

## FY22 Modifier Code Changes

Code changes are here! The main changes from SFY 2021 to SFY 2022 are the modifiers. Please make sure these changes are being utilized and old modifiers are not submitted with claims beginning 10/1/2021. If you have questions about this, reach out to a SWMBH Provider Network Specialist.



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

*Are you a MHL Provider who speaks Spanish? Let us know!*

## Haven of Rest Golf Outing

Brad, CEO at Southwest Michigan Behavioral Health, and his wife, Cynthia, were sponsors for the Haven of Rest LRP's Golf Outing. The Haven's Golf Outing is a 4 person scramble held every year in August. This event took place at the Binder Park Golf Course with all proceeds used to benefit their Life Recovery Program.



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## **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 authori-

zation 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.

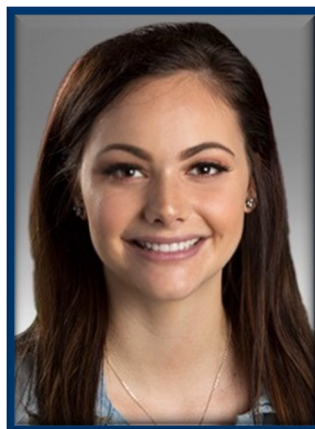
The current medical necessity criteria being utilized through the Central Care Management and Outlier Management processes are MCG for behavioral health services and ASAM-PPC for substance use services. MCG and ASAM-PPC medical necessity criteria may be obtained by providers by request, if needed. To 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.**

## **New SWMBH Staff**

**Not Pictured: Renee Huff, Operations Specialist**



**Cate Pederson**  
QAPI Specialist



**Jody Vanden Hoek**  
Operations Specialist



**Carolyn Gabriel**  
Care Management  
Specialist II

# MyStrength

Brian Walters, Clinical Operations Specialist



I'm sure you've witnessed individuals who want to improve their overall wellness struggle to overcome the cost, inaccessibility, and stigma of treatment. Millions suffer each year from mental health disorders, and most never receive care or support. With the wide use of the Internet and mobile applications, myStrength offers proven, clinically based resources to people who need them. This app is a **FREE** wellness tool for anyone in our community journeying toward health, balance, and hope.

myStrength is not designed to serve as the single or primary resource for anyone suffering from poor mental health, but to complement other forms of support and primary care such as psychotherapy and medication.

## Strengthen your mind, body, and spirit

The self-help resources are designed to help empower individuals to become – and stay – mentally and physically healthy. This valuable resource offers in-the-moment mood tracking, and it offers immediate stress-relief activities that can help achieve lasting, healthy change.

Please send an email to [swmbhprovidernet-work@swmbh.org](mailto:swmbhprovidernet-work@swmbh.org) with a request for “business size cards” that you can distribute to individuals that include a brief description of myStrength and access codes. Include your name, mailing address, and quantity needed with your request.

## Why myStrength:

A variety of mood-improving resources.

- ⇒ Anxiety
- ⇒ Depression
- ⇒ Insomnia
- ⇒ Diabetes
- ⇒ Substance Use
- ⇒ Smoking Cessation
- ⇒ Nutrition
- ⇒ Loneliness and Isolation

Step-by-step eLearning modules.

Interactive tools.

Weekly action plans.

Daily inspiration.

A site that's highly confidential and HIPAA-compliant – for privacy!

## myStrength Provider Hub

The new Provider Hub allows you to view all the relevant resources you need, like the myStrength newslet-

ter, updated clinical case planning materials, program links and announcements relating to myStrength.

Here's where you can find the new myStrength Provider Hub: <https://www.mhproviderhub.com/> Password: mysproviderhub2021

## Talk to myStrength Directly

On Wednesday, October 20<sup>th</sup> from 12:00 pm to 1:00 pm, SWMBH will be hosting a Webinar with representatives from myStrength. This would be your chance learn about recent enhancements that include:

- 2021 Enhancements
- Modernized User Interface
- More Powerful Personalization
- Updated Programs
- Structured Digital Courses

Refreshed Marketing Materials

There will be plenty of time for your questions. Register using the link below. If you want additional information, please email [traininginfo@swmbh.org](mailto:traininginfo@swmbh.org) with your request.



**Signing up for myStrength is Free with unlimited access!**

**SIGN UP TODAY**

1. Visit [www.mystrength.com](http://www.mystrength.com) and click on “Sign Up.”
2. Enter the **Access Code** marked below.
3. Complete the myStrength sign-up process and personal profile.

|                                     |                                       |                                      |
|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> SWMBarry   | <input type="checkbox"/> SWMCalhoun   | <input type="checkbox"/> SWMSJoe     |
| <input type="checkbox"/> SWMBerrien | <input type="checkbox"/> SWMCass      | <input type="checkbox"/> SWMVanBuren |
| <input type="checkbox"/> SWMBranch  | <input type="checkbox"/> SWMKalamazoo | <input type="checkbox"/> SWMBH       |

Go Mobile! Download the **myStrength** mobile app, log in, and get started today.



is presented by



## Reducing High Turnover Costs

Prepared by Great Lakes Economic Consulting for the Michigan Direct Care Worker Wage Coalition  
September 15, 2021

The high rate of turnover among frontline workers in behavioral health and long-term care is a serious workforce problem. Concern about high turnover rates has led to numerous initiatives to improve recruitment and retention of this critical workforce.

Turnover among frontline workers is a critical cost driver for the behavioral health and long-term care systems, affecting the fiscal health of providers, the quality of care that individuals receive, and the efficiency of resource allocation within the public payer system.<sup>7</sup>

According to data from the U.S. Bureau of Labor Statistics, the quit rate (the annual quit rate is the number of quits during the entire year as a % of annual average employment) for all business sectors was 25.5% in 2020. Rates ranged from 51.9% for Accommodations and Food Service and 37.8% for Retail Trade to 11.1% for Government and 15% for Financial Services. The average hourly salary was \$15.80 for Accommodations and Food Services, \$21.01 for Retail Trade, and \$37.49 for Financial Activities. Data was not available for Government. There are a number of factors that influence turnover, but clearly low wage levels are a major factor.

DCWs largely fall into the category of Residential Mental Health Facilities and a sub-category of Residential Intellectual and Developmental Disability Facilities, which are low wage sectors. The BLS does not have quit rates for these sectors. However, a 2021 survey of member organizations conducted by the Michigan Assisted Living Association and Incompass Michigan found an estimated turnover rate of 40.1%

The Center for American Progress examined 30 case studies taken from the 11 most-relevant research papers on the costs of employee turnover and concluded that it costs businesses about one-fifth of a worker's salary to replace that worker.

It is costly to replace workers because of the productivity losses when someone leaves a job, the costs of hiring and training a new employee,

and the slower productivity until the new employee gets up to speed in their new job. The analysis reviewed case studies and research papers published between 1992 and 2007 that provide estimates of the cost of turnover, finding that businesses spend about one-fifth of an employee's annual salary to replace that worker. The study estimates that the cost of replacing workers earning \$30,000 or less is 16.1% of payroll.<sup>8</sup> (See Appendix A for a detailed list of turnover costs).

If we assume the turnover rate for direct care workers is 40%, the cost of replacing DCWs is 16.1% of payroll, and that the average hourly wage is \$12.50, the annual cost of replacing a worker would be \$3,750. The total cost of turnover based upon an estimated 50,000 workers, if full time workers (74%) work 2080 hours a year and part time workers (24%) work 1,250 hours, would be \$75 million a year.

A search of the literature found no studies that estimated the change in the turnover rate as wages increase. We ran a simple regression analysis with the turnover rate (2020 data) as the dependent variable and the hourly wage rate (2020 data) as the independent variable. The results were statistically significant, but the standard error was relatively large as data for only 14 observations was available. The analysis estimated that a \$1 dollar increase in the wage rate would reduce the turnover rate by 1%. However, as explained in Appendix B, the relationship between wages and the turnover rate appears to be nonlinear. This was verified by running separate regressions for low-wage-sectors, and for higher wage sectors. The results were statistically significant for the low-wage sectors but not for the higher wage sectors. The low-wage sector equation estimated that a \$1 increase in the hourly wage rate would reduce the turnover rate by 2.87 percentage points (See Appendix B for more detail). This reduction would save an estimated \$5 million annually for each \$1 increase in the wage rate.

## Call Center Corner

Beth Guisinger, Manager of Utilization Management & Call Center

As the fiscal year comes to a close, finally a fully staffed call center is preparing for a new fiscal year with many exciting changes on the horizon. It has been a busy year with the constant changes related to the pandemic. Since the beginning of FY21 on October 1, 2020, the SWMBH Call Center has received and handled close to 22,000 incoming phone calls to date (9/24/2021). This is comprised of 8 phone lines with an average answer time of 10 seconds or less, depending on the month. 78% of those calls came in on the Substance Abuse Access Line.



Residential admission guidelines have made complex cases a bit more challenging to coordinate. Outpatient providers have been juggling in-person and telehealth services, all while learning how to conduct group therapy in-person and on-line simultaneously. Buses were not running, housing was not available, and insurances were not being updated. Not to mention the clinical staffing shortages across our region/state/country due to a behavioral health crisis, full caseloads, and clinician burnout. We continue to be grateful for the hard work of our contracted providers who continue to serve the individuals in Southwest Michigan when they need it the most.

Fortunately, with all these changes, SWMBH has a call center that is now comprised of 18 capable individuals, who in addition to answering ringing phones, providing telephonic screens and treatment referrals, also complete continued stay reviews, handle customer grievances and appeals, attend community outreach events, and perform a myriad of other tasks that are too numerous to list. The call center is comprised of experienced clinicians who continually strive to connect individuals in this region with providers who will best meet their behavioral health and substance abuse treatment needs. The non-clinical staff in the department manage to keep the group operating smoothly – no one quite understands how they do it.

## 2021 Survey's

Courtney Juarez, QAPI Specialist

### **Annual Consumer Satisfaction Survey**

- New vender/business associate is: Kiaer Research
- **Surveys for all counties will occur during the same date range this year: (October 22<sup>nd</sup> through December 17<sup>th</sup>).**
- Surveys will not be conducted a day prior or after a Holiday (i.e., Thanksgiving and Christmas), if they exceed the anticipated survey date range.
- If the survey sample size is not met, the remaining calls will occur at the beginning of the New Year.
- Surveys will be conducted using live agents/call center and consumers will be connected to an automated survey system if they agree to participate in the survey.

## 2021 Survey's Continued.

Courtney Juarez, QAPI Specialist

- Survey Tools: MHSIP = Consumers 18 and over; YSS = Consumers under the age of 18.
- The identified Legal Guardian will provide the answers for the YSS survey for those respondents under 18.
- Focus groups may also be utilized to collect more detailed consumer responses and analysis.
- Regional Target 2000 completed surveys (Adult and Youth Surveys combined).
- Survey qualifying criteria: Consumers that received 2 or more services from (April 20 through September 20).

Contact [Jonathan.Gardner@swmbh.org](mailto:Jonathan.Gardner@swmbh.org) or [Courtney.Juarez@swmbh.org](mailto:Courtney.Juarez@swmbh.org) with any questions.

### **RSA-r Survey**

- SWMBH has selected the Recovery Self-Assessment revised (RSA-r) survey instrument through a committee of consumers to measure recovery as required by the Application for Participation.
- We have also decided to continue using the RSA-r tool, as it offers valuable historical comparison data, which is used to measure overall improvement in each category.
- **The survey will be available to consumers electronically via Survey Monkey from Thursday, October 7<sup>th</sup> through Friday, November 19<sup>th</sup>.**
- There is an electronic (Excel) version or paper version of the survey tool available upon request.
- SWMBH will provide survey results/analysis to interested participant organizations once the Survey Monkey survey closes on Friday, November 19, 2021.
- If paper surveys are completed and sent to SWMBH, they must be received by this date to be included in the results. Thus, survey results and analysis will be ready for distribution by late December 2021.

Contact [Cate.Pederson@swmbh.org](mailto:Cate.Pederson@swmbh.org) or [Jonathan.Gardner@swmbh.org](mailto:Jonathan.Gardner@swmbh.org) with any questions.

### **Annual 2021 Collaborative Care Provider Survey**

- This survey is designed to assess coordination of care between and amongst behavioral health and physical health providers.
- The feedback will directly impact and guide quality improvement initiatives.
- **Survey period 9/9/2021 through 10/11/2021.**
- Results will be communicated in late December.

Contact [Ellie.DeLeon@swmbh.org](mailto:Ellie.DeLeon@swmbh.org) or [Courtney.Juarez@swmbh.org](mailto:Courtney.Juarez@swmbh.org) with any questions.



To: SWMBH Provider Network

From: Anne Wickham, Chief Administrative Officer

Re: Change in Claims Process Contact Email

As some of you are already aware our longtime Financial Operations Specialist, Gina Martuge, will be leaving SWMBH on October 15<sup>th</sup>. While we are sad to see her go, we wish Gina well in all her future endeavors!

While our claims adjudication schedule will not change, we are looking at using this as an opportunity to assess all claims processes to find some efficiencies and to streamline processes for the new claims processor who has not yet been determined.

Effective October 15<sup>th</sup> there will be a change to the contact email for claims questions or issues. Claims questions or issues should be sent to our new claims email address at [Claims@SWMBH.org](mailto:Claims@SWMBH.org). This includes any provider claims appeals or requests. Contract questions should be directed to your Provider Network contract contact here at SWMBH and issues with SWMBH SmartCare should continue to go to [providersupport@swmbh.org](mailto:providersupport@swmbh.org).

We will convey any future changes in processes and personnel as they occur!

# SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

## Quality and Excellence through Partnerships

Southwest Michigan Behavioral Health  
5250 Lovers Lane, Suite 200  
Portage, MI 49002

Main Line: 800-676-0423  
Fax: 269-441-1234  
Direct Number: 269-488-8922



**WE'RE ON THE WEB!**

[WWW.SWMBH.ORG](http://WWW.SWMBH.ORG)

*Check out the SWMBH Provider Manual and Provider Directory, on our SWMBH website: [www.swmbh.org](http://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.



**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](mailto: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.