PROVIDER NETWORK NEWS

On September 29, DWIHN will once again head to Lansing for the Walk a Mile in My Shoes rally. Our goal is to end the stigma related to mental illness and developmental disabilities by raising public awareness and reminding our lawmakers that Mental Health Matters. For more information and to register, click here.

DWIHN is offering yet another tool to help YOU!
The "Mindwise Mental Health Check-Up" is an anonymous, free assessment tool that will help you with your mental health and connect you to resources and assistance if needed.
Mental Health Matters! Please click here for the assessment.

WHAT'S INSIDE THIS ISSUE:

Mindwise Mental Health Check-Up..1
CEO Corner 2-3
Contract Management...................4
Contact Information 4
Credentialing Updates 5
Provider Orientation.......................5
Updates..................................6-12
Alerts & Changes.........................13
MyStrength.................................14
Trainings....................................15

CEO Corner

Eric Doeh, Interim Chief Executive Officer

We Must Do More

We are living in an unprecedented time in global history. The trials we've endured over the past year and a half have pushed us to our limits. Yet, we've remained resilient and continued to display genuine care for all of humankind. Still, for many people living in Michigan, more specifically, those living right here in Wayne County, the disparities in access to healthcare are all too real and continue to be an everyday challenge.

Detroit Wayne Integrated Health Network ("DWIHN") serves over 75,000 Wayne County residents in need of mental health and substance use disorder services. Last year, even under the constraints of a global pandemic, over 200,000 men, women and children received behavioral health services through DWIHN. While this is admirable, we can do more. We must do more.

Wayne County has a population of approximately 1.7 million people. Certainly, there are many more people who need behavioral health services, now more than ever. We have a responsibility to reach all who are in need. We can do more. We must do more.

While DWIHN is committed to increasing outreach and access to mental health services for all of Wayne County, it is undeniable that the more than 285,000 school children must be a large priority. DWIHN served over 85,000 children last year. However, it is likely that thousands more can benefit from the services we offer. We are committed to expanding our services and working with our community partners. We all can do more.

As an integrated behavioral health organization and the county's behavioral health safety net, we are constantly developing innovative ways to reach vulnerable citizens who need our services, but simply don't know where to turn. One of the many lessons that COVID–19 has taught us is that we must reach people where they are. DWIHN partnered with Wayne Health and Ford X, to provide mobile outreach clinics. These clinics offer both physical and behavioral health resources to people in their neighborhoods. Clinicians and nurses are providing vaccinations, blood pressure checks, as well as mental health assessments, connecting people to resources, on the spot, right in their community. Since July, outreach has been provided at almost 20 different sites and over 100 people have benefited from receiving behavioral health information and resources.

Also, as a safety net, we know that keeping community mental health in the community is imperative. When we provide services to an individual, we serve the entire person. We seek to solve social determinant factors that others ignore, or are simply not part of their business plan. We are not risk averse. Where others run from risks, we seek risk. We welcome those challenges that others develop risk corridors to avoid. We must do more to help our community.

CEO Corner, Cont.

Eric Doeh, Interim Chief Executive Officer

We Must Do More

In addition to designing programs and access to services around the delivery of care for an individual, community mental health examines ways and execute plans to address the mental health, physical health, social challenges, access to housing, employment, spiritual connection and strengthening the family unit. We are not only concerned about an individual scheduling an appointment, we go above and beyond to ensure they have access to transportation and food to eat.

Prior to COVID-19, approximately 1.7 million Americans faced food insecurity compared to an estimated 1.9 million (of which 552,400 are children) as a result of the pandemic. Poverty also remains a constant challenge for many adults and children living in Wayne County. In Detroit, about half of kids ages 0-17 live in poverty, though the rate declined from almost 54% to a little more than 47%. We must do more. The U.S. Census indicates that in 2019, the poverty rate in Michigan was approximately 13% while the poverty rate in Wayne county was 19.8%. DWIHN providers took immediate action to ensure children remained safe and engaged by performing wellness checks and delivering homework to children. This is not enough. We must do more.

The disparity in access to healthcare became more apparent when COVID-19 first struck Wayne County in March 2020, and in the months following. The county's African American and low-income communities experienced an astounding number of positive cases and deaths. In April 2020, in Wayne County excluding Detroit, more than 54,000 people tested positive and more than 1,700 died. In Detroit, more than 25,000 people tested positive and approximately 1,699 people died during that same period of time.

Now that the vaccine is widely available, there has been a high premium placed on educating people about the value of the vaccine. This is certainly reasonable considering COVID-19 remains a real threat to the health and safety of all. But let us not forget to put that same high premium on preventive healthcare services, eliminating health disparity and mental health stigma. We can't continue to only spread the good news about the vaccine and ignore the fact that folks are hungry and experiencing less than ideal living conditions. We must invest in the whole person. An investment in the lives of people pays unending dividends for the community as a whole.

DWIHN is committed to serving and investing in the lives of the people of Wayne County. In order to continue to do this at the highest level, we seek partnerships and collaborations with others who will share in our commitment. We may not have all of the answers, but together, we will not fail. With the help of DWIHN's Board of Directors, our Provider Network, our stakeholders and our advocacy partners, we pledge to do more because we must. We must do more.

1 Gundersen, C., A. Dewey, E. Engelhard, M. Strayer, & L. Lapinski. Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018. Feeding America, 2020 [updated projections for 2020].

CONTRACT MANAGEMENT

June White, Director of Contract Management

Things to Know about your existing and upcoming contract:

- Our contract season has started, we are reviewing all pre-contracting documents for accuracy and approval. Contracts are scheduled to go out mid- late September as we wait on our contract changes from MDHHS. Please note provider contracts will not go out until we have received DWIHN Board approval and made any updates t that MDHHS has made to the FY2022 contract.
- Our Annual Provider/Practitioner Survey is scheduled to be released Sept. 2021, please keep watch so your voice can be heard through the survey.
- MDHHS will be implementing code chart and modifier changes for FY 2022. These required changes for billing will be effective October 1, 2021. DWIHN has scheduled a Q & A and a Training session to review and discuss these changes.

Your Provider Network Manager (PNM) sometimes called Contract Manager, can assist you with any questions you may have about the contract renewal process. To find your assigned PNM please click the link, https://www.dwihn.org/providers-mco-contract-assignments.

All Contracted Providers are required to notify DWIHN of any changes listed below at least 30 calendar days prior to the effective date of change. You can also check the DWIHN website, www.dwihn.org for all policy requirements:

- Provider Name
- All Changes in Executive management staff
- Office Hours
- Telephone Number
- No longer accepting new people (within 7 days)
- Provider Affiliation Change (i.e. merger)
- Addition or deletion of service(s)
- Addition/change in program location (new or existing)
- Sanctions, suspensions or termination of credential practitioner staff members of your organization
- Provider Closure (business or locations)
- Required to update Staff Records in MH-WIN when staff changes
- Maintain active and required Insurance minimums while under contract

DWIHN CONTACT INFORMATION

For all other inquiries, please contact the respective departments below

- Access Call Center - accesscenter@dwihn.org
- Authorizations - pihpauthorizations@dwihn.org
- Care Coordination - pihpcarecoordination@dwihn.org
- Claims- pihpclaims@dwihn.org
- Complex Case Management - pihpccm@dwihn.org
- Credentialing - pihpcredentialing@dwihn.org
- Customer Service - pihpcustomerservice@dwihn.org
- Grievances - pihpgrievances@dwihn.org
- MHWIN - mhwin@dwihn.org
- Provider Network - pihpprovidernetwork@dwihn.org
- Residential Referrals - residentialreferral@dwihn.org
- Self Determination - selfdetermination@dwihn.org
- Procedure Code Workgroup - procedure.coding@dwihn.org
- CRSP - crspprovider@dwihn.org

CREDENTIALS

CREDENTIALING UPDATES

By Ricarda Pope-King, Provider Network Administrator

- DWIHN uses the MH-WIN staff record for many mandated requirements and it has just recently been revised. There are two drop-down boxes for practitioner types. The first is titled Primary Practitioner Type and the second is Additional Practitioner Type. The Primary Practitioner Type must be completed for everyone, if the staff practitioner type is not listed click N/A. If the staff has a second practitioner type, please indicate it in the Additional Practitioner Type box. If there is not an Additional Practitioner Type, you must click N/A. Both boxes must be checked for all staff.
- The MH-WIN staff record must be revised for all of your staff by Wednesday, September 8, 2021. Any additional questions should be sent to piphcredentialing@dwihn.org.
- The Systems for Award Management website was updated May 2021. There is still a requirement to register with System for Award Management for every provider that is seeking to contract with DWIHN. Registration is free at SAM.gov. Providers must continue to check SAM as well as OIG monthly to ensure that individuals have not been excluded from the Medicare or Medicaid programs. Documents to assist with the new changes will be posted on the website, www.dwihn.org by Tuesday, September 7, 2021. If you have questions about SAM.gov, please send them to pihpcredentialing@dwihn.org.

ORIENTATION

PROVIDER ORIENTATION

By Felicia Simpson, Provider Network Manager

A Network Provider Orientation meeting is scheduled for September 17, 2021, at 10 am.

The purpose is to provide a comprehensive overview of DWIHN to new and existing Network Providers.

Providers that have received contracts within the last two years are encouraged to attend. Existing providers who have new staff that directly interact with DWIHN Staff are invited to attend. Please check www.dwihn.org for a link to attend.

PROVIDER
UPDATES

COMPLEX CASE MANAGEMENT PROGRAM FLYER

INTEGRATED HEALTH CARE INITIATIVES
COMPLEX CASE MANAGEMENT

Detroit Wayne Integrated Health Network is pleased to introduce Complex Case Management

Teamwork

Complex Case Management:

- Supports enrollees with complex medical and behavioral health concerns – like chronic obstructive pulmonary disease, diabetes mellitus, bipolar disorder, schizophrenia, major depressive disorder, etc
- Helps enrollees learn how to self-manage their daily challenges
- Integrates behavioral and medical health services and ensures that enrollees are linked to needed services
- Works with the current case manager and other clinicians to develop an action plan to help enrollees achieve desired goals
- Encourages the team approach and recommends referrals to community resources, peer advocates, and other needed services/supports
- Does not add any cost to its enrollees

For **details**, please send an email to pihpccm@dwihn.org

DETROIT WAYNE INTEGRATED HEALTH NETWORK
707 MILWAUKEE
DETROIT, MI 48207
313-344-9099
WWW.DWIHN.ORG

PROVIDER UPDATES

DIABETIC SCREENING GUIDELINES

SCREENING MEMBERS WITH SCHIZOPHRENIA AND BIPOLAR DISORDER ON ATYPICAL ANTIPSYCHOTIC MEDICATIONS FOR DIABETES

1. Eligibility Criteria:
   a. Adults 18-64 years old with schizophrenia and bipolar disorder on atypical antipsychotic medications or being started on atypical antipsychotic medication(s)
   b. Males and females;
   c. Exclusions: Enrollee/members already diagnosed with diabetes and enrollee/members with schizophrenia and bipolar disorder for which atypical antipsychotic medications are not dispensed.
2. Screening for diabetes:
   a. HbA1c or fasting blood sugar(FBS) should be ordered or performed prior to the first prescription of atypical antipsychotic medication(s) for new patients not currently on atypical antipsychotic medication(s);
   b. For enrollee/members currently on atypical antipsychotic medications who have never been screened, HbA1c or FBS will be ordered or drawn at next medication review appointment.
3. Treatment and Follow-up:
   a. Educate the enrollee/member and supports about treatment options, self-management and supports, lifestyle changes including nutrition and exercise, coping skills and spiritual support;
   b. Treatment planning must be individualized and person-centered;
   c. Follow up will be done with enrollee/member within fourteen (14) days of labs being ordered to ensure enrollee/member has had it drawn. If no, discuss importance and address any barriers.
   d. If initiating atypical antipsychotic medications, ensure that informed consent has been documented.
      i. Make efforts to draw baseline laboratory studies and follow-up as clinically appropriate.
      ii. Educate enrollee/members about side effects, including those following abrupt discontinuation.
      iii. Address any side effects at each appointment and adjust or change medications as needed to ensure compliance.
   e. Ensure the appropriate frequency of follow-up contacts, which should be more frequent during the initiation of treatment, or following increases or tapering of medications.
   f. Enrollee/members on atypical antipsychotics will be weighed prior to starting atypical antipsychotics and at all subsequent medication review appointments.

PROVIDER UPDATES

DIABETIC SCREENING GUIDELINES

g. For enrollee/members with HbA1c greater than 5.7% provide referral to a primary care provider if enrollee/member does not have one and assist in obtaining an appointment with primary care provider for follow up and sharing of lab results;

h. For enrollee/member with fasting blood sugar (FBS) greater than or equal to 100 mg/DL provide referral to a primary care provider if enrollee/member does not have one and assist in obtaining an appointment with primary care provider for follow up and sharing of lab results;

i. For enrollee/member who gains 5% or more of their initial weight at any time during therapy, consider switching to a different antipsychotic medication;

j. Ensure enrollee member has an assigned primary care provider and is obtaining regular medical care;

k. Follow up with enrollee/member to ensure that they kept appointment with primary care provider. If no, educate on importance and address any barriers;

l. For enrollee/members with normal baseline tests, it is recommended that HbA1c or FBS are repeated at 12 weeks after initiation of treatment; and annually thereafter.

4. Monitoring
   a. HEDIS measure diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications to monitor compliance with lab draws will be run at least annually.
   b. Clinicians should Document changes to target symptoms
   c. Lack of significant response to treatment should result in an adjustment to treatment.

Clinical guidelines based on the following articles:

1. American Heart Association article, "Symptoms and Diagnosis of Metabolic Syndrome," September 15, 2016.
2. American Diabetes Association article, "Metabolic Screening after the American Diabetes Association's Consensus Statement on Antipsychotic Drugs and Diabetes," June 2009.
3. International Journal of Endocrinology article, "An Overview of Diabetes Management in Schizophrenia Patients: Office Based Strategies for Primary Care Practitioners and Endocrinologists,"

PROVIDER UPDATES

MULTIPLE MEDICATION MEMO UPDATE

Detroit Wayne
Integrated Health Network
707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 833-2500
www.dwihn.org

FAX: (313) 833-2156
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Memorandum

Date: 7/13/2021

To: Prescribers within Detroit Wayne Integrated Health Network

From: Dr. Shama Faheem (Chief Medical Officer)

RE: Use of multiple antipsychotics

Detroit Wayne Integrated Health Network (DWIHN) has focused on decreasing the use of multiple antipsychotics. This measure has the potential to improve the health of members with mental illness by reducing side effects associated with antipsychotic medication and possibly increasing medication adherence.

According to the American Psychiatric Association, second generation antipsychotics are preferred due to fewer extrapyramidal symptoms. Second generation antipsychotic medications, though, as a class, are more likely to cause metabolic abnormalities than first generation agents, and cause other side effects as well. These include obesity, hypertension, hyperlipidemia, and diabetes mellitus – which increase the risk for cardiovascular disease.

There is general consensus regarding monotherapy in the first several treatment tiers for the treatment of schizophrenia across well-known algorithms: the Texas Medication Algorithm Project (TMAP), the International Psychopharmacology Algorithm Project (IPAP), and the Psychopharmacology Algorithm Project at the Harvard Medical School. The treatment algorithms for Bipolar Disorder, while arriving at polypharmacy more rapidly than for schizophrenia, do not include antipsychotic polypharmacy.

Despite recommendations against it, there continue to be many individuals being prescribed more than one antipsychotic, of both the traditional and atypical variety. Research shows that use of two or more antipsychotic medications occurs in 4% to 35% of outpatients and 30% to 50% of inpatients. However, evidence for the efficacy and safety of using multiple antipsychotic medications is limited, and risk for drug interactions, noncompliance, and medication errors is increased. Generally, the use of two or more antipsychotic medications concurrently should be avoided except in cases of three failed trials of monotherapy, which included one failed trial of clozapine where possible, or where a second antipsychotic medication is added with a plan to cross-taper to monotherapy.

APA's ***Choosing Wisely*** Program has following recommendations regarding possible inappropriate use of antipsychotics:

PROVIDER UPDATES

MULTIPLE MEDICATION MEMO UPDATE

1. Don't prescribe antipsychotic medications to patients for any indication without appropriate initial evaluation and appropriate ongoing monitoring.
2. Don't routinely prescribe two or more antipsychotic medications concurrently.
3. Don't routinely use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia.
4. Don't routinely prescribe antipsychotic medications as a first-line intervention for insomnia in adults.
5. Don't routinely prescribe antipsychotic medications as a first-line intervention for children and adolescents for any diagnosis other than psychotic disorders.

While sometimes appropriate, individuals prescribed 2 or more antipsychotics concurrently are at higher risk for complications and side effects.

Common side effects include:

- Sedation
- Weight gain
- Increased risk for diabetes mellitus
- Increase risk of hyperlipidemia
- Prolongation of QTc interval
- Increased risk of Myocarditis
- Sexual side effects
- Increased risk for cataracts
- Extrapyramidal side effects

It should also be noted that a complicated medication regimen increases the likelihood of nonadherence to treatment and medications as well.

The Detroit Wayne Integrated Health Network (DWIHN) will use population health metrics to identify individuals currently on 2 or more antipsychotics for longer than 60 days. Particular focus will be on individuals prescribed 3 or more antipsychotics. The overall goal of this project is to reduce the use of polypharmacy throughout the network.

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https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890424841
https://www.psychiatry.org/psychiatrists/practice/quality-improvement/choosing-wisely
https://jpshealthnet.org/sites/default/files/inline-files/tmapalgorithmforschizophrenia.pdf
https://manual.jointcommission.org/releases/TJC2018A/DataElem0137.html

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PROVIDER UPDATES

WE TREAT HEP C

We Treat Hep C Initiative: MDHHS partners with professional consultation programs to offer free hepatitis C training and resources for health care providers

The Michigan Department of Health and Human Services (MDHHS) launched the We Treat Hep C Initiative on April 1, 2021 as a key strategy to eliminate hepatitis C virus (HCV) as a health threat to Michiganders.

The We Treat Hep C Initiative aims to make treatment more accessible by removing barriers to prescribing. MDHHS has entered into an agreement with AbbVie, the pharmaceutical manufacturer of the HCV Direct-Acting Antiviral (DAA) MAVYRET®, to make treatment available to all Medicaid and Healthy Michigan Plan beneficiaries. Starting April 1, Michigan Medicaid removed prior authorization requirements for the preferred HCV medication, MAVYRET and will be the only DAA identified as Preferred on the Michigan Preferred Drug List (PDL).

MAVYRET for Medicaid & Healthy Michigan Plan beneficiaries:

- Prior authorization is not required.
- Documentation of sobriety, prescriber specialist, and fibrosis score are no longer required.
- Prescribers can order the entire course of MAVYRET with one script indicating an 8- or 12-week supply. Specialty or retail pharmacies are authorized to dispense up to 102 days of therapy at a single time but will default to dispensing in 4-week increments unless otherwise indicated.

Non-preferred DAAs:

- Completion of prior authorization is required along with documentation explaining why the preferred agent MAVYRET cannot be used. To access the standard prior authorization form, click here.
- Documentation of sobriety, prescriber specialist, and fibrosis score are no longer required.

The success of the We Treat Hep C Initiative will be directly tied to the state's clinical community treating patients impacted by HCV. With the removal of criteria surrounding who can prescribe HCV medication, we need prescribers (MDs, DOs, NPs, PAs) to join MDHHS' HCV elimination efforts.

MDHHS has partnered with the following to develop trainings and resources with the goal of supporting providers to confidently treat and manage their patients living with HCV:

1. **Henry Ford Health System Hepatitis C Clinical Consult Program**
   A free consultation line is available Monday through Friday 8:00am – 5:00pm for all health care professionals with questions about HCV disease management and treatment. (313) 575-0332

2. **Wayne State University's Midwest AIDS Training and Education Center**
   Free HCV case-based office hours available for all health care professionals. To request an appointment with a physician specialized in HCV, please call (313) 962-2000. A free consultation line is available for urgent questions, including after hours and on the weekends. (313) 408-3483

PROVIDER UPDATES

WE TREAT HEP C

3. Michigan Opioid Collaborative HCV Virtual Case Conferencing
   Complimentary biweekly education and case consultation on HCV to support primary care and community providers with diagnosis, treatment planning, and medication management of people living with HCV. To learn more about this service, click here.

Providers with prescriptive authority are the key to this cure. To be notified of new training opportunities and events, please send a request to MDHHS-Hepatitis@Michigan.gov to be added to the listserv.

For more information, visit the We Treat Hep C webpage.

Provider Alerts/Changes/Closures

NEW PROVIDERS

Home Health Pro LLC DBA Sigma Home Care- Effective 07/21
230200 Telegraph Road
Suite 220
Bingham Farms, MI 48025-5713

PROVIDER CLOSURES

Samaritan Homes Inc.- 7/1/ 2021

27312 Mill Creek Brownstown, MI 48183

CHS Group, LLC - 7/7/21

211 E. Michigan Ave Ypsilanti, MI 48198

A&C Behavioral Solutions- 7/30/21 (Selling to Acorn Health)

31557 Schoolcraft Suite 200 Livonia, MI 48159

MAKA SIL & Group Home- Wayne AFC Home- 7/27/21

8802 Wayne Rd. Romulus, MI 48174

It's All About You- Provider expects to close September 30, 2021. Their last class will be August 26, 2021.

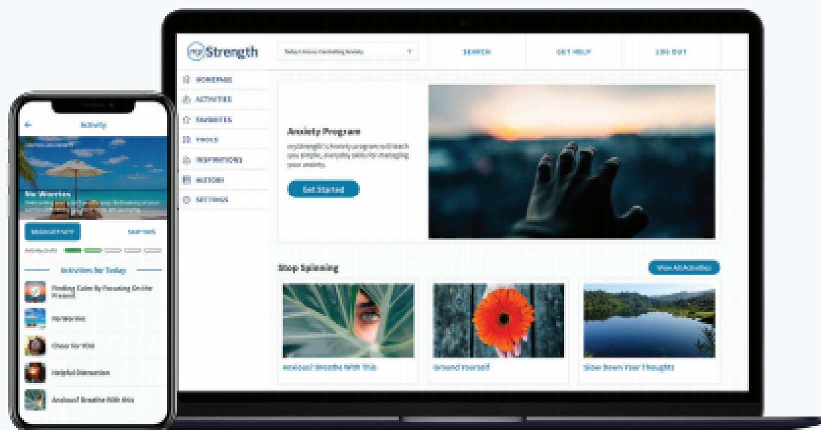
33740 Plymouth Livonia, MI 48150

UPDATE

PERSONAL SUPPORT **FOR YOU**

Recharge, Refresh and Improve Your Mood with myStrength

Now you can use myStrength's web and mobile tools to support your goals and well-being. Learning to use myStrength's tools can help you overcome the challenges you face and stay mentally strong. And it's all safe, secure and personalized – just for you.



What myStrength users are saying:

"It's nice to have self-guided help that is so accessible."

"myStrength gives me back some of the 'light' I had lost."

SIGN UP TODAY

1. Visit 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.

☐ **DWIHNc**

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

myStrength is presented by

PM04741.B | ©2019 myStrength, Inc. All rights reserved. | FPF2-DWIHN-0919 | Program includes trends and support on your secure account and mobile app but does not include a phone or laptop. The testimonials, statements, and opinions presented are applicable to the member. Each member's exact results and experience will be unique and individual to each member. The testimonials are voluntarily provided and are not paid. Google Play and the Google Play logo are trademarks of Google LLC. Apple, the Apple logo, and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries and regions. App Store is a service mark of Apple Inc.

ONLINE TRAININGS ARE AVAILABLE

Provider trainings are available at Detroit Wayne Connect, a continuing education platform for stakeholders of the behavioral health workforce. We strive to provide a variety of live and online courses. Log on at dwctraining.com.

SUD Trainings are available on Improving MI Practices posted at www.dwihn.org.

Detroit Wayne Integrated Health Network
707 W. Milwaukee St.
Detroit, MI 48202
www.dwihn.org

24-Hour Crisis Information and Referral
800-241-4949
TDD: 866-870-2599

Customer Service
888-490-9698 or 313-833-3232
TDD/TTY: 800-630-1044
Fax: 313-833-2217 or 313-833-4280

Recipient Rights Office
888-339-5595
TDD/TTY: 888-339-5588

@DetroitWayneIHN