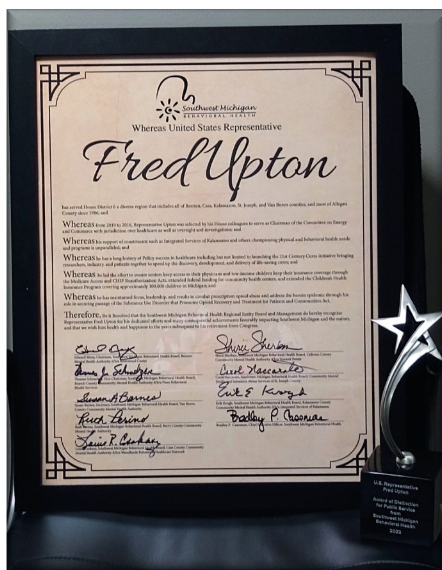
Southwest Michigan
BEHAVIORAL HEALTH

Provider Insider

OCTOBER 2022, VOLUME 12

SWMBH Welcomes and Honors Representative Fred Upton

At its 7th Annual Health Policy Forum held October 7, 2022, SWMBH Board and Management presented Representative Fred Upton with a Proclamation and Award honoring his decades of public service and Policy leadership in health, behavioral health, and other issues. Representative Upton is retiring for the US Congress at the end of the session in 2022.



Southwest Michigan
BEHAVIORAL HEALTH
Whereas United States Representative
Fred Upton

Representative Upton made poignant and moving remarks to a rapt audience and greeted well-wishers afterwards.

Get Involved!

Governor Whitmer makes appointments to hundreds of Boards and Commissions representing Public Policy efforts across a broad spectrum. Please see this URL Link https://www.michigan.gov/whitmer/appointments/oma for a list of the Boards and commissions she makes appointments to. Each has a further link to an explanation of the purpose and objectives of each Board or Commission. This URL link will take you to the Application for all Groups https://somgovweb.state.mi.us/GovernorsBoard/Instructions.aspx

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Call Center Corner

Beth Guisinger, Manager of Utilization Management & Call Center

The Call Center at Southwest Michigan Behavioral Health has a new manager! Leah Mitchell is the new Manager of Utilization Management and Call Center at SWMBH and began on October 3rd in this role. She is already off to a busy start with the new State Fiscal Year '23 beginning last week. Beth Guisinger is now the Director of Utilization Management and continues to work closely with the internal SWMBH UM team and Call Center.

SWMBH, like all many of our contracted providers, has gone through multiple staff changes in the past year. With new hires here, there, and everywhere; there is going to be a transition phase on both sides. Due to a lack of knowledge through no fault of anyone, please feel free to contact Beth with any questions and/or concerns that require guidance to complete your authorizations correctly, need assistance with member care coordination, or simply feel there is something we could improve. Feedback is always welcomed and may be sent to me at beth.guisinger@swmbh.org. We work better when we work together.

If you need to speak with a SWMBH staff regarding authorizations, please contact us at **800-676-0423, *press 1 for Providers*, and then *2 for All Other Authorization Requests*.**

Level of Care and Medical Necessity Criteria

Southwest Michigan Behavioral Health (SWMBH) is committed to ensuring each member receives the services best designed to meet their individual needs as identified through the Level II Assessment process. Any member requesting treatment services are screened for the most appropriate level of care based on their initial presented needs. Level of care placement tools currently used are the LOCUS (Level of Care Utilization System) for Behavioral Health, the ASAM-PPC (American Society for Addiction Medicine – Patient Placement Criteria) for Substance Use Disorders, and the SIS (Supports Intensity Scale) for members with Intellectual/Developmental Disabilities. To ensure adequate and uniformed benefits for members, SWMBH utilizes Medicare and Medicaid medical necessity criteria to ensure service authorization requests are appropriate and based on the medical need determined by the level of care principles and ensure the intensity of services provided are consistent with the severity of illness.

The current medical necessity criteria being utilized through the Central Care Management and Outlier Management processes are MCG for behavioral health services and ASAM-PPC for substance use services. MCG and ASAM-PPC medical necessity criteria may be obtained by providers by request, if needed. To obtain the most current medical necessity criteria, please contact the ***MI HealthLink Provider line (800) 676-0423. Press prompt 1 for Providers, then 2 for All Other Authorization Requests.***

MiHealth Link Extrication

Courtney Dunsmore, Provider Network Specialist

SWMBH has mailed out official notice letters to its Active (any Outpatient Provider and/or Hospital with a current Medicare Provider Agreement in place) MI Health Link (MHL) Provider Network that SWMBH has made the decision to withdraw from the MI Health Link Demonstration effective December 31, 2022, and therefore all active Medicare Provider Agreements for behavioral health services will terminate effective December 31, 2022, at midnight. If you are a Provider/Hospital with an active Medicare Provider Agreement in place with SWMBH, and did NOT receive the official notice letter in the mail, please contact Courtney Dunsmore in Provider Network at SWMBH to obtain a copy of the letter. She can be reached at Courtney.dunsmore@swmbh.org.

SWMBH is grateful, along with its Board to have had the opportunity over the past eight years of the MHL Demonstration to collaborate with the Michigan Department of Health and Human Services, Meridian Health Plan and Aetna Better Health of Michigan to offer the MHL Population adequate and essential behavioral health services through the support and commitment of SWMBH's MHL Provider Network.

SWMBH will continue serving its current and new MHL members enrolled in the MHL benefit plan through the end of this calendar year (2022) while assisting in the transition to new in-network Providers as necessary. SWMBH, in collaboration with both ICOs, is developing a MHL extrication plan and will produce FAQs that will be distributed to the MHL Provider Network no later than end of this month (October 2022). SWMBH remains committed to assuring appropriate MHL enrollee transition.

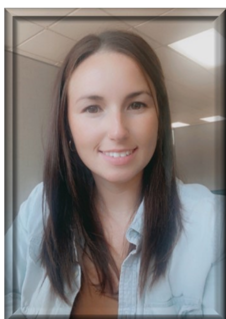
As a reminder, Providers must join the Integrated Care Organization's (ICOs) MHL Provider Panels in order to continue receiving payment for services rendered to the MHL Population after 12/31/2022. Please send an email to either or both ICOs listed below to initiate the process:

Aetna Better Health – submit a W-9 to MI-providerservices@aetna.com

Meridian Complete – submit an inquiry to mi-providernetwork@mhplan.com

For additional information regarding SWMBH's decision to withdrawal from the MI Health Link Demonstration, visit www.swmbh.org under News & Events > Latest News tab to read SWMBH's ***Withdrawal From MI Health Link Demonstration*** post, dated 8/24/2022.

New SWMBH Staff



Jacqueline Burke

LOC Transition Navigator

Vincent Miller

LOC Transition Navigator

Ann Stokes

Care Management Specialist II

Erin Hetrick

Utilization Care Manager

Megan O'Dea

Operations Specialist

Opioid Advisory Commission

Ella Philander, CCBHC Coordinator

Brad Casemore has been appointed to the Opioid Advisory Commission (OAC) by House Democratic Leader Donna Lasinski. The OAC was created following the National Opioid Settlement allocation of funding to Michigan of ~800M. The commission is charged with establishing priorities to address SUD and co-occurring mental health conditions, recommend funding initiatives to the legislature, and recommend additional legislation if needed. The Subcommittee on Current Funding and Programmatic Impact was created during the OAC's first monthly meeting on August 31, 2022, which Brad has volunteered to serve on. To subscribe for OAC meeting notifications please visit http://council.legislature.mi.gov/Council/OAC.

Mr. Casemore is Chief Executive Officer of Southwest Michigan Behavioral Health a Regional Entity created through the Michigan Mental Health Code as well as a state designated Community Mental Health Entity and a Prepaid Inpatient Health Plan managing $340 million in behavioral health services for Medicaid eligibles in an eight-county region. He said "I am grateful and honored to be appointed by Representative Lasinski. She and other stakeholders can count on my devoted and diligent service on the Commission, improving planning, policy and programs for persons suffering from behavioral health disorders."

Changes to Third Party Payer Identification

Anne Wickham, Chief Administrative Officer

Primer- Third Party Payers Coverage Additions

- Beginning October 1, 2022, SWMBH will require additional information from providers regarding third party coverage plans. Per new MDHHS reporting requirements SWMBH is required to submit the specific primary payor information for every claim/encounter. Therefore, the current coverage plans of "Commercial" and "SUD Commerical" will be discontinued and end dated 9/30/22. In addition, there will be an additional "Medicare Advantage Plan". While we will not end date the existing "SUD Medicare" plan those consumers who have Medicare Advantage Plans will need to have their coverage updated to reflect that fact and away from the straight Fee For Service "SUD Medicare" plan. Providers/Users must enter the ACTUAL third-party payer insurance information into the Client Plans and Time Spans banner.

- Group and Insurer identifiers will be necessary as well as the addition of specific third party payer for all dates of services 10/1/22 and can be entered using the following set of instructions.

Changes to Third Party Payer Identification Cont.

Adding Coverage Plan(s)

1. Upon logging into the application, navigate to a Client Record: Client Plans & Timespans.
2. Select the 'New' coverage plan item from the toolbar
3. Select the appropriate Plan from the drop down list in the Plan field.
4. User must enter the Group and Insurer identifiers in the respective fields, along with Plan, and Save.
5. If the Plan you are looking for is not included in the drop down list please contact provider-support@swmbh.org to have it added.

Client Plans

General | Claim Information | Copayment | Monthly Deductible

Plan

Plan

Insurance Type Code

Insured ID

Medicare Beneficiary ID

Group #

Employer/ Group Name

Contact Number

Authorization Override

Authorization is Required

No Authorization Required

Comment

The diagram to the left shows where in the CHAMPS eligibility screen to find the exact Plans and IDs needed and which field within the SWMBH Smartcare system they belong. Providers may also find this information on the member ID card for their primary insurance.

CHAMPS/SmartCare - Client Plans Crosswalk

PAYER NAME | PAYER ID | COVERAGE TYPE | BIN | PCN | RX GROUP | GROUP NUMBER | POLICY NUMBER | POLICY HOLDER ID | DATE LAST UPDATED | BEGIN DATE | END DATE

Dont see your Plan listed in SmartCare?

Contact providersupport@swmbh.org to have it added.

AKA 'Medicare Number'
Provided by Medicare and found on Medicare ID Card

Once the Plan(s) has been added to the client's Plan & Timespans, it will appear as a Payer for selection in the Third-Party EOB portion of a claim

Claim Entry Payment and Adjustment

Save | Close

Payer	Payer Name	Allowed Amount	Previous Payment	Previous Adjustment	Group Code	Reason

Performance Bonus Incentive Programs - PBIP Metrics Regarding FUH-FUA-Racial Disparities

Douglas Stewart, Integrated Healthcare Specialist

Follow-Up After Hospitalization for Mental Illness (FUH)

Timely Follow-Up is Critical After Behavioral Health Discharge as noted by the National Institute of Mental Health, about one in five U.S. adults live with a mental illness of some kind, and 24.3 million received behavioral health services in 2020. Research suggests that follow-up care for people with mental illness is linked to fewer repeat emergency department visits and avoidable readmissions, improved physical and mental function, and increased compliance with follow-up instructions.

Among other benefits of timely follow-up:

• Reduces incidents of suicidal ideation, suicide attempts, and completed suicide
• Reduces substance abuse and improves entry into recovery
• Reduces emergency department use and hospital admissions, and lengths of stay
• Leads to better identification and treatment of behavioral and physical health issues

Care transitions are a critical point in treatment for providers to assist in the well-being of the individuals we serve. Follow up visits after hospitalization for mental illness, within 7 days, and within 30 days of discharge, are key components of high-quality behavioral health care.

Follow up visits can help to ensure smooth care transitions from the inpatient setting, and to ensure the continuation of treatment goals initiated during hospitalization. Care providers can utilize follow up appointments to monitor medication reactions and compliance, and to provide continuing care to prevent inpatient recidivism.

Follow-up may include an outpatient visit, intensive outpatient visit, or partial hospital visit, and must be with a behavioral health provider, i.e., a psychiatrist, psychologist, clinical social worker, or other therapist. Telemedicine visits with the appropriate principal diagnosis also meet the follow-up criteria.

MDHHS and SWMBH Performance Goals

The Michigan Department of Health and Human Service (MDHHS) utilizes a performance withhold in all Pre-Paid Inpatient Health Plan (PIHP) and Medicaid Health Plan contracts to incentivize rates of Follow-Up After Hospitalization for Mental Illness.

- MDHHS's expectation is that at least 70% of individuals ages 6 to 20, and at least 58% of individuals 21 and older, receive a qualifying follow up service within 30 days of inpatient discharge.
- Southwest Michigan Behavioral Health has set an additional goal that 44% of individuals enrolled in MI Health Link will receive a qualifying follow up visit within 7 days of inpatient discharge.

Performance Bonus Incentive Programs - PBIP Metrics Regarding FUH-FUA-Racial Disparities Cont.

Douglas Stewart, Integrated Healthcare Specialist

Qualifying Services

MDHHS and National Committee for Quality Assurance (NCQA) utilize Healthcare Effectiveness Data and Information Set (HEDIS) specifications for measuring Follow-Up After Hospitalization for Mental Illness performance. Some Michigan Medicaid Behavioral Health Specialty Services and Supports are not included in HEDIS as qualifying Follow-Up After Hospitalization for Mental Illness visits per the HEDIS standards. For example, T1017 (Targeted Case Management) and T1016 (Supports Coordination) visits do not count toward the metric. It's important to ensure that individuals receive qualifying follow up services in order to meet MDHHS's targets. Per MDHHS specifications, do not include visits that occur on the date of discharge.

Provider Best Practices

- Discuss with the patient the importance of seeking follow-up with a behavioral health provider.
- Emphasize the importance of consistency and adherence to the medication regimen.
- Submit claims and encounter data in a timely manner and ensure accurate and complete coding.
- Coordinate care between primary care providers and behavioral health specialists via care transition plans and by sharing progress notes and updates.
- Identify and address any barriers to the patient attending the appointment.
- Provide reminder calls to confirm appointments and reach out within 24 hours to patients who cancel appointments to reschedule as soon as possible.
- Develop outreach systems or assign case managers to encourage recently released patients to keep follow-up appointments or reschedule missed appointments.

Primary care providers can play an integral role in helping to increase compliance with behavioral health outpatient follow-up care and to provide ongoing support that helps to improve treatment outcomes.

Ways they can help include:

- Educating patients and families about the importance of a behavioral health follow-up appointment within 7 days after an inpatient behavioral health hospitalization.
- Scheduling a phone call or telemedicine appointment with the patient following discharge to ensure that the patient has a follow up appointment scheduled with a behavioral health provider.
- If necessary, helping to facilitate the scheduling of in person or telemedicine appointment with a behavioral health provider.

If you have questions about Follow-Up After Hospitalization for Mental Illness requirements and specifications or would like to discuss approaches to improving post discharge hospital follow up, please email customerservice@swmbh.org with Follow-Up After Hospitalization in the subject line.

Follow-up After Hospitalization of Mental Illness—Metric Update

Douglas Stewart, Integrated Healthcare Specialist

Performance Metric Description	Status
Achieve Compliance on Follow-up After Hospitalization for Mental Illness with 30 days (FUH) for beneficiaries six year of age and older and show a reduction in disparity with one minority group. Metric Measurement Period: 1/1/2022 – 12/31/2021 **A.** Plans will meet standard for follow-up with 30 days for each rate (age 6-17) and (18 and older). Plans will be measured against the **adult minimum standard of 58%** and **child minimum standard of 70%.** The measurement period will be calendar year 2022. **B.** Data will be stratified by **race/ethnicity by MDHHS and provided to SWMBH and incentivized to reduce a disparity between the index population and at least one minority group.** The measurement will be a comparison of calendar year 2021 with calendar year 2022. Measurement: Confirmation by MDHHS written report that each identified measure has been completed successfully.	**Current Status:** Meeting Metric Target Result will be provided by MDHHS in final PBIP Report received in January 2023 HEDIS/MDHHS Metric Targets: Adult: 58% Child: 70% **Part A Results** Current 21-22 SWMBH Rates: Adult: 68.6% Child: 83.5%% Current 20-21 SWMBH Rates: Adult: 67.1% Child: 77.5% **Part B Results** Current 21-22 Race/Ethnicity Rates: Black or African American: 71.3% White Population: 68.3% Previous 20-21 Race/Ethnicity Rates: Black or African American: 70.4% White Population: 71.4% **Performance outcomes:** SWMBH exceeds the Adult 58% target metric by 10.6% and Child metric target of 70% by 13.5%. Race/Ethnicity Rates demonstrated a .9% improvement as to Black or African American population. There was a reduction of 3.1% regarding the White population between the benchmark comparative years.

Performance Bonus Incentive Programs - PBIP Metrics Regarding FUH-FUA-Racial Disparities Cont.

Douglas Stewart, Integrated Healthcare Specialist

Follow-Up After (FUA) Emergency Department Visit for Alcohol and Other Drug (AOD) Abuse or Dependence

The Michigan Department of Health and Human Services (MDHHS) instituted a statewide Quality Improvement Project focused around improving FUA-AD. Southwest Michigan Behavioral Health (SWMBH) is implementing interventions to improve members' quality of care through the post-Emergency Department discharge care transition.

Follow-Up After Emergency Department for Alcohol and other Drug Abuse or Dependence (FUA -AD) Healthcare Effectiveness Data and Information Set (HEDIS®) measure looks at the number of discharged patients following emergency department utilization with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD abuse or dependence.

Two rates are reported:

⇒ Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit.

⇒ Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit.

You can help support this initiative by considering the following best practices:

⇒ Schedule an appointment for patients with a current substance use provider within 7 days of ED visit.

⇒ If unable to schedule an appointment within 7 days, proceed in scheduling within 30 days.

⇒ Request patients sign a Release of Information (ROI) form for SWMBH, hospital, aftercare provider, and insurance company.

Proper follow-up care with a practitioner after an Emergency Department visit helps:

⇒ Patients get the supportive care they need and Decreases ED readmission rates.

Notifying SWMBH of an Emergency Department visit for AOD with completed release of information (ROI) supports the following:

⇒ Coordination of substance use disorder services for patients.

⇒ Allows Integrated Healthcare Specialists to assist with discharge planning for complex cases and to provide support as needed.

⇒ Provides triage assistance for patients without a current substance use disorder provider.

⇒ Provides assessment for social determinants of health needs, such as transportation or other needs to mitigate barriers in attending outpatient appointments.

⇒ Helps connect the patient with any needed community supports such as Recovery Centers, Recovery Homes, Opioid Health Homes, Residential Treatment or Intensive Outpatient Services.

Communicate with the SWMBH or Community Mental Health (CMH) agency during the emergency department discharge planning process to develop the most appropriate plan.

For further information or emergency department discharge assistance or questions please email customerservice@swmbh.org with Follow-Up After Emergency Department Visit in the subject line.

Racial and Ethnic Health Care Disparities

Douglas Stewart, Integrated Healthcare Specialist

There is a growing realization among healthcare researchers, clinicians, and advocates that a focus on health care disparities is an important aspect of improving healthcare outcomes and that activities toward improvement must bring together many elements of our healthcare delivery system. The populations that have customarily been underserved in the United States health care system include African Americans, Latinos, Native Americans, and Asian Americans.[1]

The term "health disparities" is often defined as "a difference in which disadvantaged social groups such as the poor, racial/ethnic minorities, women and other groups who have persistently experienced social disadvantage or discrimination systematically experience worse health or greater health risks than more advantaged social groups."[2] When this term is applied to certain ethnic and racial social groups, it describes the increased presence and severity of certain diseases, poorer health outcomes, and greater difficulty in obtaining healthcare services for these races and ethnicities. Disparities in health that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity are often referred to as "health inequities."[3]

An understanding of how race, ethnicity, geography, education, and income impact one's access to health services can provide valuable insight to health policy experts and advocates. Learning more about these disparities can be a way of lessening these kinds of inequalities. An analysis of the root causes of racial and ethnic disparities and what can be done to eliminate them can serve this end goal.

Although it is commonly believed that health disparities occur simply because of a lack of health insurance and access to health care, disparities exist even after access to the health care system has been improved. New studies have shown, for instance, that there are stark differences in health outcomes of African American and Caucasian patients with the same conditions even when they are treated by the same doctor. Studies have also shown that diagnoses, treatments, and quality of care can vary greatly depending on several factors which affect minority communities including language barriers, lack of insurance coverage, and differential treatments based on the population group.[4]

Resources:
What are Health Disparities? http://www.news-medical.net/health/What-are-Health-Disparities.aspx
Minority Health, http://www.cdc.gov/minorityhealth/populations/REMP/definitions.html
The Role of Health Insurance Coverage in Reducing Racial/Ethnic Disparities in Health Care, http://content.healthaffairs.org/content/24/2/398.full
Ethnic and Racial Minorities & Socioeconomic Status, http://www.apa.org/pi/ses/resources/publications/factsheet-erm.aspx

References:
[1] J. Goldberg, W. Hayes, and J. Huntley. "Understanding Health Disparities," Health Policy Institute of Ohio.
[2]P. Braveman. "International Perspectives on Health Disparities and Social Justice." Ethnicity and Disease. P. Braveman. An Approach to Studying Social Disparities in Health and Health Care." American Journal of Public Health.
[3] See What Is Health Inequity? http://www.vdh.virginia.gov/OMHHE/healthequity/unnaturalcauses/healthequity.htm
[4] Kevin Sack. "Doctors Miss Cultural Needs, Study Says." http://www.nytimes.com/2008/06/10/health/10study.html

Upcoming Trainings

SWMBH strives to support our community partners with a variety of educational offerings. Below you will see a list of trainings both on-line and in-person during the months ahead. Please share this email with your team members who you know would appreciate the opportunity to attend.

Serious Emotional Disturbance 101 - Wednesday, October 19th, 2022, 9:00 p.m.—4:00 p.m. (8:30 a.m. Registration) The Children's SEDW provides services that are enhancements or additions to Medicaid State Plan coverage for children through age 20 with SED. The SEDW is a managed care program administered by the PIHPs in partnership with Community Mental Health Service Providers (CMHSPs) and other community agencies. https://us06web.zoom.us/meeting/register/tZctd-uppj4vGNCYPiYZhS97swF5tD4NKn8y

Person Centered Thinking - Deepening our Practice (Adolescent Focused) Tuesday, October 25th, 2022 9:00 am to 4:00 pm This training is "online" using Zoom https://us06web.zoom.us/meeting/register/tZwoc-yrqDwtGd23G6jaOMTPa8OYA2BAiIt9

Children's Waiver Program – **Thursday, November 17th**, 2022, 9:00 a.m.—4:00 p.m. (8:30 a.m. Registration)

The Children's Waiver Program (CWP) is a pathway to Medicaid for qualifying children and allows for funding of home and community-based services for children under age 18. This training is scheduled at the Portage Senior Center, 203 E. Center Ave., Portage MI 49002

https://us06web.zoom.us/meeting/register/tZYpcu6prj0rGNXo9p8LEyTaht8dd8hl06it

Implicit Bias Training – Back by popular demand, SWMBH is pleased to announce that we have scheduled Implicit Bias Training. Each class size is limited to 40, so we are doing a slow release. There are three dates to choose from. Registration is being done utilizing the SWMBH Zoom platform only. One week prior to the training those registered will receive a link to finalize registration with MORC.

Tuesday, November 29th, 2022, 9:00 am to Noon
https://us06web.zoom.us/meeting/register/tZEkd-CtrjkuHdbCebcxS7vX-bmCkhbZavvw

Tuesday, January 24th, 2023, 9:00 am to Noon
https://us06web.zoom.us/meeting/register/tZUvcuqorDsqE9VXb7nCZblbipTelLQgNlxd

Wednesday, March 15th, 2023, 9:00 am to Noon

https://us06web.zoom.us/meeting/register/tZIkceGqqT4rGdN-UjZCWj2W-Zx50WSptXcr

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

Quality and Excellence through Partnerships

Southwest Michigan Behavioral Health
5250 Lovers Lane, Suite 200
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Main Line Phone: 800-676-0423
Fax: 26-441-1234
Direct Number: 269-488-8922

WE'RE ON THE WEB!

WWW.SWMBH.ORG

Check out the SWMBH Provider Manual and Provider Directory, on our SWMBH website: www.swmbh.org. The website contains information about the SWMBH policies and procedures as well as helpful information on topics such as provider responsibilities, customer rights, utilization management and other helpful material.

Southwest Michigan Behavioral Health (SWMBH) is the Prepaid Inpatient Health Plan (PIHP) for eight Michigan counties, and is in partnership with the Community Mental Health (CMH) agencies of these counties. SWMBH, in partnership with the CMH's and local providers, provides mental health services to adults with severe and persistent mental illness, children with severe emotional disturbance, individuals with developmental disabilities, and individuals with substance use disorders. As the manager of services, SWMBH will make sure that services are provided to you based on your needs and goals and are within the guidelines set by the state of Michigan. SWMBH Strives to ensure that you and your family members are treated with dignity and respect.

SWMBH is in search of Spanish-speaking MI Health Link clinicians.

Are you a MHL Provider who speaks Spanish?

Let us know!

Do you wish to stay up-to-date on SWMBH Trainings? If YES, please submit your name and the organization you work for to traininginfo@swmbh.org with a request to be added to the training email list. This will allow SWMBH to send to you information on all the latest and greatest training/webinar opportunities.