The Michigan Health IT Commission is an advisory Commission to the Michigan Department of Community Health and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275
Agenda

A. Welcome & Introductions
B. Review & Approval of 10/16/2014 Meeting Minutes
C. HIT/HIE Update
D. Introduction to Long Term Supports and Services (LTSS)-No Wrong Door Transformation Project
E. State of Michigan’s Long Term Care Lean Project
F. CareConnect360 (CC360)
G. Open Forum on Long Term Supports and Services and HIT/HIE
H. HITC Next Steps
I. Public Comment
J. Adjourn
Welcome & Introductions

- Commissioner Updates
HIT/HIE Update
Meghan Vanderstelt, MDCH
2014 Goals – November Update

Governance Development and Execution of Relevant Agreements

• Detroit Wayne Mental Health Authority (DWMHA) Pre-Paid Inpatient Health Plan (PIHP) became Michigan’s newest Payer QO; Washtenaw PIHP also signed QDSOA; six other PIHPs reviewing QDSOA
• Altarum and Surescripts completed review of State-Sponsored Sharing Org. Agt.
• MiHIN Payer QO Day November 13 from 10:00 AM - 3:00 PM, MSMS Board Room
  • 40 attendees from MDCH/Medicaid, Commercial Payers, PIHPs
  • Defined and prioritized Use Cases for Payers
• Privacy WG history of consent in Michigan brief approved to send to MiHIN Board
• New opinion letter from Dickenson-Wright on HIV, Reportable Labs, and patient consent being reviewed by DCH legal
• New legal opinion letter on CQMs containing sensitive information being reviewed
• Foley-Lardner opinion on ADTs and breaches confirms 2013 WNJ opinion letter
• Foley-Lardner brief and opinion on “gray areas” for consent under review by DCH

Technology and Implementation Road Map Goals

• Second tier hospitals required to send ADTs by December 15 for BCBSM incentives
  • All but one organization (Karmanos) has scheduled onboarding by the deadline
• Estimated 90% of admissions Statewide now being sent through MiHIN by 12/31/14
• Medication Reconciliation Use Case and Common Key Service both now underway
• Statewide Consumer Directory working in “alpha” version
• Statewide Provider Directory now integrated with modernized NPPES
• Incident Escalation Policies, Procedures and Plan currently under revision by MOAC Security Working Group (SWG) after review by Foley-Lardner security practice
2014 Goals – November Update

QO & VQO Data Sharing

• More than 107+ million messages received since production started May 8, 2012
  • 3 million+ ADT messages/week; 1 million+ public health messages/week
• Reportable lab messages steadily increasing, now more than 107,000 received
• More than 13.5 million syndromic surveillance messages received
• Numerous new Use Cases emerging – Receive State Labs is next

MiHIN Shared Services Utilization

• New Use Cases onboarding:
  • Continue to pilot Newborn Screening/Pulse Oximetry/CCHD Use Case at 2 sites
  • Michiana HIN (MHIN) now submitting Reportable Labs
  • Continue Immunization History/Forecast (Query By Parameter) at 2 sites
  • One site advancing the Social Security Administration electronic disability determination Use Case
• MiHIN and The Use Case Factory™ have finalized Use Case Summaries for: Common Key Service (CKS), Statewide ADT Notification Service, Active Care Relationship Service (ACRS), Single Sign On (SSO) for Providers and Consumer, Integrated Care Bridge Record (ICBR), Medication Reconciliation Service (“MedRec”) and four separate Statewide Health Provider Directory (HPD) Use Cases (Submit HPD, Basic Query, Advanced Query and Direct HISP Search Service)

11/20/2014
<table>
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<tr>
<th>2 Week Total</th>
<th>Prod. Running Total**</th>
<th>Sources in Prod. Through MiHIN</th>
<th>Sources in DQA</th>
<th>QOs in production</th>
<th>QOs in test</th>
<th>vQOs in production</th>
<th>vQOs in test</th>
<th>Use Case</th>
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<td>Transition of Care - Payers/BCBSM (ADT)</td>
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<td>Submit Data to Health Provider Directory</td>
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<td>12</td>
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<td>1</td>
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<td>Receive Syndromics</td>
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<td>Clinical Quality Measures</td>
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<td>9,578,064</td>
<td>117,517,983</td>
<td>1,394</td>
<td>625</td>
<td>25</td>
<td>4</td>
<td>4</td>
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<td>Totals</td>
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11/20/2014
In 2011, the Department of Community Health (DCH), the Michigan Care Improvement Registry (MCIR) and HIE Stakeholders embarked on the creation and implementation of the first message to be transmitted from Provider EHR systems into the State of Michigan’s MCIR system via the Michigan Health Information Exchange. In addition to the participating providers being able to obtain Meaningful Use credit for the immunization data transmitted, DCH and MCIR felt confident that the receipt of immunization information via HIE would not only modernize the way the data was transmitted but also result in improved data quality. The message went live in May of 2012 and MCIR now has data quality measures to report.

Immunization dosages administered to patients 18 years old or less must be reported to MCIR within 72 hours. A recent change now has adult immunizations also stored in MCIR. MiHIN has been an active partner to assist in MCIR obtaining information from corporate submitters (CVS, Meijers, Walgreens, etc.) which is leading to improved adult vaccination information in MCIR.

Since the implementation of HIE vaccination messaging, timeliness – the reporting of the administered dosage within the first day - has increased by more than 20%. Accuracy and completeness of the data has also improved. The quality improvements assist providers as the MCIR system is more efficient in alerting providers of vulnerable patients who are still in need of season vaccines, such as the flu vaccine. Improved quantity and quality of immunization information allow providers to prioritize patient outreach efforts towards immunization administration and helps prevent duplicate vaccination. From the state side, improved information in MCIR leads to improved management of vaccine inventory and response during flu season or flu pandemics.

MCIR has also realized quality improvements with the MCIR/MPI integration project. Initial integration with the Master Person Index helped identify 14,000 duplicate records within MCIR. Once full integration is achieved in early 2015, the systems will work together to prevent duplicates from being introduced.

**Transition to HIE for MCIR Continues**
Currently there are 1,354 production submitters via Michigan’s HIE platform with 433,466 unduplicated immunizations captured this last month. Migration to HIE transmission continues as there are 4766 sites still using the legacy reporting method. MCIR staff are currently working with 723 locations to move into HIE production.
## MDCH Data Hub Message traffic volumes received via HIE from MiHIN

<table>
<thead>
<tr>
<th>Month</th>
<th>MCIR - Immunization</th>
<th>MDSS - Disease Surveillance</th>
<th>MSSS - Syndromic Surveillance</th>
<th>Total Valid Messages</th>
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<tr>
<td>January</td>
<td>352,041</td>
<td>4,467</td>
<td>0</td>
<td>356,508</td>
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<td>February</td>
<td>412,533</td>
<td>3,781</td>
<td>1,058</td>
<td>417,372</td>
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<td>March</td>
<td>354,644</td>
<td>4,978</td>
<td>176,067</td>
<td>535,689</td>
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<td>April</td>
<td>367,491</td>
<td>56,300</td>
<td>737,226</td>
<td>1,161,017</td>
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<td>May</td>
<td>320,781</td>
<td>148,230</td>
<td>991,475</td>
<td>1,460,486</td>
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<td>June</td>
<td>363,452</td>
<td>11,378</td>
<td>1,519,556</td>
<td>1,894,386</td>
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<td>July</td>
<td>532,439</td>
<td>13,782</td>
<td>2,494,651</td>
<td>3,040,872</td>
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<td>Aug</td>
<td>444,102</td>
<td>11,376</td>
<td>2,829,176</td>
<td>3,284,654</td>
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<td>Sept</td>
<td>622,828</td>
<td>9,955</td>
<td>3,538,657</td>
<td>4,171,440</td>
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<td>Oct</td>
<td>1,381,913</td>
<td>21,644</td>
<td>3,828,113</td>
<td>5,231,670</td>
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<td><strong>Total</strong></td>
<td><strong>5,152,224</strong></td>
<td><strong>285,891</strong></td>
<td><strong>16,115,979</strong></td>
<td><strong>21,554,094</strong></td>
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# Participation Year (PY) Goals

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<tr>
<th>Eligible Provider (EPs)</th>
<th>Reporting Status</th>
<th>Prior # of Incentives Paid (September)</th>
<th>Current # of Incentives Paid (October)</th>
<th>PY Goal Number of Incentive Payments</th>
<th>PY Medicaid Incentive Funding Expended</th>
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<tr>
<td>AIU 2013</td>
<td>1245</td>
<td>1294</td>
<td>1,003</td>
<td>$27,093,769</td>
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<td>AIU 2014</td>
<td>139</td>
<td>173</td>
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<td>$3,633,752</td>
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<td>MU 2013</td>
<td>874</td>
<td>882</td>
<td>1,043</td>
<td>$7,414,843</td>
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<td>MU 2014</td>
<td>29</td>
<td>33</td>
<td>1,444</td>
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<table>
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<th>Eligible Hospital (EHs)</th>
<th>Reporting Status</th>
<th>Prior # of Incentives Paid (September)</th>
<th>Current # of Incentives Paid (October)</th>
<th>PY Goal Number of Incentive Payments</th>
<th>PY Medicaid Incentive Funding Expended</th>
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<td>AIU 2013</td>
<td>15</td>
<td>16</td>
<td>15</td>
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<tr>
<td>AIU 2014</td>
<td>0</td>
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## Cumulative Incentives for EHR Incentive Program 2011 to Present

<table>
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<th>Total Number of EPs &amp; EHs Paid</th>
<th>Total Federal Medicaid Incentive Funding Expended</th>
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<td>AIU</td>
<td>4,113</td>
<td>$162,239,014</td>
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<td>MU</td>
<td>1,559</td>
<td>$74,819,335</td>
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Key: AIU = Adopt, Implement or Upgrade  MU = Meaningful Use
2014 Goals – November Update

**Federally Funded REC**
Supporting adoption and achievement of Stage 1 Meaningful Use with a minimum of 3,724 priority providers across Michigan’s primary care community.

- **3,724(+) Milestone 1**: Recruitment of Eligible Priority Primary Care Providers (PPCPs); 100% to goal
- **3,724(+) Milestone 2**: EHR Go-Live with PPCPs; 100% to goal
- **3,341 Milestone 3**: Stage 1 Meaningful Use Attestation with PPCPs; 89% to goal

**MDCH Medicaid Program (90/10)**
Supporting providers in Michigan with high volumes of Medicaid patients in attaining Meaningful Use.

- **474- Specialists Sign-Ups**: Recruitment of Medicaid eligible specialists (Non-Primary Care)
  - 126- AIUs | 1- 90day MU attestation | Specialist Sign-Up breakdown: Dentistry 55%, Mental Health 33%, Optometry 5%, Other 6%
- **201- Stage1Year1(or2) Sign-ups**: Recruitment of MEPs in Stage 1 of Meaningful Use (Non-Specialists)
  - 17- AIUs | 12- 90day MU attestation
- **30- Stage2Year1 Sign-ups**: Recruitment of MEPs in Stage 2 of Meaningful Use
  - 1- 90day MU Attestation

**M-CEITA Provider Metrics**
Client data provides insight into EHR adoption and Meaningful Use landscape across Michigan Providers.

- 60% of clients working with M-CEITA to achieve Meaningful Use are enrolled in the Medicare Incentive Program versus 30% of clients who are enrolled in the Medicaid Incentive Program
- 10% of clients working with M-CEITA have met the standards for Stage 1 Year 1 of Meaningful Use even though they are ‘not eligible’ for the MU Incentives
- To date, 89% of M-CEITA clients have achieved Stage 1 Year 1 in Meaningful Use

**Million Hearts Initiative**
Expanding our focus to assist providers with future stages of MU, other quality process improvement and public health priorities with an emphasis on EHR-enabled improvements.

- M-CEITA has begun tracking client practices that have committed to reporting on the Million Hearts related CQMs through a proprietary tool called the eMUGA
- M-CEITA is conducting a Million Hearts Call to Action Demonstration Project, designing and implementing a practice-level QI program to improve care coordination and measure improvement in the health of at risk patients
- M-CEITA is partnering with MDCH HDSP/DPCP on the CDC 1305 and 1422 grants to improve high BP and A1C prevalence through the use of EHRs
- M-CEITA is participating in the National ASTHO Million Hearts Learning Collaborative, partnering with MDCH to improve hypertension rates in selected clinics
November 2014 Updates

- Dashboard
- Electronic Consent Management Follow Up
- Annual Report
- Public Comment
Objective: To recommend and advise the Michigan Department of Community Health on Policy decisions, business and technical needs, and general oversight for the following HIT activities essential to the State of Michigan HIT and HIE landscape during 2014.

- Acknowledge and promote best practices
- Support programs to train HIT professionals
- Engage with the U of M Institute for Healthcare Policy and Innovation
- Security
- Privacy and Consent Management
- Identity Management
- ICD-10
- Behavioral Health and Long Term Care Integration
- Sustainability
- EHR Regulatory and Reporting Requirements
- Master Patient and Provider Indexes

Develop & Maintain Strategic Plan
- Develop a roadmap based on the strategic plan with specific services, timelines, issues, budgets, and marketing
- Define the metrics for success
- Support the development of a sustainability plan
- Align state efforts with health systems and ONC

Prepare for changes in the HIT-HIE environment
- Facilitate the integration of HIT and HIE into behavioral health and long term care
- Look into incorporating LHS and SIM into the roadmap
- Prepare for new technologies and increasing regulatory and reporting requirements.
- Support HIT innovation
- Explore partnerships with HIT-HIE entities

Identify Critical Issues
- Security
- Privacy and Consent Management
- Identity Management
- ICD-10
- Behavioral Health and Long Term Care Integration
- Sustainability
- EHR Regulatory and Reporting Requirements
- Master Patient and Provider Indexes

Increase Consumer and Provider Engagement
- Consumer Engagement
- Provider Engagement
- HIE Education

Policies & Measures to Encourage Adoption of HIT
- Acknowledge and promote best practices
- Support programs to train HIT professionals
- Engage with the U of M Institute for Healthcare Policy and Innovation
Existing and Emerging Domains

• On Agenda in 2014:
  • Stakeholder and Consumer Engagement
  • Governance, Policy, and Innovation
  • Privacy and Security

• New additions to Agenda in 2015:
  • Care Coordination
  • Person Centered Planning
  • Population Health and Data Analytics
Why Focus on Transformative Efforts?

- Data does not improve quality;
- Research does not improve quality;
- Only the use of data and the application of research may improve quality.
- Focus on a system that stimulates data utilization and promotes research in order to improve the quality of care.
2014 Annual Report Outline

I. Introduction
II. Meet the Commissioners
III. Stakeholder and Consumer Engagement
IV. Governance, Policy, and Innovation
V. Privacy and Security
VI. Forecast of 2015 Activity
   i. Continue Evaluating 2014 Domains
   ii. New Domains: Care Coordination, Person Centered Planning, Population Health and Data Analytics
VII. Conclusion
LTSS 101: What are Long-Term Supports and Services?

Phil Kurdunowicz, Analyst
Office of Health Information Technology
Michigan Department of Community Health

Presented to the Health Information Technology Commission on November 20, 2014
Why are we talking about Long-Term Supports and Services today?

- Governor Snyder’s Special Message on Aging
- Long-Term Care Lean Process Improvement/No Wrong Door Transformation Project
- MI Health Link Demonstration
What are Long-Term Supports and Services?

- Terminology
  - Long-Term Care
  - Long-Term and Post-Acute Care
  - Home and Community-Based Services
  - Long-Term Supports and Services

Long-Term Care
+ Home and Community-Based Services
---------------------------------------------
Long-Term Supports and Services (LTSS)
What are Long-Term Supports and Services?

A spectrum of supports and services that an individual may use over an extended period of time to achieve his or her needs and goals.

- Skilled Nursing Care
- Habilitative or Rehabilitative Services
- Palliative Care
- Transition Services
- Adult Day Care
- Personal Care Services
- Community Living Supports
- Assistive Technologies
- Nutrition and Transportation Services
Who uses Long-Term Supports and Services?

**Needs**

- Post-acute care
- Aging need
- Mental health issue
- Substance use disorder
- Physical disability
- Developmental or intellectual disability
- Functional limitation
- Multiple chronic conditions

**Goals**

- Recovering from an illness or injury
- Addressing ongoing medical or non-medical needs
- Living in the community
- Transitioning between settings
- Supporting employment or education

**Long-Term Supports and Services**
Who provides Long-Term Supports and Services?
How can data sharing improve the Long-Term Supports and Services system?

Health Information Technology Transformation Goals
- Consumer engagement and person-centered planning
- Care coordination
- Population health and data analytics

Long-Term Supports and Services Transformation Goals
- Person-centered planning
- Eligibility determinations and service authorization
- Coordination of services and supports
- Outcomes measurement and quality improvement
Thank you!

**UP NEXT:** What is the No Wrong Door (NWD) Transformation Project?

Wendi Middleton  
Office of Services to the Aging  
Michigan Department of Community Health
LTSS Process Improvement Project/
No Wrong Door (NWD)
Transformation Project

Office of Services to the Aging
Improved Consumer Access to Long Term Supports and Services (LTSS)
Aim & Purpose

- Offer streamlined and accessible long-term supports and services (LTSS) for people of all ages, disabilities, and income levels, regardless of payment source, using a “No Wrong Door” (NWD) system.

- A NWD system connects people to services as quickly and easily as possible, eliminating the need for the person to contact different service providers to get information about and access to needed services.

- Our 12 month goal is to develop a comprehensive three-year plan to report on state level structural systems and barriers to accessing LTSS with recommendations to address the deficits.
History of the Project

• 2013 - ADRC support needed – OSA reaches out to other state departments
  – ADRC’s are virtual partnerships between Area Agencies on Aging (AAA’s) and Centers for Independent Living (CIL’s)/Disability Networks which provide NWD, one-stop, unbiased information about LTSS options, through person-centered counseling and the development of a person-centered plan. Using this person-centered approach consumers can make informed decisions about their needed supports and services. ADRC’s also connect people to agencies and service providers, eliminating the need for people to call individual agencies to learn what is available and connect on their own.

• November 2013 - Initial meeting with representatives of agencies, bureau’s and departments administering LTSS to explore interest in pursuing improvement project

• November 2013 – March 2014 – 6 days of Lean Process Improvement to identify issues and develop draft recommendations

• March 2014 – Sponsors review/approve recommendations
History of the Project

• May 2014 – First Cross-departmental Coordinating Council meeting held
  – Phil Kurdunowicz – Data-Sharing Subcommittee/meetings commence
• June 2014 – Administration on Community Living offers NWD Systems Transformation grant opportunity, OSA develops grant proposal due in July
• September 29, 2014 – OSA receives grant
• October 2014 – OSA contracts with Demmer Center for Business Transformation and Sergent Results Group to support project
• November 7, 2014 – First meeting with support of grant funds is held
• November 21, 2014 presentation to HIT Commission
The State of Michigan Team

• **Co-leadership/Sponsors**
  – Kari Sederburg, Director, Office of Services to the Aging (OSA)
  – Nick Lyons, Director, Michigan Department of Community Health (MDCH)
  – Duane Berger, Chief Deputy Director, Michigan Department of Human Services (MDHS)
  – Mike Zimmer, Acting Director, Michigan Department of Licensing and Regulatory Affairs (LARA)

• **Project Director**
  – Leslie Shanlian, Deputy Director, OSA

• **Key Staff**
  – Wendi Middleton, Director, Program and Partnership Development Division, OSA
Cross-Departmental Coordinating Council

• The Cross-Departmental Coordinating Council is comprised of staff from a variety of state departments and agencies responsible for administration of LTSS.

• Members are:
  – Brian Barrie, Director, Long Term Care Services Division, MSA, MDCH
  – Tom Curtis – Senior Quality Analyst, Quality Improvement and Program Development Section, Managed Care Plan Division, MSA, MDCH
  – Phillip Kurdunowicz, Health Information Analyst, Office of Health Information Technology, (HIT), MDCH
  – Jeff Weiferich, Acting Director, Division of Quality Management and Planning (QMP), Behavioral Health and Developmental Disabilities Administration (BHDDA), MDCH
  – Cynthia Farrell, Program Manager, Office of Adult Services and HIV/AIDS Unit, MDHS
  – James Bunton, Director, Policy & Business Services/Southeast Division, Michigan Rehabilitation Services (MRS)
  – Gail Maurer, Director, Long Term Care Division, Bureau of Health Care Services, LARA
  – Michelle Best – State Administrative Manager, Field Operations Administration, Medicaid Policy and SSI, MDHS
  – Leslie Shanlian, Deputy Director, OSA
  – Wendi Middleton, Director, Program and Partnership Division, OSA
Vision, Mission and Values

• Vision – What we want to see happen in the future state
  – Each individual’s preferred outcomes are supported through an integrated, comprehensive, and coordinated person-centered system (MI- Resources, Options and Services for You - MI ROSY).

• Mission: Why We exist
  – Creating ease for persons of all ages seeking long term supports and services

• Values:
  – Create a better customer experience – so customers only tell their story once
  – Based on person-centered planning outcomes
  – Various stakeholder interests are balanced
  – Foster interdepartmental coordination
  – Structure of the government system is invisible for the consumer
  – Sustainable system
  – Eliminate redundancy in systems to create efficiencies
  – Information available when and where it is needed (health, service, customer, etc.)
Three Year Plan Objectives

1. **Expand a project to eliminate state-level barriers** to streamlined LTSS access using Lean process improvement methods.

2. **Support the Cross-departmental Coordinating Council** to provide oversight of ongoing development, implementation, evaluation and continuous improvement.

3. **Build on the evolving work of the ADRCs** including, but not limited to a primary focus on person-centered thinking, counseling and planning.
   - Person-Centered Planning (PCP) is a self-directed process to plan for individualized supports and services that honor the person’s strengths, goals, and preferences. The person is considered to be the best expert in their own life and unbiased information is provided so the person can make informed decisions about LTSS. The person-centered plan promotes living in the setting of choice, staying connected to the community, and a sense of well-being.
   - The person-centered planning process involves families, friends, and professionals as the individual desires or requires (Michigan Complied Laws Annotated 330.1700 (g)).
Three Year Plan Objectives

4. **Reach consensus on implementation strategies for streamlining** state-level benefit assessment, eligibility determination and enrollment systems/processes, including data sharing capacity across state systems.

5. **Transmit new requirements to grantees and contractors** involved in LTSS for consistency and streamlined access through development of new policy and regulation.
Coordinating Council Subcommittees

• Data Sharing – currently meeting
  – Champion – Phil Kurdunowicz

• Eligibility Determination/Enrollment Processes – under development
  – Champion – Brian Barrie

• Definitions – under development
  – Champion – Wendi Middleton
Questions?

Please contact:

– Leslie Shanlian – 517-241-0988
– Wendi Middleton – 517-373-4071
– Data Sharing Subcommittee – Phil Kurdunowicz – 517-241-9841

Thank you for your time!
CareConnect360

Cynthia Green–Edwards, Director
Office of Medicaid Health Information Technology

November 20, 2014
Transforming the Healthcare System

- Long Term Care Lean Project
- Integrated Care Demonstration for Dual Eligible Individuals (Medicare and Medicaid) – MI Health Link
- Medicaid Behavioral and Physical Health Care Coordination
- Medicaid Expansion – Healthy Michigan Plan
- State Innovation Model – Blueprint for Michigan
- Patient–Centered Medical Home – Michigan Primary Care Transformation Project (MiPCT)
- Pathways Community Hub Model
- Health Homes
Enabling Transformation

- **Data to support**
  - Coordination of Care
  - Data Analytics
  - Care/case management

- **MDCH Data Sources**
  - Health Information Exchange
  - Data Extract
  - CareConnect360 – Statewide Care Management Web Portal
Goal to improve Care Coordination

Facilitate sharing of critical cross-system information

- Report chronic conditions
- Measure results statewide
  - Outcomes
  - Effectiveness of care
  - Quality
  - Performance
  - Population health
- Improve risk and outcome management
- Support forecasting
### Demographic Information and Chronic Conditions

#### Care Coordination

<table>
<thead>
<tr>
<th>Medicaid ID:</th>
<th>Name:</th>
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<tbody>
<tr>
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<th>Birth Date:</th>
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<tbody>
<tr>
<td>01/01/1960</td>
<td>SAGINAW (73)</td>
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<th>Gender:</th>
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<th>Current Benefit Plans:</th>
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<td>Click to view all plans</td>
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<th>Current BMP Assigned Providers:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Last MD/DO Claim:</th>
<th>Last Care Mgmt Visit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUGHES JOHN (07/28/2014)</td>
<td>SAGINAW PSYCHOLOGICAL SERVICES (05/21/2014)</td>
</tr>
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</table>

### Chronic Conditions

This is a snapshot of a person's potential conditions as of today, and an indicator of potential issues which may need further follow-up.

These conditions were selected based their morbidity and/or mortality impact on the State of Michigan [https://www.ccwdata.org/web/guest/home](https://www.ccwdata.org/web/guest/home) and/or through CMS identification and analysis. The process used to define each condition involved identifying nationally recognized definitions, and reporting tools and methods (i.e., HEDIS). ICD-9 codes, NDC coding and other coding norms were used to develop algorithms to identify the possibility or likeliness of specified chronic conditions.

The information reflects and is limited to the presence or absence of paid claims submitted using the specified conditions.

This page is not intended to serve as a problem list or replace the electronic health record. As always, the best source of information is from the individual, himself or herself; however, this tool allows the provider access to information for the beneficiary at a single point in time.

### Client Profile

#### Chronic Conditions

<table>
<thead>
<tr>
<th>Details</th>
<th>Conditions</th>
<th>Current</th>
<th>Current Count</th>
<th>History</th>
<th>History Count</th>
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<tr>
<td>Details</td>
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<td>BIPOLAR</td>
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<td>COPD</td>
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<td>Details</td>
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<td>MJR DEPRESSION</td>
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11/20/2014 42
Key Chronic Condition: Asthma

**Asthma**

The following is a list of criteria used by this system to determine a Medicaid individual for the condition shown above.

**Source:** AHRQ

**Description:**
- All patients with the diagnosis of asthma anywhere on a claim submitted to the MDCH Data Warehouse within the past 18 months are considered "Current"
Client Profile Tab

Care Coordination

Medicaid ID: [redacted]  Name: [redacted]  Birth Date: [redacted] (64)

<table>
<thead>
<tr>
<th>Chronic Conditions</th>
<th>Client Profile</th>
<th>Claims</th>
<th>Notes</th>
</tr>
</thead>
</table>

**Client Profile**

- **Adult Foster Care:** No
- **PIHP OP/Community Based Service:** Yes
- **PIHP QI Data:** Yes
- **PIHP Supports Coordinator/Care Management or Psychiatric IP Service:** No
- **Enrolled in Health Home:** No

**Home Help:** No

**Message:**

**Action:** Cancel  Help

Michigan.gov Home  CareConnect360 Home  MDCH Home  Contact MDCH  State Web Sites

Copyright © 2001-2014 State of Michigan
### Client Profile Tab - Detail Information

#### Care Coordination

<table>
<thead>
<tr>
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<th>Name:</th>
<th>Birth Date:</th>
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#### Chronic Conditions

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<th>Claims</th>
<th>Notes</th>
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<tbody>
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<td>Name:</td>
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#### Client Profile

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<tr>
<td>PIHP Supports Coordinator/Care Management or Psychiatric IP Service:</td>
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<tr>
<td>Home Help:</td>
<td>Yes</td>
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<tr>
<td>Enrolled in Health Home:</td>
<td>Yes</td>
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#### PIHP QI Data Details

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<th>PIHP</th>
<th>CMH</th>
<th>Consumer ID</th>
<th>Residential Living Arrangement</th>
<th>Involved With Criminal Justice</th>
<th>Number Of Dependents</th>
<th>Employment</th>
<th>Education</th>
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<tr>
<td>2813566 - CMH Partnership of Southeast MI</td>
<td>1181674 - CMH Partnership of Southeast MI</td>
<td>00000093627</td>
<td>LIVING IN A PRIVATE RESIDENCE WITH FAMILY</td>
<td>NO</td>
<td>1</td>
<td>NOT IN THE COMPETITIVE LABOR FORCE</td>
<td>ATTENDED ATTENDING UNDERGRAD COLLEGE</td>
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</table>

#### Message:

11/20/2014  
Action: [Cancel] [Help]
### Claims Tab

**Department of Community Health**

**Care Coordination**

<table>
<thead>
<tr>
<th>Medicaid ID</th>
<th>Name</th>
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<th>Chronic Conditions</th>
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</table>

**Claim Category:** All Claims-Detail

**All Claims-Detail Data**

### Claim Type

- **Outpatient OPPS**
  - 1588656946 - COVENANT MEDICAL CENTER
    - **Hospital - Outpatient**
    - **From Date:** 09/13/2014
    - **To Date:** 09/14/2014
    - **Primary Diagnosis:** 78701 - NAUSEA WITH VOMITING

**Details:**

- [Export to Excel](#)
- [Clear Filters](#)
- [Get Claims Data](#)

**Page:** 1/223

**Page Size:** 10

**Total Pages:** 23
### Claims Tab - Detail Information

#### All Claims-Detail Data

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<th>Claim Type</th>
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<td>1588656946 - COVENANT MEDICAL CENTER</td>
<td>Hospital -- Outpatient</td>
<td>09/13/2014</td>
<td>09/14/2014</td>
<td>78761 - NAUSEA WITH VOMITING</td>
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<tr>
<td>Outpatient OPPS</td>
<td>1588656946 - COVENANT MEDICAL CENTER</td>
<td>Hospital -- Outpatient</td>
<td>09/13/2014</td>
<td>09/14/2014</td>
<td>78761 - NAUSEA WITH VOMITING</td>
</tr>
<tr>
<td>Outpatient OPPS</td>
<td>1588656946 - COVENANT MEDICAL CENTER</td>
<td>Hospital -- Outpatient</td>
<td>09/13/2014</td>
<td>09/14/2014</td>
<td>78761 - NAUSEA WITH VOMITING</td>
</tr>
</tbody>
</table>

#### Detail All Claims-Detail Information:

- **Rendering Provider:** 1588656946 - COVENANT MEDICAL CENTER INC
- **Provider Type:** ENTITIES
- **Claim Status:** Paid
- **Tertiary Code:** 49320 - CHRONIC OBST ASTHMA NOS
- **Admitting:** 0260 - IV Therapy - General Classification
- **Revenue:** 1
- **Submission Reason:** ORIGINAL
- **Sub Specialty:** OP Cet Scan Body
- **Referring:**
  - **Secondary Code:** 78791 - DIARRHEA
  - **E Codes:**
    - 96361 - HYDRATE IV INFUSION ADD-ON
- **Modifier:**
- **Transaction Type:** FFS

---

11/20/2014
### RX Claims Data

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<tr>
<th>Prescriber</th>
<th>Drug Name</th>
<th>Quantity</th>
<th>Days Supply</th>
<th>Fill Date</th>
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<tr>
<td>1029006806 - HANNA, ENAM</td>
<td>LISINOPRIL 10 MG TABLET</td>
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<td>1235443946 - Jagirdar, Mayuri</td>
<td>KLOR-CON 10 MEQ TABLET</td>
<td>30.0000</td>
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<td>10/01/2014</td>
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<td>1235443946 - Jagirdar, Mayuri</td>
<td>ASPIRIN EC 81 MG TABLET</td>
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<td>1235443946 - Jagirdar, Mayuri</td>
<td>ROPINIROLE H-CL 3 MG TABLET</td>
<td>30.0000</td>
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<td>09/24/2014</td>
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<td>1235443946 - Jagirdar, Mayuri</td>
<td>DIVALPROEX SCID ER 250 MG TAB</td>
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<td>1235443946 - Jagirdar, Mayuri</td>
<td>BD ULTRA-FINE PEN NDL 8MMX31G</td>
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<td>1235443946 - Jagirdar, Mayuri</td>
<td>RISPERIDONE 1 MG TABLET</td>
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<td>1366527251 - Martin, Scott</td>
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**Notes Tab**

**Care Coordination**

<table>
<thead>
<tr>
<th>Medicaid ID:</th>
<th>Name:</th>
<th>Birth Date:</th>
</tr>
</thead>
</table>

### Notes

*Maintain caution when adding Notes, keeping in mind that all Notes entered here can be seen by all users who have access to this individual’s data.*

<table>
<thead>
<tr>
<th>Details</th>
<th>User Name</th>
<th>Note Date</th>
<th>Subject</th>
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</thead>
<tbody>
<tr>
<td>View-Note</td>
<td>PIHP User</td>
<td>07/24/2014</td>
<td>Pharmacy</td>
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<tr>
<td>View-Note</td>
<td>MHP User</td>
<td>04/28/2014</td>
<td>Asthma</td>
</tr>
</tbody>
</table>

**Update Notification type**  **Unfollow this beneficiary**

**Message:**

**Action:**  **Cancel**  **Help**
Member was also seen in our clinic this month for an asthma-related condition.
Follow this beneficiary
Notes Tab – Follow Beneficiary Screen
### My Notes Screen

#### My Notes

<table>
<thead>
<tr>
<th>My Inbox</th>
<th>Archived</th>
<th>Deleted</th>
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</table>

#### Notification Messages

**Folder Category:** **Select a folder**

<table>
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<tr>
<th>Date</th>
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<th>Subject</th>
<th>Author</th>
<th>Beneficiary ID</th>
<th>Beneficiary Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/06/2014</td>
<td>Follow</td>
<td>Follow</td>
<td>PIHP User</td>
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<td></td>
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</tbody>
</table>

**Message:**

**Action:** Cancel  Help
### My Notes – Detail Information

**Date:** 11/06/2014
**Type:** Follow
**Author:** PIHP User

**Detail Notification Message Information:**
- **Date:** 11/6/2014 2:59:12 PM
- **Type:** ExtendedBreakGlass
- **Beneficiary Name:**
- **Author Email:**
- **Detail:** Reason: Providing Service to Beneficiary Comments: [detailed reason]
The list below includes people who are considered high needs. Any person who shows up on this list potentially has three or more chronic conditions currently (within the last 18 months).

<table>
<thead>
<tr>
<th>Details</th>
<th>Beneficiary Name</th>
<th>Medicaid ID</th>
<th>Current Count</th>
<th>Historical Count</th>
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206437 items in 10322 pages
Recent Deaths for MDCH

The people who are listed below have passed away in the last 90 days according to the MDCH Data Warehouse.

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</table>
The list below includes people who are considered high utilizers. Any person who shows up on this list has more than twelve ED related claims or encounters submitted in the past six months.

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</tbody>
</table>
The list below includes people who are considered trending toward high utilization. Any person who shows up on this list has more than six ED related claims or encounters submitted in the past three months.

<table>
<thead>
<tr>
<th>Details</th>
<th>Beneficiary Name</th>
<th>Medicaid ID</th>
<th>ED Related Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Details</td>
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<td>57</td>
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<td>29</td>
</tr>
</tbody>
</table>
Quick Analysis Demographic Filters Screen

**Quick Analysis** Tool to define and run custom filters against the current plan's member population.

1. Demographics filters
2. Profile filters
3. Save/Run Filter Set

**Step-1: Apply Demographics filter.**

- Age Range
- City
- County
- Date Of Birth
- Gender

**Message:**

**Action:** Back Help
Quick Analysis Profile Filters Screen

Quick Analysis Tool to define and run custom filters against the current plan's member population.

Step-2: Apply Conditional filters.

Step-2.1: Filter Type.
- Chronic Conditions
- Chronic Conditions
- Medicaid Benefit Plan
- Pharmacy
- Program Types
- Serious Mental Illness Measures

Step-2.2: Select Filter(s).
- Asthma
- Bipolar
- **Chronic Obstructive Pulmonary Disease**
- Congestive Heart Failure
- Diabetes
- Hyperlipidemia
- Hypertension
- Major Depression
- Obesity

Step-2.3: Condition.
- Include
- Exclude

Condition | Filter Type | Filters | Action
--- | --- | --- | ---
No records to display.

Message:

Action: Back | Help
Quick Analysis Screen – Filter Description

The following is a list of criteria used by this system to select Medicaid individuals for the condition shown above.

Source: AHRQ

Description:

- All patients with the diagnosis of congestive heart failure anywhere on a claim submitted to the MDCH Data Warehouse within the past 18 months are considered "Current"
- All patients with the diagnosis of congestive heart failure anywhere on a claim submitted to the MDCH Data Warehouse greater than 18 months are considered "History"

Determination: Use claim/encounter data

Codes: ICD9 codes

- 39891, 40201, 40211, 40291, 40401, 40403, 40411, 40413, 40491, 40493
- 4280, 4281, 42820, 42821, 42822, 42823, 42830, 42831, 42832, 42833, 42840
- 42841, 42842, 42843, 4289
Quick Analysis Results Screen

Quick Analysis  Tool to define and run custom filters against the current plan's member population.

<table>
<thead>
<tr>
<th>Action</th>
<th>Filter Name</th>
<th>Filter Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Run</td>
<td>Asthma/COPD (minus CHF and antipsychotics)</td>
<td>Returns individuals with claims related to asthma AND chronic obstructive pulmonary disease, AND without claims related to congestive heart failure AND anti-psychotics.</td>
</tr>
</tbody>
</table>

Export to Excel

<table>
<thead>
<tr>
<th>Details</th>
<th>Beneficiary Name</th>
<th>Medicaid ID</th>
<th>Age</th>
<th>Gender</th>
<th>City</th>
<th>Residence County</th>
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<tbody>
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<td>F</td>
<td>LANSING, MI</td>
<td>INGHAM (33)</td>
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Message: Action: Cancel  Help
Plan Population Analysis Screen

Plan Population Analysis

Compares a plan's member population with chronic conditions to the Michigan statewide population, displayed as a percentage.

Sample Health Plan

- Current Plan Percentage
- Statewide Percentage

Chronic Conditions

- Asthma
- Bipolar
- CHF
- COPD
- Diabetes
- Hyperlipidemia
- Hypertension
- Major Depression
- Obesity
- Sickle Cell
- Seizure/Epilepsy

Message:

Action: Cancel | Help
CareConnect360
Ongoing Development

- Expansion of functionality
- Additional data sets
  - Immunizations
  - Long Term Care
  - Human services
- Alerts
  - Transition of Care
  - Syndromic
Michigan Health Information Network

Health Information Exchanges (Qualified sub-state HIEs)

Doctors & Community Providers

Patient Portal

Health Information Network Shared Services (MiHIN)

Pharmacies (more coming)

Single point of entry/exit for state

Immunization Registry

State Labs

Disease Surveillance

Syndromic

Other State Sources

Medicaid

Enterprise Data Warehouse

Community Health Data Hub

Health Plans/Payers (more coming)

Priority Health

Meridian Health Plan

myHealth Portal

11/20/2014
Questions?

Cynthia Green-Edwards, Director
Office of Medicaid Health Information Technology
Michigan Department of Community Health
EdwardsC@michigan.gov
517.241.9998
Open Forum on Long Term Supports and Services and HIT/HIE
Commissioner Dr. Orest Sowirka and Meghan Vanderstelt
Questions for the Open Forum

1. How are individuals and providers in the LTSS System currently using HIT? What kind of information is collected? Which systems are used? Are these systems connected in any way?

2. Are there efforts in Michigan underway to integrate HIT into the LTSS System?

3. How can HIT be leveraged to connect individuals and providers in the LTSS System with the rest of the Michigan health care system?

4. How can MDCH support these efforts at the statewide level?
How can the Health Information Technology Commission help?

- Dedicate time on next year’s meeting schedule to issues related to LTSS
- Help the Michigan Department of Community Health bring stakeholders together to discuss these issues
  - Consumers
  - Providers
  - Associations
  - Health information technology or health information exchange organizations
- Explore how individuals and providers in the LTSS system are currently using HIT
HITC Next Steps

• Co-Cahir
• MiHIN SS Board Representative
Public Comment