



# Primary Care Review

The latest news, views, and announcements  
from Michigan Multipayer Initiatives

**May 2023**

*Michigan Multipayer Initiatives (MMI) convenes payers, practices, and Physician Organizations to lead the transformation of primary care and improve care value, equity, quality, and patient experience in Michigan. To be added to our distribution list, send an email with "Add Me to Newsletter Distribution" in the subject line to [multipayerprimcare@med.umich.edu](mailto:multipayerprimcare@med.umich.edu). Our website is at <https://mimultipayerinitiatives.org/>. To share an idea or ask a question, please contact Diane Marriott ([dbechel@umich.edu](mailto:dbechel@umich.edu) or 734 740 0511).*

## **Just Released: Post-PHE Telehealth Comparative Payer Policy Guide**

Telehealth service flexibility and expansion were major areas of policy change catalyzed by the pandemic. With the May 11<sup>th</sup> end of the Public Health Emergency (PHE) nearing, the Michigan Multipayer Initiatives Payer Partners (BCBSM, BCN, Priority Health, HAP, and MDHHS/Medicaid) have worked together to produce a comparative telehealth post-PHE policy guide that outlines plan telehealth provisions for commercial, Medicaid and Medicare Advantage plans in Michigan. The [Post PHE Telehealth Grid 5-10-23](#) guide includes links to payer policies and helps providers, practices and physician organizations to see how plans compare on aspects of post-PHE telehealth policy, including coverage for audio-only services and payment parity.

Special thanks to the experts at each Payer and the State who worked hard to complete the comparative guide in time for distribution to the Michigan primary care community in advance of the PHE expiration. Great thanks as well to The Center for Connected Health Policy, CCHP, the federally designated National Telehealth Policy Resource Center. CCHP team members Christine Calouro, Senior Policy Associate, and Mei Kwong, Executive Director made time for Michigan despite many demands and requests as groups nationwide prepare for post-pandemic policy changes.

## **Medicaid Public Health Emergency Unwinding Resources for Providers**

Nationwide, the end of the Public Health Emergency means changes for Medicaid beneficiaries and providers. In Michigan, MDHHS has been preparing for the PHE expiration through its unwinding process to document changes impacting Medicaid program eligibility, benefits, and policies. The State has begun to distribute awareness letters and renewal packets to Medicaid beneficiaries and will continue to do so on a rolling basis as outlined in the [Eligibility Notification Timeline](#). MDHHS also has a special Medicaid Provider site on their website with a [Medicaid Policy Crosswalk](#), video explainer, and other resources.

## June Brings Big Changes for Prior Authorization in Michigan

Michigan Senate Bill 247 (Public Act 60 of 2022) goes into effect on June 1, 2023, and focuses on streamlining the prior authorization process in Michigan. The bill requires insurers to make a standardized electronic prior authorization request transaction process available. Prior authorization requirements must also be based on peer-reviewed clinical review criteria, and new prior authorization requirements, restrictions, and amendments must be posted in advance of implementation on insurer websites. Michigan Payers have taken strides to comply with the new requirements.

The portion of the bill with the greatest impact on practices and patients are the shorter turn-around prior authorization decision timelines. Specifically:

- For urgent requests, the prior authorization is considered granted if the insurer fails to act within 72 hours of the original submission.
- For non-urgent requests, the prior authorization is considered granted if the insurer fails to act within 9 calendar days of the original submission. After May 31, 2024, the non-urgent prior authorization timing tightens to 7 calendar days.

These changes are in line with those being considered at the federal level in the CMS Proposed Rule on Advancing Interoperability and Prior Authorization (CMS-0057-P). The CMS Proposed Rule would not take effect until 2026 but would also require electronic prior authorization systems and similar timelines for decisions.

## MiHIN: Making Clinical Health Data Useful for Public Health

“There’s so much data,” says Joe Coyle, Director of the Michigan Department of Health and Human Services (MDHHS) Bureau of Infectious Disease Prevention (BIDP). “The question is, how do we tap into that data and utilize it best? How do we turn big data into information?”

Every day the Michigan Health Information Network (MiHIN), Michigan’s statewide health information exchange infrastructure, receives more than four million Admission, Discharge, Transfer (ADT) messages. Over four million ADT messages per day amounts to an average of 30,191,953 per week. And ADTs are only one of many sources of health data.

One good example of turning big data into useful and actionable information is MiCelerity, a project MDHHS and MiHIN began in 2020. As part of a critical statewide response to the opioid epidemic, public health officials needed a way to track, at an individual and population level, who was getting admitted to the hospital for drug poisoning. To meet this need, MiHIN began scanning all incoming ADT messages for drug poisoning diagnosis codes and routing only that subset of ADT messages to an MDHHS dashboard that displays the data in a user-friendly format to users who have special access.

What's interesting, as Coyle points out, is that "ADT data doesn't exist for the purpose of informing public health, but it's clearly valuable if we can mine and curate that big data for a public health purpose. ADTs aren't going to tell us everything, but if we can understand the potential uses and limitations, the data can be used as a marker for increasing our understanding of what's going on with a particular condition."

The work MDHHS and MiHIN have done together to make ADT data useful for public health is a good example of what Coyle believes needs to happen across the public health sector to make big data useful and improve public health response: Automate what can be automated — including collection, aggregation, visualization — so that the healthcare and public health workforce can do the things that require a human touch.

"Public health is good at being empathetic and meeting people where they are at. We're having personal interactions, talking to people about what their needs are, what their health circumstance means for them and their household, and how they can navigate to treatment or additional medical care," says Coyle. "When the practitioners are focused on serving the needs of their clients the interactions are more productive and personable. When the health IT systems effectively and efficiently receive, transform, and use this affords the public health workforce to prioritize people over data collection.

This fact became even more salient during the COVID-19 pandemic. Typically, for a novel infectious disease or any of Michigan's 100 reportable diseases (infectious diseases like Hepatitis C or Listeria), a case investigator reaches out to identified cases to gather more information about the illness, patient risk factors, and infection outcomes and document that information into a standardized case report form. Case investigators try to find answers to questions like where an individual may have been exposed. Epidemiologists across the state then try to identify patterns in the data from data aggregated across individual case reports.

For example, take Listeria outbreaks. *Listeria monocytogenes* is a foodborne pathogen that can cause life-threatening infections called Listeriosis in older people, pregnant people and their fetuses, and people with compromised immune systems. It is critical to identify the source of the infection as quickly as possible so that implicated food sources can be recalled, and consumers can be warned. In order to figure out the source, case investigators ask patients nine full pages of detailed questions about their recent food history! This is incredibly time consuming, but it is possible to do for something like Listeriosis that may only have a few dozen cases per year in Michigan.

During the COVID-19 pandemic, there were times where case volumes exceeded ten thousand cases per day in Michigan. "Case investigators were trying to conduct investigations to learn more about the novel virus, but it was difficult," says Coyle. MDHHS did stand up two public facing dashboards to make data actionable and accessible to Michiganders, one that tracks cases and one that tracks vaccines. But there were still myriad challenges in getting data from many different systems, getting complete and accurate data, and finding ways of making the data make sense for very fast decision making. Predominantly, there wasn't enough bandwidth amongst public health workers to make the phone calls necessary to collect case information. Additionally, even if calls were made, it wasn't always easy to connect with patients or providers over the phone. As a result, a lot of data were missing. Had the clinical data been sent from health records it could have greatly reduced both the blind spots in our datasets and the scope of work put on disease investigators.

There's an opportunity now to take some of these lessons learned from the pandemic to modernize Michigan's public health infrastructure. Like with ADT messages and MiCelerity, a logical place to start is with existing data sources that can be used in new ways to inform public health.

One idea, and there are many, is Hepatitis C infections. Hepatitis C is a curable chronic condition that public health tracks. Medications that get prescribed to treat it are only prescribed for Hepatitis C. In other words, if someone gets the Hepatitis C medication, it indicates that they have Hepatitis C regardless of whether MDHHS has received a lab result or not. Filtering prescription data for this one piece of information is an example of how an existent data source (prescription/treatment information) could be used to generate actionable, valuable public health information.

The more data that can be automatically turned into information, the more time public health workers will have to focus on the parts of the work that will always require a human person. Further, the better public health can make big data useful, the more it can be reciprocal and able to give health care providers actionable information from public health systems that can improve patient care. "Ultimately, we all want to move to a modernized public health IT world," says Coyle. "It's an iterative process and we're not going to get there overnight. But we can build solutions that get us closer to that reality."

## THE TRAINING CORNER

**To better serve you, we have expanded the array of care management and team-based training sessions. We are fortunate to have MiCMT, Mi-CCSI, MiCHWA, IHP and PTI to provide expert training on important topics in primary care. Here is a summary of their upcoming training sessions.**



### **Michigan Institute for Care Management and Transformation (MICMT)**

A list of upcoming trainings, including live webinars, can be found in the News and Events section of MICMT's website: <https://micmt-cares.org/events>. For an at a glance view, please find the event calendars and event flyers in the "News" section [here](#). Questions and concerns can be shared at <https://micmt-cares.org/contact>.



## Integrated Health Partners (IHP)

IHP offers an array of trainings throughout the year. This includes Introduction to Team Based Care, Patient Engagement, and Foundational Care Management Codes and Billing Opportunities. Each event is listed below along with upcoming dates and the event registration link.

All 2023 training dates are available for registration through the registration link below.

<i>Trainings</i>	<i>Upcoming Dates</i>	<i>Registration Link</i>
Introduction to Team Based Care	6/16/2023; 9/13/2023; 10/18/2023	<a href="#">Register here</a>
Patient Engagement	5/31/2023; 6/22/2023; 9/6/2023	<a href="#">Register here</a>
Foundational Care Management Codes and Billing Opportunities	5/26/2023; 6/19/2023; 9/11/2023	<a href="#">Register here</a>

*If you have any questions, please reach out to Allisyn Rainwater at [rainwatera@integratedhealthpartners.net](mailto:rainwatera@integratedhealthpartners.net).*



## Michigan Community Health Worker Alliance (MiCHWA)

Community Health Worker Certification Training – 100% Virtual Training

- August 7 - September 25, 2023, | Mondays & Wednesdays | 9:00 AM- 4:30 PM EST

The curriculum is designed to train front line workers to provide culturally responsive services in Michigan communities. The 126 training hours includes 25 hours for independent self-study and 40 hours field placement. [MiCHWA CHW Certification Training August 7 - September 25](#)

[Register HERE](#). For more information contact: Shelia Glenn [education@michwa.org](mailto:education@michwa.org) | 248-723-7900



Mi-CCSI continues to provide an array of training to support physician organizations and practices. Please visit our website to learn more about our organizations and trainings at <https://www.miccsi.org/about/>.

Upcoming training courses for May, June, and On-demand/Enduring Offerings.

<b>May</b>	Team Based Care	Engagement			
<b>June</b>	Team Based Care	Engagement	Palliative Care	Treating Pain and Addiction	Collaborative Care (Base)
<b>Self-study Enduring offerings</b>	Patient-Centered Treatment for SUD	Asthma and COPD Learning Series	Benefits and Risks of Cannabis and Cannabinoids	Diabetes Learning Series	

If you have any questions, or would like to converse with Mi-CCSI on training needs and interest customized to your organizational or practice needs, please feel free to outreach to us via our website or contacting our Program Director Sue Vos at [sue.vos@miccsi.org](mailto:sue.vos@miccsi.org).



### **Palliative Care - Cultural Aspects of Care**

This two-hour course will discuss the definitions and importance of inclusion of cultural aspects of the care of patients with serious illness. This course will also include the opportunity to review cultural assessment tools that can be utilized in future clinical practice.

Register here: <https://transformcoach.wufoo.com/forms/sibbbf41ne8qll/>

### Palliative Care - Spiritual, Religious and Existential Aspects of Care

This two-hour course will discuss the definitions and importance of spirituality, religion, and existentialism in the care of patients with serious illness and at the end of life. This course will provide information on assessment tools and conceptual models of practice.

Register here: <https://transformcoach.wufoo.com/forms/rer7y5t0d6hyay/>

### Introduction to Team-Based Care

#### **About the course:**

The Introduction to Team-Based Care course helps the learner better understand how to work in a multidisciplinary care team and in collaboration with the patient. Open to all members of the practice to gain foundational knowledge in Team-Based Care.

Introduction to Team-Based Care will include:

- Why, What, Who and How: Team-Based Care
- Care Management Process
- Outcomes and Triple AIM
- Billing Applications

#### Course Date and Time: (Live Virtual)

May 24, 2023, 8:00am - 12:30pm

May 25, 2023, 9:00am - 11:30am

To register, please visit: <https://cvent.me/NX3nOy>

July 19, 2023, 8:00am - 12:30pm

July 20, 2023, 9:00am - 11:30am

To register, please visit: <https://cvent.me/nP4w0v>

**Note:** *Must attend both days to receive credits*

### Patient Engagement

#### **About the course:**

The goal of this course is for all Care Team Members to learn engagement tools/skills in order to have productive conversations with patients about their health including basic motivational interviewing skills.

The Care Team Member will build upon this foundation, to utilize patient engagement skills in different situations such as Medication Assisted Treatment, (MAT) and Palliative Care.

#### Course Date and Time: (Live Virtual)

June 13, 2023, 9:00am - 4:00pm

To register, please visit: <https://cvent.me/YweaGq>

November 1, 2023, 9:00am - 4:00pm

To register, please visit: <https://cvent.me/PrKynV>

**Note:** *Must attend all day to receive credits*

## Foundational CM Codes and Billing Opportunities

This course builds upon the Introduction to Team-Based Care course, focusing on reimbursement for care management services. The course is designed to support and train physician organizations and practice staff on care management billing.

The course includes:

- Care Team Coding and Billing is a Team Sport
- Billing Optimization
- Billing Applications
- Billing Resources

### Course Date and Time: (Live Virtual)

July 25, 2023, 8:00am - 12:00pm

To register, please visit: <https://cvent.me/edzxZb>

October 4, 2023, 8:00am – 12:00pm

To register, please visit: <https://cvent.me/g180w9>

**Note:** *Must attend all day to receive credits*