

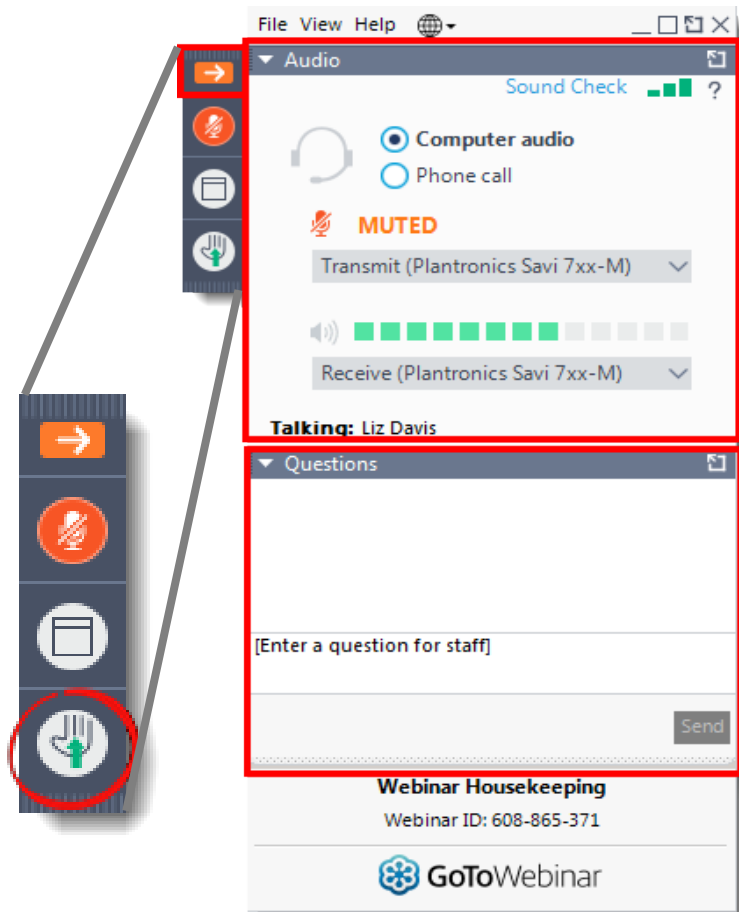


SIM PCMH Initiative

PROJECT CLOSE-OUT

DECEMBER 19, 2019 | 1:00 – 2:00 PM

Housekeeping: *Webinar Toolbar Features*



Your Participation

Open and close your control panel

Join audio:

- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments via the Questions panel

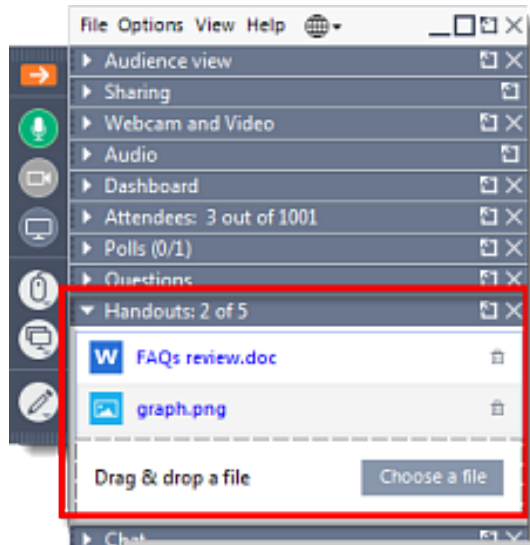
Note: If time allows, we will unmute participants to ask questions verbally.

- Please raise your hand to be unmuted for verbal questions.

NOTE:

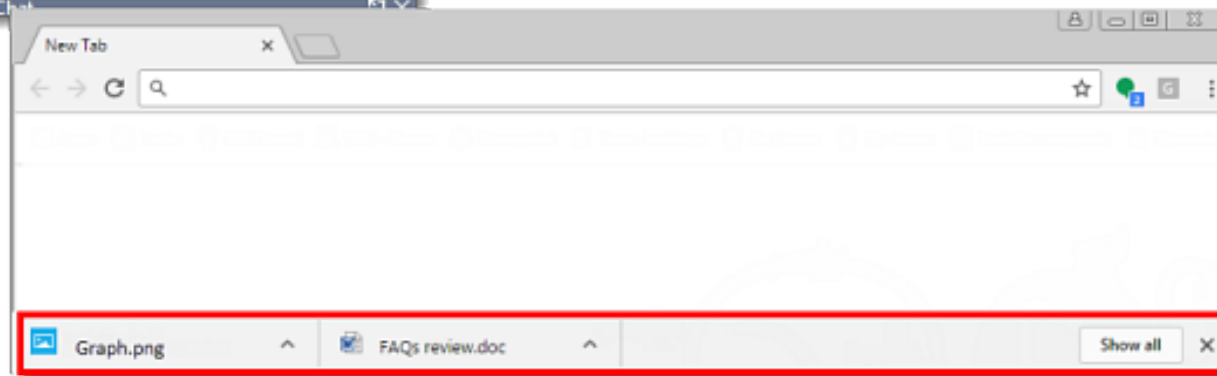
In the event that there is not time to answer questions live, all questions submitted via the Question Function of the GoToWebinar toolbar will be recorded, an FAQ generated and posted to our webpage

Housekeeping: *Webinar Resources/Handouts*



Handouts

- Webinar slides & other resources are uploaded to the “Handouts” section of your GoToWebinar Toolbar.
- Note: You may need to check the download bar of your browser to view the resources.





Close-out Activities

KATIE COMMEY

SUSAN STEPHAN

Agenda

Communication pathways

Final reporting

Dashboard

Final payment

Communication Pathways

Newsletter / Subscription communications

PCMH Initiative Newsletter

- Final edition updated and posted to Care Delivery website November 27, 2019
 - Previous editions available on website through June 2020
- Future Initiative correspondence will be emailed directly to Key Contacts on record as of 1/15/20

Communication Pathways

PCMH and MDC email

MDHHS-SIMPCMH@Michigan.gov monitored through June 2020

MDC can receive email requests related to SIM PCMH Dashboard through June 2020 at MichiganDataCollaborative@med.umich.edu

Communication Pathways

Online

Care Delivery Website will be available until June 30, 2020

- Webinar recordings available through February 2020
- Select educational webinars to be archived on MICMT website

MDC's SIM Dashboard pages will be available until June 30, 2020

- www.michigandatacollaborative.org

Final Reporting

Participant Level

Final Semi-Annual Practice Transformation Report (July – Dec 2019)
DUE JANUARY 15, 2020*

Updates to Key Contacts and MDC Key Acknowledger should be submitted to MDHHS-SIMPCMH@Michigan.gov

**Delay in submission and receipt of report will impact final payment processing*

Final Reporting

Program Level

State-led evaluation results from Michigan Public Health Institute (MPHI) anticipated to be available June 2020

Report will be posted on [Michigan State Innovation Model website](#)

SIM Dashboards

MDC will begin the Dashboard and data destruction communication process in early 2020

January 2020:

Access to download patient identifiable data* will be removed

March 2020:

Each organization/user must complete and return local data destruction attestation

April 2020:

SIM PCMH and SIM CHIR Dashboards no longer accessible

***Patient Identifiable Data included in:**

- Patient Lists
- Care Management / Care Coordination Claim Detail Reports
- 2018 Adjustment lists
- Ability to download patient-level reports no longer available

Dashboard

Data destruction communication will be coming from MDC in early 2020

Your organization will be asked to attest to removal of all patient-identifiable reports by March 31, 2020 including:

- Patient Lists
- Care Management / Care Coordination Claim Detail Reports
- 2018 Adjustment lists (included patients that were incarcerated, deceased or in a Skilled Nursing Facility)
- Any patient-level reports downloaded from the dashboard
- Any Ad Hoc reports MDC provided to your organization that contains patient-level information
- Attestation signed by a security officer or equivalent as well as someone to witness the signature

Decommissioning the SIM PCMH and CHIR dashboards in April 2020

- Coordinating dashboard decommission with attestations
- Patient-identifiable downloadable reports (Patient Lists, Claims Detail, etc.) will be removed by the end of January 2020
- Underlying patient-level data will be not be available for download by the end of January 2020

Final Payment

4Q2019 SIM PCMH Initiative Payment

Anticipated disbursement: End of February 2020

Highlights:

- Per member/per month CMCC payments adjusted for retroactive terminations received off-schedule
- Final Care Management/Coordination Improvement Reserve (CMIR) reconciliation
- Performance Incentive Program (PIP) Base and Bonus (if applicable) Incentive Awards



Resources

Educational Resources

Educational webinars to be archived on MICMT's new website:

DATE OF PRESENTATION	TITLE	Guest PRESENTER (Panelist) and Contact Information
6/20/2018	Cornerstones for developing a Care Manager Orientation	Judy Avie
9/13/2018	Addressing Adolescent Obesity	Dr. Turner
4/23/2019	ADHD Medication Education	Tiffany Muzer, MD
5/2/2019	SDoH - A Service Provision including Motivational Interviewing	Maryam Tout, MSW; Michael Ramsey
6/26/2019	Pediatric Asthma	Tisa Vorce
9/12/2019	Pediatric Depression	Thomas Atkins, MD
9/24/2019	Trauma Informed Care	Laura E. Gultekin, PhD, FNP-BC, RN
10/22/2019	SDOH - Technical	Dayani Waas, Senior project Manager IHA; Tammy Matthews, LMSW-CCM, Huron Family Practice Center

Health Information Exchange (HIE) Participation

Participants of the SIM PCMH Initiative were required to onboard to HIE use cases including Active Care Relationship Service (ACRS), Admission-Discharge-Transfer (ADT) and Health Directory (HD). The purpose was to support the development of the patient list process. Additionally, participation in Quality Measure Information (QM), also known as Clinical Quality Measure Reporting and Repository (CQMRR) was required to support quality measure reporting which was used to evaluate performance for Initiative incentive programs and drive quality improvement activities.

The statewide HIE will be maintained well beyond the State Innovation Model and participants are encouraged to maintain their feeds to yield valuable feedback from the ACRS-send and ADT-receipt processes. Additionally, QMI data sets are needed to support close-out of reporting and it is hoped that participants will continue submissions through February 2020, with acknowledgement that participation agreements end on December 31, 2019

Q&A

Q- What is reasoning for and who mandates the data destruction (i.e. patient lists)

A- The underlying data for the SIM PCMH Initiative, including patient lists associated with the demonstration, is the property of MDHHS and the Medicaid health plans. It is a requirement of the State's Compliance Office that vendor partners attest to destruction of data that was made available to participants at the end of the demonstration. This is a compliance requirement as the data sharing was outside of MDHHS standard Medicaid operational processes

Q- Is the PO/managing organization responsible for practices destructing patient information?

A- Responsibility for attestation of data destruction will align with how each organization participated in the SIM PCMH Initiative. If an organization was participating as a PO, then the attestations will go to the PO for execution.

Q&A continued

Q- Moving forward, what organizations will be in charge of continuing education?

A- At this time, MDHHS does not have Medicaid health plan specifications regarding how they engage their provider network for Care Management/Care Coordination (CM/CC) education requirements. This will be at the discretion of individual health plans based on their program design in order to meet MDHHS requirements related to CM/CC. MDHHS continues to acknowledge the Michigan Institute for Care Management Transformation (MICMT) as a source for continuing education but will not maintain funding for individual complex care management training going forward.

Q&A continued

Q- How is MDHHS supporting the activities of the State Innovation Model going forward?

A- MDHHS continues to work closely with MHPs to design a program that will continue to support CM/CC efforts at the local physician-led level and has charged MHPs with development of programs that meet specific CM/CC criteria. All MHPs are engaged in contract discussions and execution with physician organizations and individual practices/physicians at this time. The health plans are afforded flexibility in how they choose to pay for these services.