

# **MIDOCs Report**

(FY2020 Appropriation Act - Public Act 154 of 2019)

**September 1, 2020**

**Sec. 462.** (1) *From the funds appropriated in part 1 for hospital services and therapy, the department shall allocate \$3,750,000.00 in general fund/general purpose revenue plus any contributions from public entities, up to \$5,000,000.00, and any associated federal match to the MiDocs consortium to create new primary care residency slots in underserved communities. The new primary care residency slots must be in 1 of the following specialties: family medicine, general internal medicine, general pediatrics, general OB-GYN, psychiatry, or general surgery.*

(2) *The department shall seek any necessary approvals from CMS to allow the department to implement the program described in this section.*

(3) *Assistance with repayment of medical education loans, loan interest payments, or scholarships provided by MiDocs shall be contingent upon a minimum 2-year commitment to practice in an underserved community in this state post-residency and an agreement to forego any subspecialty training for at least 2 years post-residency.*

(4) *The MiDocs shall work with the department to integrate the Michigan inpatient psychiatric admissions discussion (MIPAD) recommendations and, when possible, prioritize training opportunities in state psychiatric hospitals and community mental health organizations.*

(5) *In collaboration with the Michigan Health Council, the MiDocs consortium shall reserve at least 3 residency slots per class to be used for the Michigan early primary care incentive program.*

(6) *The department shall create a MiDocs initiative advisory council to help support implementation of the program described in this section, and provide oversight. The advisory council shall be composed of the MiDocs consortium, the Michigan Area Health Education Centers, the Michigan Primary Care Association, the Michigan Center for Rural Health, the Michigan Academy of Family Physicians, and any other appointees designated by the department.*

**(7) By September 1 of the current fiscal year, MiDocs shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on the following:**

**(a) Audited financial statement of per-resident costs.**

**(b) Education and clinical quality data.**

**(c) Roster of trainees, including areas of specialty and locations of training.**

**(d) Medicaid revenue by training site.**

(8) *Outcomes and performance measures for this program include, but are not limited to, the following:*

(a) *Increasing this state's ability to recruit, train, and retain primary care physicians and other select specialty physicians in underserved communities.*

(b) *Maximizing training opportunities with community health centers, rural critical access hospitals, solo or group private practice physician practices, schools, and other community-based clinics, in addition to required rotations at inpatient hospitals.*

(c) *Increasing the number of residency slots for family medicine, general internal medicine, general pediatrics, general OB-GYN, psychiatry, and general surgery.*

(9) *Unexpended and unencumbered funds up to a maximum \$3,750,000.00 in general fund/general purpose revenue plus any contributions from public entities, up to \$5,000,000.00,*

*and any associated federal match remaining in accounts appropriated in part 1 for hospital services and therapy are designated as work project appropriations, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for the MiDocs consortium to create new primary care residency slots in underserved communities under this section until the work project has been completed. All of the following are in compliance with section 451a(1) of the management and budget act, 1984 PA 431, MCL 18.1451a:*

*(a) The purpose of the work project is to fund the cost of the MiDocs consortium to create new primary care residency slots in underserved communities.*

*(b) The work project will be accomplished by contracting with the MiDocs consortium to oversee the creation of new primary care residency slots.*

*(c) The total estimated completion cost of the work project is \$17,500,000.00.*

*(d) The tentative completion date is September 30, 2024.*





College of Human Medicine  
MICHIGAN STATE UNIVERSITY



WAYNE STATE  
School of Medicine



WESTERN MICHIGAN UNIVERSITY  
Homer Stryker M.D.  
SCHOOL OF MEDICINE

# *FY 2020 MIDOCs Program Report*

*Submitted to fulfill the requirements of Public Act 154 of 2019, Section 462 (7) By September 1 of the current fiscal year, MIDOCs shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office, on the following: (a) Audited financial statement of per-resident costs. (b) Education and clinical quality data. (c) Roster of trainees, including areas of specialty and locations of training. (d) Medicaid revenue by training site.*



9-1-2020

## Table of Contents

I.	Executive Summary.....	2
II.	Program Goals and Objectives.....	2
III.	Background and Overview .....	3
IV.	FY 2020 Program Activities .....	4
V.	Results from the FY 2020 Application Period .....	7
VI.	Plans for FY 2021 Application Period.....	16

## I. Executive Summary

Of Michigan's 83 counties, 75 counties have at least partial designation as a primary care health professional shortage area (HPSA). The state Legislature appropriated \$5,000,000 in FY 2019 to provide funding for MIDOCs to recruit and retain physicians to address the physician shortage in both rural and urban underserved areas. Because of delays in getting CMS match approval, MDHHS approved the use of \$1.52M of the original appropriation for a cohort of eight residents. Through a partnership of four medical schools, Central Michigan University College of Medicine, Michigan State University College of Human Medicine, Wayne State University School of Medicine, and Western Michigan University Homer Stryker M.D. School of Medicine, MIDOCs will increase the number of residency slots in the state and retain residents in primary care and other high-need specialties to practice in underserved communities after their training.

Reports indicate that resident physicians who train in community settings are nearly three times more likely to practice underserved settings after graduation. As medical school-based programs, MIDOCs residency programs will include innovative models and support and train physicians to practice in community-based settings. MIDOCs also offers a loan repayment program for residents who practice in an eligible underserved area in Michigan for two years after graduation to alleviate medical debt that may limit their choice of medical specialty.

In the second year of the program, MIDOCs created seven slots in psychiatry, seven new residency slots in family medicine, three in internal medicine, two in preventative medicine, two in pediatrics, one in general surgery and two in obstetrics and gynecology. MIDOCs residency programs include innovative educational initiatives to include community-based training sites. Residency rotations take place in primary care and mental health shortage areas that include federally qualified health centers, community-based clinics, inpatient and community mental health centers, and ambulatory care clinics. Through this initiative, MIDOCs will continue to recruit and retain needed providers to improve health outcomes in rural and urban underserved communities across the state.

This report describes MIDOCs activities and results in FY 2020 to include: continuation of the program, the creation of twenty-four new residency slots, an overview of the MIDOCs residency programs, a financial statement that includes MIDOCs Program costs for the first cohort (period beginning July 1, 2019 to June 30, 2020), educational and clinical quality data currently available, and information on the trainees in the second cohort that started in July 2020.

## II. Program Goals and Objectives

MIDOCs, a partnership between four Michigan medical schools, Central Michigan University College of Medicine (CMUCOM), Michigan State University College of Human Medicine (MSUCHM), Wayne State University School of Medicine (WSUSOM) and Western Michigan University Homer Stryker M.D. School of Medicine (WMed), has worked with the Michigan Department of Health and Human Services (MDHHS) on the development of the MIDOCs Program that aims to recruit, train and retain providers with the goal of increasing access to care in rural and urban underserved communities in Michigan.

The goals of the MIDOCs Program are:

- To retain graduates in Michigan and in underserved areas;
- To achieve educational outcomes from an innovative educational curriculum (e.g. interprofessional education, telemedicine, population health, public health and community engagement, patient-centered medical home); and
- To improve clinical quality outcomes for Michigan residents.

To achieve these goals, the MIDOCs Program will increase the number of medical residency training slots in primary care and other high-need specialties. As medical school-based programs, the MIDOCs Graduate Medical Educations (GME) programs will include innovative curriculum elements and community-based models. The MIDOCs Program will also include a two-year commitment to practice in a rural or urban underserved area in Michigan post-residency with assistance to repay eligible educational loans. The MIDOCs Program will strengthen the ability of the health care workforce to improve health outcomes and increase access to care for underserved and vulnerable populations in Michigan.

### III. Background and Overview

Of Michigan's 83 counties, 75 counties have at least partial designation as a primary care health professional shortage area (HPSA). To recruit and retain physicians to address the physician shortage in both rural and urban underserved areas, MIDOCs was created to increase the number of residency slots in the state and to retain residents to practice in underserved communities after their training.

In FY 2017, the Michigan state Legislature appropriated \$500,000 in funds to develop an implementation plan, which included proposals from the four institutions for increasing residency slots to address the needs in their communities. In FY 2019, \$5 million was appropriated for the MIDOCs Program that could be matched by a contribution from institutions of up to \$5 million, and any associated federal funds. In FY 2020, the legislature appropriated \$3.75M with a carry-over of \$1.25M from FY 19 funding.

With this funding, MIDOCs has expanded and developed Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs and, to date, recruited 32 new residents (eight in cohort 1 and twenty-four in cohort 2) in primary care and other high-need specialties to address Michigan's physician shortage in medically underserved rural and urban communities. MIDOCs programs incorporate innovative teaching models with a focus on integrated care, the patient-centered medical home model, and the principles of health care reform, such as population health. In addition, MIDOCs programs utilize the established networks of federally qualified health centers, rural health centers, and other ambulatory clinical sites, as appropriate for each residency program. The residency rotation sites are located in primary care and mental health shortage areas that include federally qualified health centers, community-based clinics, inpatient and community mental health centers, and ambulatory care clinics.

When fully implemented, the four universities will be able to create over 30 new physicians per year practicing in underserved communities across the state of Michigan. In the first year, the universities offered four residency slots in psychiatry, three residency slots in family medicine, and

one residency slot in internal medicine. In the second year, the universities added another 24 slots including: seven slots in psychiatry, seven in family medicine, three in internal medicine, two in preventative medicine, two in pediatrics, one in general surgery and two in obstetrics and gynecology. The MIDOCs Program also includes an incentive for residents to practice in underserved areas post-residency. Reports indicate that resident physicians who train in community settings are nearly three times more likely to practice those communities after graduation. Not only will the MIDOCs residency programs support and train physicians to practice in community-based settings, MIDOCs will offer a loan repayment program for residents who practice in an eligible underserved area after graduation to alleviate medical debt that may limit their choice of medical specialty.

MIDOCs believes that Michigan medical schools are a valuable resource and well-positioned to create innovative models for residency training that can strengthen the ability of the health care workforce to improve the health of underserved and vulnerable populations. Through this program, MIDOCs is committed to recruiting and retaining providers to improve health outcomes in underserved communities in Michigan.

#### IV. FY 2020 Program Activities

This report provides an update on the funding and activities of the MIDOCs Program for FY 2020 beginning October 1, 2019. The second year of the MIDOCs Program included the development of the MIDOCs Program administrative structure, management of central program operations, the creation of twenty-four new residency slots, and the recruitment of new residents for the second cohort that started in July 2020 for the Academic Year (AY) 2020-21.

##### A. FY 2020 Funding

The MIDOCs Program is funded through state appropriation, university funding, and federal sources. In FY 2020, the state Legislature appropriated \$3,750,000 for the MIDOCs Program, which was combined with \$1,250,000 of carry-over funds from 2019. To leverage state funding, the MIDOCs institutions worked closely with MDHHS to obtain federal matching funds. On February 27, 2019, MDHHS submitted a SPA to the Centers for Medicare and Medicaid Services (CMS) to add the MIDOCs Program to the Graduate Medical Education (GME) Innovations Sponsoring Institutions Program, which was approved in April 2019. Including the federal administrative match of fifty percent, up to \$20,000,000 in funding will be available for institutions to support the expansion of residencies and retention of providers in high need specialties and areas in the state that will be able to increase access to care for Michigan Medicaid beneficiaries.

##### B. Development of MIDOCs Administrative Structure

The central administrative functions for the MIDOCs Program are governed by the MIDOCs Executive Committee (“Executive Committee”) established in June 2018. The Executive Committee is comprised of two representatives from medical school leadership at each participating institution, which includes one representative with GME expertise. Since October 2018, MIDOCs Executive Committee meetings are scheduled at least every two weeks to plan and manage the shared administration and oversight of the MIDOCs Program.

In addition to the Executive Committee, three additional committees have been formed to guide program implementation. The GME representatives from the Executive Committee formed a separate GME Committee in October 2018. GME Committee meetings are scheduled every two weeks to oversee and discuss issues specifically related to the recruitment of residents and the educational components in the MIDOCs GME programs. The Executive Committee appointed representatives with finance expertise from each of their institutions to form the Finance Committee in January 2019. The Finance Committee meets every two weeks and discusses funds flow, financial reporting policies, and the development of program-specific and shared MIDOCs budgets. A committee for Government Relations was also formed and meets as needed. All three committees report to the Executive Committee for final approval of activities and decisions. A list of committee members can be found in **APPENDIX A**.

To establish the governance of the program and formalize the partnership between the four medical schools, the Executive Committee developed the first draft of an agreement that outlines the requirements for participation in the MIDOCs Program in November 2018. After the approval of the State Plan Amendment (**APPENDIX D**.) and federal matching funds in May 2019, the institutions moved forward with the development of an Interlocal Agreement. The Interlocal Agreement was finalized and approved by the Governor July 30, 2020.

#### C. Management of Central Program Operations

*MIDOCs Executive Director:* Contracting with an existing entity that is appropriate and qualified to manage the operations of the MIDOCs program can facilitate the implementation of the program and reduce overhead and start-up costs. Based on the functions and infrastructure required to achieve the goals and objectives of the MIDOCs Program, the Executive Committee developed a description of the qualifications for the MIDOCs administrative entity and the role of an Executive Director. The Executive Committee released a Request for Proposals on July 8, 2019 and selected Michigan Health Council (MHC) to serve as their administrative entity. MHC and MIDOCs have been formally working together since April 2020.

*MIDOCs Advisory Council:* In 2019, key stakeholders were invited to participate in the MIDOCs Advisory Council (“Advisory Council”) to support the activities of the MIDOCs Program. Advisory Council members include representatives from the following organizations: the Michigan Area Health Education Center, the Michigan Primary Care Association, the Michigan Center for Rural Health, the Michigan Academy of Family Physicians, and the Michigan State Medical Society. In addition, one resident from each MIDOCs cohort serves on the Advisory Council: a psychiatry resident from CMUCOM and a family medicine urban track resident from WSUSOM. The annual Advisory Council meeting took place on August 18, 2020. A list of Advisory Council members is provided in **APPENDIX A**.

*Communications Plan:* To build awareness and share updates with the general public and key stakeholders, MIDOCs plans a series of press releases throughout the year to coincide with residents’ application times, acceptance, program expansion, etc. In addition, the MIDOCs Program has created a one-page flyer, a website ([michigandocs.org](http://michigandocs.org)) and social media posts. The MIDOCs Program will continue to build upon these communications tools for stakeholder engagement and for the recruitment of future cohorts of residents.



#### D. MIDOCs GME Program Implementation

*Implementation of New Residency Slots:* Institutions selected the number of new residency slots and specialty areas for the second cohort based on community needs and the availability of funding. During the second year, the institutions again approved the expansion of existing programs in family medicine, internal medicine, and psychiatry. They also expanded MIDOCs programs to include slots in preventative medicine, pediatrics, general surgery and obstetrics and gynecology. As required, requests for the new residency slots were submitted and approved by the ACGME. Six additional slots were added to existing programs at each of the four institutions for a total of twenty-four new residency slots. All MIDOCs residency programs are accredited by the ACGME. CMUCOM added two slots in Psychiatry, two in Family Medicine, and two in Internal Medicine. MSUCHM added four slots in Psychiatry and two in OB/GYN. WSUSOM added four slots in Family Medicine-Urban Track and two in Preventative Medicine-Transitional Year. WMed added one slot in Internal Medicine, one in Family Medicine, two in Pediatrics, one in Psychiatry and one in General Surgery. An overview of all residency slots and training sites is provided in **APPENDIX B**. Maps of training sites are provided in **APPENDIX C**.

*Recruitment of the Second Cohort:* The second cohort of residents for the MIDOCs program was selected through the 2020 National Resident Matching Program (NRMP) process which opened in fall 2019. Medical students were invited for interviews in November and December 2019, and ranking took place in January 2020. For recruitment purposes, MIDOCs institutions designed a central website and one-page flyer for residents that included general information about the program. The four institutions filled all MIDOCs positions and new Resident Contracts were signed by July 2020.

*NRMP Exception:* Although residency slots for the first and second cohort were successfully filled, MIDOCs has twice requested an NRMP All in Policy Exception for future cohorts. An exception would facilitate the ability of institutions to recruit students specifically for the MIDOCs residency slots outside of the Main Residency Match process for other residency slots. Evaluation criteria for exception requests include specialty, stated need for the program, degree to which the innovative curriculum or program differs from the traditional program track, aspects of the opt-out provision for applicants, and program outcomes. The most compelling reason to be exempted from the Match is that the residents must sign the MIDOCs contract if selected, which adds another legally binding aspect to the Match commitment. A request form was submitted to the NRMP in September 2018 and July 2019, however, the NRMP Board of Directors did not approve the requests. One more NRMP Exception Application will be submitted for the 2021 Application Cycle.

*Loan Repayment Program:* The MIDOCs Program also provides loan repayment assistance for participating residents contingent upon a two-year commitment to practice in rural or urban underserved areas in Michigan after residency. The resident must also forego any sub-specialty training for at least two years post-residency. Residents in the MIDOCs Program will receive up to \$75,000 for the repayment of eligible loans for a commitment of two years of service in an underserved area in Michigan. A MIDOCs addendum to the Resident Contract was developed and approved by the four institutions.

## V. Results from the FY 2020 Application Period

### A. Financial statements

**Figure 1** shows the unfunded costs from year one and the budget for the second year of the first cohort and the first year of the second cohort of residents for the Academic Year Ending (AYE) in June 2021 (July 2020 to June 2021). The total is approximately \$7.7 million and includes estimated MIDOCs shared administrative expenses, residency training program costs, and a portion of the loan repayment incentive program, and the balance of the first year of the first cohort payment. Annual institution budgets were developed based on the training costs for each program and vary based on specialty and the number of years of training. Family Medicine, Internal Medicine, Preventative Medicine and Pediatrics programs are three-year programs; Psychiatry and Obstetrics and Gynecology are four-year programs, and General Surgery is a five-year program.

This expenditure summary includes the program costs at each of the four institutions and \$340,560 in shared costs for the administration of the MIDOCs Program for a total of \$7,700,048. Please note that the shared administrative cost per resident is higher in the first and second cohort years of the program due to activities related to implementation. While disbursement of loan repayment awards to residents will not begin until AY 2021-22, we are budgeting for the amount that will be needed for each resident and cohort over the course of 3-5 years.

**FIGURE 1. MIDOCs Program Budget for the Period July 1, 2020 – June 30, 2021  
(includes unfunded year one costs (7/1/19-6/30/20))**

	7/1/20 to 6/30/21
<b>CENTRAL MICHIGAN</b>	
Resident salaries and benefits	\$608,191
Faculty and other direct costs	\$606,028
Loan repayment	\$175,000
Overhead costs	\$339,982
Shared administrative costs	\$100,00
Unfunded year 1 costs	\$131,130
Total costs	\$1,960,331
<b>MICHIGAN STATE</b>	
Resident salaries and benefits	\$537,310
Faculty and other direct costs	\$477,690
Loan repayment	\$162,500
Overhead costs	\$506,315
Shared administrative costs	\$89,437
Unfunded year 1 costs	\$130,887
Total costs	\$1,904,139

**FIGURE 1. (continued)**

<b>WAYNE STATE</b>	
Resident salaries and benefits	\$569,195
Faculty and other direct costs	\$584,400
Loan repayment	\$200,000
Overhead costs	\$254,373
Shared administrative costs	\$102,000
Unfunded year 1 costs	\$141,532
Total costs	\$1,851,500
<b>WMed</b>	
Resident salaries and benefits	\$592,110
Faculty and other direct costs	\$646,728
Loan repayment	\$200,000
Overhead costs	\$357,110
Shared administrative costs	\$49,123
Unfunded year 1 costs	\$139,007
Total costs	\$1,984,078
<b>GRAND TOTAL</b>	<b>\$7,700,048</b>
Shared administrative costs	\$340,560

The data provided in **Figure 2** shows the variance in budgeted and actual cost for the first year of the first MIDOCs cohort. (8 total residents, 2 per university). In FY 2020, MIDOCs received \$1.52 million in Medicaid funding for the first cohort entering in AYE July 2020. The balance of the first year of the first cohort payment was received as a part of the AYE 2021 as noted above. A financial statement is provided in **Figure 2** for the costs associated with the MIDOCs Program from July 1, 2019 to June 30, 2020.

**FIGURE 2. MIDOCs Reconciliation for Cohort 1, Year One (July 1, 2019 – June 30, 2020)**

	<b>Budget</b>	<b>Actual</b>	<b>Variance</b>
<b>CENTRAL MICHIGAN</b>			
Resident salaries and benefits	\$151,190	\$146,227	\$4,963
Faculty and other direct costs	\$150,014	\$130,082	\$19,932
Loan repayment	\$37,500	\$37,500	\$0
Overhead costs	\$84,337	\$78,452	\$5,885
Shared administrative costs	\$75,625	\$75,625	\$0
<b>Total costs</b>	<b>\$498,666</b>	<b>\$467,886</b>	<b>\$30,780</b>
<b>MICHIGAN STATE</b>			
Resident salaries and benefits	\$138,010	\$138,010	\$0
Faculty and other direct costs	\$162,410	\$162,410	\$0
Loan repayment	\$37,500	\$37,500	\$0
Overhead costs	\$84,118	\$174,325	(\$77,454)
Shared administrative costs	\$75,625	\$94,225	(\$31,366)
<b>Total costs</b>	<b>\$497,663</b>	<b>\$606,470</b>	<b>(\$108,819)</b>
<b>WAYNE STATE</b>			
Resident salaries and benefits	\$142,594	\$131,847	\$10,747
Faculty and other direct costs	\$179,414	\$114,710	\$64,704
Loan repayment	\$50,000	\$50,000	\$0
Overhead costs	\$90,162	\$85,382	\$4,780
Shared administrative costs	\$75,625	\$161,180	(\$85,555)
<b>Total costs</b>	<b>\$537,795</b>	<b>\$543,120</b>	<b>(\$5,325)</b>
<b>WMed</b>			
Resident salaries and benefits	\$151,010	\$144,480	\$6,530
Faculty and other direct costs	\$163,682	\$157,301	\$6,381
Loan repayment	\$50,000	\$53,825	(\$3,825)
Overhead costs	\$88,114	\$99,200	(\$11,087)
Shared administrative costs	\$75,625	\$57,729	\$17,896
<b>Total costs</b>	<b>\$528,431</b>	<b>\$512,535</b>	<b>\$15,895</b>
<b>GRAND TOTAL</b>	<b>\$2,062,555</b>	<b>\$2,130,011</b>	<b>(\$129,029)</b>

## B. Education and Clinical Quality Data

Descriptive data for the MIDOCs residency programs shows that educational initiatives and patient care settings include elements that will prepare MIDOCs residents to deliver high quality care in underserved areas in Michigan. The data provided in **Figure 3** describes the educational components and evaluation of resident performance for the MIDOCs residency programs for the cohort starting in AY 2020-21. The thirteen residency programs at the four institutions include training on how to use Electronic Health Records, training in practice management and leadership, evaluation on the ability to practice in teams, and participation in quality improvement training and projects.

For all thirteen programs, the training program curriculum includes focused urban training, cultural competency, and training in SUD/opioid treatment. Twelve of the programs include community outreach and care of the elderly and ten programs include focused rural training and primary care mental health training. Other innovative and relevant components in MIDOCs residency programs include midwifery collaboration, dedicated care of Veterans, telehealth, diversity disparities workshops and population health electives specifically related to the COVID-19 pandemic. In addition, MIDOCs residency programs include a significant portion of training at sites that serve racially and ethnically diverse and underserved populations. For example, one of the MIDOCs residency programs is 100% federally qualified health center (FQHC)-based and one program includes the care of primarily Latino and African American populations. Other programs address community mental health in rural areas of the state including one in the Upper Peninsula.

As residents complete their training programs and their post-residency practice commitment, the MIDOCs Program plans to collect data on educational and program outcomes specific to each residency program. The second cohort of residents started in July 2020, and thus, outcomes data is not yet available. Resident performance will be evaluated using ACGME educational milestones organized around six ACGME core competencies: patient care, medical knowledge, systems-based practice, practice-based learning and improvement, professionalism, and interpersonal and communication skills. Institutions will track the number of residents who successfully complete the program and additional educational outcomes data when available, such as results from residents' clinical quality improvement (CQI) initiatives, and descriptive data on the populations served at main training sites. CQI projects for these residency programs include topics that focus on clinical interventions, population health, social determinants of health, and process improvement. Samples of CQI projects are provided in **Figure 3**.

Program outcomes will be collected at selected intervals after the completion of the MIDOCs Program post-residency commitment and include, but are not limited to, the number of residents who are practicing in primary care or psychiatry, in rural or urban underserved settings, and in the state of Michigan.

**FIGURE 3. Descriptive Data on Thirteen MIDOCs Residency Programs\* for Cohort 2  
Starting in AY 2020-21.**

<b>Does your MIDOCs residency program include the following?</b>	<b>Yes</b>
Training on how to use EHRs	13/13
Evaluation on ability to practice in teams	13/13
Training in practice management and/or leadership	13/13
Participation in quality improvement training and projects (CQI activities)	13/13
Curriculum includes community outreach	12/13
Curriculum includes cultural competency	13/13
Curriculum includes focused rural training	10/13
Curriculum includes focused urban training	13/13
Curriculum includes care of the elderly	12/13
Curriculum includes primary care mental health training	10/13
Curriculum includes training in SUD/opioid treatment	13/13
<b>Other innovative/relevant initiatives</b>	
<b>CENTRAL MICHIGAN</b>	
Diversity disparities workshop with Mayor Seals from Saginaw, MI on Understanding Poverty	
Rapid development and implementation of a population health elective during the COVID-19 pandemic	
Resident advocacy in Lansing and Saginaw, MI – Learning to Advocate (for patients)	
<b>MICHIGAN STATE</b>	
Collaborative care longitudinal rotation Family Medicine at UPHS-Marquette. In this setting the resident will work with FM residents during their mental health training.	
Collaboration and rotations through the VA-Marquette	
Longitudinal rotation in the Community Mental Health setting-Northern Michigan.	
The resident attends weekly case conferences and didactics Wednesday mornings and Thursday afternoons throughout training each week throughout their 4 years of training. These seminars and case conferences include areas which focus on, basic medical knowledge, psychiatric knowledge, DSM 5, CQI, research, community care, practice management, outreach, cultural competency, geriatric psychiatry, CAP, SUD, forensic psychiatry, poster presentation, ethnic and cultural diversity, history of psychiatry, medical disparities, psychotherapy, ECT, C/L psychiatry, somatic symptom disorders, eating disorders, psychosis, mood disorders, anxiety disorders.	
During their PGY4 year each resident is assigned an administrative inpatient rotation.	
Midwifery collaboration	
Telehealth	
<b>WMed</b>	
Outpatient and inpatient care for underserved populations	
100% FQHC-based, both outpatient and inpatient care	
Care of racially and ethnically diverse populations (primarily Latino and African American)	
Dedicated care of Veterans	
Specialty-specific rural track at critical access sites	

**FIGURE 3. (continued)**

<b>WAYNE STATE</b>
Telehealth
Opportunity to obtain MPH or Public & Population Health Certificate
Health disparities curriculum
Engagement with the Detroit and Wayne County Health Departments
<b>Main Site or Continuity Clinic - Patient-centered Medical Home (e.g. NCQA, MI-BCBS, other)</b>
<b>CENTRAL MICHIGAN</b>
Great Lakes Bay Health Centers – CMU Cohort 1 & 2
CMU Health Clinic – CMU Cohort 2
<b>MICHIGAN STATE</b>
Spectrum Health United Hospital – Greenville, MI – MSU OB/GYN
MSU-Department of Psychiatry PGY 1 and 2
UPHS-Marquette PGY 3 and 4 - MSU
<b>WMed</b>
WMed Health - Internal Medicine
Family Health Center-Kalamazoo
WMed Health - Psychiatry
WMed Health Pediatrics
WMed Health - Surgery
WMed Health - Family Medicine
<b>WAYNE STATE</b>
Community Health & Social Services Center (CHASS) Detroit – WSU FM
Ascension Providence Rochester Hospital – WSU TY/PM
Covenant Community Care (WSU PM)
Health Centers of Detroit (WSU PM)
<b>CQI Projects</b>
<p><b>Coordination and Outreach in the Upper Peninsula</b></p> <p>We recruited and hired an associate program director and assistant coordinator in February 2020 to help develop rotations and make connections in the Upper Peninsula. Rotation development for the rural track was coordinated by the UP program team and East Lansing team through weekly meetings and reaching out to health care centers in the Upper Peninsula to establish rotations: VA Clinic, Outpatient Psychiatry at UPHSM, CMH with Northpointe, Family Medicine Clinic at UPHSM.</p>
<p><b>Senior Resident to Provide Supervision for MIDOCS Residents</b></p> <p>MSU participated in the statewide MIDOCS program during the 2018 recruiting season and successfully recruited two physicians who will complete the last two program years in Marquette, MI, commencing in the 2021-2022 program year. In fall of 2019 Doug Bell, a PGY2 resident inquired about doing the program. We coordinated services to arrange for Dr. Doug Bell to become the first resident to start the UP Rural Track a year prior to the start of our MIDOCs residents. Dr. Bell successfully started rotations in the UP on July 1, 2020 he will serve as a senior resident when our MIDOCS residents arrive.</p>

<b>Resource for New Resident Physicians</b> Creation of a focused web page of resources to assist PGY-1 residents with their transition into residency to help alleviate some of the inexperience and anxiety that can result from the sudden transition from medical student to resident physician.
<b>Supplements and COVID-19</b> Research and reflection through a written case report on a patient with psychosis due to utilizing supplements to prevent COVID – 19.
<b>Improving Diabetic Control in an Urban FQHC</b> Goal to improve diabetic control in an urban FQHC setting among a large population of diabetic patients. This will encompass traditional medical management and intense patient education with frequent follow-up until A1C goals are met.
<b>Barriers to Care for Suicidal Patients Post-Discharge</b> Address barriers to care upon discharge for patients with suicidal ideations including follow ups and resources upon discharge.
<b>Limited English Proficiency Patients</b> Discrepancy in duration of hospitalization and readmissions.
<b>Improving BMI Management Plans</b>

\*Includes four psychiatry programs (MSUCHM (2), CMUCOM, WMed), three family medicine programs (CMUCOM, WSUSOM, WMed), and two internal medical programs (WMed, CMUCOM), one preventative medicine program (WSUSOM), one pediatrics program (WMed), one OB/GYN program (MSUCHM) and one general surgery program (WMed).

C. Roster of trainees, including areas of specialty and locations of training

Twenty-four residents entered the MIDOCs Program in AY2020-21. Please see **Figure 4** for the list of MIDOCs residents in the second cohort starting in June/July 2020. The areas of specialty and associated sponsoring institutions are noted.



**FIGURE 4. Second Cohort of 24 MIDOCs Residents Starting AY2020-21**

<b>Name</b>	<b>Area of Specialty</b>	<b>Sponsoring Institution</b>
Ashley Jones	Psychiatry	Central Michigan University College of Medicine 1000 Houghton Saginaw, MI 48602
Shipra Singh	Psychiatry	Central Michigan University College of Medicine 1000 Houghton Saginaw, MI 48602
Christopher Robertz	Family Medicine	Central Michigan University College of Medicine 1000 Houghton Saginaw, MI 48602
Fermin Rankin	Family Medicine	Central Michigan University College of Medicine 1000 Houghton Saginaw, MI 48602
Sheweta Kambali	Internal Medicine	Central Michigan University College of Medicine 1000 Houghton Saginaw, MI 48602
Nadim Kanaan	Internal Medicine	Central Michigan University College of Medicine 1000 Houghton Saginaw, MI 48602
Logan Hanert	Psychiatry	Michigan State University College of Human Medicine 965 Fee Rd. East Lansing, MI 48824
James O'Brien	Psychiatry	Michigan State University College of Human Medicine 965 Fee Rd. East Lansing, MI 48824
Cory Manoogian	Psychiatry	Pine Rest Christian Mental Health Services/MSU Psychiatry Residency 300 68 <sup>th</sup> Street SE Grand Rapids, Michigan 49508
Stephen Murata	Psychiatry	Pine Rest Christian Mental Health Services/MSU Psychiatry Residency 300 68 <sup>th</sup> Street SE Grand Rapids, Michigan 49508
Michele Bautisa	Obstetrics and Gynecology	Spectrum Health/MSU Obstetrics & Gynecology Residency 100 Michigan Street NE Grand Rapids, Michigan 49503
Joona Barth	Obstetrics and Gynecology	Spectrum Health/MSU Obstetrics & Gynecology Residency 100 Michigan Street NE Grand Rapids, Michigan 49503

**FIGURE 4. (continued)**

Ronald Bernard Saborio	Family Medicine-Urban Track	Wayne State University School of Medicine 540 E. Canfield Ave Detroit, MI 48201
Mathew Ellison	Family Medicine-Urban Track	Wayne State University School of Medicine 540 E. Canfield Ave Detroit, MI 48201
Haria Henry	Family Medicine-Urban Track	Wayne State University School of Medicine 540 E. Canfield Ave Detroit, MI 48201
Irobun Osaigbovo	Family Medicine-Urban Track	Wayne State University School of Medicine 540 E. Canfield Ave Detroit, MI 48201
Abdullah Hafid	Preventative Medicine-Transitional Year	Wayne State University School of Medicine 540 E. Canfield Ave Detroit, MI 48201
Beza Sahlie	Preventative Medicine-Transitional Year	Wayne State University School of Medicine 540 E. Canfield Ave Detroit, MI 48201
Simeen Khan	Family Medicine	Western Michigan University Homer Stryker M.D. School of Medicine 1000 Oakland Drive Kalamazoo, MI 49008
Nathan Demchuk	Internal Medicine	Western Michigan University Homer Stryker M.D. School of Medicine 1000 Oakland Drive Kalamazoo, MI 49008
Nicole Fledderman	Pediatrics	Western Michigan University Homer Stryker M.D. School of Medicine 1000 Oakland Drive Kalamazoo, MI 49008
Yan Qi	Pediatrics	Western Michigan University Homer Stryker M.D. School of Medicine 1000 Oakland Drive Kalamazoo, MI 49008
Linda Saju	Psychiatry	Western Michigan University Homer Stryker M.D. School of Medicine 1000 Oakland Drive Kalamazoo, MI 49008
Robert Jameson	General Surgery	Western Michigan University Homer Stryker M.D. School of Medicine 1000 Oakland Drive Kalamazoo, MI 49008

D. Medicaid Revenue by Training Site

The second cohort entered the MIDOCs program in July 2020 and will not begin practicing at main training sites until later in their respective curricula. Training site data will be provided in future reports.

VI. Plans for FY 2021 Application Period

A. Continued Implementation of MIDOCs Program

In FY 2021, the MIDOCs Program plans to fully implement the administrative structure of the program. Now that the Interlocal Agreement has been finalized and signed by the Governor, MIDOCs is able to contract fully with the Michigan Health Council for central administration and an Executive Director. As part of implementation, the MIDOCs Executive Committee will continue to develop and approve policies and procedures and to establish the operations of central administrative functions.

Central administrative functions will include: internal communications with the Executive Committee, Advisory Council, and MDHHS, external communications with residents, key stakeholders, and the media, ensuring compliance and alignment with MIDOCs guiding principles and requirements, administering the loan repayment program, developing and monitoring the shared administrative budget, tracking and reporting program data and evaluation.

B. Future Residency Slots and Specialty Areas for Recruitment

New residency slots will be added in future years based on the availability of additional funding from state, local and federal sources, assessment of community needs, and the feasibility of implementation. The institutions have conducted a preliminary analysis and are considering continuing with their current 6 slots, for a total of 24 new residency slots in FY 2021.

Participating institutions have discussed adding additional slots in psychiatry, family medicine, internal medicine, preventative medicine, pediatrics, OB/GYN, and general surgery. Institutions who do not already have them, will also explore starting new residency programs, such as preventative medicine or a track with a rural focus, that will be tailored to training residents to practice in underserved areas and to address critical health care needs. Further evaluation of residency program capacity and budgets are currently being conducted and the Executive Committee will make the final determination of slots prior to the start of the 2021 Match process.

**APPENDIX A.**  
**MIDOCs ADVISORY COUNCIL MEMBERS 2020-2021**

John Barnas  
Executive Director  
Michigan Center for Rural Health  
909 Wilson Road, B218  
West Fee Hall  
East Lansing, MI 48824

Karlene Ketola, MSA, CAE  
CEO  
Michigan Academy of Family Physicians  
Francis P. Rhoades Center  
2164 Commons Parkway  
Okemos, MI 48864

Rebecca Blake  
Sr. Director of Health Care Delivery and  
Education  
Michigan State Medical Society  
120 W. Saginaw Street  
East Lansing, MI 48823

Dennis Litos  
Interim CEO  
Michigan Primary Care Association  
7215 Westshire Drive  
Lansing, MI 48917

Robert Flora, MD, MBA, MPH  
Chief Academic Officer/ VP of Academic Affairs  
McLaren Health Care  
One McLaren Parkway  
Grand Blanc, MI 48439

Jisselly Salcedo, MD  
MIDOCs Cohort 1 Resident, Psychiatry  
Central Michigan University College of  
Medicine

Haria Henry, MD  
MIDOCs Cohort 2 Resident  
Family Medicine Urban Track  
Wayne State University School of Medicine

Thomas Reed  
Associate Program Director  
Michigan Area Health Education Center  
4201 St. Antoine Blvd, Suite 9A  
Box 325  
Detroit, MI 48201

**APPENDIX A. (continuesd)**  
**MIDOCs EXECUTIVE COMMITTEE MEMBERS**

Hal B. Jenson, MD  
Dean  
Western Michigan University  
Homer Stryker M.D. School of Medicine

David Overton, MD  
Associate Dean, Graduate Medical Education  
Western Michigan University  
Homer Stryker M.D. School of Medicine

Jerry Kooiman  
Assistant Dean for External Relations  
MSU College of Human Medicine

Randy Pearson, MD  
Assistant Dean, Graduate Medical Education  
MSU College of Human Medicine

Tsveti Markova, MD  
Senior Associate Dean, Graduate Medical Education  
Chair, Family Medicine and Public Health Sciences  
Wayne State University School of Medicine

Doug Skrzyniarz, MHSA, MA  
Vice Dean, Finance & Administration  
Wayne State University School of Medicine

George Kikano, MD  
Dean  
Central Michigan University  
College of Medicine

Mary Jo Wagner, MD  
Chief Academic Officer/DIO  
Central Michigan University  
Medical Education Partners

**Non-Voting Members**

Bethany Figg  
Graduate Medical Education Accreditation Manager  
Central Michigan University  
College of Medicine

Lori Straube  
Associate Dean, Administration and Finance  
Western Michigan University  
Homer Stryker M.D. School of Medicine

Taylor Trott  
Government Health Affairs Associate  
Wayne State University

Amy Hoge  
Executive Director  
MIDOCs

**APPENDIX A. (continued)**  
**OTHER MIDOCs COMMITTEES REPORTING TO THE EXECUTIVE COMMITTEE**

**Finance Committee**

Lori Straube  
Associate Dean, Administration and Finance  
Western Michigan University  
Homer Stryker M.D. School of Medicine

Hal B. Jenson, MD  
Dean  
Western Michigan University  
Homer Stryker M.D. School of Medicine

Taylor Trott  
Government Health Affairs Associate  
Wayne State University

Martha Jordan  
Administrative Director  
Graduate Medical Education  
Wayne State University

Helen Smith  
Manager, Fiscal Affairs  
Wayne State University  
School of Medicine

Jerry Kooiman  
Assistant Dean for External Relations  
Michigan State University  
College of Human Medicine

Karen Crosby  
CFO  
Michigan State University  
College of Human Medicine

David Forsythe  
Assistant Dean, Finance  
Central Michigan University  
College of Medicine

JD McBrayer  
Director of Finance  
Central Michigan University  
Medical Education Partners

Amy Hoge  
Executive Director  
MIDOCs

**Graduate Medical Education Committee**

Mary Jo Wagner, MD  
Chief Academic Officer/DIO  
Central Michigan University  
Medical Education Partners

Bethany Figg  
Graduate Medical Education Accreditation Manager  
Central Michigan University  
College of Medicine

David Overton, MD  
Associate Dean, Graduate Medical Education  
Western Michigan University  
Homer Stryker M.D. School of Medicine

Tsveti Markova, MD  
Senior Associate Dean, Graduate Medical Education  
Chair, Family Medicine and Public Health Sciences  
Wayne State University School of Medicine

Randy Pearson, MD  
Assistant Dean, Graduate Medical Education  
Michigan State University  
College of Human Medicine

Amy Hoge  
Executive Director  
MIDOCs

**APPENDIX A. (continued)**  
**OTHER MIDOCS COMMITTEES REPORTING TO THE EXECUTIVE COMMITTEE**

**Government Relations Committee**

Taylor Trott  
Government Health Affairs Associate  
Wayne State University

Jerry Kooiman  
Assistant Dean for External Relations  
Michigan State University  
College of Human Medicine

Katie John  
Associate Vice President for Government Relations  
Western Michigan University

Megan Morris  
Government Relations Associate  
Central Michigan University

Toby Roth, Jr.  
Interim Vice President  
Government & External Relations  
Central Michigan University

Amy Hoge  
Executive Director  
MIDOCs

**APPENDIX B.**

**OVERVIEW OF MIDOCs RESIDENCY SLOTS FOR COHORT 2 ENTERING AY 2020-21 BY INSTITUTION**

**Central Michigan University College of Medicine**

<b>RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS:</b>	Psychiatry (4 years)	2
	Family Medicine (3 years)	2
	Internal Medicine (3 years)	2
<b>TOTAL NUMBER OF RESIDENTS:</b>		<b>6</b>
<b>TRAINING SITES AND ADDRESSES:</b>		
Psychiatry	<b>HealthSource Saginaw</b> 3340 Hospital Road, Saginaw, MI 48603	
	<b>Community Mental Health for Central Michigan</b> 301 South Crapo Street, Suite 200, Mt. Pleasant, MI 48858	
	<b>Aleda E. Lutz VA Medical Center</b> 1500 Weiss Street, Saginaw, MI 48602	
	<b>Victory Clinic</b> 508 Shattuck Road, Saginaw, MI 48604	
	<b>Great Lakes Bay Health Centers</b> 501 Lapeer Avenue, Saginaw, MI 48607	
	<b>Westlund Guidance Clinic</b> 203 S. Washington Avenue, Saginaw, MI 48607	
	<b>Covenant Healthcare</b> 900 Cooper Avenue, Saginaw, MI 48602	
	<b>Ascension St. Mary's</b> 800 S. Washington Avenue, Saginaw, MI 48601	
Family Medicine	<b>CMU Health</b> 1000 Houghton Avenue, Saginaw, MI 48602	
	<b>Aleda E. Lutz VA Medical Center</b> 1500 Weiss Street, Saginaw, MI 48602	
	<b>Great Lakes Bay Health Centers</b> 501 Lapeer Avenue, Saginaw, MI 48607	
	<b>Covenant Healthcare</b> 900 Cooper Avenue, Saginaw, MI 48602	
	<b>Ascension St. Mary's</b> 800 S. Washington Avenue, Saginaw, MI 48601	
Internal Medicine	<b>CMU Health</b> 1000 Houghton Avenue, Saginaw, MI 48602	
	<b>Aleda E. Lutz VA Medical Center</b> 1500 Weiss Street, Saginaw, MI 48602	
	<b>Covenant Healthcare</b> 900 Cooper Avenue, Saginaw, MI 48602	
	<b>Ascension St. Mary's</b> 800 S. Washington Avenue, Saginaw, MI 48601	



### Michigan State University College of Human Medicine

<b>RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS:</b>	Psychiatry	4
	OB/GYN (4 years)	2
<b>TOTAL NUMBER OF RESIDENTS:</b>		<b>6</b>
<b>TRAINING SITES AND ADDRESSES:</b>		
Psychiatry	<b>UP Health System-Marquette</b> 580 W. College Avenue, Marquette, MI 49855	
	<b>Pathways Community Mental Health</b> 200 W. Spring Street, Marquette, MI 49855	
	<b>Oscar Johnson VAMC</b> 325 E H Street, Iron Mountain, MI 49801	
OB/GYN	<b>Spectrum Health Butterworth</b> 100 Michigan St NE, Grand Rapids, MI 49503	
	<b>Mercy Health</b> 200 Jefferson Ave SE, Grand Rapids, MI 49503	
	<b>Spectrum Health United Hospital</b> 615 S Bower St, Greenville, MI 48838	
	<b>Spectrum Health Big Rapids</b> 605 Oak St, Big Rapids, MI 49307	
	<b>Helen Devos Children's Hospital</b> 100 Michigan St NE, Grand Rapids, MI 49503	

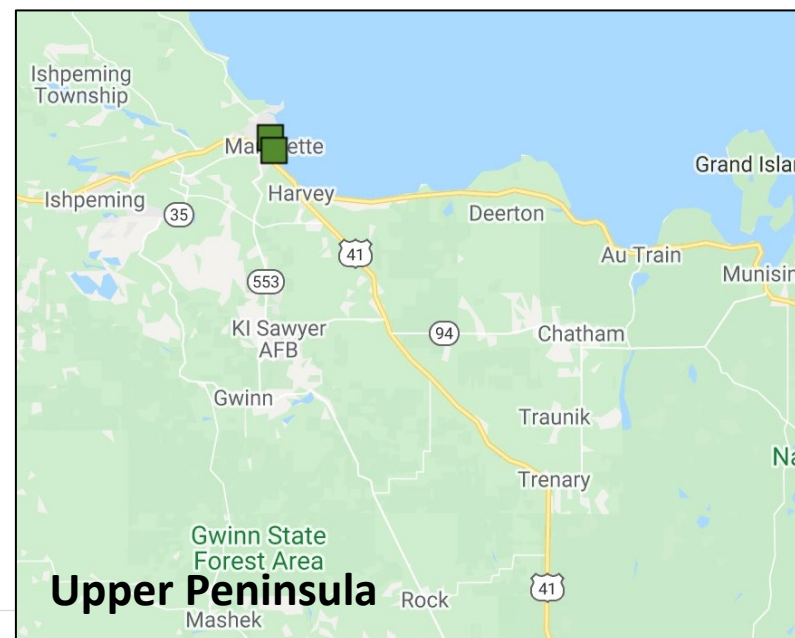
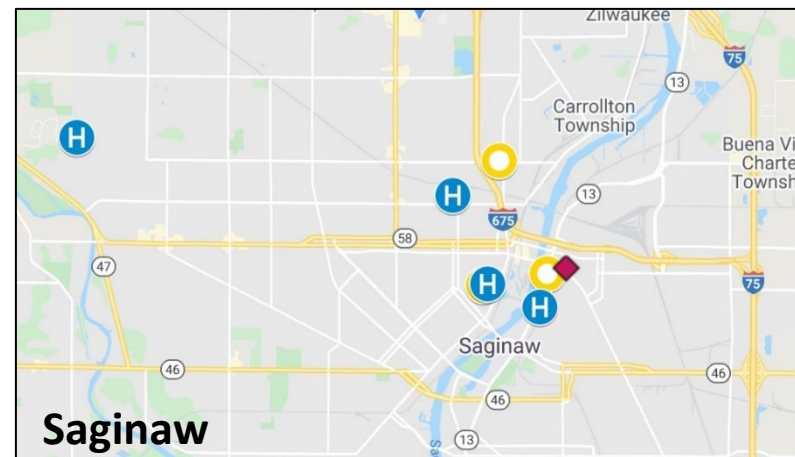
### Wayne State University School of Medicine

<b>RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS:</b>	Family Medicine-Urban Track (3 years)	4
	Preventative Medicine-Transitional Year	2
<b>TOTAL NUMBER OF RESIDENTS:</b>		<b>6</b>
<b>TRAINING SITES AND ADDRESSES:</b>		
Family Medicine	<b>Henry Ford Hospital – Detroit</b> 2799 W. Grand Blvd, Detroit, MI 48202	
	<b>Children's Hospital of Michigan</b> 3901 Beaubien, Detroit, MI 48201	
	<b>Ascension Providence Rochester Hospital</b> 1101 W. University, Rochester, MI 48307	
	<b>The Community Health and Social Services Center (CHASS)</b> 5635 W. Fort Street, Detroit, MI 48209	
Preventative Medicine-Transitional Year	<b>Ascension Providence Rochester Hospital</b> 1101 W. University, Detroit, MI 48307	
	<b>John D Dingell VA Medical Center</b> 4646 John R St, Rochester, MI 48201	

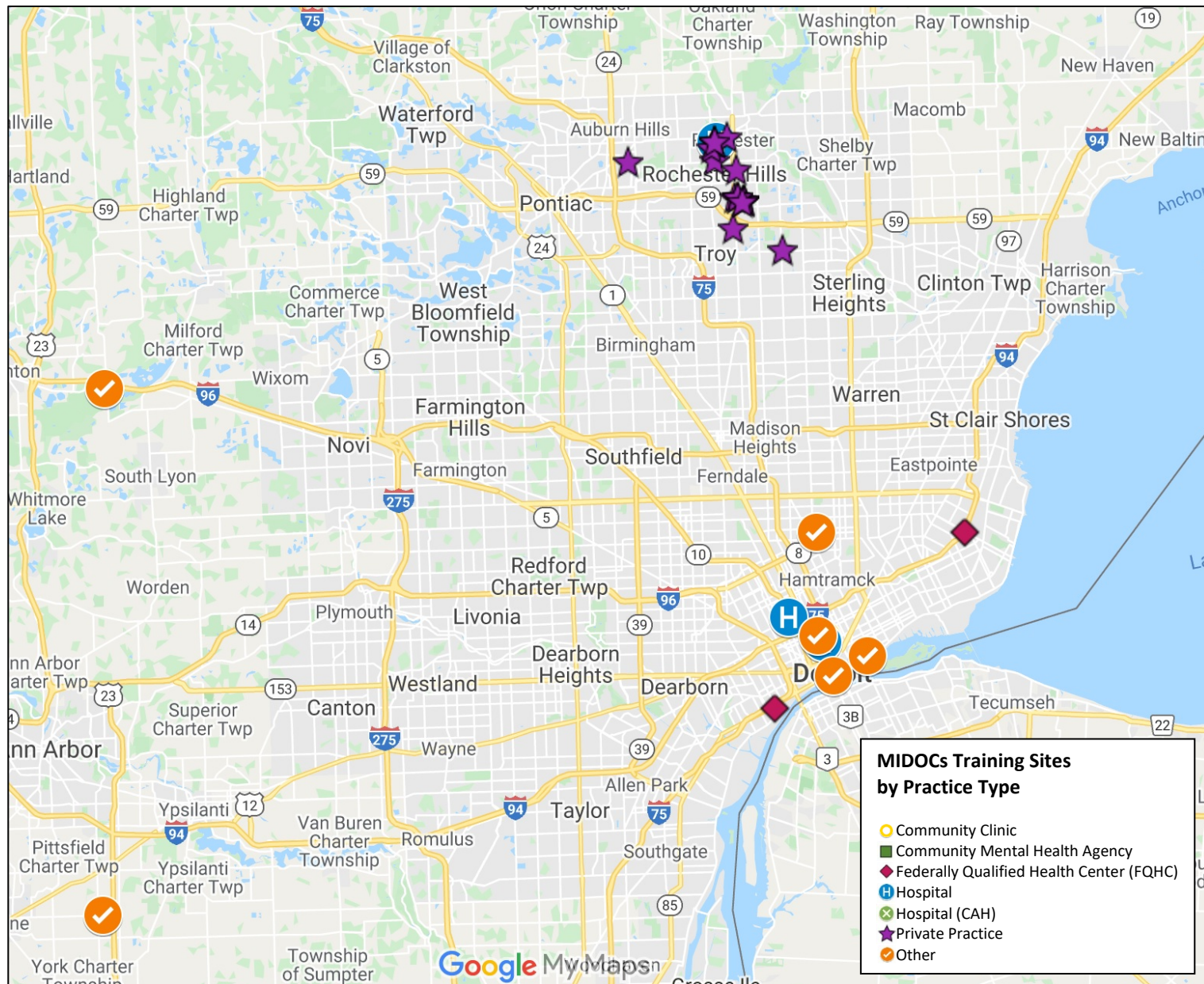
# Western Michigan University Homer Stryker M.D. School of Medicine

<b>RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS:</b>	Internal Medicine (3 years)	1
	Family Medicine (3 years)	1
	Pediatrics (3 years)	2
	Psychiatry (4 years)	1
	General Surgery (5 years)	1
<b>TOTAL NUMBER OF RESIDENTS</b>		<b>6</b>
<b>TRAINING SITES AND ADDRESSES:</b>		
Internal Medicine	<b>Bronson Methodist Hospital</b> 601 John Street, Kalamazoo, MI 49007	
	<b>Ascension Borgess Hospital</b> 1521 Gull Road, Kalamazoo, MI 49048	
	<b>WMed Health</b> 1000 Oakland Drive, Kalamazoo, MI 49008	
	<b>Battle Creek Veterans Administration Medical Center</b> 5500 Armstrong Rd, Battle Creek, MI 49037	
Family Medicine	<b>Family Health Center of Kalamazoo</b> 117 W. Paterson Street, Kalamazoo MI 49007	
	<b>Bronson Methodist Hospital</b> 601 John Street, Kalamazoo, MI 49007	
	<b>Ascension Borgess Hospital</b> 1521 Gull Road, Kalamazoo, MI 49048	
	<b>Kalamazoo Community Mental Health</b> 418 W. Kalamazoo Avenue, Kalamazoo MI 49007	
	<b>WMed Health</b> 1000 Oakland Drive, Kalamazoo, MI 49008	
Pediatrics	<b>Bronson Methodist Hospital</b> 601 John Street, Kalamazoo, MI 49007	
	<b>WMed Health</b> 1000 Oakland Drive, Kalamazoo, MI 49008	
Psychiatry	<b>WMed Health</b> 1000 Oakland Drive, Kalamazoo, MI 49008	
	<b>Ascension Borgess Hospital</b> 1521 Gull Road, Kalamazoo, MI 49048	
	<b>Kalamazoo Community Mental Health</b> 418 W. Kalamazoo Avenue, Kalamazoo MI 49007	
	<b>Battle Creek Veterans Administration Medical Center</b> 5500 Armstrong Rd, Battle Creek, MI 49037	
General Surgery	<b>WMed Health</b> 1000 Oakland Drive, Kalamazoo, MI 49008	
	<b>Bronson Methodist Hospital</b> 601 John Street, Kalamazoo, MI 49007	
	<b>Ascension Borgess Hospital</b> 1521 Gull Road, Kalamazoo, MI 49048	
	<b>Bronson LakeView Hospital</b> 408 Hazen St, Paw Paw, MI 49079	

**APPENDIX C.**  
**MAPS OF MIDOCs TRAINING SITES FOR COHORT 2**  
**ENTERING IN AY 2020-21**

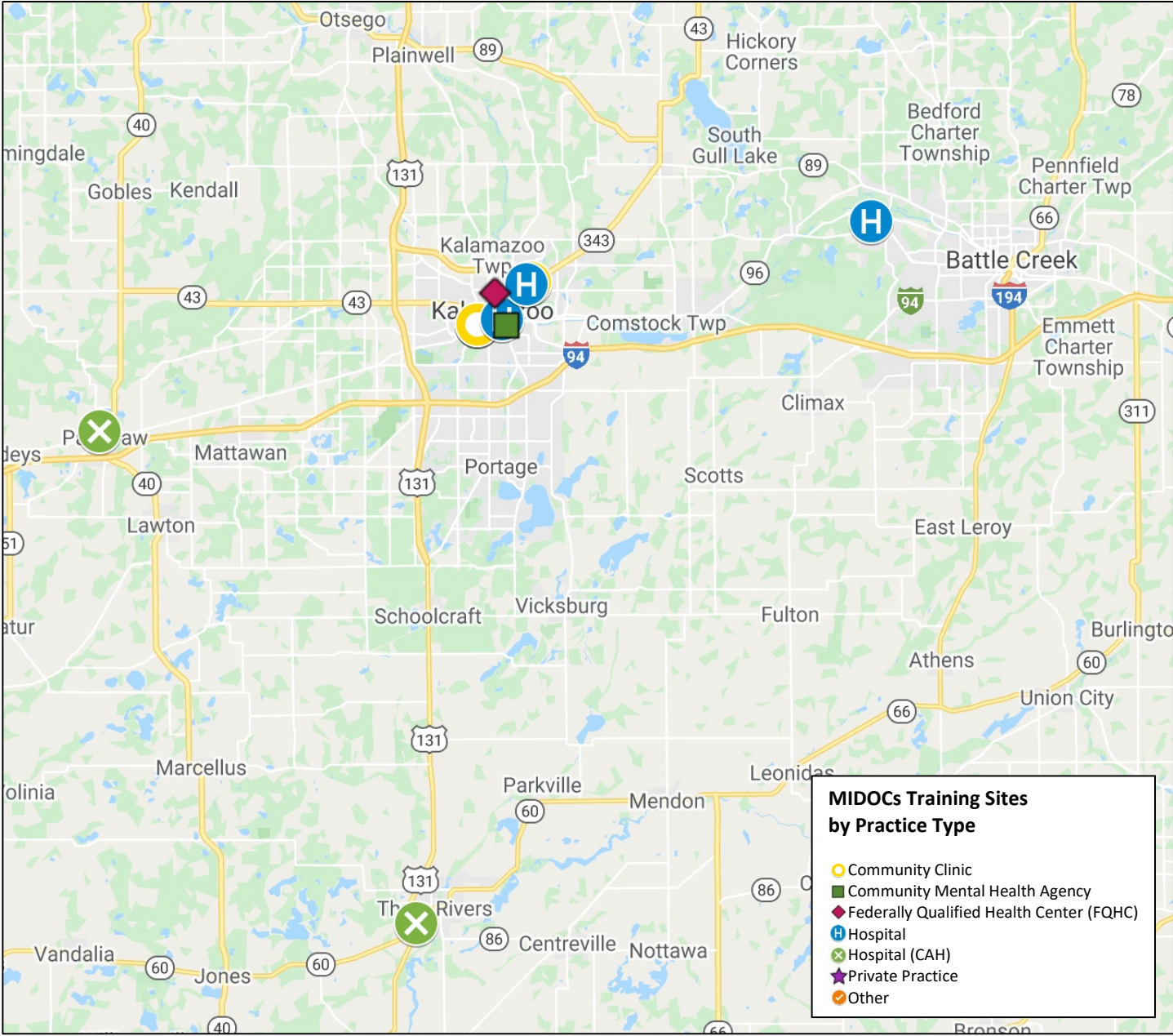


# Southeast Michigan

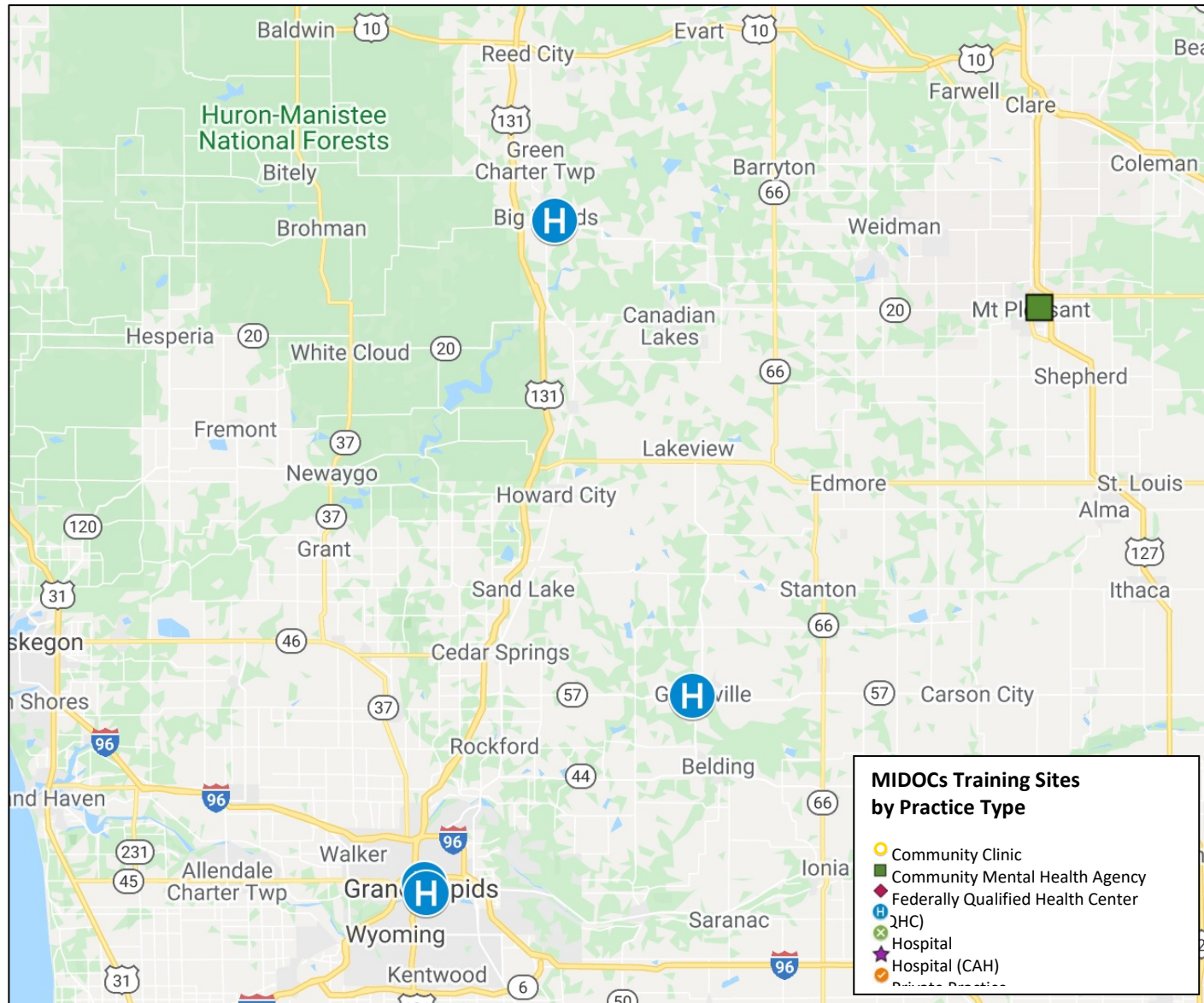




# Southwest Michigan



## Mid-Michigan



**APPENDIX D.  
STATE PLAN AMENDMENT**

**Table of Contents**

**State/Territory Name: Michigan**

**State Plan Amendment (SPA) #: MI 19-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Centers for Medicare & Medicaid Services**  
**7500 Security Boulevard, Mail Stop S2-26-12**  
**Baltimore, MD 21244-1850**



---

Financial Management Group

**April 18, 2019**

**Ms. Kathy Stiffler**  
**Acting Medicaid Director**  
**State of Michigan, Department of Community Health**  
**400 South Pine Street**

**RE: Michigan State Plan Amendment (SP A) 19-0002**

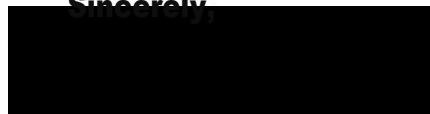
**Dear Ms. Stiffler:**

**We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 19-0002 effective for services on or after January 1, 2019, this amendment adds the MIDocs Consortium to the State of Michigan's Graduate Medical Education (GME) Innovations Sponsoring Institution Program. The program's purpose prepares health care professionals to provide care to Michigan Medicaid patient groups in underserved areas of the state.**

**We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 19-0002 is approved effective January 1, 2019. We are enclosing the HCFA-179 and the amended plan pages.**

**If you have any questions, please call Tom Caughey at (517) 487-8598.**

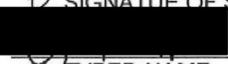


**Sincerely,**



**Director**

**Enclosure**



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  19 - 0002	2. STATE:  Michigan
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="radio"/> NEW STATE PLAN <input type="radio"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="radio"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE January 1, 2019	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE /REGULATION CITATION: 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$760,000 b. FFY 2020 \$5,365,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A Page 28c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT:  This SPA will add the MIDocs Consortium to the State of Michigan's Graduate Medical Education (GME) Innovations Sponsoring Institution Program.			
11. GOVERNOR'S REVIEW (Check One):  <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="radio"/> OTHER, AS SPECIFIED: <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Kathleen Stiffler, Acting Director Medical <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Services Administration			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: Kathleen Stiffler		Medical Services Administration Actuarial Division - Federal Liaison Capitol Commons Center - 7th Floor 400 South Pine	
14. TITLE:  Acting Director, Medical Services Administration		Lansing, Michigan 48933	
-15- DATED: FEB 27 2019			
February 27, 2019      Attn: Erin Black			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: APR 18 2019	
19. EFFECTIVE DATE OF APPROVAL: FEB 27 2019		20. SIGNATURE:  	
21. TYPE NAME:		22. TITLE:	
23. REM			

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State of MICHIGAN**

***Methods and Standards for Establishing Payment Rates - Inpatient Hospital Care***

---

**GME INNOVATIONS MIDOCS PROGRAM**

THE GME MIDOCS PROGRAM SUPPORTS THE EXPANSION OF RESIDENCIES AND SUBSEQUENT RETENTION EFFORTS FOR APPROVED HIGH NEED SPECIALTIES IN UNDERSERVED AREAS OF THE STATE, WHERE CURRENT AND FUTURE PHYSICIAN SHORTAGES UNDERMINE THE HEALTH AND WELL-BEING OF MEDICAID BENEFICIARIES. THE MIDOCS PROGRAM OFFERS PHYSICIAN TRAINING IN INTEGRATED AND PATIENT-CENTERED CARE FOR UNDERSERVED POPULATIONS THAT WILL FURTHER THE STATE'S MEDICAID QUALITY GOALS. TO BE ELIGIBLE FOR MIDOCS GME FUNDING, THE MIDOCS PARTICIPATING MEDICAL SCHOOL MUST ENTER INTO AN AGREEMENT WITH THE STATE AGENCY SPECIFYING THE NUMBER OF MIDOCS RESIDENTS TO BE SUPPORTED, THE TOTAL ANNUAL COST OF SUCH RESIDENCIES, ANY POST-RESIDENCY EXPENDITURES TO RETAIN PHYSICIANS IN UNDERSERVED AREAS OF MICHIGAN AND THE AMOUNT OF OTHER SOURCES OF FUNDING AVAILABLE FOR THE PROGRAM, IF ANY. SPONSORING INSTITUTIONS MAY RECEIVE FUNDING FROM OTHER SOURCES BUT MEDICAID WILL ACT AS A PAYER OF LAST RESORT TO ONLY COVER COSTS NOT REIMBURSED THROUGH OTHER SOURCES. THE STATE AGENCY WILL PAY THE MIDOCS PARTICIPATING MEDICAL SCHOOL AN AMOUNT EQUAL TO THE AMOUNT OF OTHERWISE UNREIMBURSED COSTS.

THE SINGLE STATE AGENCY WILL APPROVE FOUR (4) AGREEMENTS WITH MIDOCS PARTICIPATING MEDICAL SCHOOLS STATEWIDE EACH STATE FISCAL YEAR (SFY), COVERING RESIDENCIES FOR THE ACADEMIC YEAR (JULY-JUNE (AY)) BEGINNING WITHIN THE SFY. THE AGREEMENTS WILL TOTAL \$1.52 MILLION IN FISCAL YEAR 2019, \$10.73 MILLION IN FISCAL YEAR 2020, \$19.98 MILLION IN FISCAL YEAR 2021, \$27.75 MILLION IN FISCAL YEAR 2022, AND \$28.5 MILLION IN FISCAL YEAR 2023.

IN ADDITION, THE FOLLOWING REQUIREMENTS MUST BE MET:

- THE MIDOCS PARTICIPATING MEDICAL SCHOOL MUST HAVE SUBMITTED TO THE STATE AGENCY ITS MIDOCS PROGRAM PROPOSAL FOR NEW OR EXPANDED RESIDENCY PROGRAM(S) TO PROMOTE ACCESS IN UNDERSERVED AREAS OF THE STATE
- THE NEW OR EXPANDED PROGRAM(S) MUST POSSESS APPROPRIATE ACCREDITATION CREDENTIALS
- THE NEW OR EXPANDED PROGRAM(S) MUST MEET THE MIDOCS CURRICULUM STANDARDS, INCLUDING THOSE RELATED TO DIDACTIC EDUCATION ON PATIENT CENTERED MEDICAL HOMES, INTERPROFESSIONAL EDUCATION, BEHAVIORAL AND PHYSICAL HEALTH INTEGRATION, AND CONTINUOUS QUALITY IMPROVEMENT
- THE MIDOCS PARTICIPATING MEDICAL SCHOOL MUST BE THE SPONSORING INSTITUTION OF THE RESIDENCY PROGRAM(S) OR HAVE AN APPROVED AGREEMENT WITH THE SPONSORING INSTITUTION
- THE MIDOCS PARTICIPATING MEDICAL SCHOOL OR THE SPONSORING INSTITUTION (IF NOT THE MEDICAL SCHOOL) MUST HAVE AGREEMENTS WITH ALL TRAINING SITES FOR THE MIDOCS RESIDENTS
- IF GME DISTRIBUTIONS EXCEED THE EXPENSES INCURRED BY THE MIDOCS PARTICIPATING MEDICAL SCHOOL, THEIR AFFILIATED SPONSORING INSTITUTION AND/OR THE CLINICAL TRAINING SITES RELATED TO THE MIDOCS RESIDENCIES, THE SIZE OF THE PAYMENT WILL BE REDUCED TO BRING THESE ELEMENTS INTO ALIGNMENT.

---

TN NO.: 19-0002

Approval Date: APR 16 2019

Effective Date:

01/01/2019 Supersedes

TN No.: NEW