

## Get Those MI Health Link Claims In!

As you know, the deadline for submission of calendar year 2022 SWMBH MI Health Link Medicare claims is June 30, 2023. Claims received after that date will be rejected.

Please submit all calendar year 2022 SWMBH MI Health Link Medicare claims as soon as possible to assure proper handling and payment.

SWMBH withdrew from MI Health link effective 12/31/23 and we will soon be in the reconciliation process with the two Integrated Care Organizations.

### Inside this issue:

ARTICLE	PAGE
Call Center Corner	2
Provider Directory	2
Health Equity	3
Student Loan Repayment Program	4
2022 Annual Consumer Satisfaction Survey Results and Analysis	5-8
Memo: Telemedicine Policy Post COVID-19	9-10
Upcoming Trainings	11

## MDHHS Eligibility Renewals

Please review the information from MDHHS regarding the upcoming end of PHE and the Medicaid beneficiary renewal alert. It is important that individuals begin re-applying for their state insurance benefits.



Michigan Department of Health & Human Services

All Providers,

As of March 2, 2023, MDHHS began mailing [beneficiary alert letters](#) to notify beneficiaries that an eligibility renewal packet will be sent soon. [Per federal legislation](#), Michigan will restart Medicaid eligibility renewals for both fee-for-service Medicaid and Medicaid Health Plan (MHP) beneficiaries effective April 1, 2023. MDHHS plans to continue to mail the beneficiary alert letters each month to additional groups of beneficiaries until February 2, 2024.

Providers will want to continue to verify beneficiary eligibility prior to services. Visit the [eligibility and enrollment](#) webpage for step-by-step instructions. Eligibility redetermination or renewal dates can be viewed within the CHAMPS eligibility inquiry screen.

For more information on how benefits are changing with the COVID-19 Public Health Emergency(PHE) visit [www.Michigan.gov/2023BenefitChanges](http://www.Michigan.gov/2023BenefitChanges).

A reminder to our providers to diligently verify insurance benefits at each visit to confirm coverage and encourage individuals to re-apply if their coverage lapses.

## Call Center Corner

Beth Guisinger, Director of Utilization Management

### 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 are determined through a standardized functional assessment tool. 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.



ties. To ensure adequate and uniform 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 Utilization Management Provider line at (800) 676-0423. Press prompt 1 for Providers..**

## Provider Directory

Courtney Dunsmore, Provider Network Specialist

Southwest Michigan Behavioral Health (SWMBH) is committed to providing members with the most current information about its in-network providers and the array of services available. The Provider Directory is located on SWMBH website - <https://www.swmbh.org/providers/provider-directory/>.

If you are a provider in SWMBH's network and would like to update any information listed under your agency in this directory, please email [swmbhprovidernetwork@swmbh.org](mailto:swmbhprovidernetwork@swmbh.org) with the updates you wish to see in the directory and a Provider Network Specialist will be happy to assist in making those changes. SWMBH also encourages Provider feedback

regarding any issues and/or concerns you may encounter while navigating the Provider Directory; feel free to send an email with feedback to the same email address listed above at any time.

SWMBH appreciates your time and diligence in keeping the Region's Provider Directory up to date for the members we serve!



## Health Equity

Jeannette Bayyapuneedi, Behavioral Health & Integrated Care Manager

The World Health Organization (WHO) defines health equity as “the absence of unfair, avoidable and remediable differences in health status among groups of people. Health equity is achieved when everyone can attain their full potential for health and well-being.” Health equity ensures every person has opportunity to achieve optimal health. Social and environmental factors can limit a person’s access to healthcare and exposure to healthy practices. Working in the behavioral health profession, we strive to level the field so to speak in a way that allows supports to be accessible to all who need them. Persons with mental illness experience poor physical health outcomes and have a lower life expectancy than the general population. Health equity involves providing care geared toward an individual or group to help them achieve the same health outcome as someone in another group.

Health inequities exist despite our best intentions. These systemic differences in the health status of different populations can include racial and ethnic disparities, lack of access to education, low or limited income, inadequate housing, and environmental factors. Social determinants of health can empower or obstruct health equity. We continuously assess the needs of those we serve and target interventions at their social determinants of health, optimistic that impacting these barriers will increase their capacity for recovery.

The public health system is ever evolving. The expansion of behavioral health treatment through services models such as Certified Community Behavioral Health Clinic (CCBHC) and Opioid Health Home (OHH) have improved access to comprehensive care. An increase of Federally Qualified Health Centers (FQHC) ex-

pand efforts of integrated care and improve accessibility to those historically underserved. Frameworks at the local, state, and federal level map out the need to achieve health equity such as Michigan’s Roadmap to Healthy Communities (MDHHS), Healthy People 2030, and the CMS Framework [for Health Equity 2022-2032](#).

Southwest Michigan Behavioral Health (SWMBH) will be bringing together opportunities in the coming months to do more focused work in the area of health equity. We will be launching the Health Equity Project Coordinator position. This is a grant funded position that will plan and develop a region-wide program increasing the access and participation of minority populations in behavioral health services. SWMBH is also working on population health reports which will summarize the population health status of Medicaid enrollees in our entire region as well as for each of the eight counties

within the SWMBH region. This information will help the region and individual counties identify opportunities for improved healthcare integration, care management, and service delivery.

### Resources

<https://www.cdc.gov/nchhstp/healthequity/index.html>  
<https://www.ahealthierworld.jhu.edu/understand-health-equity>

<https://psychu.org/how-whole-person-care-can-reach-its-full-potential/>

<https://www.healthline.com/health/what-is-health-equality#health-equity>

<https://www.aafp.org/news/health-of-the-public/health-equity-framework.html>



## Student Loan Repayment Program

Student loan repayment program provides incentive for medical providers to offer opioid use disorder treatment

As part of its multifaceted plan to address the opioid epidemic, the Michigan Department of Health and Human Services (MDHHS) is offering student loan repayment to eligible medical providers if they begin providing or expand opioid addiction treatment programs through the [Michigan Opioid Treatment Access Loan Repayment Program](#).

The goal of the repayment program is to increase availability of opioid use disorder treatment across the state, especially in areas where treatment is difficult to access. The program is being funded through the Michigan Opioid Healing and Recovery Fund, which is receiving payments from the [nationwide settlement with the three largest pharmaceutical distributors](#), as well as opioid manufacturer, Johnson and Johnson.

By supporting our workforce, we are able to expand life-saving services to those suffering from opioid and substance use disorders,” said Elizabeth Hertel, MDHHS director. “Repaying



student loans for providers eases the financial burden of those working in this field and offers an incentive for those considering entering this high-demand caregiving workforce. We encouraged all who were eligible to apply by March 13.

The program is available to medical and osteopathic medicine doctors, psychiatrists, nurse practitioners, physician assistants and substance use disorder counselors who begin offering opioid treatment or expand treatment that is already being offered. Providers who work in a variety of health care settings are eligible to apply.

This is the third time MDHHS has accepted applications for the program. During the first two rounds, 64 providers had their student loans partially-repaid reaching a total of \$1,158,678.

Applications were to be submitted by March 13. Applications and other resources can be found at [Michigan.gov/miota](https://www.michigan.gov/miota). Health care providers are encouraged to review the materials and submit applications when the cycle begins.

*The deadline has passed, but keep updated with the below resources:*

<https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2023/02/27/oud-student-loan-repayment>

<https://www.michigan.gov/mdhhs/doing-business/providers/miota-loan-repayment-program#:~:text=MIOTA%20is%20a%20medical%20education,a%20two%20year%20service%20obligation>

## 2022 Annual Consumer Satisfaction Survey Results and Analysis

Jonathan Gardner, Director of Quality Assurance & Performance Improvement

Please click on the link to access the full Survey Analysis Report: <https://www.swmbh.org/members/quality-surveys/>

### **Survey Description**

The QAPI Department has completed the 2022 annual Member Experience Satisfaction Survey. The primary objective of the survey is to improve scores in comparison to the previous year's results and identify opportunities for improvement at the CMHSP and PIHP levels. During the 2022 survey project, SWMBH ensured the incorporation of individuals receiving long-term supports or services, case management services, CCBHC services, and Medicaid services into the review and analysis of the information obtained from quantitative and qualitative methods.

During FY22 Survey Project, SWMBH utilized a hybrid Mental Health Statistics Improvement Program (MHSIP), Youth Surveillance Survey (YSS) and the Experience of Care and Health Outcomes Survey (ECHO) to gauge member experience of care. The Quality Department's goal was to collect 1500 completed surveys. The Region was able to reach that goal and achieved 1574 valid surveys, encompassing a validated survey process and consumer feedback from all eight of the CMHSPs. This was a tremendous improvement over the previous year's survey completion volume of only 747 valid surveys.

In efforts to improve survey accessibility during FY22 and FY23, consumers could complete the survey via QR codes or tablets in the CMHSP lobby areas, through the SWMBH website, text message, email, or by paper copy. The diverse options improved the response rates, and the targeted volume was achieved during FY22. The results of the annual survey are shared with MDHHS as a PIHP contractual obligation, the SWMBH Board of Directors, and Regional Committees



(Operations Committee, Quality Management Committee, Consumer Advisory Committee, etc.) who have stake in the results/improvement efforts.

### **Improvement Efforts Made in FY22**

During the 2022 survey project, the following significant improvement efforts were implemented:

#### **The survey tool:**

Goal: Shorten the length of the survey by 30% to ease survey fatigue and increase response rates.

- Average survey response times were decreased from 28 minutes to 5 minutes.

A factor analysis was conducted to determine if any core survey items were redundant.

- MHSIP tool was revised from 36 core items to 24 core items (in addition to open ended and demographic questions) while combining some constructs that were redundant.

- YSS tool was revised from 26 core items to 23 core items (in addition to open ended and demographic questions). Item response options were changed from a 5pt scale with neutral option to a 4pt scale with no neutral option.

- Previously, a "neutral" response was interpreted as a positive outcome.

## 2022 Annual Consumer Satisfaction Survey Results and Analysis Cont.

Jonathan Gardner, Director of Quality Assurance & Performance Improvement

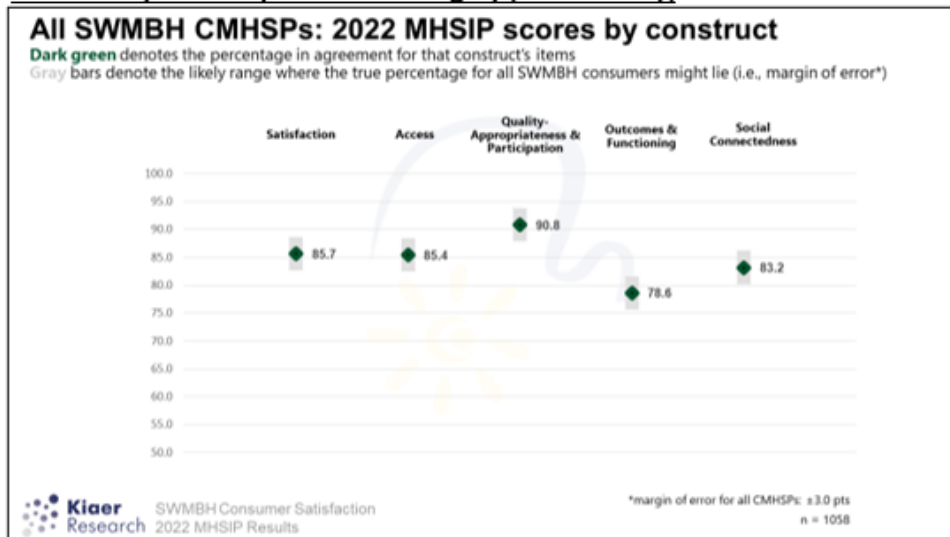
### Priority population enhancements:

New demographic questions were added for long-term support services and CCBHC to the survey. This allows responses to be filtered for those specialized populations and target performance improvement interventions as needed.

A target of 300 completed surveys were estab-

lished for the two CCBHC sites. ISK achieved this target at 386 and St. Joe fell short at 279. Data from each program (CCBHC, LTSS and CMHSP specific response) were cleaned and separated into distinct data sets and available to filter to identify common denominators or trends in responses.

### FY22 Survey Scores by Construct Category (Adult Survey)



### FY22 Survey Scores by Construct Category (Youth Survey)



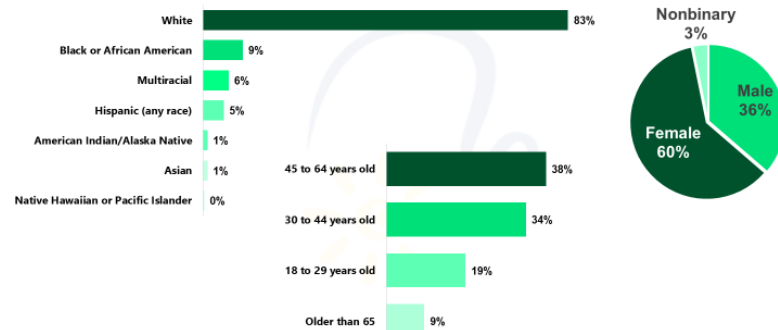
# 2022 Annual Consumer Satisfaction Survey Results and Analysis Cont.

Jonathan Gardner, Director of Quality Assurance & Performance Improvement

## FY22 Survey Respondents (Adult Survey)

### MHSIP 2022 respondents similar in makeup to prior years

This year saw slightly less minority respondents and slightly more male respondents.

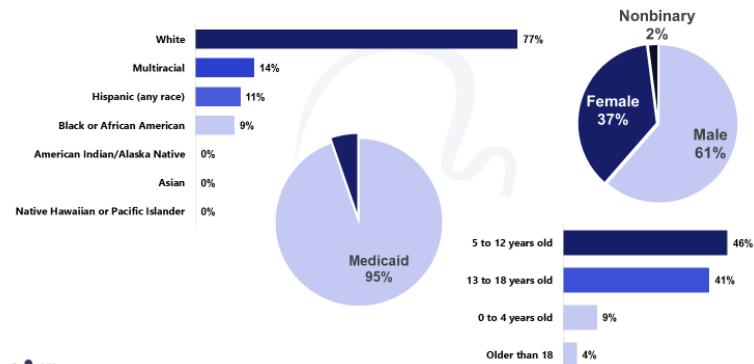


Kiaer Research SWMBH Consumer Satisfaction 2022 Results

## FY22 Survey Respondents (Youth Survey)

### YSS 2022 youth reported less racial diversity

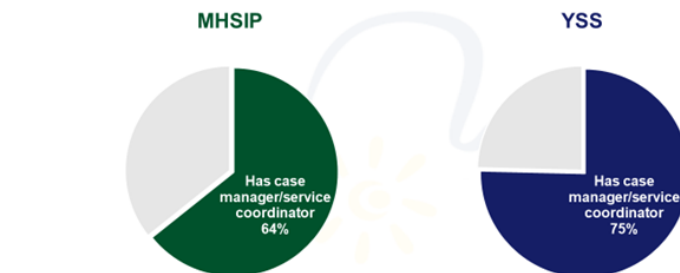
Many more boys than girls are receiving services, with age 5-12 most common



Kiaer Research SWMBH Consumer Satisfaction 2022 Results

### More youth than adults report having a case manager or service coordinator

Presence of case manager or service coordinator indicates consumer is receiving long term support services (LTSS)



Kiaer Research SWMBH Consumer Satisfaction 2022 Results

## 2022 Annual Consumer Satisfaction Survey Results and Analysis Cont.

Jonathan Gardner, Director of Quality Assurance & Performance Improvement

### Consumers had life-changing accounts of benefit from their CMHSPs

"Best place I ever been to, and best people too. Always smiling and says hello when I walk in. Never had to wait in the waiting room."

"My therapist is the best, Renee has single handedly saved my life and made it better at almost every appointment."

"Without these services I would not be here today. I am very grateful."

"The entire experience has been positive, professional, and helpful. I greatly appreciate the services provided. Thank you all very much."

"The act team has totally helped me transform my life I am so grateful."

"Being placed back on my medication has made a huge turn around with my life including daily duties and wanting to get up and out of bed with a good start to my day instead of sad or depressed or just stuck."

"Yes, my counselor has helped me a lot in looking at things different, and I do feel better about myself."

 **Kiaer Research** SWMBH Consumer Satisfaction  
2022 MHSIP Results

1

### Positive highlights from the YSS comments section

"We contacted Mobile Crisis Response late at night when my son made suicidal statements. We spoke with Christy and she was great! My son is 17 and talked to Christy directly. She was compassionate, treated him with respect, and followed up with me later. She helped us develop a safety plan and decide that a trip to the ER was not needed that night. We did have some trouble finding a therapist, but Christy followed up and helped me find someone who had openings and a therapy dog. I sincerely appreciate Christy and her assistance!"

"Services have just started but so far things have been going very well. I feel like the people on my son's case have a genuine interest in seeing him get better."

"I am particularly thankful for the way that all of the different staff at CMH have collaborated for the benefit of my child."

"Going through his counseling I feel like I have my son back and he has the best outcome for his future I am over satisfied with her and her services."

"Just being able to text the therapist with questions is great because they respond same day normally."

"Having a case worker to help coordinate different services/locations has been very helpful as a parent and having another trusted adult is also beneficial for my daughter."

 **Kiaer Research** SWMBH Consumer Satisfaction  
2022 YSS Results

3

## MEMO: Telemedicine Policy Post COVID-19

Alison Strasser, Compliance Specialist III

MDHHS issued Bulletin Number MMP 23-10 on March 2, 2023. This bulletin updates coverage of telemedicine services after the conclusion of the federal COVID-19 Public Health Emergency (PHE) and clarifies which bulletins will be discontinued.

MMP 23-10 is effective May 12, 2023, below outlines the changes from the PHE Telehealth Allowances. SWMBH will enforce these requirements and will be monitoring for compliance.

**What has NOT changed? The list below is not all inclusive, please see MMP 23-10 for comprehensive list.**

- Appropriate beneficiary choice – the beneficiary is an active participant in the decision for telemedicine as a means for service delivery.
- Telemedicine must only be utilized when there is a clinical benefit to the beneficiary.
- Telemedicine must be used as appropriate regarding the best interests/preferences of the beneficiary and not merely for provider ease.
- Beneficiary consent must be obtained and properly documented prior to service provision (per section B of MSA 20-90). o SWMBH point of clarification: The beneficiary must consent to receiving service(s) via telehealth and that consent must be specifically reflected in the documentation.
- Telemedicine services cannot be continued indefinitely for a given beneficiary without reasonable frequent and periodic in-person evaluations of the beneficiary by the provider.
- When providing services via telemedicine, sufficient privacy and security measures must be in place and documented to ensure confidentiality and integrity of beneficiary-identifiable information.

### Audio-Only Telemedicine Policy

- MDHHS will allow the provision of audio-only

services for a specific set of procedure codes (listed below as applicable to our region/services):

- o Office visits for established patients *up to 19 minutes* (99212)
- o Psychotherapy services for adult or child *up to 45 minutes* (90832, 90834, 90840, 90785)
- o Assertive Community Treatment (ACT) *psychiatric services only* (H0039)
- o Crisis Intervention (H2011) *Note: does not include H2011 ICSS for Children*
- o Substance Use Disorder Individual Assessment (H0001)
- o Substance Use Disorder Outpatient Treatment (H0004)
- o Substance Use Disorder Early Intervention (H0022)
- o Supportive Employment Services for *Individuals Only (no group)* including job coaching (H2023 & H2025)
- o Clubhouse Psychosocial Rehabilitation Programs (H2030)
- o Additional guidelines for audio-only services include:
  - ☐ Visits that include an assessment tool – the tool must be made available to the beneficiary and the provider must ensure the beneficiary can access the tool.
  - ☐ When a treatment technique or evidence-based practice requires visualization of the beneficiary, it must be performed via simultaneous audio/visual technology.
  - ☐ **Audio-only must be performed at the preference of the beneficiary, not the provider's convenience.**
  - ☐ Privacy and security of beneficiary information must always be established and maintained during an audio-only visit.

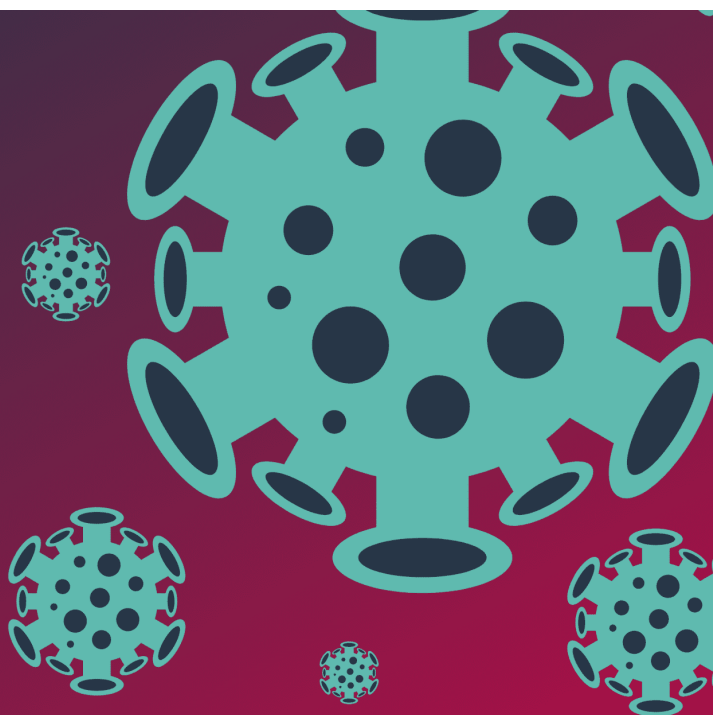
## MEMO: Telemedicine Policy Post COVID-19

Alison Strasser, Compliance Specialist III

- MSA 20-13, MSA 20-15, and the audio-only services for codes listed on the telemedicine database is discontinued as of May 12, 2023. An audio-only telemedicine database will be created and published by MDHHS.
- For all Behavioral Health Services allowable for rendering via synchronous (audio and visual) telemedicine beginning May 12, 2023 please refer to the MDHHS Bureau of Specialty Behavioral Health Services Telemedicine Database which can be found at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>
- The GT modifier will be discontinued as of May 12, 2023.
- For audio-only telehealth, modifier 93 must be used. For audio/visual, no modifier is required.
- Place of Service Code 02 or 10 (as applicable) are required for all services rendered via both audio or audio/visual telemedicine.
  - o Place of Service Code 10: The customer is located at their primary residence (independent home, specialized residential home/group home, or AFC home) when receiving the telehealth service.
  - o Place of Service Code 02: The customer is located somewhere other than their primary residence (school, place of employment, CMH office when the rendering provider is located elsewhere, etc.) when receiving the telehealth service.
- While we have done our best to include regionally applicable information, it is the responsibility of each provider to ensure appropriate provision of services post-PHE.
  - o Please refer to the MDHHS Bureau of Specialty Behavioral Services Telemedicine Database <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>. If a code is not listed on this database, it is no longer available for delivery via telehealth beginning May 12, 2023.

**Public Health  
Emergency  
to End on  
May 11, 2023**

*Are you prepared?*



## Upcoming Trainings

**NEW Human Trafficking** on Tuesday, April 4<sup>th</sup>, 2023. This is a “Live” Webinar with speaker Rosemary Andrews. Michigan is in the top 10 for states with the highest rates of human trafficking. This training runs from 9 am to 11 am. **NOTE:** This training is limited to the first 50 people who register.

<https://us06web.zoom.us/meeting/register/tZEld-ChrDkoGNLhElydYOCsDWgHCJJZL9SM>

**SIS Assessment & Orientation** scheduled on Tuesday, April 11<sup>th</sup> starting at 10:00 am. This training is for Support Coordinators and Case Managers for SIS. SIS is a strength-based, comprehensive assessment tool that measures an individual’s support needs in personal, work-related, and social activities to identify and describe the types and intensity of the supports an individual requires.

<https://us06web.zoom.us/meeting/register/tZAocuGvqjgtHdw5X5VZr5Av2Vu7Lv1B7ahG>

**NEW Implicit Bias Training** – Back by popular demand! This training is recommended for everyone, including field level clinicians, recovery coaches, peer support specialists and others who should have knowledge and could influence a decrease in health disparities. There are three dates to choose from but act fast! These training are limited to 50 participants per training. Please note that registration is being done utilizing the SWMBH Zoom platform only. One to two weeks prior to the training those registered will receive a link to finalize registration with MORC. **Please register for no more than one.**

Tuesday, May 16th <https://us06web.zoom.us/meeting/register/tZEqceyhbjtGtXKL4YKmq1fmRMPP0Ua4Tkm>

Tuesday, July 11th [https://us06web.zoom.us/meeting/register/tZYkf-yoqD8oHtXM9jM1am6Oq\\_XVISDwzrXM](https://us06web.zoom.us/meeting/register/tZYkf-yoqD8oHtXM9jM1am6Oq_XVISDwzrXM)

Tuesday, September 12th <https://us06web.zoom.us/meeting/register/tZYpcuqurzltGtxlK-TnZt4szyBhwHrrnjVB>

### The ASAM Modules I, II, &

**III** The ASAM Modules apply the science in the field of addiction medicine, is compliant with the DSM-5 and incorporates a user-friendly functionality. This training is conducted online and can be taken at a participant’s own pace. This training is recommended as a refresher every three years. This is different from the ASAM CONTINUUM offered by CMHA & MDHHA and is perfect for individuals who are not eligible for the ASAM CONTINUUM offered by CMHA & MDHHA.



# SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

## Quality and Excellence through Partnerships

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

Main Line Phone: 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.