CM Leader Collaboration/Workgroup
February 5, 2025
Masonic Center at 233 E. Fulton Suite 20
11:30 noon -12:30 p.m.

Members: CMCMH, Trinity Health GR and Muskegon, Answer Health, BCBSM, Northern Michigan Care Partners, GLMG, MPCA, Corewell Lakeland, Metro Integrated Health Network

Mi-CCSI: Tom Dahlborg, Sue Vos, Amy Wales, Lynn Klima, Metro Integrated Health Network

ITEM	TIME	TOOLS/METHODS	OUTCOMES	RESP
1. Welcome	15 min	Welcome – Sharing, questions, input from the group 1. Does anyone have rural health practices with care managers dropping PDCM codes on Medicare Plus Blue patients? We do, but I discovered that our billing department wasn't sending those claims because Medicare reimburses for these differently (as a lump sum). So we weren't getting credit for those touches. After discussing with our billing department, they decided to send enough 2024 claims through to get us to the 4% for the rural health clinics. Medicare will end up doing some takebacks for those, but as of now sending those claims is the only way BCBS will give us credit for doing the care management work. I'm thinking there must be a better way to do this in 2025, hoping for suggestions. 2. We have some patients in our system with sickle cell who visit the ER very frequently – almost daily – for sickle cell crisis. There are standing orders for IV Dilaudid to be given in the ER, written by their hematologist. How are other organizations handling these patients? https://poctools.acep.org/POCTool/SickleCell/df0c5789-695b-4ceb-8fde-9f3db269a26d https://www.hematology.org/education/clinicians/guidelines-and-quality-care/clinical-practice-guidelines/scd-guidelines-management-of-acute-and-chronic-pain	Acknowledge attendees and current events	All
2. Training	30 min	Review of member training benefits and impact	Outline changes and impact Clarity	All
3. Priority Health Update	20 min	New contact: Jordyn Michalec Review of questions from Jordyn I'd love to gather some insights from your group on our current Care	Input	All

		Management measure in our PIP program. A few probing questions I have: 1. Do you feel it is appropriate that only two touch points are required? Would you recommend more or less? 2. Do you feel allowing for virtual care management is sufficient in managing the complex population? 3. Do you have thoughts on how we might be able to streamline initial care management training and/or continuing education? Mainly in its delivery, frequency, format. 4. What is a best practice, in your opinion, of data exchange between a health plan and an embedded care management team?		
5. Wrap-up	5 min	Comments and requests Happy New Year!	Prepare for next month agenda	All

Sue Vos BSN RN CCM

CM Leadership Collaboration 2025 Goals

1. Continue open forum of inquiring and sharing with one another
2. Identify new issues related to CM. Gain insight and options to problem-solve
3. Review incentive plans with payers