2014 FUNDING OPPORTUNITY ANNOUNCEMENT FOR STATE INNOVATION MODEL TEST GRANT

Agenda

Triple Aim
1. Strengthen population health
2. Transform health care delivery system
3. Decrease per capita health care spending

- ☐ Highlights

- ☐ Application Package

- ☐ Project Narrative: 9 major requirements

- ☐ Scoring criteria

- ☐ Process for completing application

- ☐ Timetable

May 22   June   July 16

HIGHLIGHTS

- Twelve states will be awarded **$20-$100 million** each over a **4-year period**. Funding will be proportionate to the state's population & scope of reform.

- The 4-year timeframe is longer than the previous 3 1/2-year timeframe. Allows **up to one year (rather than six months) for pre-implementation**.

- In-person or virtual **presentation to HHS is required** (state cost).

- **Financial Analysis is required**; must estimate proposal's return on investment and specifically for Medicare, Medicaid, and/or CHIP populations, over test grant performance period. New requirement for external actuarial certification.

APPLICATION PACKAGE

Content	Page Limits
Standard Forms	As many as needed
Project Abstract	1 page
Governor's Letter of Endorsement	2 pages
Letters of Support	As much as needed
Project Narrative	**29 pages**
Budget Narrative	12 pages
Financial Analysis	4 pages
Operational Plan	10 pages
Maximum number of pages	***55 pages***

PROJECT NARRATIVE   (29 pages)
FOCUS ON NINE REQUIREMENTS

1. **Plan for improving population health**
   - The state must develop a state-wide population health plan during the test period.
   - Plans should address at minimum tobacco use, obesity, and diabetes.

2. **Healthcare delivery system transformation plan**
   - Describe how plan will engage providers in health care delivery transformation.
   - Over 80% of payments to providers from all payers are in FFS alternatives that link payment to value.
   - Every resident of the state has a primary care provider who is accountable both for the quality and the total cost of their health care.
   - Performance in quality and cost measures is consistently high.

3. **Payment and/or Service Delivery Model**
   - Payment and/or delivery model that includes but is not limited to Medicaid population, state employee population, and/or commercial payers' populations
   - Identify target populations, numbers served, services delivered, etc.
   - Encourages models that directly align with one or more existing Medicare programs such as ACOs, primary care medical homes, and bundled payment programs

NINE REQUIREMENTS CONT.

4. Leveraging regulatory authority
   - Such as for aligning requirements for health insurers, integrating value-based principles, and to improve the health care workforce.

5. Health information technology
   - Current HIT adoption
   - Detailed description concerning HIT Governance, Policy, Infrastructure, and Technical Assistance Domains

6. Stakeholder engagement
   - Significant number of stakeholders across entire state engaged and committed
   - Providers, payers, state hospital and medical associations, community-based and long terms support providers, consumer advocates, tribal communities

NINE REQUIREMENTS CONT.

7. Quality measure alignment
   - Develop a state-wide plan to align quality measures across all payers in the state

8. Monitoring and evaluation plan
   - Quantifiable measures for regularly monitoring the impact under the Test, on the three outcomes of the Triple Aim
   - All quality and cost measures must use the state's entire population in the denominator

9. Alignment with State and Federal Innovation
   - Must coordinate and build upon existing initiatives
   - Must ensure funding does not duplicate activities or supplant current federal or state funding

SCORING

Content	Points
Model Testing Plan (includes 1-9, excluding 6)	50 points
Provider Engagement Strategy (includes 6 above)	10 points
Payer and other stakeholder strategy	10 points
Operational Plan	5 points
Multi-Stakeholder Commitment	5 points
Model Testing Operational Budget Financial Analysis and Model Sustainability	25 points
Performance Reporting and Continuous Improvement and Evaluation Support	10 points
Total	*100 points*

PROCESS

Different initiative owners will prepare sections of the application

Initiative owners will submit first draft materials to the PMO for questions/comments

Initiative owners will submit second draft to the PMO and present it to the Steering Committee

Steering Committee will approve drafts and submit any changes that the PMO will make to the final version

TIME TABLE

May → June

May 22
- FOA released

June 6
- Letter of intent filed

June 12
- Steering Committee Meeting with Briefings by initiative owners

June 16-24
- Program narrative drafts completed and distributed to Steer Co

TIME TABLE

June ➤ July

June 26	• Steering Committee meeting: Program Narrative Presentations
June 30-July 8	• Budget & Operational Plan draft completed and distributed to Steer Co
July 10	• Steering Committee Meeting: Budget & Operational Plan presentations
July 16	• SIM PMO submits Test Grant