Patient-Centered Medical Home Initiative Application and Onboarding

Michigan State Innovation Model Kick-Off Summit
August 10-11, 2016
Kellogg Hotel Conference Center

This Session

- Overview of the SIM PCMH Initiative Application Process, Participation Requirements, and Participant Onboarding

Who Should Apply to Participate?

- PCMHs located within SIM's 5 regional test locations **and** existing MiPCT practices across Michigan (including those outside SIM test locations)
- SIM regional test locations include the following counties:

Jackson	Livingston	Kalkaska	Leelanau
Muskegon	Emmet	Missaukee	Benzie
Genesee	Wexford	Charlevoix	Manistee
Washtenaw	Antrim	Grand Traverse	

- Practice unit/PO that completed the SIM PCMH Initiative Intent to Participate
- Practice Unit that meets the SIM PCMH Initiative Participation Requirements

Who Should Apply to Participate?

- Practices wishing to participate in the Initiative will be required to possess PCMH accreditation from one of the following approved programs:
  - National Committee for Quality and Assurance-PCMH (NCQA)
  - Accreditation Association for Ambulatory Health Care-Medical Home (AAAHC)
  - The Joint Commission-PCMH (TJC)
  - Blue Cross Blue Shield of Michigan/Physician Group Incentive Program-PCMH (BCBSM)
  - Utilization Review Accreditation Commission-PCMH (URAC)
  - Commission on Accreditation of Rehabilitation Facilities-Health Home (CARF)

PCMH Initiative Application

The PCMH Initiative Application

- The application will be facilitated through the Michigan Health Information Network (MiHIN) Health Provider Directory (HPD)

- MDHHS will open the full application process for the Initiative later this month (tentatively scheduled for on or around August 25th)

The PCMH Initiative Application

- The Application can be completed at the practice level, or the Provider Organization level – for all eligible practices units within the PO

- Utilizes MiHIN Health Provider Directory as the application platform
  - Allows applicants to search and retrieve data to pre-populate application fields from the Health Provider Directory

- Application Components: (* Can be searched and retrieved from the HPD)
  - **Practice/PO demographics***
  - **Participating Provider Identification***
  - **Network Affiliations**
  - **Infrastructure/ Capabilities**
    - Noted as Participation Requirements in this presentation

The PCMH Initiative Application

- Key Application Contact Information

- Provider Organization (if applicable)
- Practice Unit (if applying as the PO – all eligible Practice Units being include in the PCMH Initiative)

- Name, Type of Provider, NPI
- Practice Affiliation (if associated with multiple Practice Units)

- Federal/State Program/Initiative Participation
- Current Payer Contracts, Nature of Contract and Preference of Payment Flow
- Hospital / Health System Affiliations
- Regular Referral Agencies/Organizations

- Patient Centered Medical Home Designation details
- Registry and Electronic Health Record Information
- Care Management Team and Tools
- Access

Application: Network Affiliations

- Federal/State Program/Initiative Participation
- Current Payer Contracts, Nature of Contract and Preference of Payment Flow
- Hospital / Healthy System Affiliations
- Regular Referral Agencies/Organizations

Multiple Selection*

* Free text entry available if option is not represented in the multiple selection list

Participation Requirements: Practice Characteristics

- The following practice requirements will be needed for PCMH participation in the Initiative:

Multiple selection

- PCMH accreditation from an approved recognizing body (previous slide)
- An ONC certified Electronic Health Record (EHR)
- A relationship with specialty and behavioral health providers in addition to one or more hospitals which accept patient referrals and cooperate with PCMH coordination activities
- Enrollment as a Michigan Medicaid provider in compliance with all provider policies

Open Text Fields

- A patient registry or EHR registry functionality
- Electronic decision support and/or care alert functionality related to the quality of care indicators used by the Initiate
- Electronic care management documentation tool(s) accessible to the full care team
- 24-hour patient access to a clinical decision-maker
- At least 4 hours of clinical operation outside normal business hours (8:30 am –5 :00 pm) per week
- At least 30% of appointments reserved for same-day care

MDHHS Michigan Department of Health & Human Services

Participation Requirements:
Transformation Objective Selection

Develop a formal collaborative relationship with one or more behavioral health and/or substance abuse providers, enhance technology solution to capture additional data to promote implementation of shared integrated clinical decision making capabilities approach which could include: a combined/holistic health assessment, sharing health information, developing a shared treatment plan and goals, ensuring regular communication and coordinated workflows between clinicians in primary care and behavioral health; and conducting regular case reviews for at-risk or unstable patients and those who are not responding to treatment.

Participant Selection

- The results of the application process will determine which practices are selected to participate by MDHHS
- If selected:
  - Application data and participant selections will subsequently be stored in the HPD
  - The formal participation agreement and practice self-assessment will be facilitated by MDHHS' PCMH Initiative operations contractor

Participation Requirements:

Practice Activities

- Practices will commit to the following activities to participate in the Initiative:
  - Embed care management and care coordination staff members functioning as integral, fully-involved members of the team
    - At least one member of the team must be a licensed Care Manager; other members of the team may be a licensed Care Manager or a Care Coordinator
    - The following types of professionals will be eligible to serve as a Care Manager: Registered Nurse, Licensed Practical Nurse, Licensed Master's Social Worker, Licensed Professional Counselor, Licensed Pharmacist
    - The following types of professionals will be eligible to serve as a Care Coordinator : Licensed Bachelor's Social Worker, Certified Community Health Worker, Registered Dietician, Social Service Technician
  - Maintain a ratio of at least 2 care management and coordination team members per 5,000 attributed patients
  - Complete care management and coordination training provided and/or approved by the Initiative as well as take part in continuing education
  - Comply with care management and coordination payer collaboration roles and responsibilities defined by the Initiative
  - Bill applicable codes for care management and coordination services as defined by the Initiative
  - Participate in Initiative-sponsored practice learning opportunities

Participation Requirements:

Phased In Practice Characteristics

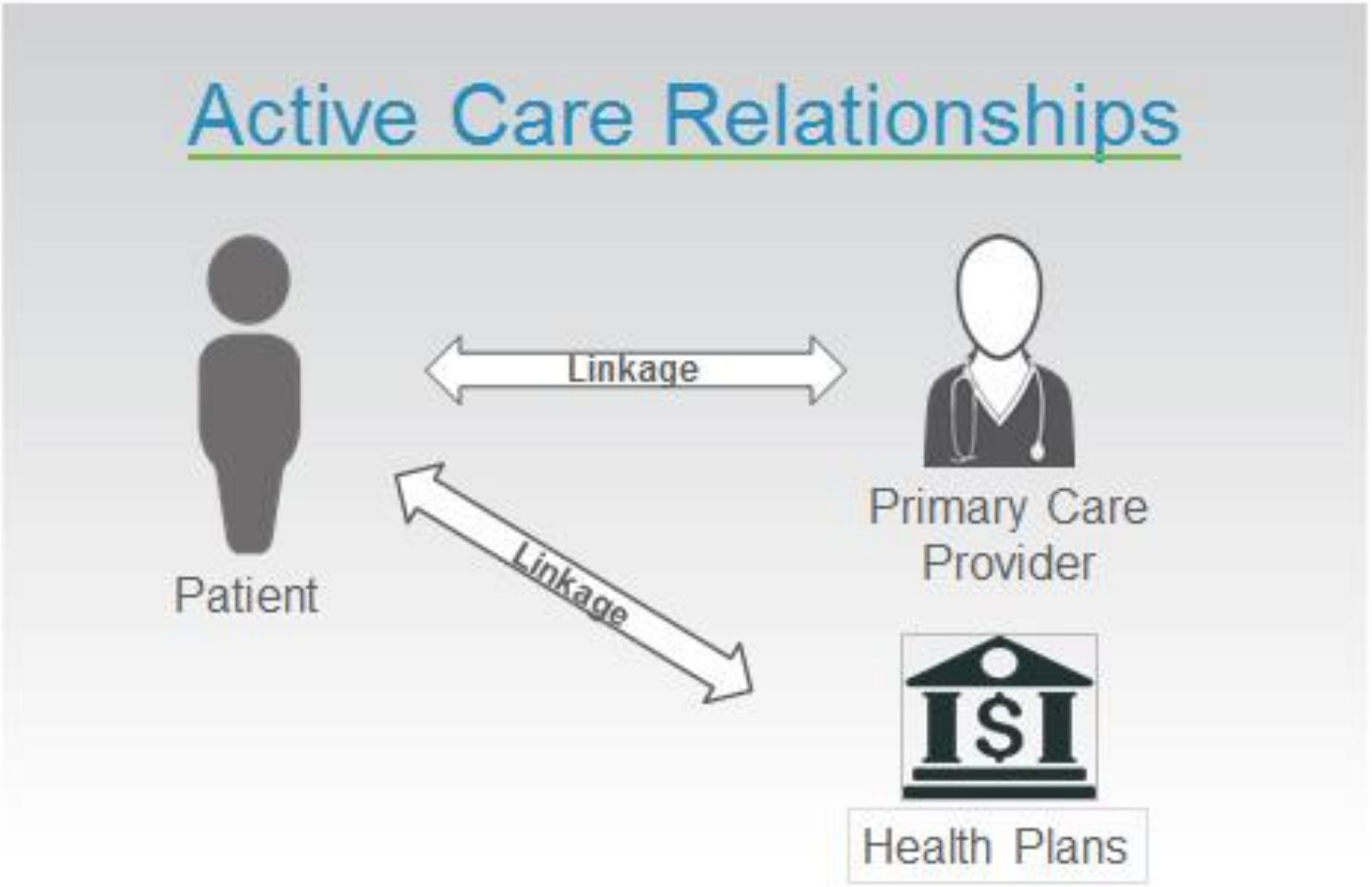
- The following practice requirements will be needed for PCMH participation in the Initiative, however the Initiative will provide a transition period after selection for practices to become compliant:
  - Connection to Michigan's Health Information Exchange (HIE) network (e.g. through a Qualified Organization)
  - Active participation (beyond connection) in MiHIN use cases applicable to SIM, which currently include:
    - Active Care Relationships Service 2.0 (ACRS)
    - Admit, Discharge, Transfer Notification Service (ADT)
    - Common Key Service (CKS)
    - Health Provider Directory (HPD)
    - Quality Measure Information (QMI)
  - Stage 1 (also called modified Stage 2) Meaningful Use
- Participation requirement compliance timelines will be documented in a formal participation agreement with MDHHS

Participation Requirements:

Connection to Michigan's Health Information Exchange

- Legal Onboarding
  - Obtain, review, and execute legal agreements
    - MUCA, SDSA, UCE
- Technical Onboarding and connectivity plan
  - Email MiHIN Onboarding Team at help@mihin.org to establish a "kick-off call"

Participation Requirements: MiHIN Onboarding



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Participation Requirements: MiHIN Onboarding

ACRS File Overview

MiHIN must receive an initial file containing all patients with whom a receiving provider or plan attests having an "active care relationship"

Attributing a patient to a provider/organization indicates that:

- Sender has a current and expected future relationship with the patient
- In the case of a payer/plan, the patient is an active member with the payer/plan

The ACRS file is a patient attribution list which contains updates sent to MiHIN every 30 days for accuracy

- Data from the ACRS file is used to populate provider information in the Statewide Health Provider Directory (HPD)

Senders are responsible for removing patients from attribution lists as the patients become inactive

- Simply remove the patient from the ACRS file

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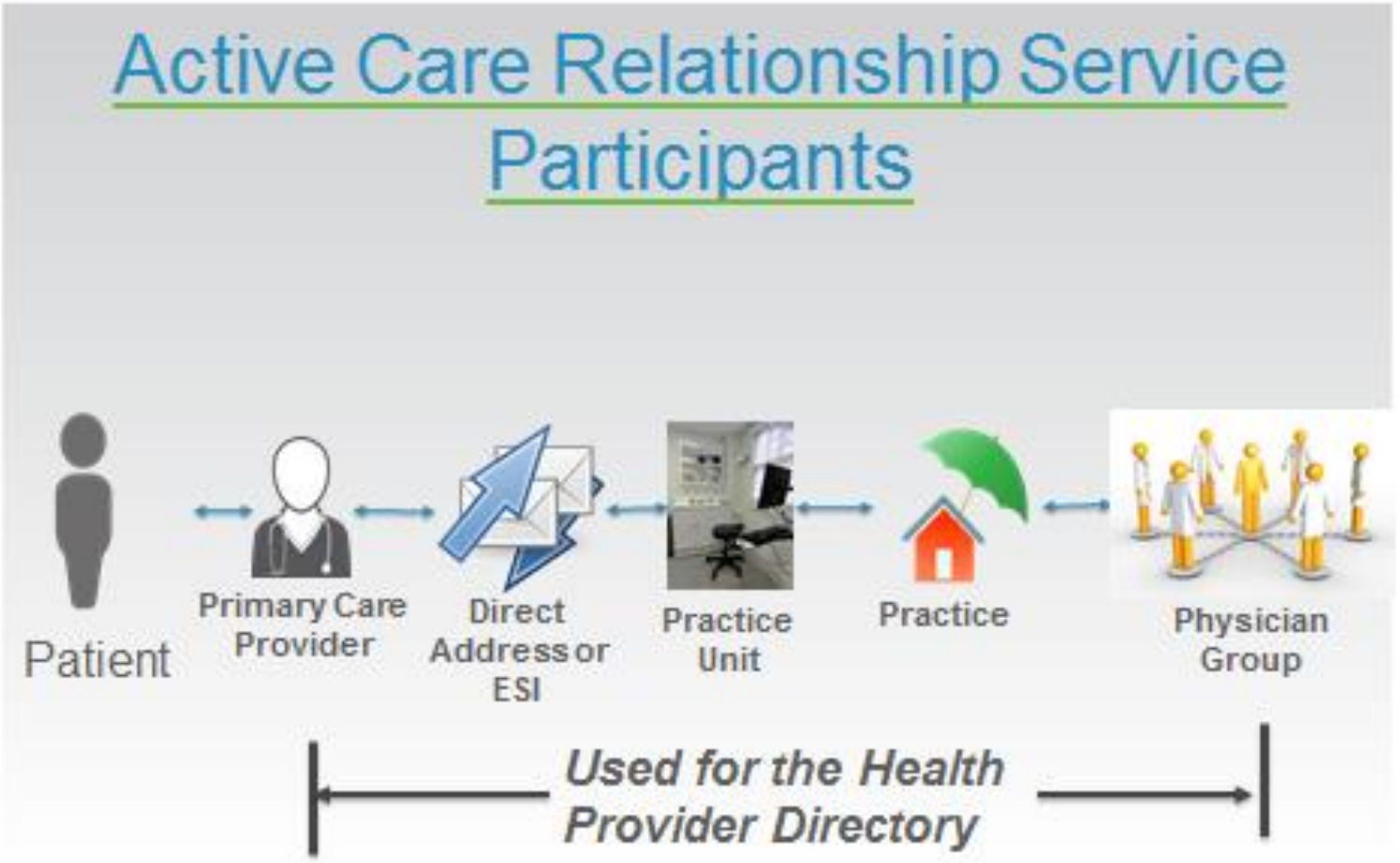
Participation Requirements: MiHIN Onboarding



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Participation Requirements: MiHIN Onboarding

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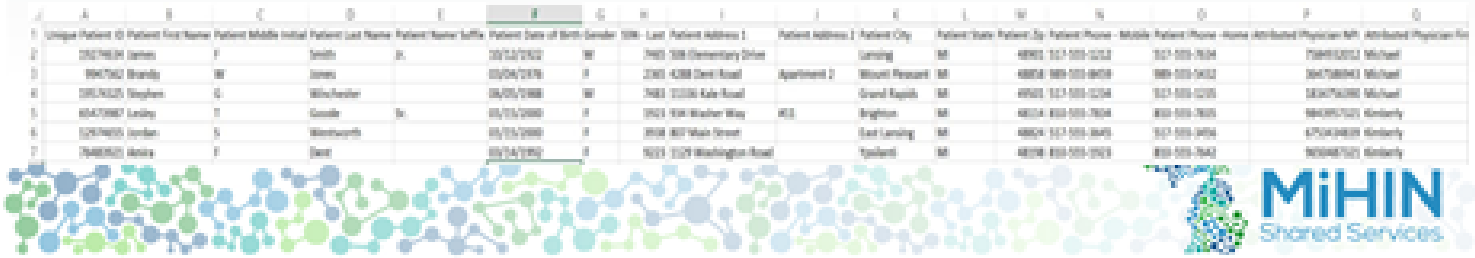
Participation Requirements: MiHIN Onboarding

Active Care Relationship Service Overview

Description	Active Care Relationship Service.
Purpose	Define patient population with an active care relationship for a provider organization or health plan
Sending Mechanism	Files can be sent via Direct Secure Message or secured Citrix shared file
Sending Frequency	ACRS files should be sent to MiHIN monthly. Valid files need to be sent by EOB (5:00 PM EST) on Monday to be loaded for the Thursday maintenance window.
Late File Process	Files are loaded weekly during MiHIN's maintenance window on Thursdays. Files sent after EOB (5:00 PM EST) on Monday will not be loaded until the following week's maintenance window.
File Aging	45 days – notification that a new file was not received. 60 days – 30 day shut off warning. 90 days – feed is shut off.
Direct Message Address	acrs@direct.mihin.org (secure)
Implementation Guide	Located under Admit-Discharge-Transfer (ADT) Section http://mihin.org/about-mihin/resources/use-cases-in-production/



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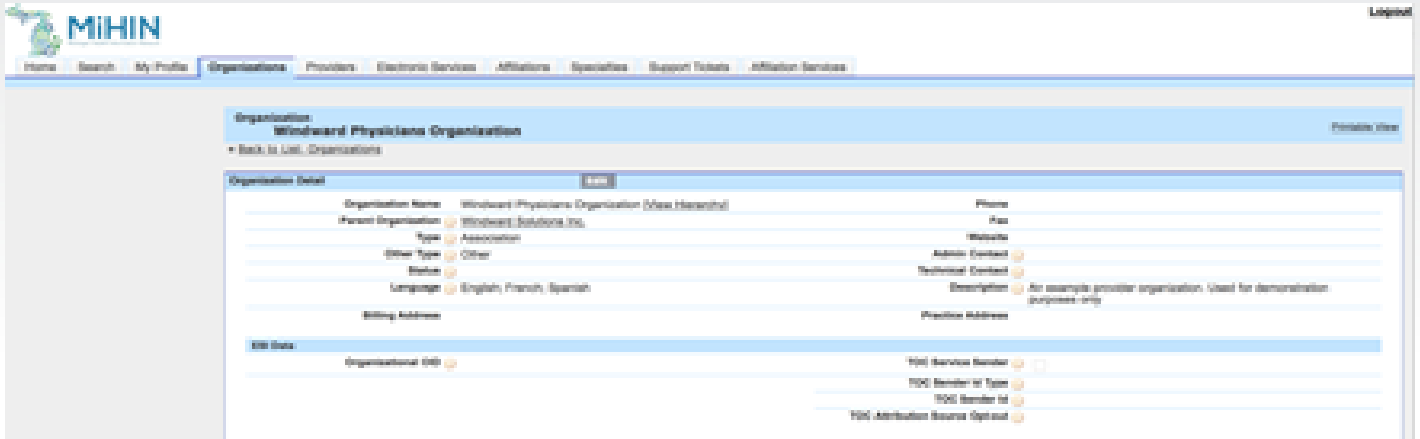
Participation Requirements: MiHIN Onboarding

Statewide Health Provider Directory Overview

Description	Provides up-to-date information on health care organizations and health professionals to facilitate contact look-up and secure exchange of health information to meet operational, treatment or payment obligations as defined in the HIPAA Privacy and Security Rules. This information includes electronic address and Electronic Service Information, such as Direct Secure Messaging addresses, and may also include name, address, specialty and credentialing information.
Purpose	To define Participant Organization and Health Information Network roles and responsibilities as they relate to populating the Directory with Health Professional data and electronic service information (ESI) data.
Implementation Guide	HPD Implementation Guide



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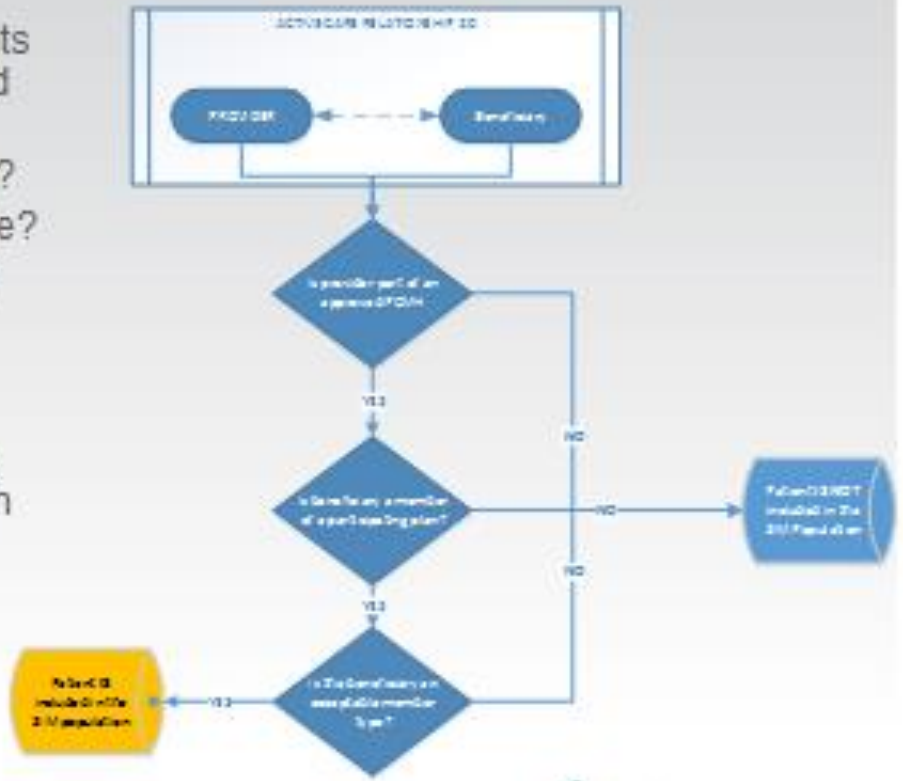
Participation Requirements: MiHIN Onboarding

ACRS File and HPD Data

- Once loaded the data elements from an ACRS file will be used to determine the following:
  - Is the patient SIM eligible?
  - Is the provider SIM eligible?
  - Is the practice unit and/or provider organization eligible?
- ACRS files will be returned to the sending organizations with appropriate information:
  - Common Key
  - Additional provider info (from HPD and ACRS)



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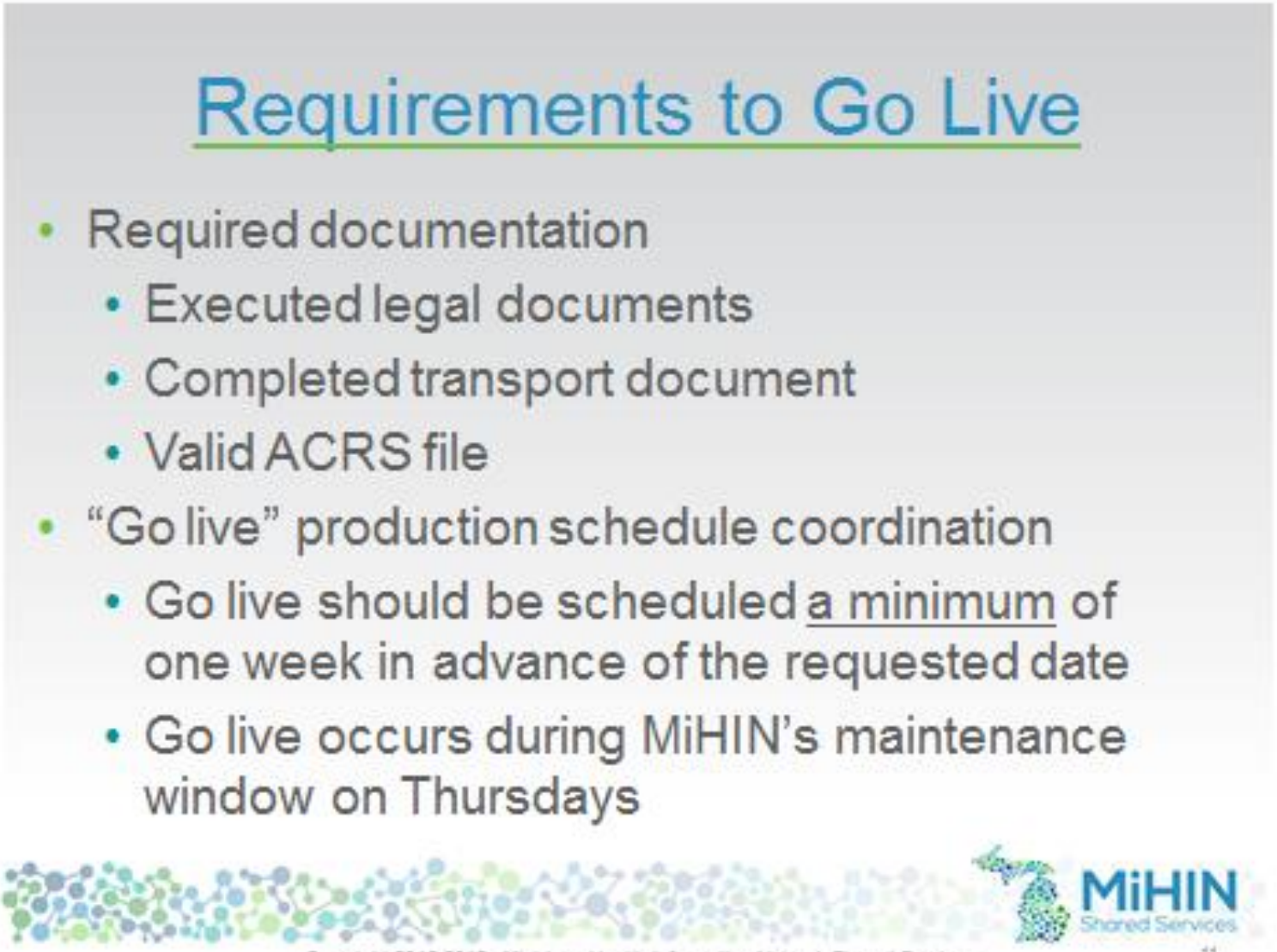
Participation Requirements: MiHIN Onboarding



MDHHS Michigan Department of Health & Human Services

Participation Requirements: MiHIN Onboarding

- PCMH Initiative General Questions: sim@mail.mihealth.org
- Getting Started with MiHIN:

  help@mihin.org
- MiHIN ACRS Sender Onboarding:

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