

Provider Network Meeting

9/10/2025



Housekeeping

- Recording in progress
- Webinar Style Meeting
 - We cannot see/hear you
- Use the chat function if you have a question
 - You can message the host/panelist or the whole group
- PowerPoint Presentation will be sent out along with a link to the recording and any reference materials



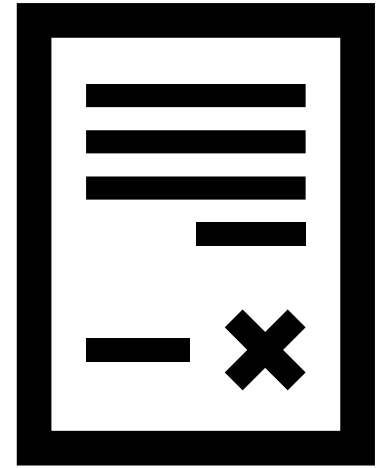
Agenda

- Contract Updates/FY26 Rates
- Medicaid Coverage
- Provider Risk Assessment
- Recipient Rights Updates
- Compliance Updates and Audit Response
- Clinical Updates – Assessment team
- Claims Reminders and Updates
- PIHP Restructure



Contract Updates

- Revised Training Grid from Southwest Michigan Behavioral Health
- CHAMPS Enrollment
- Financial Audit Requirement
- Provider Risk Assessment
- Updated language on Home and Community Based Service Requirements
- Rate Hold – SWMBH Memo issued July 17, 2026
- Contract Review – please ensure census is correct
- Contract Signature – lack of signature will prevent claims from being fully submitted
- Standardization of PC/CLS split



Annual Paperwork/Insurance Reminders

- All Annual Paperwork is now due (W-9, Conflict of Interest, Deficit Reduction Acknowledgment, Ownership Disclosure)
- Make sure you are completing ALL sections of each form
- Sign and Date all forms
- Double check that all pages are included
- Insurance: Summit Pointe Additional Insured
 - Certificate of insurance must specify additional insured (see examples)
 - Certificate Holder does NOT mean additional insured



Vehicle Information

Vehicle Identification Number
Vehicle Rated Address
Assigned Driver
Titleholder
Lienholder
Additional Interest

Vehicle Usage
Vehicle Lease/ Purchase Date
AAADrive™
Additional Discounts

Vehicle: [REDACTED]

Vehicle: [REDACTED]

N/A
SUMMIT POINTE, 175 College St Battle Creek, MI
49037-3432

Pleasure use, greater than 10,000 miles per year
-
No
Vehicle Safety Anti-Theft Device

Pleasure use, less than 10,000 miles per year
-
No
Vehicle Safety Anti-Theft Device

Coverage

Coverage Offered	Limits of Liability	Premium	Limits of Liability	Premium
Bodily Injury Liability	\$250,000 each person/ \$500,000 each accident	\$110.04	\$250,000 each person/ \$500,000 each accident	\$131.40
Property Damage Liability	\$100,000 each accident	\$2.59	\$100,000 each accident	\$3.33
MI Limited Property Damage Liability	\$3,000 each accident	\$3.11	\$3,000 each accident	\$4.00
Property Protection	Included	\$6.01	Included	\$7.74
Personal Injury Protection	Allowable Expense Limit: Unlimited	\$139.30	Allowable Expense Limit: Unlimited	\$128.08



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/29/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

123 Insurance Group
Battle Creek, MI

CONTACT NAME: [REDACTED]	
PHONE (A/C, No, Ext): [REDACTED]	FAX (A/C, No): [REDACTED]
E-MAIL ADDRESS: [REDACTED]	
INSURER(S) AFFORDING COVERAGE	
INSURER A: [REDACTED]	NAIC #: [REDACTED]
INSURER B: [REDACTED]	[REDACTED]
INSURER C: [REDACTED]	[REDACTED]
INSURER D: [REDACTED]	
INSURER E: [REDACTED]	
INSURER F: [REDACTED]	

INSURED
Specialized Residential Home
Battle Creek, MI

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR TR	TYPE OF INSURANCE	ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			12345678	05/23/2025	05/23/2026	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Professional Liability						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
	OTHER:						PRODUCTS - COM/PO/ AGG \$ 3,000,000
							Professional \$ 1,000,000/3,000,000
B	AUTOMOBILE LIABILITY			87654321	11/13/2024	11/13/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			246810	11/14/2024	11/14/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> BOTH-ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Summit Pointe is Additional Insured with respects to the liability and auto policy

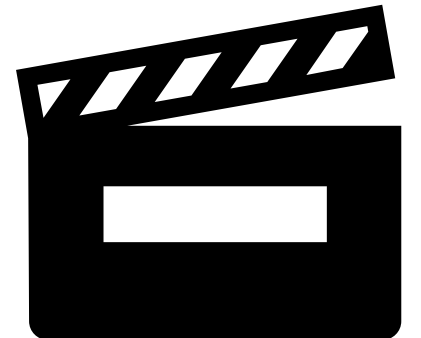
Medicaid Coverage Reminders




- Medicaid is the Payor of Last Resort
- Medicaid coverage should be verified each month to ensure that benefits are being coordinated (primary insurance billed first) as required and that there is coverage available
 - Medicaid coverage can be verified in SPOT or in CHAMPS
- Medicaid coverage must be present for Specialized Residential
 - Specialized Residential services will be terminated if there is no coverage
 - 60 days notice provided to reinstate benefits
 - There are General Fund payment appeal options due to the lack of Medicaid
 - These appeal rights are different (local only) – see policy for details

Actions to take when Medicaid is not active

- Evaluate if services should continue
 - Provider is at risk of not being paid due to lack of coverage
- Notify individual/guardian (if applicable)/case holder/#Mediciad
- Specialized Residential
 - Consider issuing a 30-day notice
 - Include language that if Medicaid is reinstated, notice no longer valid
 - Provider is at risk for non-payment for services after authorizations expire
 - Individual can stay in the home as a General Adult Foster Care Placement




Provider Risk Assessment

- Now project that is a collaboration of internal Summit Pointe departments. Collecting results from audits, meetings, and interactions with providers to create a comprehensive Risk Score.
 - Providers maybe be requested to take a quick four question self assessment.
 - Scores will be sent to Providers once Risk score is developed, additional information maybe requested from provider depending on the evaluated risk.
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Provider Risk Assessment

Contracted Service Provider Risk Assessment														
		Dimension	Compliance Team	Provider Network	Recipient Rights Officer and Investigator	Finance Director/ Claims Staff	Director of Autism Services	Clinical Directors	Customer Service	Overall Score	Excellent	Good	Fair	Poor
Criticality	Low/Moderate	Administrative Effectiveness									Point Value = 4	Point Value = 3	Point Value = 2	Point Value = 1
		Performance Indicators									Point Value = 4	Point Value = 3	Point Value = 2	Point Value = 1
		Formal Site Reviews									Point Value = 4	Point Value = 3	Point Value = 2	Point Value = 1
		Substantiated Consumer Grievances									Point Value = 5	Point Value = 4	Point Value = 3	Point Value = 2
		Behavior Treatment Plan Implementation									Point Value = 5	Point Value = 4	Point Value = 3	Point Value = 2
	High	Substantiated Recipient Rights Violations									Point Value = 7	Point Value = 6	Point Value = 5	Point Value = 3
		Adverse Clinical Events/ Corporate Compliance Findings									Point Value = 7	Point Value = 6	Point Value = 5	Point Value = 3
		Medicaid Verification Audits									Point Value = 7	Point Value = 6	Point Value = 5	Point Value = 3
		Maximum Points(for calculation of percentages - i.e., 100%)		0	0	0	0	0	0	0	0			
Note: If you have scored a provider below the excellent category please explain rational below:														


Recipient Rights Updates

- Site Visits- Are done for the year, except Autism Centers
 - Training- If you want your staff certs sent to you, the employer, please contact Kent and add yourself the hr training list
 - 2025 Training Logs will be due back to us by back Oct 31st. This is only for your new hires. We will send out the 2026 Log on October 1st. If you need the 2025 Log, please contact us ASAP.
 - We are still working on an automated Test for RR, bare with us :)
 - [#Recipientrights@summitpointe.org](mailto:Recipientrights@summitpointe.org) will reach both Jaimie & I.
 - Please send IRs to [#qualityimprovementteam@summitpointe.org](mailto:qualityimprovementteam@summitpointe.org).
 - ????
- 

Compliance Updates



Summit Pointe Quarter 3 Medicaid Supports Verification Audit Results

- 91.07% Preliminary results
 - 4 claims had no supporting documentation in SPOT.
 - 14 claims has supporting documentation that did not correspond to the person's IPOS (goals and objectives were not charted/noted in progress note)
 - 2 claims had supporting documentation that was not signed correctly.
 - Zero Recoupments
- 
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What to expect in Fiscal Year 2026

- Medicaid Supports Verification Quarterly Audit
 - Starts early Feb 2026, reviewing Qtr 1 claims and documentation
- CWP-SED-HAB Staff Aide Qualifications audit
 - Starts November 2025
- Fiscal Management Services Medicaid Supports Verification Audit
 - Starts early Feb 2026, reviewing Qtr 1 claims and documentation



Responding to Audits in SPOT

Index	
1. General Info	
2. Summary	
3. External Provider Documentation	
4. Claim	
5. Signatures	

1. Provider Response: General Info	
Provider 554 Davis Better Care, LLC	
Audit Type FY25 Qtr 3 MSV: External Provider Documentation and Claim PRELIMINARY	Audit ID 3663
Response Date <input type="text" value="9/8/2025"/> 	
Response Staff <input type="button" value="lookup"/> <input type="button" value="clear"/>	
<input type="text" value="828"/> <input type="text" value="Cherlynn King"/>	
Record Added CKING2 09/08/2025 02:03:52 PM	Record Changed CKING2 09/08/2025 02:03:52 PM
<input type="button" value="Save and Continue to Summary"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Summary

Index
1. General Info
2. Summary
3. External Provider Documentation
4. Claim
5. Signatures

2. Provider Response: Summary

Summary

Findings: The service documentation uploaded does not meet signature requirements

Recommendations: Review document signature expectations

Summary: In conducting this review, the intention is to do so accurately. If there are findings you disagree with, if you have questions related to this review, or documentation you would like to submit, please do so in SPOT under Provider's Response to Audit by September 12, 2025, as this is the day scheduled for all providers to receive a copy of the final report unless requested otherwise. We will work together to make any necessary adjustments or resolve any issues that are found in a timely manner.

✓ Spell Check

Record Added

CKING2 09/08/2025 02:03:52 PM

Record Changed

CKING2 09/08/2025 02:03:52 PM

Provider Response

- Per instructions: **“Note about Combined Audits:** Combined audits have section and question responses. If you respond at the section level, your response applies to every question in the section, and, no other response within the section is required.
- Responding at the question level applies to every audit's answer that shares the same question - and no other response is required for any audits with this particular question.



Moving forward.....

Index

- [1. General Info](#)
- [2. Summary](#)
- 3. External Provider Documentation**
- [4. Claim](#)
- [5. Signatures](#)


3. Provider Response: External Provider Documentation

External Provider Documentation Respond to the whole section

[Hide Section Response](#)


[History](#)

Provider Response (Section)

characters left: 30000 

Is there documentation on file to support that the service was provided to the consumer? All services must have supporting documentation.

Reference Information

Yes=2
No=0
Partial=1
Partial credit if claim is for multiple dates and there are 

[Show Question Response](#)

3630 FY25 Qtr 3 MSV: External Provider Documentation and Claim

☒ Yes ☐ Partial ☐ No

[Hide Comments](#)

Same response opportunity for each section

Index

1. [General Info](#)
2. [Summary](#)
3. [External Provider Documentation](#)
4. **Claim**
5. [Signatures](#)

4. Provider Response: Claim

Claim Respond to the whole section

[Show Section Response](#)

The appropriate amount is paid (contracted rate or less) for Medicaid only claims? (do not answer this question if question G was answered above).

All systems are set up to utilize contracted rates. External provider rates are set by the CMH/Provider EXCEPT for inpatient (regional rates) & autism (state rates). Always check that the appropriate inpatient or autism (by code and provider level) rates are being used.

Reference Information

Yes=2

No=0

No partial credit

Not scored if Medicaid was secondary payor.

[Show Question Response](#)

Ability to attach documents.....


Audit ID	Audit Type	Provider	Start Date	End Date	Status	Customer / Staff	Score	Percent										
3663	FY25 Qtr 3 MSV: External Provider Documentation and Claim PRELIMINARY	Davis Better Care, LLC	08/18/2025	08/18/2025	SIGNED BY: Cherlynn King		12.00 / 14.00	85.71	View									
<div>1 Provider Response</div> <table><tr><th>Date</th><th>Status</th><th></th></tr><tr><td>09/08/2025</td><td>Waiting for provider signature</td><td>Change View Delete Print</td></tr><tr><td colspan="2">0 Attachments</td><td></td></tr></table>										Date	Status		09/08/2025	Waiting for provider signature	Change View Delete Print	0 Attachments		
Date	Status																	
09/08/2025	Waiting for provider signature	Change View Delete Print																
0 Attachments																		

Restructure of Intensive Community Services

- **Case Management**

- Plan Monitoring
- Periodic Reviews
- IPOS addendums to modify existing eligible services and goals
- Linking of Care
- Care Coordination

- **Intensive Community Assessment**

- Completes Annual Assessments
 - Reviews internal referrals for intensive community-based teams
 - Facilitates the development of the annual IPOS and new service eligibility IPOS revisions (exception for ACT and HSW)
- 
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Assessment Team

Initial/Full Assessments (gate keeping)
Annual Assessments
Updated Assessments
PCP Pre Planning
PCP Meeting Facilitation
IPOS annual and addendums for new service writing
IPOS in servicing
IPOS delivery
Guardianship – IDD (petitions, IQ testing process, Assessment and testifying)
Care Coordination
Provision of 1 IPOS writing
BTC restriction IPOS writing
Interim Bx Plan writing
Provision of 1/DHS approval management
Ispsa document
SPOT scheduling
LOC Tools
Hospital DC Planning and Coordination of Aftercare
Spec Res Referral Management
CLS/SIL Referral Management
Transfers/Discharges
Brokering Services
Crisis Consultation

Case Management Teams

Monthly/Quarterly Contacts
Periodic Reviews
Referral Coordination
Medicaid Management
Spend down Management
Guardianships – MI
AOT petitions and monitoring
AOT paperwork
Spec Res Home Monitoring
General AFC Home Monitoring
SIL Monitoring
Med Review Attendance
General AFC placement Paperwork
BTC Template Management
Meds Only Bx Plan writing
Step Out Management
Service utilization monitoring
SPOT Scheduling
First line/liaison for guardian, provider, customer on any concerns
Guardianship modification (IDD/MI – when IDD modification does not require IQ Testing, Assessment and testifying)
Continued Stay Review management
IPOS Addendum's for service authorization (example: if a service is already recommended and the auths have run out)
IPOS Addendum for any service already identified in Assessment, but not yet written IPOS
Crisis Back up/PreScreen completion (with consultation from Ax team staff)

Assessment Team

- Denisha Reed – Director
- Dalelesha Ashford – Clinician
- Theodore (Max) Smith - Clinician



Case Management Teams

CM IDD

Braeden Paine – CSM
Emily Bartzen – CSM
Haleigh Hardy – HSW CSM
Jenna Frampton – CSM
Kristy Barda – CSM
Maria Granado – CSM
Robert Bruinsma – HSW CSM
Latomia Boyd – HCA
Elizabeth Wygant - Director

CM MI


Caron Camburn – CSM
Darryck Bradley – CSM
Jessica Smeltzley – CSM
Julia (Rosa) Brown – CSM
TiShauna Campbell – CSM
Bryan Slann – HCA
Eric McLane – HCA
Denisha Reed - Director

SBH

Jasmine Marion – CSM
Jennifer Rochette – CSM
Dana Quin – OBRA Coordinator
Linda Norwood – HCA
Elizabeth Wygant - Director



Provider Claims Updates and Reminders

- Please use the providerclaims@summitpointe.org email for Claims related requests
 - There is no longer an “early pay” process. Claims can be entered at the provider discretion and will be paid within 30 days of the clean claim entry date.
 - New provider appeal module is working well; we are seeing quicker turn around times on appeals and have successfully processed 43 claims through the module at this point.
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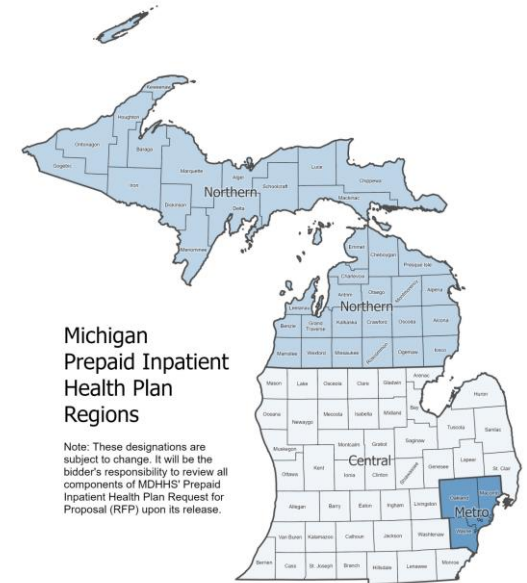
Claims and Contract Signatures

- Summit Pointe has implemented new logic in SPOT for FY 26
- We make note when contract is signed or not within the system
- Lack of contract signature will result in an **error** upon claims submission
- Providers Can still enter claims; however they will not be able to be fully adjudicated until the contract is fully executed



Prepaid Inpatient Health Plan (PIHP) Restructure

- Bid for new PIHP system is currently in process
- New proposed system will reduce 10 PIHPs to 3
- Existing PIHPs cannot bid
- Very aggressive timeline
 - Planned implementation is October 1, 2026
- Managed Care Functions will no longer be delegated to local CMH
 - Includes credentialing, contracting, audits, utilization management and customer service



Additional Questions

