



2018 SIM PCMH Initiative Intent to Continue Participation

Deadline for Responses: 5pm Friday, September 29, 2017

Please complete this intent using a laptop or desktop computer as file uploads are required.

The SIM PCMH Initiative Intent to Participation is aimed at understanding participants' intent to continue participation in the 2018 SIM PCMH Initiative and capture personnel and infrastructure changes with regard to the SIM PCMH Initiative.

Please select your organization (PO/PHO or independent practice) from the list below:

The name you selected is the same as your organization's legal name

Yes

No, please type in your organization's legal name

Application landing page:

- The SIM PCMH Initiative Intent to Continue Participation (ITP) is aimed at understanding participants' intent to continue participation in the 2018 SIM PCMH Initiative and capture personnel and infrastructure changes with regard to the SIM PCMH Initiative.
- Progress is automatically saved every time you hit the "next" button. It will only work as long as you return to the survey on the same internet browser on the same computer to finish the survey.
- Please provide the organization name on this page

Point of Contact

Please provide the following information for the individual completing the application who can be contacted throughout the application process regarding participation in the SIM PCMH Initiative.

Contact name

Phone

Email Address

Address

Street Address

City

State

Zip code

Is the person above the same as the person who will sign the SIM PCMH Initiative Participation Agreement?

Yes

No

Point of Contact:

- Provide the contact information for the individual that is completing the application, the one that should be contacted in the event of selection or need for further information.
- If the contact person is not the individual who will sign the participation agreement, please fill out the signer's information on the next page.

Organization (PO/PHO or independent practice) information

Please complete the information for the participating organization (the organization that will be listed on the 2018 SIM PCMH Initiative Participation Agreement)

Physical address

Physical Address

County

City

State

Postal code

Billing address

Billing Address

City

State

Postal code



Organization (PO/PHO or Independent Practice) Information:

- Please provide the contracting entity information. The contracting entity refers to the organization that will sign the contract to continue the participation in SIM PCMH

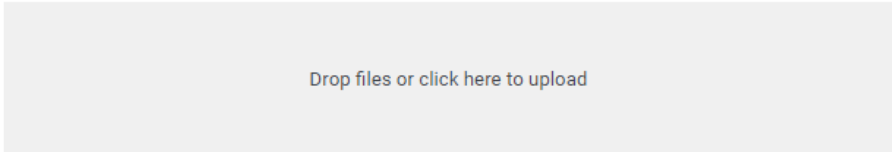
Intent to Continue Participation

Instructions:

An Excel document with the information needing verification has been sent to the organization's primary contact. Please review and update the excel document as appropriate and save the updated document with your organization name in the following manner "OrgName_ITP" and upload in the "Intent to Continue Participation" section below.

There are three tabs in the file, so please make sure each spreadsheet has been reviewed and updated before submission. Below is a description of each tab:

- "ITP": All of the current SIM PCMH practice units are listed on this spreadsheet. If any of the units have a name/address change or intend to leave the program, please add a comment in the "Note" column.
- "Federal/State Program Participation": Please complete the Federal/State Program participation information in the spreadsheet entitled "Federal/State Program Participation".
- "Infrastructure": Please complete the infrastructure and capacity information of the practice units in the spreadsheet entitled "Infrastructure change".



Intent to continue participation:

- The Excel template has been sent to your organization's primary contact by email. There are three tabs in the file, so please make sure each spreadsheet has been reviewed and completed. If you have not received the document, please send a request to SIMPCMH@mail.mihealth.org.
- Upload the completed file in the "intent to continue participation" section

Excel template - Intent to Participate

Intent to Participate									
<ul style="list-style-type: none"> Please verify the current participating practices and physical addresses If any of the units have a name/address change or intend to leave the program, please add a comment in the "Note" column. 									
Participating Organization Name	Participating Practices	Physical Address	City	Zip Code	Billing Address	City	Zip Code	Note	
A	AAA	111 Harvey St Ste A	Muskegon	49444	PO Box 19128	Belfast	49105		
A	BBB	222 Liberty Rd	Ann Arbor	48103	222 Liberty Rd	Ann Arbor	49451	This practice intends to leave the SIM PCMH Initiative	
A	CCC	333Getty St.	Muskegon	49445	333 Getty St.	Muskegon	49445	Billing address changed from 6/1/2017, updated address: 100 Getty St.	
A	DDD	444 Farr Rd	Fruitport	49415	444 Farr Rd	Fruitport	49415		
A	EEE	555 Ruddiman Drive	Muskegon	49445	555 Ruddiman Drive	Muskegon	49445		

Please verify the current participating practices and physical addresses.

If any of the units have a name/address change or intend to leave the program, please add a comment in the "Note"

Excel template – Federal and State Program

Federal/State Program Participation

1 • Please complete the Federal/State Program participation information. There is a drop down menu in each cell. Please select “yes” or “no” as appropriate for each practice.

2	Participating Organization Name	Participating Practices	Federal/State Program Participation									Other programs, please specify	
			Medicare Shared Savings Program	MI Care Team (Health Homes)	MI Health Link	Accountable Communities of Health	CPC+ Track 1	CPC+ Track 2	Next Generation ACO	Practice Transformation Network	Million Hearts		Community Hub Model (Pathways, CHIR, etc.)
3													
4	A	AAA	No	No	No	No	Yes	No	No	No	No	No	
5	A	BBB	No	No	No	No	Yes	No	No	No	No	No	
6	A	CCC	No	No	No	No	Yes	No	No	No	No	No	
7	A	DDD	No	No	No	No	Yes	No	No	No	No	No	
8	A	EEE	No	No	No	No	Yes	No	No	No	No	No	
9													

ITP | **Federal&StateProgram** | Infrastructure | (+)

Please complete the Federal/State Program participation information. There is a drop down menu in each cell. Please select “yes” or “no” as appropriate for each practice.

Excel template – Infrastructure

Infrastructure

- Please update effective and end date (mm/dd/yyyy) of PCMH designation program(s) for each practice as applicable.
- For other infrastructure requirements (24/7 access, team-based care, alternative to traditional visits, same day appointment, and care team meetings), please select "yes" or "no" as appropriate from the drop down menu for each practice according to the description of the requirements below.
- 24/7 Access: Ensure patients have 24/7 access to a care team practitioner with real-time access to the EHR.
- Team-Based Care: Organize care by practice identified teams responsible for a specific, identifiable panel of patients to optimize continuity.
- Alternative to Traditional Visits: Regularly offer at least one alternative to traditional office visits to increase access to care team and clinicians in a way that best meets the needs of the population, such as e-visits, phone visits, group visits, home visits, alternate location visits (e.g., senior centers and assisted living centers), and/or expanded hours in early mornings, evenings, and weekends.
- Same Day Appointments: Ensure (on average over the course of a week) 30% of available appointments are reserved for same-day care across the patient population. (Alternative Considerations Allowed).
- Care Team Meetings: Ensure that all Care Team(s) have planned meetings at least monthly (or, alternatively, team huddles more frequently) with time dedicated to reviewing practice and panel level data from payers and internal monitoring.

Participating Organization Name	Participating Practices	PCMH Designation														24/7 Access	Team-Based Care	Alternative to Traditional Visits	Same Day Appointments	Care Team Meetings	Note
		AAAHC Effective Date	AAAHC Recognition End Date	BCBSM/PGIP Effective Date	BCBSM/PGIP Recognition End Date	CARF Effective Date	CARF Recognition End Date	NCOA Effective Date	NCOA Recognition End Date	TJC Effective Date	TJC Recognition End Date	URAC Effective Date	URAC Recognition End Date								
A	AAA			07/01/2016	06/30/2018											Yes	Yes	Yes	Yes	Yes	
A	BBB			07/01/2016	06/30/2018											Yes	Yes	Yes	Yes	Yes	
A	CCC			07/01/2016	06/30/2018											Yes	Yes	Yes	Yes	Yes	
A	DDD			07/01/2016	06/30/2018											Yes	Yes	Yes	Yes	Yes	
A	EEE			07/01/2016	06/30/2018			04/22/2014	04/22/2017							Yes	Yes	Yes	Yes	Yes	

Please update effective and end date (mm/dd/yyyy) of PCMH designation program(s) for each practice as applicable.

- Please select "yes" or "no" as appropriate from the drop down menu for each practice according to the description of the requirements below.
- 24/7 Access: Ensure patients have 24/7 access to a care team practitioner with real-time access to the EHR.
- Team-Based Care: Organize care by practice identified teams responsible for a specific, identifiable panel of patients to optimize continuity.
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- Same Day Appointments: Ensure (on average over the course of a week) 30% of available appointments are reserved for same-day care across the patient population. (Alternative Considerations Allowed).
- Care Team Meetings: Ensure that all Care Team(s) have planned meetings at least monthly (or, alternatively, team huddles more frequently) with time dedicated to reviewing practice and panel level data from payers and internal monitoring, and use this data to guide tactics to improve care and achieve practice goals.
- Please use the "Note" column to indicate any alternative consideration.

2018 PCMH Initiative Practice Transformation Collaborative - Phase 2

The PCMH Initiative is seeking participating Patient Centered Medical Home teams interested and ready to accelerate their journey in Clinical-Community Linkages. This phase of the Practice Transformation Collaborative will be designed to accelerate your journey in linking patients to the support they need, when and where they need it. This collaborative will:

- Focus on working with practices to move from “Good” to “Great”—from having good linkages to having reliable linkages,
- Feature content on quality improvement and best practices related to Clinical-Community Linkages,
- Provide opportunities for local quality improvement coaches to support teams,
- Engage community partners and patient representatives to meaningfully contribute to the design of improved linkages,
- Promote networking with and learning from colleagues and practices across Michigan.

Participation in Phase 2 of the Practice Transformation Collaborative, will be open to practice teams (additional supports will be available to Physician Organization staff, such as practice coaches), and will require a commitment to participate in collaborative meetings (virtual and in-person) as a team. If you would like to express interest in Phase 2 of the collaborative, on behalf of a practice team, please select the number of practice teams below (If there are more than 10 practices interested in Phase 2, please contact SIMPCMH@mail.mihealth.org to submit additional information):



2018 PCMH Initiative Practice Transformation Collaborative - Phase 2:

- Please select the number of practice teams that are interested in Phase 2 of Practice Transformation Collaborative.
- Information about each practice will be collected on individual pages.
- If there are more than 10 practices interested in Phase 2, please contact SIMPCMH@mail.mihealth.org to submit additional information

Please provide the information below on practice team interested in Phase 2 of the Practice Transformation Collaborative. Each team will have a separate page.

Practice Name:

Why is this practice team interested in Phase 2 of the Practice Transformation Collaborative:



Practice team information:

- Please provide the information below on practice team interested in Phase 2 of the Practice Transformation Collaborative.

By signing below, I attest that I have the authority to provide the information on behalf the practices in this intent to continue.



Thanks for completing the intent to continue participation

Please click "Submit" to send the Intent to Participate to the Initiative.



Signature and submission:

- Please sign your name to attest that you have the authority to provide information on behalf the practices
- Click "Submit" to send the response to the Initiative. Once the response is submitted, you cannot access the application by using the saved link. If you need to make any changes after submission, please send your request to SIMPCMH@mail.mihealth.org.