 90853

ASAM

H0018/H0019	3.1	3.3	3.5	3.7
FY21	No modifier	UB	TF	TG
FY22	W1	W3	W5	W7

CTH Residential Homes

Previous FY's	10.01.21
Based on points	Based on levels
15-19	LEVEL 1
20-24	LEVEL 2
25-29 etc.	LEVEL 3

IMPORTANT! Once you have submitted all billing for September 2021, you must contact Courtney Fritzsche (cfritzsche@miottawa.org) via email to let her know so she can update our billing systems with your new rates. Failure to contact Courtney will result in you not being able to bill starting October 1, 2021.

H0031

- Effective 10.01.21 [H0031 should only be used for SIS or LOCUS assessments](#), or for bachelor's degree staff. Other providers previously qualified to use this code for assessments should transition to an appropriate code based on provider qualifications/service. Alternative codes include:

T1001	97802/03	97165-68	97161-63	92550-57
96105	96110	96112	96113	96127
90791	90792			

H0031WX – LOCUS Assessment

H0031WY – SIS Assessment

HA/HF Modifier Elimination

- HA modifier eliminated 9.30.21
 - Y3 – Parent Management Training, Oregon Model (EBP only)
 - WO – Children's Friendship Group
- HF
 - Effective 10.01.21 SUD encounters will be identified through PIHP ID

T1016 Elimination/T2027/H2015UJ

- T1016 to be fully reported under T1017 starting 10.01.21
- T2027 (HAB Waiver) or H2015UJ for overnight health and safety CLS

H0038 Change

(Provider Credential)

- WR - Peer Recovery Coach
- WS - Certified Peer Specialist
- WT - Youth peer specialist

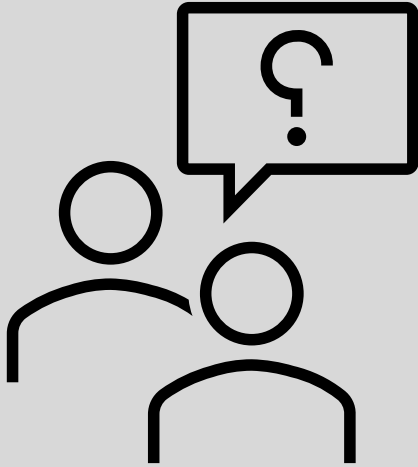
(Group)

- UN - 2 patients served
- UP - 3 patients served
- UQ - 4 patients served
- UR - 5 patients served
- US - 6 or more patients served

(Program)

- HD – Pregnant/Parenting Women's Program
- HH – Co-Occurring
- GT – Telemedicing (through 12.31.21)

Questions???





**COMMUNITY
MENTAL HEALTH**

OTTAWA COUNTY

Credentialing and OIG Checks

Clinical Applications

- There are new and improved revisions
 - With clinical applications, we are now enforcing that the provider's highest education and licensure are attached.
 - These items are not always being attached now and it is delaying the process.
 - Remember, the date that the Program Evaluator (Amber Cauchi) receives the clinical application with all their attachments is the date they will be set up for billing.
 - You will receive a confirmation email once the provider has been set up for billing in Ottawa County so please do not have your provider provide any services until this email is received.

Clinical Applications Continued

- In addition, if your job position requires necessary trainings (such as RBT or Recovery Coach Training, CAADC, or DP-C) please make sure it is attached to the application.
- Please make sure when you submit a clinical application they are completed in their entirety. We are receiving the bare minimum from a lot of different agencies and are having missing information on them. Again, it delays the process.
- When a provider has a license update, the day that the Program Evaluator (Amber Cauchi) is notified, is the day that the update is effective for billing. If they provide services using the updated billing prior to notification, then it will cause billing issues.
- If you have any further questions in regard to credentialing I will refer you to your specific Attachment A located on our website.

Clinical Applications Continued

- Provider will maintain policies and procedures to ensure that contracted physicians and other health care professionals (e.g., social workers, OT, etc.) are licensed by the State of Michigan and are qualified to perform their services. Provider must immediately notify the LRE and CMHSP if any license is terminated, revoked or suspended during the term of this Agreement.
- Provider will maintain policies and procedures to ensure that licenses and certifications are current and valid.
- Provider will maintain policies and procedures to ensure that support care staff who are not required to be licensed are qualified to perform their jobs.
- Provider agrees to immediately notify CMHSP of any State licensure or certification investigation.
- For SUD Providers: Organizations/programs must be licensed for SUD service provision.

CLINICAL APPLICATION

All sections must be completed in their entirety.

The date Community Mental Health of Ottawa County (CMHOC) receives the fully completed Clinical Application is the effective date of billing for CMHOC services.

An incomplete application may result in a delay of credentialing approval and effective date.

Once an individual is credentialed and approved to provide services the agency will receive a confirmation email from the CMHOC Program Evaluator.

AGENCY NAME: _____

Provide the following **service site information** for the individual listed:

Service Site Name: _____

Service Site Address: _____

Service Site Phone Number: _____

SECTION I: PERSONNEL INFORMATION

Services cannot be provided and billed until CMHOC has credentialed the individual listed.

First and Last Name: _____

Date of Birth: _____

Sex: ☐ Male ☐ Female ☐ Unknown

Social Security Number: _____

Date of Hire: _____

Date of Criminal Background Check: _____

Date of Medicaid Sanction Check (Office of Inspector General - OIG): _____

National Provider Identifier (NPI): _____

SECTION II: TYPE OF STAFF

Check all that apply to the services provided by the individual listed in Section I.

☐ Autism (please specify) _____

☐ Case Management/Supports Coordination

☐ Psychology/Behavior Support

☐ Occupational Therapy

☐ Physical Therapy

☐ Speech/Language Pathology

☐ Nursing

☐ Other (please specify) _____

SECTION III: CREDENTIALS

Attach the following documents appropriate to the services provided by the individual listed in Section I.

- | | |
|--|--|
| <input type="checkbox"/> Professional License | <input type="checkbox"/> Highest Educational Degree |
| <input type="checkbox"/> Professional Certificate | <input type="checkbox"/> DEA (Medical Professional only) |
| <input type="checkbox"/> Professional Registration | <input type="checkbox"/> Malpractice Insurance (if required by contract) |
| <input type="checkbox"/> Practitioner Specialty (*mark all that apply on page 2) _____ | |

SECTION IV: AGENCY/SUPERVISION SIGNATURE

By completing the information and signing below, the agency and supervisor listed certify that the Clinical Application has been completed fully for the individual requiring credentialing by CMHOC.

Signature: _____
Print Name: _____
Title: _____

Date: _____

Revised on 1/14/2019



SUBSTANCE USE DISORDER CLINICAL APPLICATION

All sections must be completed in their entirety.

The date Community Mental Health of Ottawa County (CMHOC) receives the fully completed Clinical Application is the effective date of billing for CMHOC services.

An incomplete application may result in a delay of credentialing approval and effective date.

Once an individual is credentialed and approved to provide services the agency will receive a confirmation email from the CMHOC Program Evaluator.

AGENCY NAME: _____

Provide the following **service site information** for the individual listed:

Service Site Name: _____

Service Site Address: _____

Service Site Phone Number: _____

SECTION I: PERSONNEL INFORMATION

Services cannot be provided and billed until CMHOC has credentialed the individual listed.

First and Last Name: _____

Position: _____

Date of Birth: _____

Sex: ☐ Male ☐ Female ☐ Unknown

Social Security Number: _____

Date of Hire: _____

Date of Criminal Background Check: _____

Date of Medicaid Sanction Check (Office of Inspector General - OIG): _____

National Provider Identifier (NPI): _____

SECTION II: TYPE OF STAFF

Check all that applies to the services provided by the individual listed in Section I.

- ☐ Treatment Supervisor (circle): CCS-M, CCS-R, or DP-CCS
- ☐ Specifically Focused Staff (specify): _____
- ☐ Treatment Adjunct Staff (specify): _____
- ☐ Intern – Internship Completion Date: _____
- ☐ Substance Abuse Treatment Specialist (SATS), NPI# _____
- ☐ Substance Abuse Treatment Practitioner (SATP), NPI# _____
- ☐ Other (specify): _____

SECTION III: CREDENTIALS

Attach the following documents appropriate to the services provided by the individual listed in Section I.

Complete the sections below for all types of staff marked in Section II.

1. **Substance Abuse Treatment Specialist:** In order to qualify as a substance abuse treatment specialist an individual must meet the criteria detailed in **any one of** the following three categories **and** be supervised* by an individual with a CCS-M, CCS-R certification, or who has a registered development plan to obtain one of these certifications.

Please select the appropriate category below and provide the information requested below the item:

<input type="checkbox"/>	Possesses one of the following certifications from the Michigan Certification Board of Addiction Professionals or a Development Plan for achievement.	<input type="checkbox"/> CADC <input type="checkbox"/> CCDP <input type="checkbox"/> CADC-M <input type="checkbox"/> CCDP-D <input type="checkbox"/> CAADC <input type="checkbox"/> Dev. Plan <input type="checkbox"/> CCJP-R	MCBAP Certification Expiration Date: _____
<input type="checkbox"/>	Individual has a development plan with MCBAP and possesses one of the following licensures: MD/DO, PA, NP, RN, LPN, LP, LLP, TLLP, LPC, LLPC, LMFT, LLMFT, LMSW, LLMSW, LBSW, or LLBSW.	License #: _____	License Expiration Date: _____
<input type="checkbox"/>	Individual possesses one of the following alternative certifications. Please identify which certification:	<input type="checkbox"/> ASAM <input type="checkbox"/> APA <input type="checkbox"/> UMICAD	Certification Expiration Date: _____

2. **Substance Abuse Treatment Practitioner:** In order to qualify as a substance abuse treatment practitioner an individual must have a MCBAP development Plan in place **and** be supervised* by an individual with a CCS-M, CCS-R certification, or who has a registered development plan to obtain one of these certifications.

MCBAP Development Plan Expected Completion Date: _____

3.

Levels of Care to be provided:	Service Categories:
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Assessment
<input type="checkbox"/> Intensive Outpatient Program (IOP)	<input type="checkbox"/> Individual
<input type="checkbox"/> Detox	<input type="checkbox"/> Group
<input type="checkbox"/> Residential	<input type="checkbox"/> Didactic
<input type="checkbox"/> Methadone	<input type="checkbox"/> Case Management *
	<input type="checkbox"/> Peer Recovery Support **

* This employee has additional education, training, or experience qualifications for performing the duties of this position. *Please describe below (or attach an additional sheet):*

**** Peer Recovery Support.** Please attach an additional sheet to include responses to ALL of the following:

- Three (3) references of support;
- Current support system for PRS staff;
- Program's selection criteria for hiring PRS staff;
- How his/her recovery was verified and how recovery will be monitored;
- Date of his/her last treatment (if applicable);
- Specify types of services to be provided by PRS Associate or PRS Coach;
- Documentation of training received.

4. This employee has a degree in one of the following:

- ☐ Social Work (circle): Masters or Bachelor's
- ☐ Guidance & Counseling (circle): Masters or Bachelor's
- ☐ Clinical Psychology (circle): Masters or Bachelor's
- ☐ Physician
- ☐ Ph.D. Psychologist
- ☐ Other counseling related field (specify): _____
- ☐ Other (specify): _____

SECTION IV: AGENCY/SUPERVISION SIGNATURE

Supervision for SATS and SATP staff must be provided by an individual with a CCS-M, CCS-R certification, or who has a registered development plan to obtain one of these certifications

By completing the information and signing below, the agency and supervisor listed certify that the Clinical Application has been completed fully for the individual requiring credentialing by CMHOC.

Signature: _____
Print Name: _____
Title: _____

Date: _____

Criminal Background Checks

- Provider will require criminal background checks at a minimum of every two years for all persons (staff, management and non-management) providing services to or interacting with Individuals served by CMHSP or persons who have the authority to access or create CMHSP information.
 - Criminal background checks must be completed through the State of Michigan Licensing and Regulatory Affairs (LARA) Workforce Background Check system; Internet Criminal History Access Tool (ICHAT); or other service as approved by the LRE prior to starting work with Individuals.
 - Provider shall inform CMHSP if any board member has been convicted of a felony or misdemeanor related to patient abuse, health care, or any type of fraud, a controlled substance, or any obstruction of any investigation.

OIG Checks

- Providers shall ensure an initial examination of Federal and State databases of excluded parties and litigation checks (OIG) are conducted. Such examinations must take place at time of hire and monthly thereafter, for all Provider employees and persons joining Provider Board of Directors. If there is litigation initiated against a provider, you are to notify us immediately.
 - Please refer to your contract 2.4 Provider Panel Eligibility Requirements Subsection 2.4.1.5 for further information.
- We are expecting that all agency providers are compliant with trainings, criminal background checks, and OIG. We ask that you keep these in your files. Evidence of staff training, and compliance must be available for MDHHS, LRE, and/or CMHSP audits.
 - Again, if you have questions about which trainings you need to have to be compliant, please refer back to Attachment I on the CMH website.

2.4 Provider Panel Eligibility Requirements

2.4.1 Exclusion of Certain Individuals and Entities from Participation in Medicare and State Health Care Programs. To ensure compliance with the Social Security Act Sections 1128, 1128A, 1156, 42 CFR 438.6, 455.10 and 45 CFR Part 76, Provider must ensure the following:

2.4.1.1 Provider and its subcontractors, board members, and employees are not debarred, suspended, proposed for debarment, declared ineligible, or excluded from a federal or state health care program.

2.4.1.2 Provider and its subcontractors, board members, and employees have not been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal/State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

2.4.1.3 Provider and its subcontractors, board members, and employees are not indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated above (see subparagraph 2.4.1.2).

2.4.1.4 Provider and its subcontractors, board members, and employees have not within a three (3) year period preceding this Agreement had one or more public transactions (Federal, State or local) terminated for cause or default.

2.4.1.5 Provider shall ensure an initial examination of federal and state databases of excluded parties and litigation checks are conducted. Such examination must take place at the time of hire, and monthly thereafter, for all Provider employees and persons joining Provider Board of Directors.

2.4.1.6 Provider will notify CMHSP immediately when there is litigation initiated against Provider.

2.4.1.7 Provider shall immediately disclose to CMHSP any information regarding the ownership or control by a person convicted of a criminal offense described under Sections 1128(a)(b) and 1128(b)(1), (2), or (3) of the Social Security Act and if any staff member, member of the Board of Directors, manager, or person with an employment, consulting or other arrangement with Provider has been convicted of a criminal offense described under Section 1128A of the Social Security Act.

2.4.1.8 Provider agrees to immediately notify CMHSP of any threatened, proposed, or actual exclusion from any Federally-funded health care program of it or its staff.

An official website of the United States government. [Here's how you know >](#)

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Search the Exclusions Database ?

Do not use your browser's back button while navigating through the LEIE search. Instead, use the built-in navigation features as indicated below:

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Search For Multiple Individuals | Search For A Single Entity | Search For Multiple Entities

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(and/or) First Name

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Clear

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- [Quick Tips](#)
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- [Contact the Exclusions Program](#)
- [Frequently Asked Questions](#)
- [Special Advisory Bulletin and Other Guidance](#)

Contact information

If you have any comments, questions, or concerns about credentialing and compliance, please refer to your contract and/or feel free to reach out to us.

My contact information is:

Amber Cauchi

Phone Number: 616-393-5682

Email: acauchi@miottawa.org



SUBSTANCE USE DISORDER CLINICAL APPLICATION

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Service Site Name: _____

Service Site Address: _____

Service Site Phone Number: _____

SECTION I: PERSONNEL INFORMATION

Services cannot be provided and billed until CMHOC has credentialed the individual listed.

First and Last Name: _____

Position: _____

Date of Birth: _____

Sex: ☐ Male ☐ Female ☐ Unknown

Social Security Number: _____

Date of Hire: _____

Date of Criminal Background Check: _____

Date of Medicaid Sanction Check (Office of Inspector General - OIG): _____

National Provider Identifier (NPI): _____

SECTION II: TYPE OF STAFF

Check all that applies to the services provided by the individual listed in Section I.

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☐ Specifically Focused Staff (specify): _____

☐ Treatment Adjunct Staff (specify): _____

☐ Intern – Internship Completion Date: _____

☐ Substance Abuse Treatment Specialist (SATS), NPI# _____

☐ Substance Abuse Treatment Practitioner (SATP), NPI# _____

☐ Other (specify): _____

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<input type="checkbox"/>	Individual has a development plan with MCBAP and possesses one of the following licensures: MD/DO, PA, NP, RN, LPN, LP, LLP, TLLP, LPC, LLPC, LMFT, LLMFT, LMSW, LLMSW, LBSW, or LLBSW.	License #: _____	License Expiration Date: _____
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<input type="checkbox"/> Intensive Outpatient Program (IOP)	<input type="checkbox"/> Individual
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<input type="checkbox"/> Residential	<input type="checkbox"/> Didactic
<input type="checkbox"/> Methadone	<input type="checkbox"/> Case Management *
	<input type="checkbox"/> Peer Recovery Support **

* This employee has additional education, training, or experience qualifications for performing the duties of this position. *Please describe below (or attach an additional sheet):*

** Peer Recovery Support. Please attach an additional sheet to include responses to ALL of the following:

- Three (3) references of support;
- Current support system for PRS staff;
- Program's selection criteria for hiring PRS staff;
- How his/her recovery was verified and how recovery will be monitored;
- Date of his/her last treatment (if applicable);
- Specify types of services to be provided by PRS Associate or PRS Coach;
- Documentation of training received.

4. This employee has a degree in one of the following:

- ☐ Social Work (circle): Masters or Bachelor's
- ☐ Guidance & Counseling (circle): Masters or Bachelor's
- ☐ Clinical Psychology (circle): Masters or Bachelor's
- ☐ Physician
- ☐ Ph.D. Psychologist
- ☐ Other counseling related field (specify): _____
- ☐ Other (specify): _____

SECTION IV: AGENCY/SUPERVISION SIGNATURE

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Signature: _____

Date: _____

Print Name: _____

Title: _____

CLINICAL APPLICATION

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AGENCY NAME: _____

Provide the following **service site information** for the individual listed:

Service Site Name: _____

Service Site Address: _____

Service Site Phone Number: _____

SECTION I: PERSONNEL INFORMATION

Services cannot be provided and billed until CMHOC has credentialed the individual listed.

First and Last Name: _____

Date of Birth: _____

Sex: ☐ Male ☐ Female ☐ Unknown

Social Security Number: _____

Date of Hire: _____

Date of Criminal Background Check: _____

Date of Medicaid Sanction Check (Office of Inspector General - OIG): _____

National Provider Identifier (NPI): _____

SECTION II: TYPE OF STAFF

Check all that apply to the services provided by the individual listed in Section I.

- | | |
|--|---|
| <input type="checkbox"/> Autism (please specify) _____ | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Case Management/Supports Coordination | <input type="checkbox"/> Speech/Language Pathology |
| <input type="checkbox"/> Psychology/Behavior Support | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Other (please specify) _____ |

SECTION III: CREDENTIALS

Attach the following documents appropriate to the services provided by the individual listed in Section I.

- | | |
|--|--|
| <input type="checkbox"/> Professional License | <input type="checkbox"/> Highest Educational Degree |
| <input type="checkbox"/> Professional Certificate | <input type="checkbox"/> DEA (Medical Professional only) |
| <input type="checkbox"/> Professional Registration | <input type="checkbox"/> Malpractice Insurance (if required by contract) |
| <input type="checkbox"/> Practitioner Specialty (*mark all that apply on page 2) _____ | |

SECTION IV: AGENCY/SUPERVISION SIGNATURE

By completing the information and signing below, the agency and supervisor listed certify that the Clinical Application has been completed fully for the individual requiring credentialing by CMHOC.

Signature: _____ Date: _____
 Print Name: _____
 Title: _____

*Specialty Description		
ACCULTURATION ISSUES	DISABILITY ASSESSMENT	PA & APN, APN COMMUNITY HEALTH
ADDICTIONS, NON-CHEMICAL	DISABILITY TREATMENT	PA & APN, APN GERONTOLOGY
ADJUSTMENT DISORDERS	DISSOCIATIVE IDENTITY DISORDERS	PANIC/PHOBIA
ADOLESCENT BEHAVIOR DISORDERS	DRUGFREE WKPLACE/FED RQMT TRAINING/CONSULT	PARAPHILIC DISORDER
ADOLESCENT THERAPY	DUAL DIAGNOSIS	PARTIAL CO-OCCURRING
ADOPTION	DUAL DIAGNOSIS/DEVELOPMENTAL DISABILITIES (FHP)	PERINATAL MENTAL HEALTH
ADULT THERAPY	EATING DISORDERS	PERSONALITY DISORDERS
AFFECTIVE DISORDERS	ELECTROCONVULSIVE THERAPY (ECT)	PHYSICAL ABUSE
ALCOHOL/CHEMICAL DEPENDENCY	ELECTROCONVULSIVE THERAPY INPATIENT	PHYSICAL ABUSE PERPRETRATOR
ALZHEIMER/GEROPSYC/NRSG HOME CONSULT	ELECTROCONVULSIVE THERAPY OUTPATIENT	PHYSICAL ABUSE VICTIM
ANESTHESIOLOGY-MRLD	ELIGIBLE FOR MEDICARE REFERRALS	PHYSICALLY DISABLED
ANGER MANAGEMENT	ELIMINATION DISORDERS	PHYSICIAN ASSISTANTS ADVANCED NURSE
ANXIETY DISORDERS	EMPLOYEE ASSISTANCE COUNSELING	PHYSICIAN PSYCH & NEUROMUSCULAR
APPLIED BEHAVIOR ANALYST	EMPLOYEE ORIENTATIONS	PHYSICIAN SERV-MRLD
ASAM-CERTIFIED ADDICTIONOLOGIST	ETHNIC/CULTURAL ISSUES	PLAY THERAPY
ATTENTION DEFICIT HYPERACTIVITY DISORDER	EXPERT TESTIMONY	POST TRAUMATIC STRESS DISORDER
AUTISTIC DISORDER/ASPERGERS SYNDROME	EYE MOVEMENT DESENSITIZATION AND REPROCESSING EMDR	PRACTIONER WOMEN'S HEALTH
BEHAV MANAGEMENT/ALT THERAPY CHILD (FHP)	FAITH BASED THERAPY	PSYCH NEURLOGY - PSYCHOMATIC MED
BEHAVIOR MODIFICATION	FAMILY THERAPY	PSYCH NURSES LICENSED TO PRESCRIBE MEDS
BEHAVIOR MODIFICATION THERAPY	FAMILY VIOLENCE	PSYCH TESTING INDEPENDENT PRACTICE - ALL AGES
BIOFEEDBACK	FITNESS FOR DUTY ASSESSMENT	PSYCHIATRIC EVALUATIONS
BIPOLAR DISORDER	FITNESS FOR DUTY EVALUATION	PSYCHOANALYSIS
BODY DYSMORPHIC DISORDER	FORENSICS	PSYCHOLOGICAL TESTING
BORDERLINE PERSONALITY TRAITS	FORENSICS/CRIMINAL JUSTICE	PSYCHOPHARMACOLOGY
BRIEF THERAPY	GAMBLING	PSYCHOSOMATIC MEDICINE
CASE MANAGEMENT INDEPENDENT PRAC - ALL AGES	GANG CULTS	PSYCHOTIC DISORDERS
CHEMICAL DEPENDENCY ASSESSMENT & REFERRAL	GAY/LESBIAN/BISEXUAL/TRANSGENDER/SEXUAL	REACTIVE ATTACHMENT DISORDER
CHILD PROTECTION/FOSTER CARE (FHP)	GERIATRIC THERAPY	RELAPSE/RECIDIVISM IN SUBSTANCE ABUSE
CHILD THERAPY	GEROPSYCHIATRY/ALZHEIMERS	RETURN TO WORK CONFERENCE
CHILD THERAPY <= 5 YEARS	GRIEF/BEREAVEMENT	SCHIZOPHRENIA
CHILDHOOD BEHAVIORAL DISTRUBANCES	GROUP THERAPY	SCHOOL RELATED PROBLEMS
CHRISTIAN THERAPY	GROUP THERAPY ADULT	SEPARATION AND LOSS (FHP)
CHRONIC PAIN	GROUP THERAPY CHEMICAL DEPENDENCY/SUBSTANCE ABUSE	SEVERE AND PERSISTENT MENTAL ILLNESS
CHRONIC/TERMINAL ILLNESS	GROUP THERAPY CHILD	SEXUAL ABUSE
CLINICAL NURSE SPECIALIST ACUTE	GROUP THERAPY EATING DISORDERS	SEXUAL DYSFUNCTION
CLINICAL NURSE SPECIALIST ANESTHETISTS	GROUP THERAPY GERIATRIC	SEXUAL OFFENDER TREATMENT
CLINICAL NURSE SPECIALIST EMERGENCY	GROUP THERAPY PANIC/PHOBIA	SLEEP DISORDERS
CLINICAL NURSE SPECIALIST GERIATRIC	GROUP TIME LIMITED	SOCIAL DETOX SA TX ADOLESCENT
CLINICAL NURSE SPECIALIST GERONTOLOGY	HEAD TRAUMA	SOCOM/TELEPHONIC
CLINICAL NURSE SPECIALIST HOLISTIC	HEARING IMPAIRED	SOLUTION FOCUSED THERAPY
CLINICAL NURSE SPECIALIST HOME HEALTH	HINDU THERAPY	SOMATIC/CONVERSION/FACTITIOUS DISORDERS
CLINICAL NURSE SPECIALIST INFORMATICS	HIV/AIDS	STEP/BLENDED FAMILIES
CLINICAL NURSE SPECIALIST LONG TERM CARE	HOARDING DISORDER	STRESS MANAGEMENT
CLINICAL NURSE SPECIALIST MED/SURG	HOME HEALTH AGENCY SERVICES - ALL AGES	SUBOXONE THERAPY
CLINICAL NURSE SPECIALIST NEONATAL	HUMAN TRAFFICKING	TBI BEHAVIORAL MANAGEMENT
CLINICAL NURSE SPECIALIST OCCUPATIONAL HEALTH	HYPNOTHERAPY	TBI COGNITIVE THERAPY
CLINICAL NURSE SPECIALIST ONCOLOGY	IMPULSE CONTROL DISORDER	TELEHEALTH SERVICES
CLINICAL NURSE SPECIALIST PEDIATRICS	INCEST SURVIVORS	TELEPHONIC COUNSELING
CLINICAL NURSE SPECIALIST PERINATAL	INDEPENDENT EVALUATOR	TELEPHONIC/ONLINE COUNSELING
CLINICAL NURSE SPECIALIST PERIOPERATIVE	JEWISH THERAPY	TOPICAL SEMINAR/BROWN BAG PRESENTATION
CLINICAL NURSE SPECIALIST REHABILITATION	MAJOR DEPRESSIVE DISORDER	TRANSCRANIAL MAGNETIC STIMULATION
CLINICAL NURSE SPECIALIST TRANSPLANTATION	MARITAL/SEPARATION/DIVORCE	TRANSGENDER
COGNITIVE BEHAVIORAL THERAPY	MARYLAND/MISSOURI EAP	TRAUMA RESPONSE CONSULTATION
COGNITIVE THERAPY	MEDICATION MANAGEMENT	TRAUMA THERAPY
COMMUNICATION DISORDERS	MENS ISSUES	TRAUMATIC BRAIN INJURY
COMPULSIVE GAMBLING	MENTAL HEALTH	TREATMENT OF CORRECTIONS/LAW ENFORCEMENT OFFICIAL
CONDUCT DISORDERS	MENTAL HEALTH ISSUES	TREATMENT OF SEXUAL PERPETRATORS
CO-OCCURRING DISORDERS	MENTAL RETARDATION ISSUES	TRICHOTILLOMANIA
COURT ORDERED EVALUATIONS	MILITARY LIFESTYLE ISSUES	VICTIMS OF DOMESTIC VIOLENCE & CRIMES (FHP)
CRISIS/TRAUMA	MOS CHILD/FAMILY APPROVED	VIDEO COUNSELING
CRITICAL INCIDENT STRESS DEBRIEFING	MOTOR DISORDER/TIC DISORDER	VIOLENCE IN THE WORKPLACE PREVENTION CONSULT
CRITICAL INCIDENT STRESS MANAGEMENT	MUSLIM THERAPY	WOMENS ISSUES
DEPARTMENT OF TRANSPORTATION	NEUROPSYCHOLOGICAL TESTING	WORKER'S COMPENSATION EVALUATIONS
DEPRESSIVE DISORDERS	NEUROPSYCHOLOGY	WORKERS COMPENSATION EVALUATIONS
DEVELOPMENTAL DISORDERS	OBSESSIVE COMPULSIVE DISORDERS	WORKPLACE ISSUES
DIAGNOSTIC ASSESSMENT LEVEL OF ASSESSMENT	ORGANIZATIONAL CHANGE MANAGEMENT/ORG DEVELOPMENT	WORKPLACE PRESENTATIONS (DFWP/EAP/STRESS)
DIALECTICAL BEHAVIORAL THERAPY	OUTPATIENT INDEPENDENT PRACTICE - ALL AGES	WORKSITE CD INTERVENTION

CHAPTER: 9	SECTION: 19	SUBJECT: HUMAN RESOURCES – PROVIDER NETWORK
TITLE: PROVIDER DISPUTE RESOLUTION		
EFFECTIVE DATE: May 1, 2017		REVISED DATE: 4/25/2018, 3/3/2020
ISSUED AND APPROVED BY:		
LYNNE DOYLE, EXECUTIVE DIRECTOR		

I. PURPOSE:

To outline a process by which providers contracted with Community Mental Health of Ottawa County (CMHOC) can request dispute resolution for decisions of non-service related issues, including:

- A. Denial or suspension of provider panel status with cause.
- B. Request for Proposal (RFP) awards/denials.
- C. Claims payments and authorizations.
- D. Reduction, suspension or adjustments of payments to providers.
- E. Results from provider monitoring activities and/or results reported on the Provider Summary Report.
- F. A sanction or decision to place provider on provisional status.
- G. Credentialing or re-credentialing decisions.
- H. Other non-services issues.

In accordance with MCL 330.1784, this policy does not apply to recipient rights complaints.

II. APPLICATION:

All Community Mental Health of Ottawa County (CMHOC) providers and contract providers as specified by contract.

III. DEFINITIONS:

Dispute Resolution: The process for resolving differences between two or more parties or groups.

Grievance: An official statement of a complaint over something believed to be wrong or unfair.

Appeal: A formal process which is established so that providers may request reconsideration of an action or decision that has been made by CMHOC.

Adverse Notification: A notice, by any means, that documents a denial of authorization or claim; a reduction, suspension or adjustment to a claim; or the denial of participation as a panel provider.

IV. POLICY:

It is the policy of CMHOC to monitor contracted services to assure that a continuum of quality supports/services are provided by members of the Provider Network. When contract disputes occur between parties, this policy will allow for CMHOC and providers to collaboratively resolve disputes that may arise from the contractual relationship and cannot be resolved within the normal roles between the agency and CMHOC. Providers contracted with CMHOC can submit complaints and request reconsideration (appeal) of decisions rendered by CMHOC through the Provider Dispute Resolution Process.

V. PROCEDURE:

- A. Providers shall be notified of their right to request dispute resolution via the RFP decision; sanction notice; notice of change to claims payment and authorizations; notice of reductions, suspension, or adjustments of payments; and in the contractual agreements with CMHOC.
- B. Providers are encouraged to resolve problems and disagreements with the appropriate CMHOC staff person prior to making a formal request for dispute resolution.
- C. When a dispute cannot be resolved informally, the provider has the option of filing a formal written request for dispute resolution. Written request for dispute resolution can be made to CMHOC Contract Manager and submitted to CMHContractServices@miottawa.org. CMHOC reserves the right to use on-site claims, utilization, provider monitoring reviews and interviews with involved parties to make decisions.
- D. CMHOC Contact Manager, in conjunction with the Compliance Committee, shall notify the provider in writing of a decision regarding a grievance within 30 calendar days of receipt of the request and offer an option for appeal.
- E. If the provider disagrees with the final CMHOC dispute resolution decision, they may initiate an appeal in writing within 30 calendar days after receiving adverse notification from CMHOC. Written request for an appeal can be made to CMHOC Compliance Office.
 - 1. First Level Appeal
The appeal is reviewed by the CMHOC department overseeing the area the appeal addresses. A written decision will be issued within 30 calendar days to the provider by the department making the decision.
 - 2. Second Level Appeal
If the provider is dissatisfied with the decision of the Level 1 Appeal, they may file in writing for a Level 2 Appeal within 20 calendar days to the Executive Director. A written decision will be issued by the Executive Director to the provider within 30 calendar days.

3. Third Level Appeal

If the provider is dissatisfied with the decision of the Level 2 Appeal, they may file in writing for a Level 3 Appeal within 20 calendar days to the CMHOC governing board, whose decision will be considered final. A written decision will be issued by the governing board to the provider within 30 calendar days.

- F. If the provider fails to submit a timely request for appeal of the dispute resolution decision, the provider will be deemed to have accepted CMHOC's determination and will have waived all further internal or external processes regarding the issues.

VI. ATTACHMENT:

- A. Provider Dispute Resolution Operational Guideline
- B. Contract Dispute Resolution Request Form
- C. Contract Dispute Decision Form
- D. Contract Dispute Appeal Forms
 - a. 1st Level Appeal
 - b. 2nd Level Appeal
 - c. 3rd Level Appeal
- E. Contract Dispute Appeal Decision Forms
 - a. 1st Level Appeal Decision
 - b. 2nd Level Appeal Decision
 - c. 3rd Level Appeal Decision

VI. REFERENCE:

- A. Lakeshore Regional Entity Network Provider Appeals and Grievances (Policy 4.7)
- B. Mental Health Code (MCL 330.1784)
- C. Dispute Resolution Contractual Language (3.9)



CONTRACT DISPUTE RESOLUTION REQUEST FORM

To be completed by agency filing dispute resolution.

Date: _____

Agency: _____

Contract issue under dispute is primarily (check which best apply):

- ☐ Claims/Reimbursement Dispute ☐ Rate Dispute
☐ Contract/Quality Dispute ☐ Other:

Describe issue under dispute (attach additional documents as needed):

- ☐ Supporting documentation attached

Describe actions taken so far to resolve dispute (attach additional documents as needed):

- ☐ Supporting documentation attached

Sign and submit to CMHOC Contract Manager:

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____



CONTRACT DISPUTE APPEAL FORM

1st Level Appeal

To be completed by agency filing dispute resolution appeal.

Date: _____

Agency: _____

Attach copies of the following documents:

- ☐ Contract Dispute Resolution Request form
- ☐ Contract Dispute Decision form

Describe reason(s) why agency disagrees with CMHOC position:

- ☐ Supporting documentation attached

Sign and submit appeal to CMHOC Compliance Office:

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____



CONTRACT DISPUTE APPEAL FORM **2nd Level Appeal**

To be completed by agency filing dispute resolution appeal.

Date: _____

Agency: _____

Attach copies of the following documents:

- ☐ Contract Dispute Resolution Request form
- ☐ Contract Dispute Decision form
- ☐ Contract Dispute Appeal – 1st Level form
- ☐ Contract Dispute Appeal Decision – 1st Level form

Describe reason(s) why agency disagrees with CMHOC 1st Level Appeal:

- ☐ Supporting documentation attached

Sign and submit appeal to CMHOC Compliance Office:

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____



CONTRACT DISPUTE APPEAL FORM **3rd Level Appeal**

To be completed by agency filing dispute resolution appeal.

Date: _____

Agency: _____

Attach copies of the following documents:

- ☐ Contract Dispute Resolution Request form
- ☐ Contract Dispute Decision form
- ☐ Contract Dispute Appeal – 1st Level form
- ☐ Contract Dispute Appeal Decision – 1st Level form
- ☐ Contract Dispute Appeal – 2nd Level form
- ☐ Contract Dispute Appeal Decision – 2nd Level form

Describe reason(s) why agency disagrees with CMHOC 2nd Level Appeal:

- ☐ Supporting documentation attached

Sign and submit appeal to CMHOC Compliance Office:

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____