

Frequently Asked Questions

Updated May 9, 2016

This document provides responses to inquiries received during the spring 2016 State Innovation Model (SIM) webinars held to date. Questions were also received pertaining to the role of PIHPs (Prepaid Inpatient Health Plans), the role of physician organizations outside the SIM test regions, the participation of payers other than Medicaid, and expected interactions between the Accountable System of Care (ASC) payment model and existing arrangements with Medicaid Health Plans. Operational-level responses to these questions will require additional consultation with key stakeholders. This document will be updated when further information is available.

Question	Response
Where can I access the webinar recordings and PowerPoint?	Webinar slides and recordings may be accessed at: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_64491_76092---,00.html
Where and how do we submit feedback and questions?	A survey to obtain your feedback is available until May 18. It is available at: https://www.surveymonkey.com/r/VV8BQCG
Who is managing stakeholder communication? Is there an email list so that we can receive news, updates and notifications of meetings in each CHIR?	There is a statewide distribution list that will provide general updates to all SIM regions (SIM@mail.mihealth.org). Each CHIR backbone, as the convening entity of their region, will be charged with regional stakeholder engagement.
What are you considering as Northern Michigan?	Northern Michigan is defined as a 20-county region covering the top of the northern lower peninsula. Discussions are underway to determine what portion of this region will be included in the SIM model test to ensure investments aren't spread too thin, potentially compromising impact. At this time, no geographic boundary for CHIR activities in Northern Michigan has been finalized.
Is the CHIR the same as the backbone entity?	No. The backbone entity will function as the governing body and serve as the fiduciary of the CHIR. The role of the backbone organization is to convene CHIR stakeholders to create greater integration among health initiatives across the community and improve health outcomes.
Will funding for CHIRs come from the CMS award or will it be subject to the State of Michigan budget?	Funding for the CHIRs will be drawn from the CMS award. These funds, however, must be appropriated as part of the State budget process.
Have the CHIR backbone organizations been identified and publicized?	The list of identified CHIR backbone entities will be released soon.
What are the target populations for the SIM model test?	There are three target populations for SIM: high emergency department (ED) utilizers, individuals with multiple chronic conditions, and healthy mothers and babies. All regions will be required to focus on high ED utilization, but, depending on the availability of

	resources, communities may choose to actively address improved care for individuals with multiple chronic conditions or promoting healthy mothers and healthy babies.
If a region chooses to only focus on high ED utilizers in year one, will it need to add a second population in year two, or switch from high ED users to another population?	In year 2 and 3, regions will be required to work on both the high ED utilizers and the second population of choice (multiple chronic conditions or healthy mothers and healthy babies). We anticipate that the activities to address each population will be varied across regions, and some initiatives may impact more than one priority population.
It seems like the CHIR should be able to accept referrals for food, transport, etc. needs from primary care practices. When would you expect CHIRS are able to do this - within 6 months, etc.?	CHIRs themselves do not have to provide clinical-community linkages. A member of the CHIR could be the entity that provides clinical-community referrals. The CHIRs is responsible for ensuring these linkages are being developed in the community. The timeline would depend on capacity and readiness in the particular region.
For the collaborative learning network process, when does the 'action cycle' year start? According to the webinar presentation, month 1 is readiness/capability assessment. When is month 1 starting?	The exact timing of the collaborative learning networks is not yet established. Information will be shared as it becomes available.
Will information about the successful strategies that occur in the CHIRs be shared so who are not part of the SIM pilot at this time can benefit from these?	Yes. Part of SIM's value is ongoing learning. We will seek to identify best practices from the five regions, and share the successful strategies to improve implementation and promote the spread of the CHIR model across the state. These lessons will be shared during the SIM period on a rolling basis, and consolidated after SIM to enable the State to further apply SIM learning to statewide health system transformation post-SIM.
Does the Operational Plan, to be submitted at the end of May, include a detailed budget?	The submission to CMS will include this information.
Will MDHHS make a common platform for CHIRs to use for their community dashboards, or will each community need to purchase some sort of software for this?	Many regions have expressed an interest in a common platform for community dashboards. The State is discussing options for a common platform but a decision has not yet been made at this time.
Why is the state interested in understanding the "unit cost" of the CHIR?	There will be an administrative cost for the backbone organization to conduct their activities (convening the governance council, facilitating the meetings, making agendas, keeping the work moving forward, etc.). While these costs are likely to vary by region, they will provide a general estimate for the cost of implementing a CHIR (the unit cost). These costs will help us to better

	understand what the larger Michigan Health System Transformation needs for each of the SIM components.
Please explain the concept of "foundational use case."	SIM is considering certain MiHIN health information exchange (HIE) use cases – including the statewide active care relationship services, the healthcare provider director, and the common key service – as foundational for other elements of SIM (e.g., program monitoring, care coordination support).
Due to the no cost extension for the planning year, is the implementation time now only 2.5 years, or still the full 3 years?	At present, the CMS award is scheduled to conclude in January 2019. However, the State of Michigan has been working with CMS and discussing the potential to extend the grant period beyond January 2019.
So much of the emphasis in the webinar slides appears to be on the Medicaid population. Is the focus of this project on the entire population in the CHIR or just the Medicaid population?	CHIRs should focus their efforts on the entire population – everyone living within their geographic boundaries. SIM has emphasized the population of Medicaid beneficiaries given the disproportionate prevalence of poor health outcomes among these individuals.
Can the methodology/scoring be shared with the individual ASCs to learn from going forward?	Individual organizations interested in information about their capacity assessment may email SIM@mail.mihealth.org . Include any specific questions you might have about your submission in your message. We plan to provide information about individual scores by domain and compared to peers. We could also share strengths and opportunities relative to SIM participation. We will be developing a process for documenting inquiries we receive about scoring, and a plan to address the inquiries in a way that allows organizations and communities to learn and improve. We will provide an update on this plan once it is available.
How were ASCs in the model test regions identified?	The ASCs in the selected SIM regions are limited to organizations that submitted capacity assessments in 2015.
Are ASCs the same as the Blue Cross Blue Shield of Michigan organized systems of care (OSCs)?	The two concepts are in alignment, but these are administratively distinct initiatives.
How are patients attributed to ASCs?	Members are attributed to an ASC through their assignment/attribution to a primary care provider that is participating in the ASC.
How will the physicians be paid for their efforts? How much PMPM?	Budget discussions are continuing, and this information is not yet available.
Please provide more clarification on the CMS' Comprehensive Primary Care Plus and what MDHHS is exploring and how it could potentially link with SIM.	We have multiple opportunities to include Medicare as a payer in the SIM initiative, and SIM Leadership is currently considering the best vehicle for securing that participation. This may include pursuing CPC+ within

	the context of the SIM PCMH initiative. Alternatively, Medicare participation may occur through a customized option developed in partnership with Michigan stakeholders, and negotiated with CMS.
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