



BCBSM PDCM Learning Credits and Reimbursement Opportunities

Training Requirements & Reimbursements

Training Requirements

- Within 6 months of starting their role & billing, all new care team members (SCP and PCP based) must take the Intro to Team-Based Care full day course.
- Annually, each care team member must have at least 8 BCBSM PDCM Learning Credits.
 - **Only trainings / webinars with professional CE or other MICMT approved trainings count for these BCBSM PDCM Learning Credits.**

Reimbursements

- \$500 reimbursement for each full day course that is approved by MICMT.
- \$250 reimbursement for each half-day course that is approved by MICMT.



What's new?

- MICMT has developed a process for POs to submit external and/or internal trainings to earn:
 - BCBSM PDCM Longitudinal Learning Credits for their care team members
 - Reimbursement dollars for their PO
- The training (either external or internal) is to be skilled based with the purpose of supporting care management. Typical staff meetings do not qualify.



Process for Submitting Trainings for BCBSM PDCM Learning Credits



BCBSM PDCM Learning Credits

- BCBSM PDCM Learning Credits may be received for any skill-based training designed to improve the care team members' ability to support better patient self-management or team-based care processes.
- The training must be at least 30 minutes (to earn at least 0.5 BCBSM PDCM Learning Credits)
- Please note that **all courses with CE are inherently approved for BCBSM PDCM Learning Credits.**
- This process should be utilized for those courses, meetings, or trainings that provide skill-based support but might not have CE credit attached.
 - BCBSM PDCM Learning Credits are not the same as continuing education credits for maintaining licensure.



Timeline

PO Responsibility

Submit the training information via Qualitrics **at least (4) weeks ahead of time**

Conduct/attend training, and upload attendance within (2) business days following the training

Review and approve the training

Create event, set-up evaluation and assign it to the PO Lead's dashboard

Monitor evaluations; and assist learners as needed. Learners will have (5) business days to complete.

MICMT sends evaluation data to PO Leads within (3) business days after the evaluation closes.

MICMT Responsibility



Submitting the training

- Please use the following Qualtrics link to submit your meeting:
https://umichumhs.qualtrics.com/jfe/form/SV_5zhliGD7AynaTlh
- Select “Trainings for BCBSM PDCM Learning Credits (POs Only)”

Please select the event type:

MICMT Approved Training Course (Intro to TBC, Intro to STBC, Patient Engagement, Intro to Palliative Care)	<input type="radio"/>
Webinars (MAT, CoCM, Team-Based Care Topics)	<input type="radio"/>
Trainings for BCBSM Longitudinal Learning Credits (POs Only)	<input type="radio"/>
Trainings for Reimbursements (POs Only)	<input type="radio"/>



Survey fields to complete

Field	Details
Please identify your PO or organization	Select as appropriate
PO Contact and E-mail	Who will be in charge of attendance and point of contact for MICMT (must have an MICMT website account)
Training Dates and Times	Date and time of training
Number of BCBSM PDCM Learning Credits Requested	Number of credits should correspond to the length of the training/meeting
Speaker/s Name and Credentials	Who will be facilitating/offering the training
Please upload the timed agenda	The agenda for the meeting to support the number of PDCM Longitudinal Credits and objectives
Please list the detailed objectives of the meeting	The objectives for the meeting to support a skill-based learning opportunity



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MICMT Responsibility



Training Accessible on MICMT Website Dashboard

Your training will appear on your dashboard under Active Trainings.



ACTIVE TRAININGS



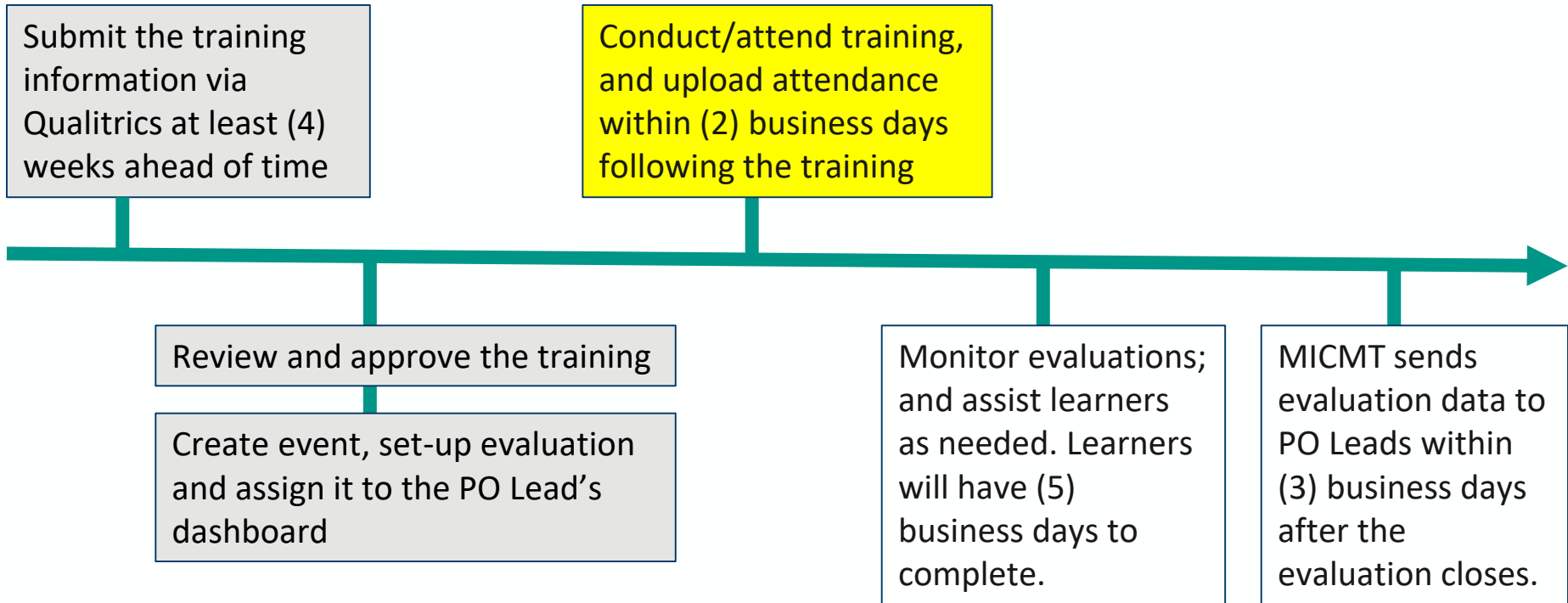
DEC 10, 3:00PM - DEC 10, 5:00PM

[View/Record Attendance »](#)



Timeline

PO Responsibility



MICMT Responsibility



Uploading Attendance on the MICMT Website

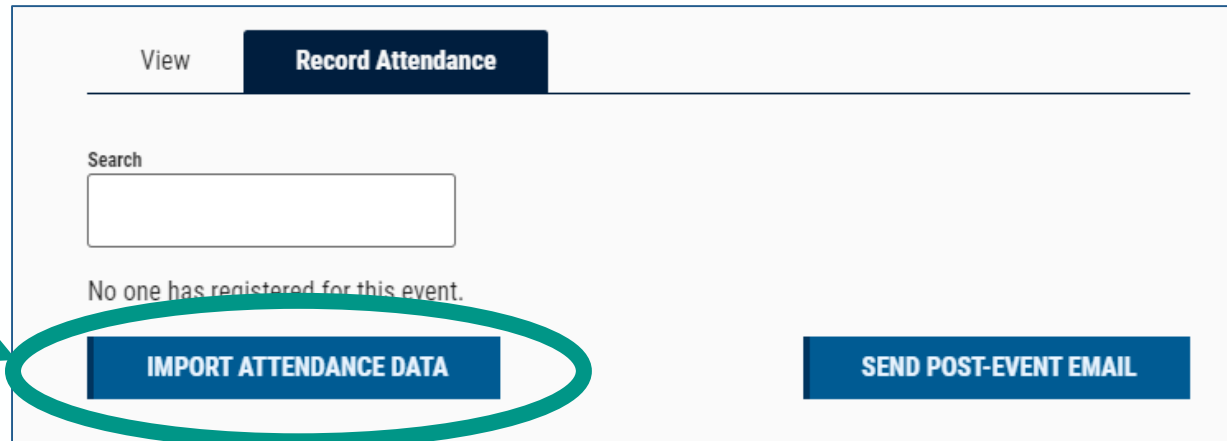


1) Login to your account.

2) Your trainings will appear on your dashboard. Click on **View/Record Attendance**.

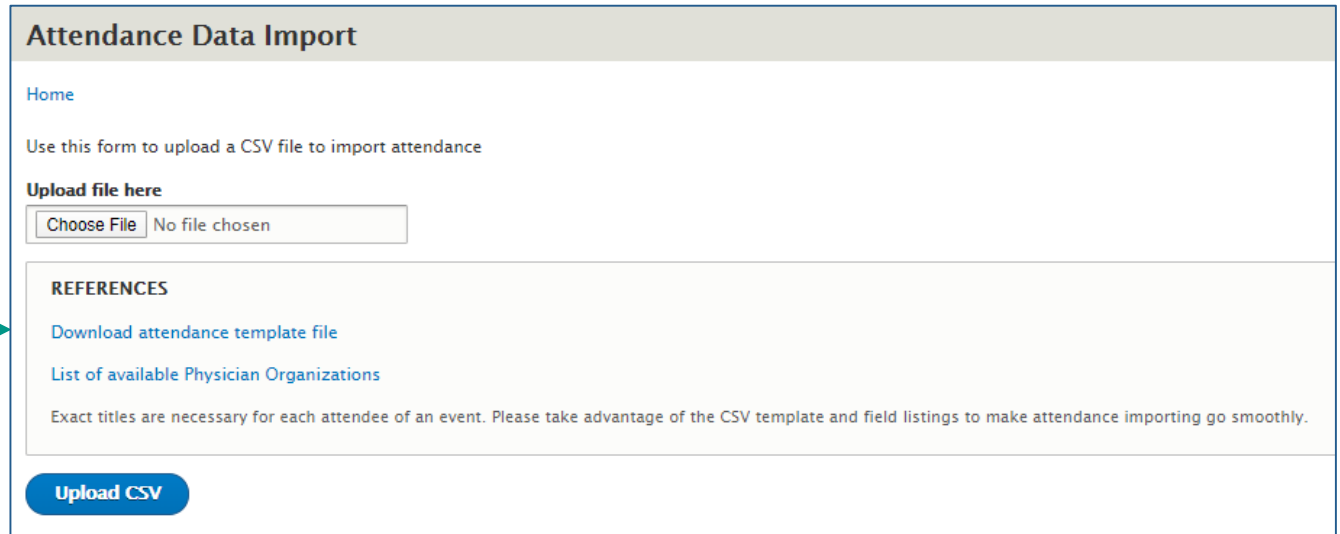


3) Click on **Import Attendance Data** account.



The screenshot shows a web interface with two tabs: 'View' and 'Record Attendance'. The 'Record Attendance' tab is active. Below the tabs is a search bar labeled 'Search'. Below the search bar, the text 'No one has registered for this event.' is displayed. At the bottom of the interface, there are two buttons: 'IMPORT ATTENDANCE DATA' and 'SEND POST-EVENT EMAIL'. The 'IMPORT ATTENDANCE DATA' button is circled in green, and a green arrow points from the instruction box to it.

4) Download attendance template file



The screenshot shows the 'Attendance Data Import' page. At the top, there is a 'Home' link. Below it, the text 'Use this form to upload a CSV file to import attendance' is displayed. Under the heading 'Upload file here', there is a 'Choose File' button and the text 'No file chosen'. Below this, there is a 'REFERENCES' section with two links: 'Download attendance template file' and 'List of available Physician Organizations'. At the bottom of the page, there is an 'Upload CSV' button. A green arrow points from the instruction box to the 'Download attendance template file' link.



Fill in attendance template file document with learners

	A	B	C	D
1	email	first_name	last_name	po
2				
3				

- Required fields are e-mail, first name, last name, and PO/organization.
- This is a CSV file and needs to remain as a CSV file.
- Watch out for spaces!




	A	B	C	D
1	email	first_name	last_name	po
2	lindsamw@med.umich.edu	Linny	West	MICMT
3	saadkins@med.umich.edu	Sara	Rudolf	MICMT
4	mbeisel@med.umich.edu	Marie	Beisel	MICMT
5				

5) After you complete the attendance log, save as a CSV

Home

Use this form to upload a CSV file to import attendance

Upload file here

 attendanceImportTemplate.csv Remove

6) Choose file and click Upload CSV

Upload CSV



View

Record Attendance

Search

Displaying 3 registrants

Last Name^	First Name	Attendance
Beisel	Marie	<input checked="" type="checkbox"/>
Rudolf	Sara	<input checked="" type="checkbox"/>
West	Linny	<input checked="" type="checkbox"/>

IMPORT ATTENDANCE DATA

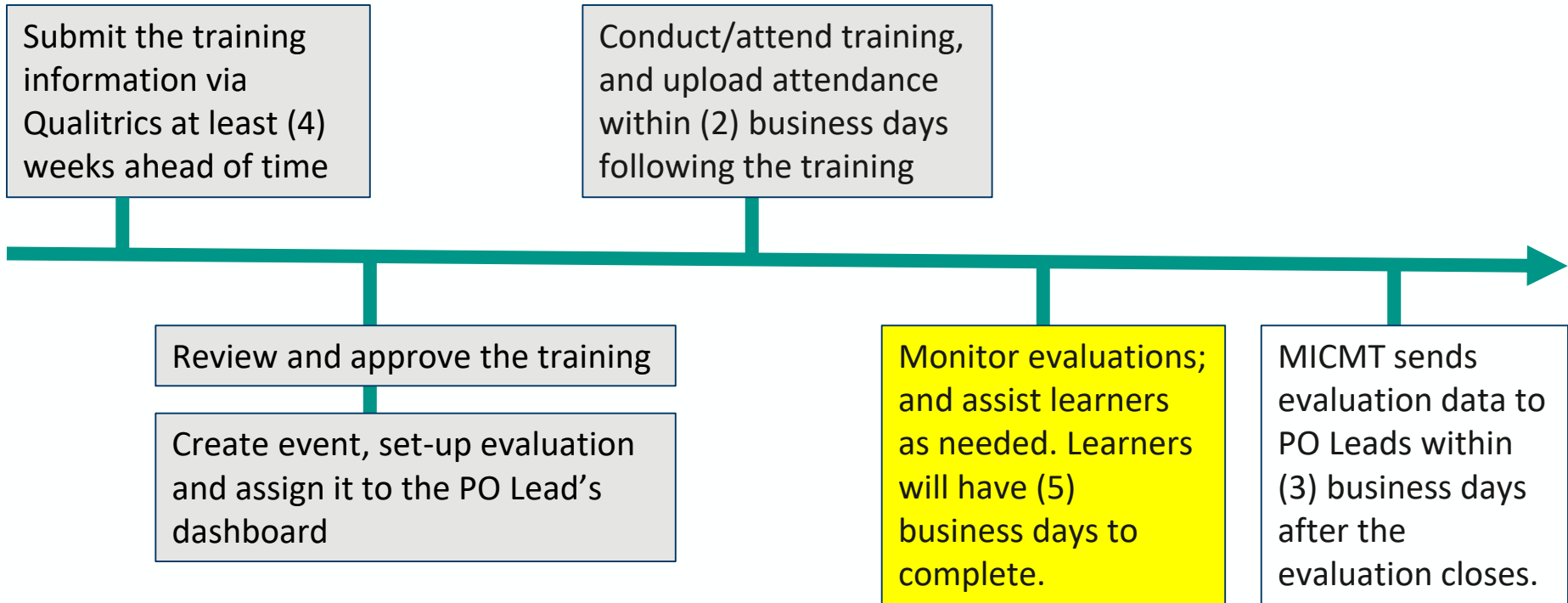
SEND POST-EVENT EMAIL

7) Your attendees will appear and be checked off. Last step is click **send post-event e-mail** and YOU'RE DONE!



Timeline

PO Responsibility



MICMT Responsibility

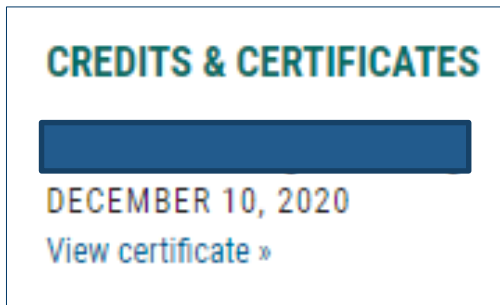


Post-Event Process

After your attendance is uploaded/e-mail is pushed, **learners will receive a link to the evaluation** from MICMT.

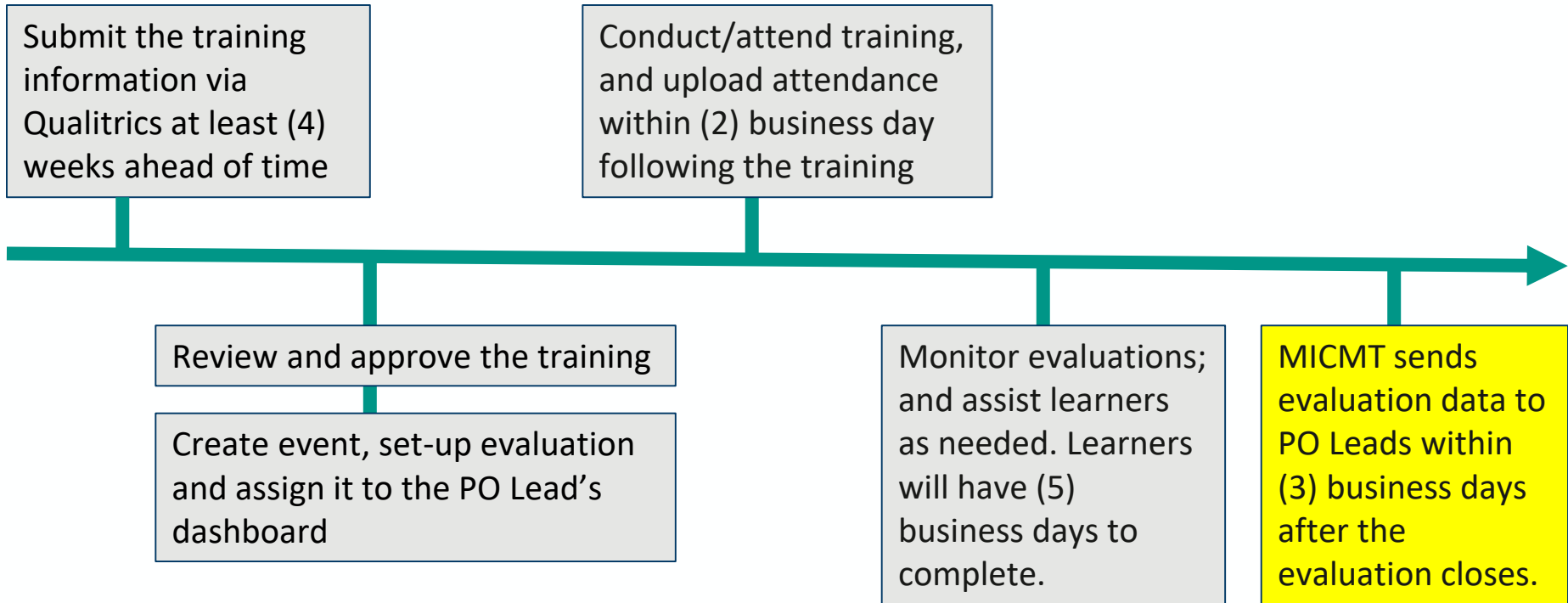
Post-Event E-Mail

Thank you for attending the [Training Name] on [Date]. To receive credit for the event, please complete the evaluation [here](#) within (5) five business days. If you have questions, please contact micmt-requests@med.umich.edu



Timeline

PO Responsibility



MICMT Responsibility



Evaluation

After the evaluation is closed, MICMT will provide the raw data in excel and send to PO Leads within **three (3) business days**.

On a scale from Strongly Disagree to Strongly Agree:

- The meeting/presentation fulfilled its stated objectives
- The meeting/presentation provided me with new information
- The information provided will help me with my role
- The format was appropriate for the educational content
- The presenter/presentation/delivery was facilitated well

On a scale from Inadequate to Exceptional:

- What is your overall rating for the meeting/presentation?



Process for Submitting Trainings for Reimbursement

***Note that all trainings approved for reimbursement will also be approved for BCBSM PDCM Learning Credits.**



Training Reimbursements

- Both internal trainings provided by the PO or external trainings may be submitted for training reimbursements.
- The training must be at least 4 hours and can be multiple days.
 - Half Day trainings (4-6 hours) are reimbursed at \$250 per learner.
 - Full Day trainings (6-8 hours) are reimbursed at \$500 per learner.
- The training is to be skilled based with the purpose of supporting care management, must be aligned with a PDCM-related project, and must go through the approval process..
- Reimbursement will only be provided if the PO or approved MICMT trainer agrees to follow MICMT guidelines for **providing evidence of successful course completion, such as a certificate of completion and passing post-test scores**. This process will be discussed with the submitter once the course has been approved for reimbursement.



Training Reimbursement Caps

- The reimbursement cycle for 2021 is November 1, 2020 to October 31, 2021.
- Each PO has a training reimbursement cap. If you submit a training for reimbursement, you will be eligible for reimbursement if you have not already met your cap for the cycle.
- If there are additional funds available at the end of the cycle, you may be reimbursed beyond your cap. However, this will not be determined until after the end of the cycle.
- All POs will have the opportunity to meet their cap before additional funds will be distributed.



Training Reimbursement Caps

- What is my training reimbursement cap?
 - Your MICMT PDCM Project Manager can share this information with you.
- What trainings are currently included in reimbursements?
 - Introduction to Team-Based Care (\$500 per learner)
 - Introduction to Palliative Care (\$250 per learner)
 - Patient Engagement (\$500 per learner)



Timeline

PO Responsibility

Submit the training information via Qualitrics **at least (8) weeks ahead of time**

Conduct/attend training, and upload attendance within (2) business days following the training. By uploading attendance, the PO Lead is attesting that all learners included have successfully completed all aspects of the training course.

Review and approve the training

Create event, and assign it to the PO Lead's dashboard

MICMT will complete evaluation of trainings for reimbursement after October 31, 2021. Reimbursements will appear in the January 2022 PGIP check.

MICMT Responsibility



Submitting the training

- Please use the following Qualtrics link to submit your meeting:
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Survey fields to complete

Field	Details
Please identify your PO or organization	Select as appropriate
PO Contact and E-mail	Who will be in charge of attendance and point of contact for MICMT (must have an MICMT website account)
Training Name	Name of the training
Training Dates and Times	Date and time of training
Identify any/all of the team-based care related program that this training supports	Provider Delivered Care Management, Provider Delivered Care Management – Specialty, Pharmacists Optimizing Oncology Care Excellence in Michigan (POEM), Integrated Michigan Patient-Centered Alliance in Care Transitions (I-MPACT), Palliative Care, Medication Assisted Therapy, Collaborative Care Model, Other
Please identify the intended audience	Licensed Care Team Members, Unlicensed Care Team Members, Providers, Office Staff, Other
How did you hear about this training?	
Is this training provided by an MICMT approved trainer? *If not provided by an approved trainer, does the PO requesting approval commit to working with MICMT for reimbursement attestation?	This includes trainers currently providing Intro to Team-Based Care, Intro to Specialty Team-Based Care, Patient Engagement and Intro to Palliative Care
Please provide an overall description of this training, detailing why you think this program is important to your performance.	
Describe how this training will further program outcomes, identifying specific outcomes expected to be impacted by this training.	



Survey fields to complete

Field	Details
Please describe the format of this training	Virtual – live, Virtual – recorded, In Person, Hybrid, Other
Please describe the duration of this training. Training must last at least a half day to be considered for reimbursement.	Half day (4-6 hours), Full day (more than 6 hours)
Please provide a link to any electronic materials/descriptions available regarding this training.	
Please provide the learning objectives of this training, and with which MICMT training objectives the training aligns. The MICMT training objectives are listed below.	<p>Describe team based care strategies for integrating clinic and community based resources.</p> <p>Describe team based care strategies to manage complex chronic conditions.</p> <p>Describe strategies for addressing behavioral health along with physical health.</p> <p>Facilitate the development of effective care teams to support improved patient health outcomes.</p>
Please indicate which attributes are part of this program and provide details.	<p>Pre-learning materials</p> <p>Interactive learning modules</p> <p>Learner engagement style</p> <p>Pre / Post-Test to demonstrate learning (required)</p> <p>CE (number of credit hours and types of CE)</p>



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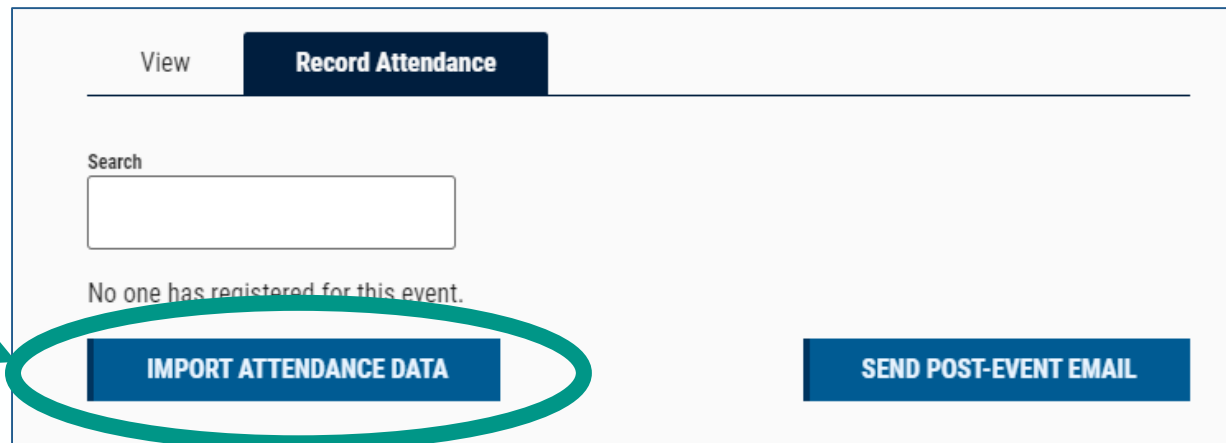


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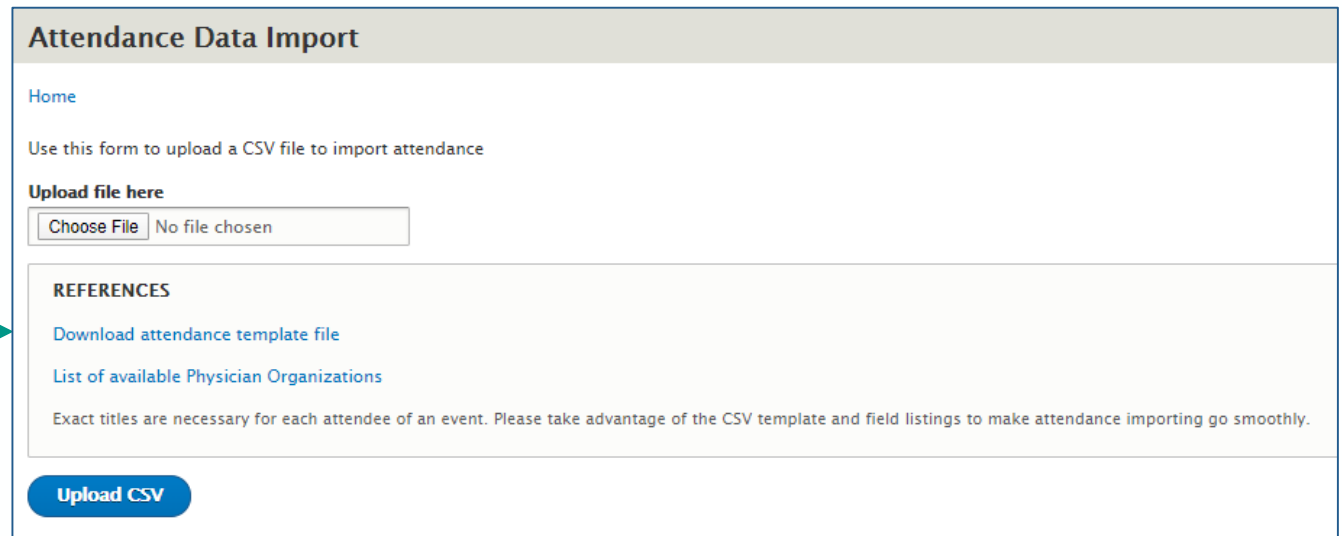
View **Record Attendance**

Search

No one has registered for this event.

IMPORT ATTENDANCE DATA **SEND POST-EVENT EMAIL**

4) Download attendance template file



Attendance Data Import

[Home](#)

Use this form to upload a CSV file to import attendance

Upload file here

No file chosen

REFERENCES

[Download attendance template file](#)

[List of available Physician Organizations](#)

Exact titles are necessary for each attendee of an event. Please take advantage of the CSV template and field listings to make attendance importing go smoothly.

Upload CSV



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MICMT Responsibility



Summary



BCBSM PDCM Learning Credits	Reimbursements
Must be submitted (4) weeks ahead of time for approval	Must be submitted (8) weeks ahead of time for approval
Must be a minimum of 30 minutes in duration	Must be a minimum of 4 hours in duration
Approval is contingent on meeting outlined criteria	Approval is contingent on meeting outlined criteria AND training cap has not already been met
Learners must complete evaluation in MICMT website in order to receive credits	PO Leads must upload attendance and attest that the learners included in attendance have successfully completed all aspects of the training course to receive reimbursements



I have questions! Who can I contact?



Please contact your assigned PDCM Project Manager

Ashley Schwartz, schwaras@med.umich.edu

Linny West, lindsamw@med.umich.edu

You can also send inquiries to:

micmt-requests@med.umich.edu

