



Primary Care Review

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

February 2024

Michigan Multipayer Initiatives (MMI) convenes payers, practices, Physician Organizations and community stakeholders 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. Our website is at <https://mimultipayerinitiatives.org/>. To share an idea or ask a question, please contact Diane Marriott (dbechel@umich.edu or 734 740 0511).

Reimbursing Community Health Worker (CHW) Services

Community Health Workers (CHWs) are important partners in helping people get the resources that they need and supporting patients who are dealing with health issues. Too often, though, reimbursement for their services have been supported by grants and time-limited funding.

Increasingly, though, payers are recognizing and resourcing CHW services by creating paths to payment. On January 1, 2024, both Michigan Medicaid and Medicare fee-for-service instituted new codes to pay for CHW servicing. These codes are a starting place that leverage existing mechanisms and maximize what can be done within the scope of program designs. They require some upfront work to set up a process and partnerships among organizations. Still, they improvements on the present system and offer options for organizations that wish to pursue them.

Let's look at how the new codes work and how they differ. Medicare introduced two Community Health Integration (CHI) HCPCS codes, G0019 and G0022, to pay for CHW services as well as that of other certified or trained auxiliary personnel. Both must be performed under the direction of a physician or other practitioner. G0019 covers 60 minutes of services per calendar month to address social determinants of health (SDOH) need(s) that are significantly limiting ability to diagnose or treat problem(s) addressed in an initiating E/M visit. Services can include conducting person-centered assessments, facilitating goal-setting and an action plan, coordinating the receipt of needed services, building self-efficacy skills among others. Code G0022 is used for each additional 30 minutes per calendar month.


Only one (1) provider can bill for CHI services for the same beneficiary, during the same month (first claim in is paid). Both codes require an initiating visit (e.g., evaluation and management, transitional care management, etc.) performed by the billing practitioner who would be furnishing the CHI services. During the initiating visit the billing practitioner would assess and identify SDOH needs that significantly limit the practitioner's ability to diagnose or treat the patient's medical condition and establish an appropriate plan. Verbal or written consent must be documented in the medical record. CMS believes that a substantial portion of the work would be done through telehealth or in the office but will permit

some via phone. The Medicare Learning Network published a helpful [guide to the new health equity codes](#) including the CHI codes that has a wonderful overview of requirements.

[Michigan Medicaid's codes](#) are 98960 to 98962. MDHHS has also published a helpful [CHW Beginner guide](#). Services would be provided via telehealth or in-office but cannot be audio-only (telephone). Medicaid allows the use of their codes for servicing social needs that interfere with treating a medical condition as well as for supporting patients with chronic disease management. Though CMS does not impose quantity limits, Medicaid does. Still, Medicaid's limits are generous - two hours a day and sixteen visits a month.

Note that neither the Medicare nor Medicaid policies pay CHWs directly. Rather they are paid via an arrangement with a qualified billing provider. Some CHWs will be employed directly by a physician practice or PO. Alternatively, community-based organizations (CBOs) that employ CHWs can contract or form an agreement with a billing provider.

This graphic helps to compare and contrast the Medicare Fee-For-Service and Michigan Medicaid CHW payment policy approaches:

CMS Medicare CHI and MDHHS CHW Comparison 		
	CMS Medicare Fee for Service (Federal)	MDHHS (State)
Focus	SDOH need(s) that are "significantly limiting ability to diagnose or treat problem(s) addressed in an initiating E/M visit"	SDOH Needs and Chronic Disease Support and Self-Management
Modalities Permitted	In-Person; Audio-Visual; "some phone" could also be permitted	In-Person; Audio-Visual
Frequency Limitations	None	2 hours/day and 16 visits/month
Service Initiation	Qualified Health Provider (QHP)	CHAMPS billing provider (Type 1 or 2)
CBO Partnership	QHP can contract or collaborate with CBO for CHW servicing, but remains the billing entity	CBOs are not a recognized provider group and cannot bill though MDHHS will further explore
Coding	G0019; G0022	98960-98962

MICHIGAN MULTIPAYER INITIATIVES
<https://mimultipayerinitiatives.org/>

Are these codes worth the upfront effort to seek reimbursement? The answer will depend on each organization's existing staffing arrangements and interest in pursuing a health equity strategy. Primary care practices with CHWs on staff or who have arrangements with CBOs for CHW staffing are well-suited for billing these new codes. Practices that do not may consider the needs of their patient panel to gauge whether they have a population large enough to support the additional staffing cost. CBOs, too, may consider exploratory conversations with practices or POs to determine if a partnership may be mutually beneficial. Such partnerships require formal agreements; technology and other tools to support clinical integration. However, national organizations like the Partnership to Align Social Care (PASC) have begun to publish [toolkits and sample template contracts](#) to ease the path for organizations that are seeking to partner to provide cross-sector care.

One thing is for certain, though – these new codes are a step in the right direction. Assessing and determining that a health-related social need exists is just a starting point. The navigation and support that community health integration and Community Health Worker services can bring can make all the

difference for a patient. Over time, we are hopeful that payment structures become more sophisticated and are integrated into PMPMs or other alternative payment arrangement structures.

In future editions of the Primary Care review, we'll be examining additional aspects of CHW reimbursement, including the extent to which other payers will adopt CHW billing codes, and the work that MiCHWA is doing on a CHW registry.

Our Newest Payer Policy Comparative Table: *A Focus on Health Information Exchange (HIE) Incentives*

Timely data available at the point are essential for improving care. To encourage the adoption and use of health information exchange (HIE), health plans ("payers") offer financial incentives to providers for participating in MiHIN use cases.

Michigan Multipayer Initiatives (MMI) has collaborated with each payer to create a [table of HIE incentives](#) so that providers, POs and systems have a clearer view of incentive programs and requirements. For many organizations, one payer offering an incentive may not warrant their interest, but when several do, it may well create a business case. The table will also contribute to the work of MDHHS' Health Information Technology (HIT) Commission by creating a multipayer inventory as envisioned in the HIT Roadmap.

The table arrays the elements associated with each payer's incentives, the eligible provider types, and the requirements for earning an incentive. The table will be updated on a yearly basis and maintained in the comparative payer policy tables dropdown of the MMI website.

We are tremendously grateful to each of the health plans that worked with us to populate and finalize the table. These comparative tables don't exist in all states and in Michigan we have a great asset of payers and health plans being willing to come to the table to discuss ways to decrease administrative burden on providers and support their success in serving patients.

Launch of Phase III of the MDHHS SDoH Strategy and the First Four SDoH Hubs

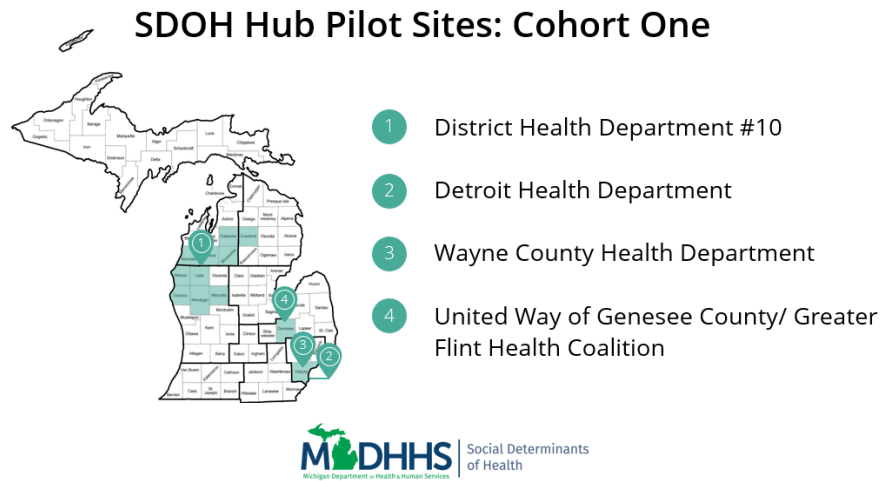
At the January SDoH Summit, MDHHS has rolled out [Phase III of the statewide SDOH Strategy](#), the Innovation phase. Phase III builds on the previous two phases which produced structural interventions like community information exchange (CIE), the integration of community health workers (CHWs), and strategic partnerships for health equity.

There are three elements of focus in Phase III:

1. Launching **SDoH Hubs** to foster collaboration and innovation and support community-driven initiatives;
2. Aligning efforts across sectors utilizing a **Health in All Policies (HiAP) approach** to integrate and articulate health considerations into policymaking; and

3. Building on health equity partnerships to **close the gap** in disparate health outcomes and advance health equity.

The first SDoH hub locations were announced at the summit, with additional locations to be announced in coming months. The four locations that launched as hubs in January 2024 were:



Congratulations to the first four hub sites! Additional hub sites will be announced in April and in May. MDHHS explains that they will serve four functions:

1. **RESOURCE SHARING:** Hubs facilitate the sharing of resources among different programs. For instance, a housing assistance program might collaborate with a health care provider to ensure individuals have access to stable housing, which in turn positively impacts their health. By sharing information and services, these programs optimize their impact.
2. **FUNDING INTEGRATION (Braided Funding):** These hubs often employ a strategy called funding braiding, where multiple funding sources are combined or coordinated to support comprehensive services. This approach allows diverse programs to combine their funding streams, reducing duplication and maximizing the utilization of resources.
3. **TECHNICAL ASSISTANCE:** Hubs offer technical support and expertise to participating programs. For instance, a health program might require assistance in understanding the social needs of their patients. By collaborating with social service programs within the hub, they can gain insights and guidance on how to address these needs effectively.
4. **ALIGNED APPROACH:** By bringing together different programs, hubs foster a more aligned and coordinated approach to service delivery. For example, a community health clinic might work with local education initiatives to ensure children receive proper health care and nutrition, enhancing their academic performance.

We're excited about learning from the hubs and supporting their success. Phase III of the MDHHS SDoH Strategy provides an exciting opportunity for partners in communities across the state to come together to support cross-sector care and we will provide updates on how the work is progressing in future editions. You can also link to the website for more information: [SDOH Hub Pilots](https://mimultipayerinitiatives.org/)

CHW Community Feedback Forums

The first CHW Community Feedback Forum of the year just wrapped up on February 13th. It provided a chance for CHWs statewide to connect with state and local community partners to provide input on policy and program recommendations to support CHW efforts in Michigan. Future forums are planned for May 14, at 10:00 AM and August 13 at 10:00 AM. To register, go to [CHW Community Feedback Forum Meeting #3 Registration](#).

And if you are interested in receiving additional opportunities to participate in the CHW-CFF, please fill out the interest form here: [MDHHS CHW Community Feedback Forum Interest Form](#).

Using the G2211 Add-on Complexity Code Correctly: Guidance from the Medicare Learning Network

There is a lot expected of primary care. It is well-established that primary care office visits are more complex than those conducted by other specialties. Primary care practices manage a patient's complete array of acute and chronic conditions, provide preventive services and counseling, coordinate with specialist and ancillary providers, and address behavioral health challenges and unmet social needs.

Historically, evaluation and management coding has failed to account for the additional complexity and related practice costs related with servicing the needs of complex patients. To remedy this, Medicare has introduced a new code, G2211, to address this complexity. The new code is focused on appropriately valuing "visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition."

To assist practices with understanding the new code and its requirements, Medicare Learning Network (MLN) has published a great new resource called [How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211](#). It is a helpful learning tool to better understand the new code. After all, CMS projects that G2200 will accompany 38% of all E&M visits initially, and 54% of all E&M visits when fully adopted.

CMS Releases Final Evaluation Report on Comprehensive Primary Care Plus (CPC+) Model

CMS has released the [final report](#) on the evaluation of the Comprehensive Primary Care Plus (CPC+) Model. Over 300 Michigan practices participated as well as practices in seven other states. The report found that during the five performance years of the model, CPC+ practices transformed care and contributed to reduced outpatient emergency department visits, acute inpatient hospitalizations, and acute inpatient expenditures. However, these reductions were insufficient in either track to reduce total Medicare expenditures or achieve net savings, after accounting for increased expenditures in other areas and enhanced CPC+ payments. One other finding was interesting -- CPC+ practices that also participated

in the Medicare Shared Savings Program at baseline successfully reduced acute inpatient expenditures and total expenditures.

Though the CPC+ demonstration did not meet CMS' requirements for certifying the model so that it could continue as a part of ongoing Medicare payment, the model was an important experiment in primary care transformation.

CPC+ began prior to the release of the National Academy of Science, Engineering and Medicine's Implementing High Quality Primary Care report that recommended increased payment for primary care. It urged a different approach to certifying demonstrations, explaining that "Primary care payment models to date have largely been judged based on their ability to generate cost savings. Payment models that support integrated, interprofessional primary care teams working in sustained relationships with patients and families will ensure that high-quality primary care is possible to implement and sustain." It goes on to establish that "While primary care payment reform may not result in short-term cost savings, it is a long-term investment that can improve population health and create greater health equity."

Call for Practice Enrollment in Free AHRQ Improving Antibiotic Prescribing Program

The Agency for Healthcare Research and Quality (AHRQ) is looking for primary care practices to participate in a new program to increase the safety and quality of antibiotic prescribing via telehealth. CME, CEU and MOC is available. The program is free and begins this June. It runs for 18 months and includes tools such as suggested scripts for conversations with patients and customized assistance for practice. To learn more, visit <https://safetyprogram4telemedicine.org/page/home>.

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, PTI and our newest addition Health Net of West Michigan to provide expert training on important topics in primary care. Here is a summary of their upcoming training sessions.



Advance Care Planning

Please join us for a
**FREE Advance Care Planning
 Community Facilitator Training**

Community Health Worker, Nursing and Social Work continuing education credits (CNEs)

Tuesday, May 14, 2024
8:30 a.m. - 12:30 p.m.

The training is in-person with a virtual option. Participants will either be emailed a link to the in-person location or virtual training upon registration.

Pre-work will be emailed to the participant at course sign-up. Pre-work and participation in role plays are expected for this course. Virtual attendees must have a working camera and microphone or ability to call in, as active participation is needed.

MyMichigan Medical Center Midland is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC-0043. Four Social Work CEUs are available upon successful completion of this four-hour program.

MyMichigan Health is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. Three and a half contact hours are available upon successful completion of this four-hour program. In order to receive contact hours for this activity, you must stay for 90 percent of the course and complete an evaluation.

MyMichigan Health is an approved provider with Michigan Community Health Worker Alliance. Four CHW CEUs are available upon successful completion of this four hour program.



Please register by Tuesday, May 7, 2024 by contacting Amy Bailey at amy.bailey@mymichigan.org or Kelly Perry at kelly.perry@mymichigan.org.



[MyMichigan Health Advance Care Planning Feb 2024 flyer](#)



Michigan Institute for Care Management and Transformation (MICMT)

With a focus on pediatrics MICMT is offering a live 1 hour webinar March 14th [Pediatric Ethics in Everyday Practice](#) presented by Naomi Lavalentha, MD, University of Michigan Medical School- Michigan Medicine & Lauren Azevedo, D.O., Michigan State University College of Osteopathic Medicine. This webinar will be an opportunity for health professionals at all levels of clinical experience and from diverse training backgrounds to engage in case-based learning about ethically challenging scenarios that are encountered in the outpatient setting.

Please be sure to check MICMT's [event calendar](#) to view a list of upcoming trainings, including live webinars. 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>



Michigan Center for Clinical Systems Improvement (Mi-CCSI)

The Michigan Center for Clinical Systems Improvement (MI-CCSI) provides relevant and current evidence-based educational opportunities for care teams to support the provision of high-quality care to every individual in Michigan. Additional information can be found on our website at <https://www.miccsi.org/upcoming-live-training-events/>.

Upcoming Trainings by Topic

Serious Illness Training: *Serious Illness (Previously Palliative Care): Optimizing Serious Illness*

Conversations, Conducting a Comprehensive Assessment and Care Coordination. This training uses evidence-based approaches that will provide the clinical team with knowledge and skills to assist patients who have a serious illness diagnosis or condition.

Upcoming Training Dates:

- Tuesday, March 12
- Tuesday, April 9
- Tuesday, May 14

Pain and Addiction Training: *Pain & Addiction: Optimizing Management of Pain and Addiction in Primary Care.* This training gives an overview of leveraging psychosocial and non- pharmaceutical

interventions to improve pain and substance use disorder.

Upcoming Training Dates:

- Friday, March 22
- Friday, April 26
- Friday, June 7

Patient Engagement: This live training course allows the learner to gain skills and knowledge to engage and empower patients using enhanced communication skills.

The communication skills taught in this training encompass motivational interviewing, cultural and ethical considerations, health literacy, and the patient's views and desires.

The attendee will have the opportunity to engage in role playing, a simulated interview with a trained standardized patient, and receive immediate and individualized feedback on applied skills.

Upcoming Training Dates:

- Thursday, February 22
- Thursday, March 14
- Friday, April 19
- Friday, May 10

Advancing Skills in Patient Engagement: This is a four-part series, titled, *Advancing Skills in Patient Engagement and Moving Towards Motivational Interviewing Proficiency* is a highly interactive, multi-session training series. It provides the learner with advanced knowledge and skills to increase proficiency in the use of Motivational Interviewing.

The training series includes:

- Three 1.5 hour didactic/practice sessions. Two Simulation sessions with a standardized patient.
- Self-directed study.
- Mentoring and support drop-in sessions are available upon request throughout one year post start date.

Please contact Sue Vos @ sue.vos@miccsi.org for more information or questions related to our training offerings.



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.

2024 MICMT Approved Trainings – Offered by IHP

Introduction to Team Based Care 8:30 a.m. – 5:00 p.m.	Patient Engagement 8:30 a.m. – 5:00 p.m.	Foundational CM Codes & Billing Opps Times vary; see below
Wednesday – 03/27/2024	Thursday – 02/22/2024	Wednesday – 02/21/2024; 11a-4p
Thursday – 04/04/2024	Monday – 03/04/2024	Tuesday – 04/30/2024; 9a-2p
Tuesday – 05/21/2024	Wednesday – 04/24/2024	Wednesday – 05/22/2024; 11a-4p
Wednesday – 06/19/2024	Thursday – 05/02/2024	Wednesday – 07/24/2024; 9a-2p
Tuesday – 09/24/2024	Wednesday – 06/12/2024	Wednesday – 08/28/2024; 11a-4p
Wednesday – 10/09/2024	Wednesday – 09/11/2024	Tuesday – 10/22/2024; 9a-2p
Tuesday – 11/12/2024	Monday – 10/07/2024	Monday – 11/04/2024; 11a-4p
	Wednesday – 11/06/2024	
REGISTER HERE	REGISTER HERE	REGISTER HERE

If you have any questions, please reach out to Amber Jackson at jacksona@integratedhealthpartners.net.



Health Net of West Michigan

Care Model Training Series

This training series focuses on developing core skills for navigators of health and social services. Participants will build their knowledge and competencies through interactive sessions with mixed teaching methods that engage learners not only with the facilitator but with one another to share expertise and practice wisdom collectively.

Care Model® Training. There are currently two cohorts available:

- Cohort 1: February 14, February 28, March 13, and March 27 (9:00 am-1:30 pm each day)
- Cohort 2: May 8, May 22, June 12, June 26 (1:00-5:00 pm each day)
- These training cohorts are for frontline staff who are navigators/connectors (e.g., CHWs, case managers, social workers, other frontline workers addressing health-related social needs with clients/community members)
- The flyer includes training details, pricing, and registration links [2024 Care Model Training - Public Sessions](#)

We are also available to provide Care Model® Training and/or Supervisor training for teams, organizations, or networks of providers, scheduled at their convenience.

- Attached is a [Training Postcard](#) for easy access to training topics and a QR code to learn more.

- Our training programs are approved for social work continuing education credits by NASW-Michigan and CHW continuing education credits through MiCHWA.
- If cost is a barrier to accessing training, we have a couple of funders with opportunities to apply for funding to support this.
- Those interested can contact Christina Pavlak cpavlak@healthnetwm.org



Practice Transformation Institute (PTI)

Introduction to Team Based Care

About this 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.

Course Date and Time: (Live Virtual)

Tuesday, April 16, 2024 8:00am - 12:30pm AND Wednesday, April 17, 2024 9:00am-11:00am	Click here to register!
Monday, June 17, 2024 8:00am - 4:00pm	Click here to register!
Wednesday, October 2, 2024 8:00am - 4:00pm	Click here to register!

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.

It is strongly recommended to take Introduction to Team Based Care before taking this course. For additional details, please visit <https://micmt-cares.org/training/patient-engagement>

Course Date and Time: (Live Virtual)

Monday, September 9, 2024 9:00am - 4:00pm	Click here to register!
Wednesday, December 4, 2024 9:00am - 4:00pm	Click here to register!

Foundational CM Codes and Billing Opportunities

About the course:

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.

Course Date and Time: (Live Virtual):

Tuesday, June 25, 2024 8:00am - 12:00pm	Click here to register!
Wednesday, October 23, 2024 8:00am - 12:00pm	Click here to register!



Michigan Community Health Worker Alliance (MiCHWA)

MiCHWA offers an array of trainings throughout the year, below is a list of our trainings for February & March. Please check out our Training Schedule on our website <https://michwa.org/upcoming-training-certifications/>

Foundations in Behavioral Health Microcredential

Time: 9:00 am - 4:30 pm	Start date: March 4, 2024
Location: Virtual	End date: March 28, 2024
REGISTER	

The Community Health Worker (CHW) Foundations in Behavioral Health is a 64-hour micro-credential that prepares CHWs to bridge gaps in behavioral health care and provide invaluable support to individuals in need. Upon successful completion, the student will receive a certificate for this micro-credential from MiCHWA.

This training has a value of \$600 but is being offered FREE for current CHWs through the MiCOACH grant project. Space is limited. Register today!

USE PROMO CODE: upskill24 at check out when you register.

Registration deadline: February 15th, 2024

Virtual classes will be held on Tuesdays and Thursdays from 9am-4:30pm.

This program is conducted virtually. It is a **hybrid** model incorporating learn at your own pace modules as well as face to face Zoom meetings.

- Mental Health First Aid
- ACES – Adverse Childhood Experiences
- Eating disorders
- Violence prevention
- Stress management
- Substance abuse prevention
- QPR – Suicide Prevention
- Early childhood development
- Human trafficking
- Depression
- Racism’s impact on children and adolescents

MiCHWA Community Health Worker (CHW) Certificate Training Program

CHW CERTIFICATE Location: Virtual REGISTER	Start date: March 19, 2024 End date: May 9, 2024 Time: 9:00 am - 4:30 pm
--	--

The curriculum is designed to train front-line health workers to provide culturally responsive services in Michigan communities. The 166 training hours includes 25 hours for independent self-study. Independent self-study ensures that the participants are given sufficient time to work on homework, quizzes, projects, and other assignments. Independent self-study hours may be completed at the participant’s home, work location, or other location.

As part of the 166 training hours, 40 internship hours are required, consisting of field experiences in local agencies where the focus is for the student to apply and integrate theory into practice. CHWs who are currently employed will complete the internship at their place of work.

Tuition varies by certification training programs and is set by the training organizations, not by MiCHWA.