

SIM Frequently Asked Questions

Updated April 20, 2015

Accountable Systems of Care

- *What is the role of a physician organization (PO)? Is it the role of the PO to recruit practices for participation?*

The role of a physician organization has not been defined as part of the *Blueprint* or the SIM Test. We foresee that some physician organizations will develop into “Accountable Systems of Care” and take on all of the functions ascribed to that entity.

- *What are the requirements of practices?*

The Accountable System of Care will determine final specific practice requirements for participation. Requirements for participation in the Model Test are being written for Accountable Systems of Care. Accountable Systems of Care requirements will impact practices, including: implementation of certified electronic health records, participation in health information exchange, implementing PCMH capability within primary care practices, and implementing clinical models to address Michigan’s SIM target populations and conditions (at risk pregnancy, multiple chronic disease, super-utilization of emergency departments).

- *Can you send an Accountable System of Care contract for review?*

Elements of the contract are being drafted in the following areas: patient outreach/assignment/enrollment, ASC governance, contract requirements with affiliated providers, network adequacy, health information technology and exchange, financial requirements, population health management, participation in SIM learning networks and evaluation, support/participation in Community Health Innovation Regions, and participation in the SIM model of care. The rules for Accountable System of Care participation in the SIM Test will be made available for review and feedback before incorporation into contracts.

- *What is the methodology for Accountable System of Care payment earnings and distribution, specifically?*

Payment models are described in the *Blueprint* as being based on: shared savings, partial capitation and condition specific global capitation. The methodology for calculation of shared savings, as well as the capitation rates, are under development. These will be based on the set of services identified as included

within the responsibility of the Accountable System of Care. Input from both participating Accountable Systems of Care and payers is needed in order to finalize the services and payment methodology. This will occur once regions are selected.

- *What type of IT infrastructure needs to be in place?*

As described above, participation requirements for the Accountable Systems of Care will be finalized with feedback from participants. IT infrastructure requirements are currently being drafted in order to support the following: efficient coordinated care; helping practices optimize use of registries and electronic health records; monitoring quality, performance, population health and resource use; conducting rapid cycle quality improvement; identification of patients needing complex care management; and measurement and reporting of patient experience, quality, and health indicators. In order to support this functionality, IT infrastructure requirements fall into the following buckets:

- √ Electronic exchange of laboratory, imaging, pharmacy and referral reports
- √ Participation with a Qualified Organization that exchanges data with MiHIN
- √ Assisting providers in implementing electronic health records and qualifying for meaningful use programs
- √ Assisting providers in using registry tools to optimize population health
- √ Utilizing clinical data to monitor quality by practice and provider
- √ Segmenting patient populations for engagement in complex care management and other SIM clinical interventions
- √ Monitoring cost savings progress
- √ Submitting clinical data for performance measurement
- √ Participation in surveys and other SIM data collection and evaluation requirements

We recognize that additional infrastructure and assistance may need to be provided to enable development of this functionality within Accountable Systems of Care. We invite you to describe gaps in the capacity assessment so that solutions can be developed.

- *What payers will participate?*

We expect Medicaid, at least one major commercial payer, and Medicare Fee for Service to participate in the Model Test period. Other payers will be invited to participate as the Regions are selected.

- *If multiple organizations are collaborating as an Accountable System of Care, should one of them complete the survey and then explain the grouping in the narrative?*

Yes, the entity that proposes to lead the Accountable System of Care should fill out the survey. The Accountable System of Care will have an overarching governance structure representing all participating providers and will sign contracts with participating payers.

- *In what context should we answer for “ongoing training and development” in regards to governance (our physicians receive ongoing training in their role as practitioners)?*

We are interested in training and development around system-wide quality improvement and cost containment, rather than the training received by individual members of the governance body in their respective roles as practitioners.

- *Are you anticipating that all hospitals or hospital systems in the region would participate in the ASC?*

Depending on local context, it is possible that there will be multiple Accountable Systems of Care within a Model Test Region. Participation of all hospitals in a region is not required. The ASC hospital relationship is a critical element in the effective delivery of integrated care. It would be ideal if all hospital systems in a Model Test Region who serve SIM target populations do participate in an Accountable System of Care. Accountable Systems of Care and their participating providers will need to assure that they coordinate the patients' care regardless of which hospital their patients access.

- *On the Accountable System of Care Capacity Assessment, should we report patient numbers for our network (in multiple regions across the state), or just for those regions that we are putting forward to participate in the Model Test?*

This question refers only to those patients in the region(s) that the proposed Accountable System of Care wishes to participate in the Model Test.

- *What types of providers will qualify as primary care providers?*

Primary Care Providers in Michigan's SIM Model Test will include physicians specializing in internal medicine, general practice, family medicine, pediatrics, and geriatric medicine, as well as nurse practitioners and physician assistants selected as PCPs by participating beneficiaries. Other provider types (such as OB/GYN who may serve as 'de facto' primary care providers for some patients) could be considered as primary care providers in the future – more guidance will be forthcoming.

For the purposes of the capacity assessment, do not report these other providers as primary care providers unless they have attained PCMH designation, or are in the process of being designated.

Community Health Innovation Regions

- *For the "backbone" organization is this one organization or could it be more than one?*

There should be a single backbone organization accountable to the partners in a Community Health Innovation Region. This organization may subcontract with other organizations for specific functions, but one lead organization coordinates these subcontractors and takes responsibility for assuring all functionality of the collaborative.

- *What financial obligations will be required of the Model Test Community Health Innovation Regions?*

SIM funds will not be available to cover all operational obligations or for long term financial support of Community Health Innovation Regions. Community Health Innovation Regions will be expected to demonstrate existing backbone organizations with some administrative staffing and resources covered through local sources, in-kind or financial support for priority programming, and capacity for financial sustainability and self-sufficiency. They will be able to demonstrate this by seeking and securing financial and in-kind resources from community stakeholders – attracting investors and supporters. Funding provided by as part of the SIM Test will cover: 1) investment in additional support capacity to meet SIM Test-related requirements, and 2) supplemental funds necessary to support approved population health improvement initiatives.

Region Definition

- *How are regional boundaries to be defined?*

Regional boundaries will impact the Community Health Innovation Region’s ability to recruit and engage stakeholders and secure financial support. The proper alignment of the Accountable System of Care and the Community Health Innovation Region is important to assure that population health priorities and collaborative impact initiatives are complementary. It is our goal that the region’s geography and demographic profile create a mutual interest in collaborative health improvement by all the key healthcare actors and the community stakeholders. For these reasons, local input into the definition of SIM Test regions is sought during the Assessment process. The Model Test regions may be further negotiated and refined during the final selection process once all information is submitted.

- *Is every area in the state to be covered by a region?*

The scope of the Model Test is to implement and evaluate the *Blueprint* in 8-10 regions in Michigan. Based on lessons learned, cost-benefit, and the evidence created by the Model Test, Michigan’s healthcare leadership, and our Federal partners will evaluate whether to support additional expansion of the regions statewide, as well as how Community Health Innovation Regions fit into delivery system reform and healthcare policy in the future.

Region Selection Process

*****NOTE: The final due date for the Accountable System of Care Assessment has been pushed back to May 1 to allow time for careful and complete responses. However, please help us in our planning by using the survey link to enter initial information as soon as possible (especially, organization name, proposed region, network configuration and population numbers).**

- *Do applicants need to complete both the Accountable System of Care AND the Community Health Innovation Region assessments? Is it possible to be considered for just one or the other and not fill out both forms?*

The same organizations are **not** expected to serve as both an Accountable System of Care and the Community Health Innovation Region backbone organization. Therefore we do **not** expect the same entities to fill out both assessments.

- *Is it still planned that the Community Health Innovation Region application will be issued 3 weeks following the Accountable System of Care Assessment? What is the projected timeframe for responses to the Capacity Assessments?*

The Accountable System of Care Capacity Assessment will be closed on May 1, 5:00 pm. The target release date for the Community Health Innovation Region Assessment is now April 20. Respondents will have a minimum of three weeks to respond following the release of the Assessment.

- *What happens after the Accountable System of Care and Community Health Innovation Region Capacity Assessments are completed by potential Model Test participants?*

After the assessments are completed, the SIM Project Management Team will summarize the information collected. SIM leadership may reach out to individual respondents to have additional communications – and these may include site visits. Once there is a clear idea about the capacity and commitment within each region, regional selection will be made at the executive level of Michigan Department of Health and Human Services.

- *When and how will Wave II regions be identified?*

Wave I and Wave II regions will be identified at the same time. The announcement of regions will be made in the summer or early fall of 2015. Wave I regions will be those regions that can be operational in 2016, and Wave II will be those region that need more time to get organized and be ready to implement. Wave II regions must be operational by February 2017. The timeline for implementation of the SIM model test regions is based on the period necessary for evaluation of the Model Test outcomes.

Alignment of SIM and Other Initiatives

- *Will the Pathways Community Hub project be assimilated into the SIM project as part of a Community Health Innovation Regions?*

We cannot say that current Pathways sites will necessarily be assimilated into SIM, because we do not know if current sites will also serve as SIM Test Regions. Once selected, SIM Test Regions will need to engage in a Community Health Needs Assessment to identify their health improvement priorities and build consensus on strategies to address them. The regions will then have an opportunity to request funds to implement programming that meets collectively identified population health needs. The Pathways Community Hub model appears promising, and MDHHS may entertain requests to utilize SIM funding to implement the Pathways Community HUB model.

- *Will the MiPCT program be assimilated into the SIM project as part of an Accountable System of Care?*

Within the SIM Test regions, MiPCT participating primary care medical homes will be eligible (are encouraged) to participate in one of the SIM Accountable Systems of Care. MiPCT and SIM are separate contracts with the Centers for Medicare and Medicaid Services (CMS) and therefore will continue as distinct programs through the end of 2016. During the time that the MiPCT and SIM demonstrations overlap, the leadership of both programs will work closely together to ensure maximum administrative alignment and ensure the voice of MiPCT stakeholders is represented as the SIM Test unfolds. Leadership of Accountable Systems of Care are encouraged to build on the clinical processes and infrastructure created by MiPCT to ensure success.

CMS will not allow for 'double dipping' or paying for the same service by both programs, so it will be necessary to keep the payments separate. Of course, any lessons learned from the MiPCT initiative will be used to improve the Accountable Systems of Care model. MiPCT is a foundational element of the SIM work, and as such, MiPCT leadership will also be represented in the SIM. Future guidance will provide more detail on this topic.

- *How closely does the program mirror the MiPCT program?*

MiPCT – including PCMH requirements for advanced access, care management, coordination of community linkages, and use of registry tools for population health management – is a foundation of Accountable Systems of Care. Accountable Systems of Care are expected to build on lessons learned from MiPCT, including best practices for embedding care management within primary care teams. Payment and accountability for care management will be different under SIM than MiPCT. Specifically, the SIM payment models assume that Accountable Systems of Care will employ care management so as to maximize value – reinvesting increased revenue from shared savings or capitation into funding care management services, obviating the need for specific care manager FTE requirements to be imposed.

Accountable Systems of Care go beyond MiPCT to develop coordinated systems of care that include hospitals, specialists, other providers, and Community Health Innovation Regions. Refer to the section on Accountable Systems of Care for more information on programmatic participation requirements.

- *What is the rationale for not allowing members of an Integrated Care Organization (ICO) to be a member of an Accountable System of Care?*

Beneficiaries who are enrolled in an Integrated Care Organization (ICO) as part of the MiHealth Link demonstration may not be simultaneously included as members of an Accountable System of Care as part of the SIM Test. The payment models and program rules are distinct and the evaluations of both programs would be compromised if members were included in both. (This does not prevent providers and payers from applying lessons learned from both programs to best serve their members.)

- *How does the Accountable System of Care work with existing CMS Accountable Care Organizations?*

The Accountable System of Care program is actively seeking consistency with CMS Accountable Care Organization rules to help providers align common infrastructure and processes to meet the needs of both

programs. We encourage Accountable Care Organizations to participate in SIM. Future guidance will be provided on this topic.

Community Mental Health Services Programs

- *Can Community Mental Health Services Programs participate in provider networks of Community Health Innovation Regions?*

Community Mental Health Services Programs are encouraged to participate in the SIM Test. Community Health Innovation Regions are community health improvement collaborations that involve the key stakeholders from the region. Community Mental Health Services Programs are encouraged to participate in these community based collaborations.

Additionally we encourage participation of Community Mental Health Services Providers as part of Accountable Systems of Care:

- 1) Specialty care service provision: Meeting the needs of SIM Target populations (high ED utilizers, people with multiple chronic diseases, and at risk pregnancy) requires attention to the spectrum of behavioral health needs, including mild/moderate mental illness and substance abuse services. We encourage models of collaboration that integrate primary care behavioral health care at all level of severity within Accountable Systems of Care. Minimally, to the extent that individuals who require specialized behavioral health services through the current carve-out are attributed to Accountable Systems of Care, there will need to be referral and care coordination agreements between Community Mental Health Services Programs and Accountable Systems of Care in order to optimally manage the care and achieve cost savings. For specialty care services a Community Mental Health Services Provider is considered a specialist and can participate in multiple Accountable Systems of Care.
 - 2) Primary care provision: Community Mental Health Services Programs may serve as Section 2703 behavioral health homes as specified in the Affordable Care Act or as Certified Community Behavioral Health Clinics. When Community Mental Health Services Providers are the identified primary care provider for the patient, the Community Mental Health Services Provider can only affiliate with one Accountable System of Care.
- *How can Community Mental Health Services Providers participate in Accountable Systems of Care in regards to the 'carve out'?*

Prepaid Inpatient Health Plans are specialized behavioral health managed care organizations that have separate state contracts for individuals qualifying for one or more of the specialized behavioral health service programs. We would be very interested in seeing proposals from a Prepaid Inpatient Health Plan/Community Mental Health Services Program to:

- 3) Participate in the Model Test as an Accountable System of Care provided the Prepaid Inpatient Health Plan/Community Mental Health Services Program is willing to partner, share savings/risk and/or organize a network of primary care and specialist providers to accept attribution of the

general Medicaid (and potentially the private insurance) population, and meet other requirements for an Accountable System of Care (including having at least 10,000 assigned members).

- 4) Create a strong partnership with an Accountable System of Care to participate in one of the SIM payment models. (This is not, however, a requirement for all Accountable Systems of Care to participate in the Model Test).

Federally Qualified Health Clinics

- *How should Federally Qualified Health Centers fit into the Model Test?*

Federal Quality Health Centers are an important partner in the Model Test with demonstrated successes in increasing access to care, especially among vulnerable populations. Many Michigan FQHCs are designated as Patient-Centered Medical Homes, facilitating long-term relationships between patients and care teams to provide comprehensive and coordinated care. Federally Qualified Health Centers have a long history of addressing the socio-economic determinants that influence population health by linking patient to human services and community resources, an important function of Accountable Systems of Care. Federal Qualified Health Centers can partner with local Accountable Systems of Care and become active members of Community Health Innovation Regions to improve health, care, and equity at lower cost. If Federal Qualified Health Centers meet the functional requirements, they can lead an Accountable Systems of Care in their community.

Governance and Management of Michigan's Model Test

- *Who are current staff of the SIM project?*

Michigan Department of Health and Human Services Office of Health Policy and Innovation, Director Elizabeth Hertel, is the Director of the SIM Test. Staff from this Office also work with Michigan Public Health Institute (MPHI), which provides day to day management and planning. Within MPHI, the SIM Project Team is currently led by Clare Tanner. MDHHS and MPHI work with two additional consultants who provide subject matter expertise: Health Management Associates and Population Health Partners. Currently MDHHS and MPHI are hiring additional team members. Other consultants will be brought on board to provide additional expertise. You may contact us through the following address: SIM@mail.mihealth.org.

- *How can I get more information and see a copy of the Model Test proposal?*

You may find a copy of the proposal and other summary information at:
http://www.michigan.gov/mdch/0,4612,7-132-2945_64491---,00.html.