Maternal Infant Health Program (MIHP) CareConnect360 (CC360)

Question and Answer Guide

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About This Document

This document captures provider questions submitted during MIHP CC360 provider sessions. It is organized by each session and further categorized by theme. After each pilot training session, the documented will be updated and maintained on the MIHP Initiatives website.

Demo Session

The questions below reflect provider submission among all CC360 demo sessions (9/27, 9/28, and 9/29).

General

Is CC360 a mandatory system for all MIHPs or will it interact with our current system?

- All MIHP providers must use CC360 for the required elements as specified by MDHHS. Pilot providers must use the Risk Identifier and Discharge Summary in CC360. CC360 will interact with EMR systems to avoid duplicate documentation. The details of CC360-EMR interaction are currently being defined. As more information becomes available, providers will be informed.

Is this replacing the EMR we are currently using? We need to know so we can work with our vendors and what to expect

- CC360 is replacing the MIHP application that all providers currently use via MI Login (CC360 is a separate MI Login application). Because of the varying EMRs used by agencies and the varying capacities of the EMRs, each agency will be able to determine whether CC360 will serve as a replacement or a supplement to their EMR.

Will all MIHP staff have access to the "MIHP Admin" tab or just specified people such as coordinators?

- For the pilot, all MIHP staff will have access to the "MIHP Admin" tab. This access may be modified based on pilot participant input.

You mentioned a pilot. Is this related to the pilot with the treatment and control group?

- This is separate from the Healthy Moms, Healthy Babies Pilot. The pilot we are referring to is specific to CareConnect360 – allowing a select number of MIHP providers to apply and be selected as pilot providers for utilizing the CC360 system.

Would this require duplicate documentation if we chose to continue with current EMR? I am not understanding the expectation regarding the PVPN. and having a complete chart in Care Connect 360 but continuing to use our current EMR.

- Duplicate documentation is not required or expected. MDHHS is working to understand and support integration with current EMR systems to minimize disruption to current processes. CareConnect360 will have the capacity to export all beneficiary records for upload to an EMR if necessary and is exploring bi-directional communication to reduce administrative burden. Agency requirements expected during statewide implementation will be forthcoming and based on insight garnered during the pilot.
- During the pilot, agencies who use an EMR may choose to use current EMR system or CC360 for progress note documentation.

Functionality

Will consent forms be signed electronically? If so, what happens for rural areas with no internet access. Would we upload paper copies that had to be signed.

- Yes, electronic signatures or uploading paper copies will be available for consent forms.

In the presentation, it was mentioned that a complete chart would be required on the system, but I didn't see any of the forms that are currently required (Consents, Beneficiary Status Notification, Forms Check List, Communication Log, etc.) Would those have to be filled out manually and then uploaded?

- During the pilot: Manual entry and upload of documents not available in CC360 (Consents, Beneficiary Status Notification, Forms Checklist, Communication log, etc.) is not expected. The ability to document in CC360 (Risk Identifier, Discharge Summary, PVPN) and export to an EMR or paper chart will be available to create a complete chart.
- During statewide implementation: The requirement for a complete chart during statewide implementation is under development. Further guidance will be provided once it is available.

Will we be able to create note in our EMR and later upload into care connect 360?

- Yes.

Will any of the following program records be included on CC360? Now or in the future? Checklist, Communication Form (dr. letters), Consents, Multiple Open Chart form, POC1, POC2's, POC3, Score Card, Developmental Screenings, MCIR, Hearing Screen, Lead Results, Contact Log

- Yes, the intention is to have the entire beneficiary record included in CC360. The integration of MCIR, including lead and hearing results, is being explored. More information will be provided once it is available.

Will any of the following administrative documents be included on CC360? Now or in the future? Notice of Complaint Form, 5915 - Agency Information Change Request Form, State of MI DHS-3200 Form, MIHP Database Record Revision Request Form, Request for Policy Exceptions

- Program administrative documents will remain on the MIHP website. At this time, these forms are not being programmed into CC360.
- With regard to *5915 – Agency Information Change Request Form*, this functionality will exist in CC360, eliminating the need for this form to be used.
- With regard to *MIHP Database Record Revision Request Form*, MDHHS MIHP is still defining the data revision rules within CC360. There will be a formal process for beneficiary record deletion which will include a request submitted to MDHHS MIHP and additional guidance will be provided.

Why would we download the POC to a PDF and not just utilize it in the system?

- The download and export functionality are intended to support agencies who have an EMR and desire to maintain the data in their EMR as well.

Hoping this will somehow be able to flag things at certain time points - asqs due, lead, hearing, etc.
- Yes, this is under consideration and is an enhancement to be pursued after statewide implementation.

Will you be able to complete the PVPN if you are missing something - assuming there will be hard stops available, so we don't miss required parts?
- The system will ensure that required fields are "hard stops" and not allow the user to proceed without all required fields complete.

Will it give us prompts if an area is accidentally left blank/not checked on the PVPN?
- See question above.

Will we be able to do scheduling in CC360?
- This is under consideration and is a possible enhancement to be pursued after statewide implementation.

Is the contact log and POC1-3 going to be in CC360 also?
- Yes.

Will the Plan of Cares be included in this system?
- Yes.

Billing

Is the goal to eventually integrate billing?
- Direct billing capacity is not a current function in CC360. MDHHS MIHP is working to further understand all opportunities related to indirect billing, similar to the current process for the Risk Identifier. As more information is available, providers will be informed.

Our current EMR has a billing component. Will billing be able to be done via CC360?
- Please refer to response above.

In our current EMR we are able bill from that system. Will there be a billing component in CC360?
- Please refer to response above.

Our EMR has a billing functionality, so I am trying to understand the impact on billing.
- Please refer to response above.

The Demo reported that billing would not be part of CC360. If an agency decides to participate in the pilot program, there are major concerns regarding submitting claims. After MDHHS discussions with those persons running the different EMR's, is there mutual consensus that documents generated through CC360 could be uploaded to the EMR's and billed as they currently are, without concern?
- There is mutual consensus that upload functionality will be supported, similar to the current process for Risk Identifier billing.

The demo indicated it would not be a requirement for agencies to put the PVPN's into CC360, will the MHP's be prohibited from withholding payment if an agency elects NOT to put PVPN's into CC360?

- No, reimbursement will not be impacted by the decision for documentation of PVPN in CC360 or in alignment with current processes.

Transition

When we go live – if we have EMRs – will we have to migrate our entire caseload to CC360?

- No, there is not an expectation for migrating beneficiary records from existing EMR systems. During statewide implementation, the historical beneficiary records in the MIHP Application (Risk Identifier and Discharge Summary only) will be transferred to CC360 for agency access.

We use paper charting currently. Will we need to have computer access and enter information directly into the system in real time? Because there are times when we don't have stable internet access. Will there be expectations for when data would need to be entered into the system?

- MIHP providers will not be required to document in CC360 in real time. Documentation timeframes will be consistent with current policy requirements (e.g. Risk Identifier must be entered prior to the first professional visit). There will be expectations in regard to data entry that will be informed by pilot provider input. Functionality will support beneficiary records completed on paper to be entered directly or uploaded into CC360.

Will each agency only be able to view their own "charts?" or every person in MIHP across the state?

- Agencies may only access beneficiary charts enrolled by their agency. Functionality for viewing beneficiaries served by other MIHPs will mirror that of the MIHP application in MI Login.

If our agency wanted to participate, would it be expected that the whole MIHP team was participating? Could half of the team participate and the other half continue with our current process?

- Pilot participation requires all MIHP staff in the agency to use CC360.

For the pilot, if an agency elects to participate, will the entire staff and caseload be required to participate?

- Pilot participation requires all MIHP staff to use CC360. All beneficiaries enrolled after the pilot goes live will have the Risk Identifier, PVPNs (optional for agencies who utilize EMRs) and Discharge Summary entered directly into CC360. Beneficiaries currently receiving services (open cases) will have PVPNs entered directly into CC360 after the "go live" date (again optional for agencies using EMR systems).

How will it be ensured that two MIHP agencies aren't serving the same client if one entered the RI in SSO and the other one entered in Care Connect?

- During the pilot, MDHHS and the developers of the CC360 portal have established a process to monitor enrollments from both CC360 and the current MIHP Application to ensure duplicate enrollments are monitored and information is shared with the appropriate agencies if a duplicate is detected.
- Pilot participants will be required to look up beneficiary in MIHP Application prior to enrollment.

Will agencies be afforded an opportunity to give their input on how the integration will transform?

- Yes, provider input will be an intentional aspect of the pilot.

Please provide agencies with the details, in writing, of the MIHP-CC360 Integration. The very limited information that has been given up to this point has been vague and does not allow for agencies to ask appropriate questions or voice concern.

- MDHHS MIHP is committed to ensuring providers receive information related to the MIHP-CC360 integration. MDHHS MIHP acknowledges the need for providers to be aware of this impactful transition, and we look forward to frequent communication as additional details become available.
- Agency voice is encouraged during this process. A new email has been developed to streamline communication, and a pilot process is underway to incorporate provider feedback throughout this transition.
- In addition, MDHHS MIHP has added a new section to the MIHP Initiatives website which currently features the following items:
  - PowerPoint Slides from the Demo Session
  - MIHP CC360 Pilot Participant Requirements and Application
  - This Question & Answer Document
- Information has also been recently shared via email as follows:
  - MIHP Important Update – 9/22/22
  - MIHP Important Update – 9/9/22
  - MIHP Bi-Weekly Update 9/26/22

Beneficiary Referrals

Will MHPs have access to this database so they could check to see if a member was enrolled?

- Yes, the MHPs will have access to CC360. Functionality will include referral tracking, including updates regarding enrollment. While it will not be live for the pilot, it is part of the planned functionality for statewide implementation.

Will MHP referrals be able to be handled here?

- Yes, Medicaid Health Plan (MHP) referral system is part of the planned functionality for CC360. While it will not be live for the pilot, it is part of the planned functionality for statewide implementation.

Does this platform allow you to track referrals that don't enroll?

- Yes, Medicaid health plan (MHP) referral tracking is an anticipated function of CC360. While it will not be live for the pilot, it is part of the planned functionality for statewide implementation. Additional referral tracking mechanisms will be considered for

Will this be connected to CHAMPS to identify active MHPs?

- Yes, this is planned functionality for statewide implementation.

Pilot Session 1: Introduction to the Pilot

The questions below reflect questions submitted during both CC360 Pilot Provider Sessions: Introduction to the Pilot.

General

I predict staffing changes between now and future CC360 trainings. I will submit those changes via our typical roster changes. Should I also send those changes to MDHHS-MIHP-Advisory@michigan.gov too?

- Yes, please submit staff changes to the email above. This will ensure the necessary updates are addressed immediately. This email should include: Agency, Name, Role, Email, and MILogin User ID.

Just confirming that each training will be recorded for those of us that have to miss or simply want to review.

- Yes, this is correct. All trainings will be recorded and posted on our MIHP website. Additionally, you can expect an email notification when this occurs, with direct links to the videos. Written training materials will also be developed to support training.

Will the session date be sent out early so we don't have to cancel visits to participate?

- Yes, the training schedule is being developed to offer ample notice.

I did not get the email for the link after I registered.

- We apologize for this inconvenience. A separate email should have been sent immediately following your registration, but we will work to mitigate this potential issue. Moving forward, we will also send an email the day of each training, with a direct link to that day's session.

If I understand correctly, you said that those who participate in the pilot will have their access to the MIHP application removed. How will this work when agencies are entering health assessments in two different apps and we can't check for those?

- Access to the MIHP application will not be removed.

Functionality

Will there be a way to contact other MIHP sites through CC360?

- While it will not be live for the pilot, it is part of the planned functionality for statewide rollout.

Thinking about integrating forms and different aspects of MIHP requirements, would there be a way to complete consents electronically?

- While it will not be live for the pilot, it is part of the planned functionality for statewide rollout.

Will we be able to put the HMHB Pilot Discharge note into Connect 360?

- Integration of HMHB Pilot documentation is not anticipated.

Can you elaborate on the alert deadline? Will there be any alerts that warn/remind us of MIHP deadlines? like all high-risk POCs by three months?

- This is under consideration and is a possible enhancement to be pursued after statewide implementation.

Will we be able to electronically send the communication forms to providers for admit and D/C from CC360?

- This functionality is not currently within the scope of MIHP-CC360.

Transition

Current open cases that are transferred into CC360 - will we only start adding PVPN from the go live date and forward? Will we have to add previous encounters we have already had between the time they enrolled and the actual go live date?

- Professional visits that occur prior to the Go-Live date will not need to be uploaded or documented in CC360. Professional visits that occur after the Go-Live date may be documented in CC360 (or via the agency's EMR if preferred).

Could you use CC360 for new records and continue with your existing records on the present EMR?

- Yes. All beneficiaries enrolled after the Go-Live date must be opened in CC360. Existing beneficiaries must be discharged in CC360 but PVPN documentation can occur according to agency preference (CC360 or EMR).