



State Innovations in Delivery and Payment Reform



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Director,
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CMMI*

September 15, 2015

Better. Smarter. *Healthier.*

So we will continue to work across sectors and across the aisle for the goals we share: *better care, smarter spending, and healthier people.*

During January 2015, HHS announced goals for value-based payments within the Medicare FFS system

Medicare Fee-for-Service

GOAL 1: **30%** 

Medicare payments are tied to quality or value through **alternative payment models (categories 3-4)** by the end of 2016, and 50% by the end of 2018

GOAL 2: **85%** 

Medicare fee-for-service payments are **tied to quality or value (categories 2-4)** by the end of 2016, and 90% by the end of 2018



STAKEHOLDERS:

Consumers | Businesses
Payers | Providers
State Partners



Set **internal goals** for HHS



Invite **private sector payers** to match or exceed HHS goals

NEXT STEPS:



Testing of new models and expansion of existing models will be critical to reaching incentive goals

Creation of a Health Care Payment **Learning and Action Network** to align incentives for payers

Delivery System Reform requires focusing on the way we pay providers, deliver care, and distribute information

“



{ *Improving the way providers are incentivized, the way care is delivered, and the way information is distributed will help provide better care at lower cost across the health care system.* }

FOCUS AREAS

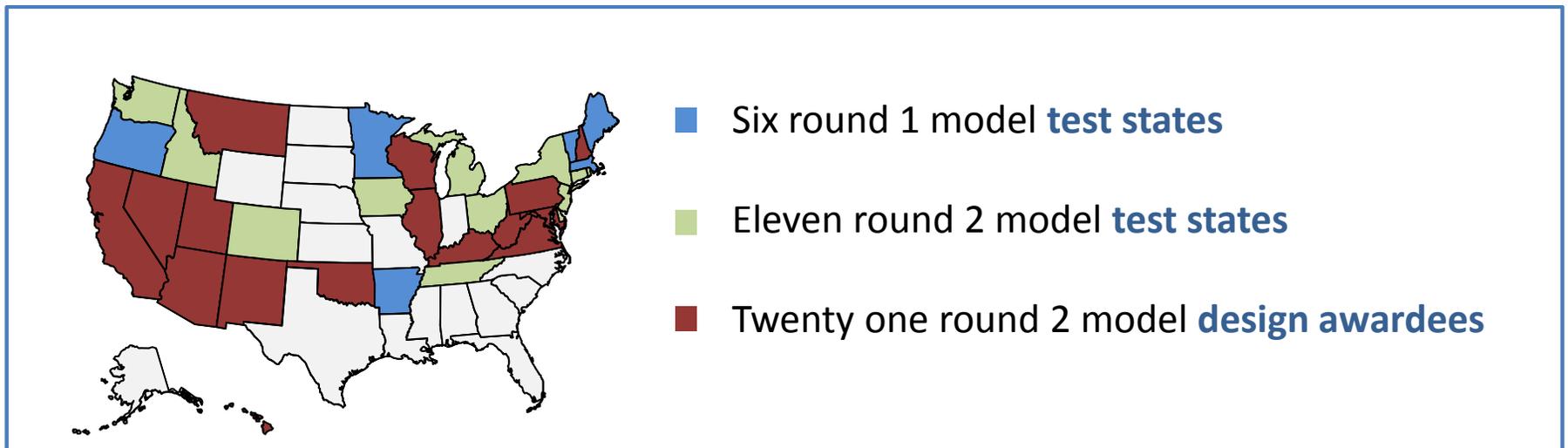
Pay
Providers

Deliver
Care

Distribute
Information

State Innovation Model grants have been awarded in two rounds

- CMS is testing the ability of **state governments to utilize policy and regulatory levers** to accelerate health care transformation
- Primary objectives include
 - Improving the **quality of care** delivered
 - Improving **population health**
 - Increasing **cost efficiency** and expand **value-based payment**

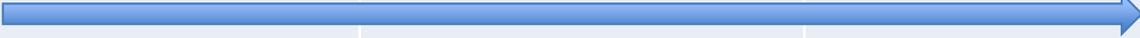


SIM must reach a preponderance of care in the state

Primary goal

Over 80% of payments to providers from all payers in the state are in value-based purchasing and/or alternative payment models by end of performance period

Category 1	Category 2	Category 3	Category 4
Fee-for-service with no link of payment to quality	Payment Linked to Quality	Alternative Payment Models	Population-based Payment



Quarterly Participation Metrics

- The **total number of beneficiaries** (individuals) receiving care through each value-based purchasing and/or alternative payment model supported by SIM (*by type*)
- The **total number of providers** participating in any value-based purchasing and alternative payment model supported by SIM (*by type*)
- The **total % of payments to providers** and beneficiaries receiving care by payment categories 1-4 (*statewide*)

SIM must include multiple payers

- Medicaid
- State Employees Plans
- Qualified Health Plans
- Commercial Payers
- Purchasers



Areas of Alignment:

- Quality measurement
- Payment methodology
- Shared infrastructure & investments

Round 1 states are testing and Round 2 states are designing and implementing comprehensive reform plans

Round 1 States testing APMs

	Patient centered medical homes	Health homes	Accountable care	Episodes
 Arkansas				
 Maine				
 Massachusetts				
 Minnesota				
 Oregon				
 Vermont				

Round 2 States designing interventions

➤ Near term CMMI objectives

- Establish project milestones and success metrics
- Support development of states' stakeholder engagement plans
- Onboard states to Technical Assistance Solution Center and SIMergy Collaboration site
- Launch State HIT Resource Center and CDC support for Population Health Plans

Round 1 Test States are integrating community services and population health

Community services

Population health



Arkansas



Maine



Massachusetts



Minnesota



Oregon



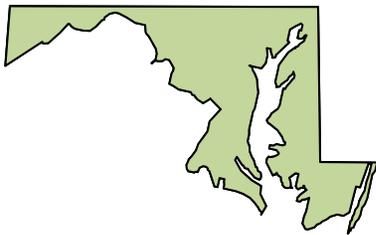
Vermont

- Piloting community health workers to address population health needs of underserved populations
- Implementing e-Referral program linking primary care to community resources
- Testing ACOs, public health and social services working together at the community level
- CCOs forming Community Advisory Councils to develop community health assessment and health improvement plans

- All model test states are developing strategies on smoking cessation, diabetes, and obesity
- CDC is working with states to develop state-wide population health plans that will integrate health and health care delivery systems

Maryland is testing an innovative All-Payer Payment Model

- Maryland is the nation's only **all-payer hospital rate regulation system**
- Model will test whether effective accountability for both cost and quality can be achieved within all-payer system based upon **per capita total hospital cost growth**
- **Quality of care** will be measured through
 - Readmissions
 - Hospital Acquired Conditions
 - Population Health



- Maryland has ~6 million residents*
- Hospitals began moving into All-Payer Global Budgets in July 2014
 - 95% of Maryland hospital revenue will be in global budgets
 - All 46 MD hospitals have signed agreements
- Model was initiated in January 2014; Five year test period

* US census bureau estimate for 2013

SIM test states may submit Medicare participation ideas

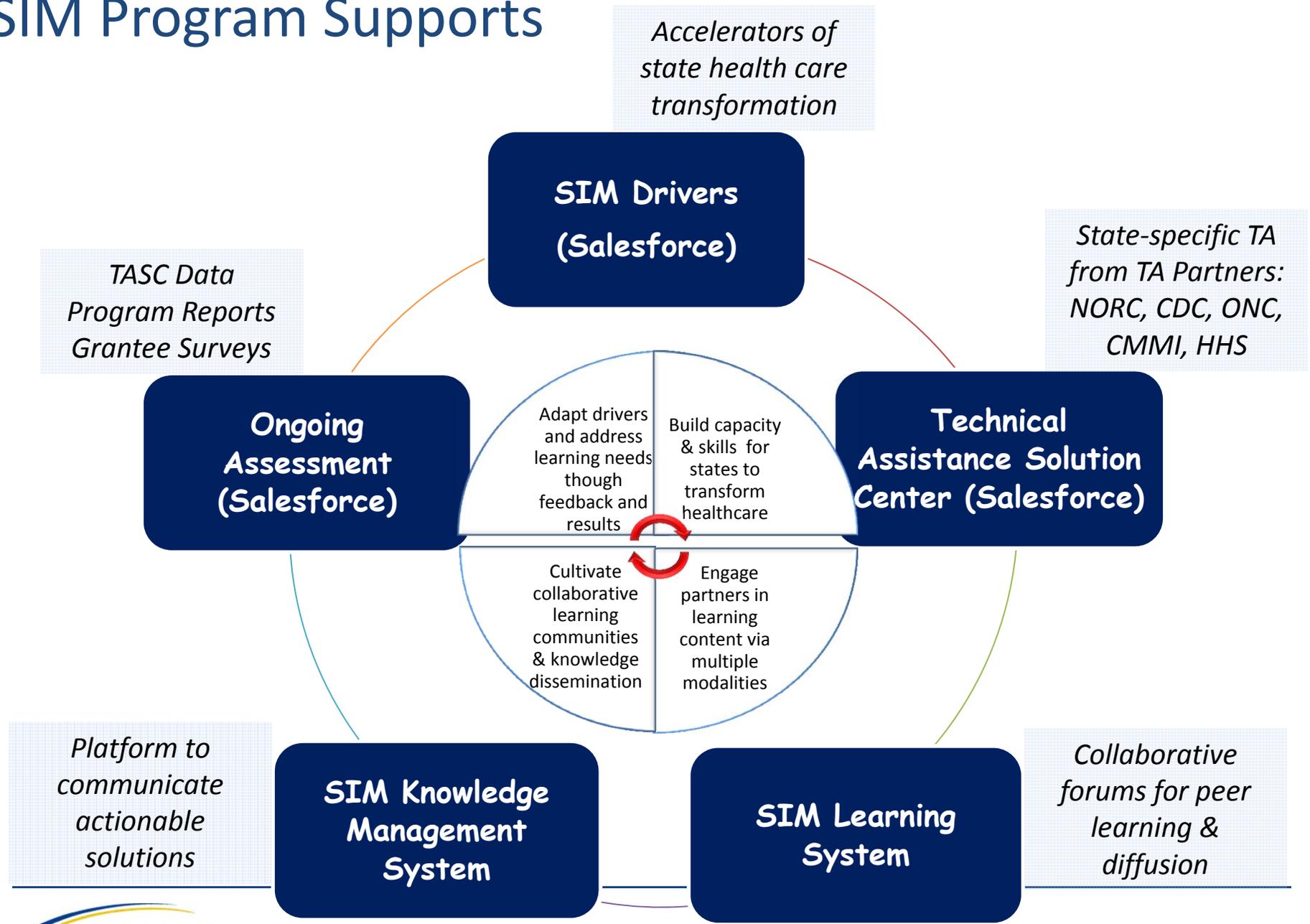
CMS will rely on the following principles in assessing proposals for new and novel models that are:

- Patient centered
- Accountable for the total cost of care
- Transformative (*preponderance of payments*)
- Broad-based (*preponderance of providers*)
- Feasible to implement
- Feasible to evaluate



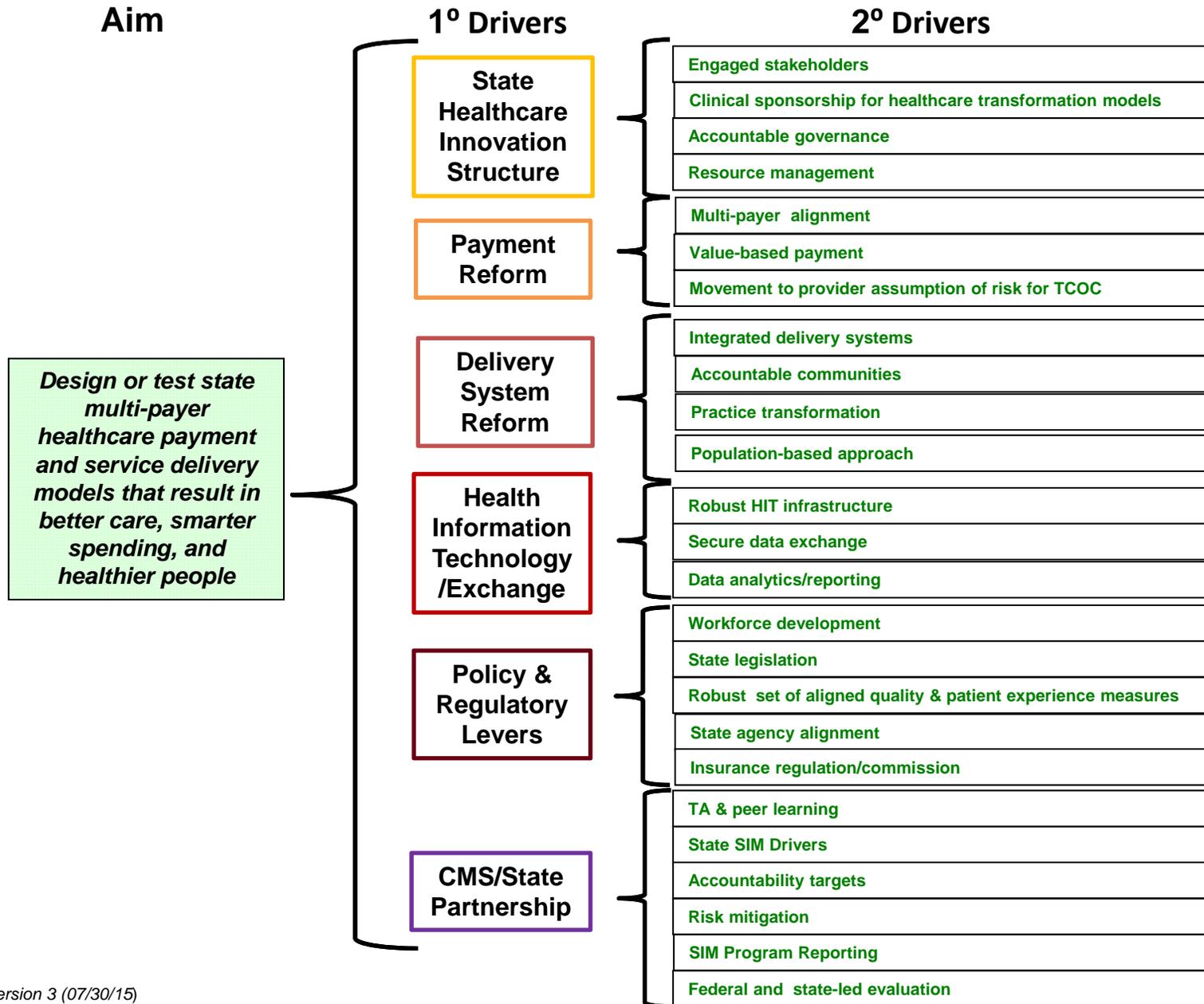


SIM Program Supports



SIM Driver Diagram

Theory of what accelerates state healthcare transformation



SIM Salesforce Program Objectives

SIM Drivers

TASC

Ongoing
Assessment

- Use SIM Drivers as context for grantee reporting and assessment;
- Provide seamless experience to communicate and track SIM program and reporting information;
- Facilitate transparency and accountability across SIM staff, grantees and TA partners for state-specific technical assistance; and
- Use platform to identify, catalogue and disseminate innovations and learning (to the SIM Learning System).

SIM - Salesforce Program Areas

TASC

(Italics: enhancements in development)

SIM Award Description

- Award Detail
- Budget Information
- Award Status

SIM Drivers

- *Grantee Focus Areas (check-off boxes and brief description for each selected)*
 - *5 Primary Drivers*
 - *17 Secondary Drivers*

Award Management

- Metrics
- Risk Factors
- Progress Reports

Grant Management

- Requests for Unrestricted Funds
- Disbursements

SIM/Partner Communications

- Contact Activity History
- Notes & Attachments

Technical Assistance Cases (TASC)

- TA Request Information
 - TA Menu/Sub-types
 - PO Approval
 - TAC Triage
 - TA Partner (Case Owner)
 - Case Comments
 - Attachments & TA Products
 - Case Resolution Status
 - Referral to Learning System (KMS)
- } Automatic email notification

Reports & Dashboards

- Monthly/YTD Internal TA Reports
- PO/State/Partner TA Reports
- TA Coordinator Case Auditing
- SIM Grantee Summary (R1/R2, Test/Design)
- Grantee Reporting Status
- *SIM Driver Profiles*
- *SIM Grantee Drivers/TA Activity*

Library

- SIM Program Library (internal)
- SIM TA Partner Library
- *Grantee Library*

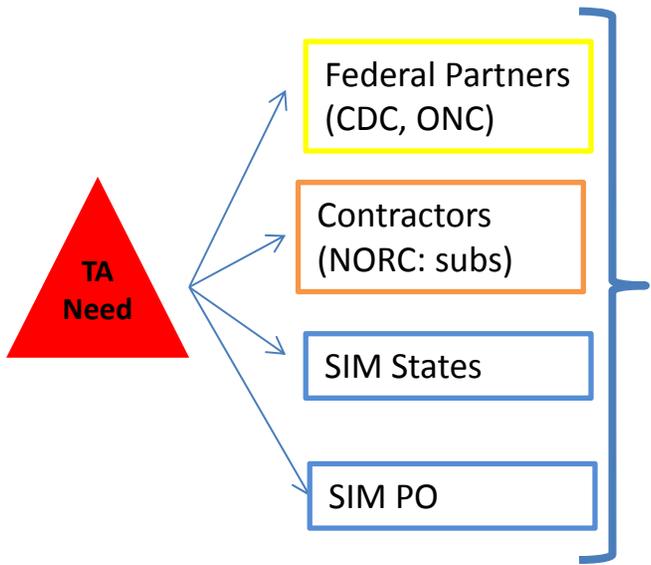
SIM TA Request Process



Any SIM participant submits TA request according to dynamic menu of categories

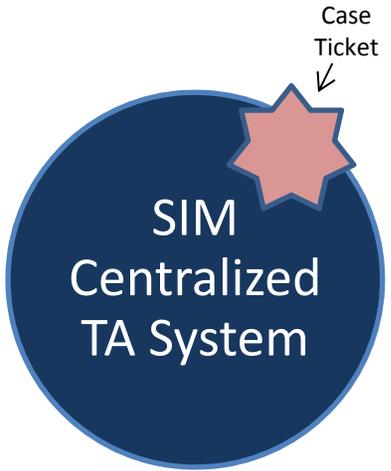
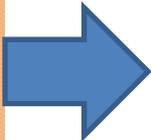
TA request catalogued in Centralized TA System (Salesforce). Case ticket created.

TA need recognized

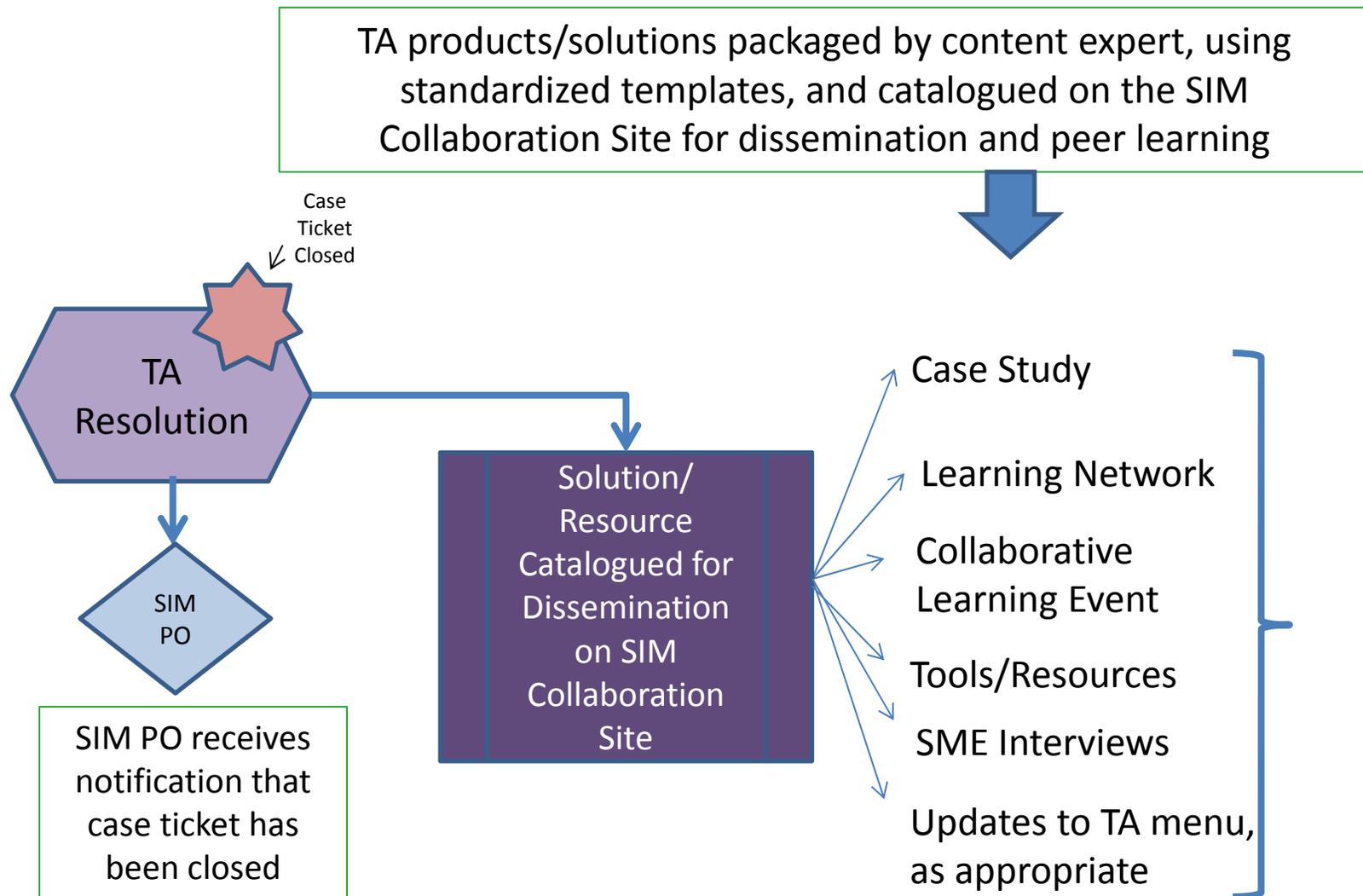


Menu of TA categories (KMS)

- Behavioral Health
- Data & Analytics
- Delivery System Design
- HIT Resource Center
- Metrics & Reporting
- Payment Model Design
- Policy/Regulatory Levers
- Population Health
- Project Management
- Provider Supports
- Self-evaluation
- Stakeholder Engagement
- Workforce Development
- Other



SIM TA Resolution (Knowledge Management System)



SIM Collaboration Site - Library

SIM Drivers

TASC

SIM KMS

Membership Administration

User Directory

Manage Folders

Add Document

Add Event

Edit Forum Categories

Add Forum Topic

Create Team

Create Project

Send Group Email

Keywords

Type

File Type: --Choose--

Contributor

Folder(s)

- ✓ --Choose-- (186)
- Payment Model Design (64)
- Population Health (51)
- Delivery System Design (49)
- SIM Program Guidance and Training Materials (36)
- Health IT Resource Center (33)
- Metrics and Reporting (29)
- Stakeholder Engagement (27)
- Data and Analytics (26)
- Behavioral Health (25)
- Project Management (24)
- SIM Webinars (23)
- SIM State Convening: September 2014 (20)
- Workforce Development (11)
- CMS/CMMI News (9)
- SIM State Convening: April 2015 (9)
- Newsletters (9)

Apply

Health IT Supplemental Guidance

MacTarggart

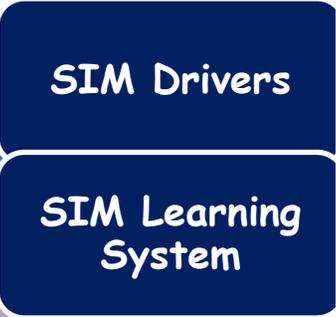
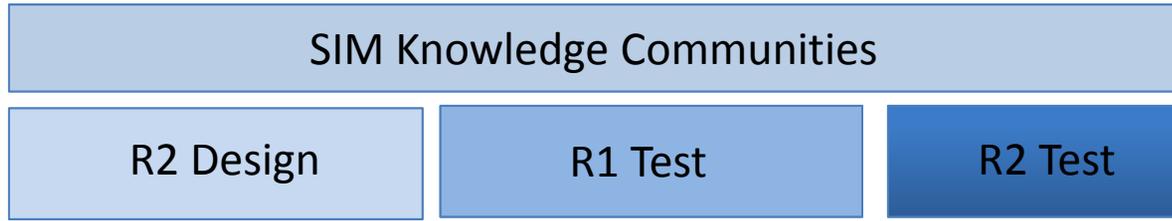
Contributor: Patricia Boyce

Owned By: State Innovation Models

Detail: Health IT Supplemental Guidance webinar hosted on 6/4, Patricia MacTarggart supplemental guidance and discussion

Health IT Supplemental Guidance

SIM Learning Curriculum



SIM Learning Strategies

<p>Learning Networks (In-person/ Virtual Collaborative Learning)</p>	<p>Value-based Payment Models Population-based Approach Data Analytics & Reporting Provider Assumption of Risk Integrated Delivery Systems</p>	<p>Robust HIT Infrastructure Workforce Development Practice/Provider Transformation Secure Data Exchange Policy & Regulatory Levers</p>
	<p>Online Forums, SIM Collaboration Site (KMS), State-specific TA</p>	
	<p>Structured Guidance (Targeted Training & Resources)</p>	<p>Governance/Leadership Resource Management Clinical Sponsors</p>
<p>Driver Diagrams; State Agency Alignment</p>		
<p>Online Forums, SIM Collaboration Site (KMS), State-specific TA</p>		
<p>State Exchanges (Intensive Learning on Model Design & Implementation Experience)</p>	<p>Stakeholder Engagement Accountable Communities of Health Models (TACOs) Multi-payer Alignment Robust & Aligned Quality/Patient Experience Measures Value-based Insurance Design</p>	
	<p>Online Forums, SIM Collaboration Site (KMS), State-specific TA</p>	

SIM Regional Networks
Region A (East), Region B (Central), Region C (West)

SIM Learning Dimensions (SIM Drivers by Major Categories)



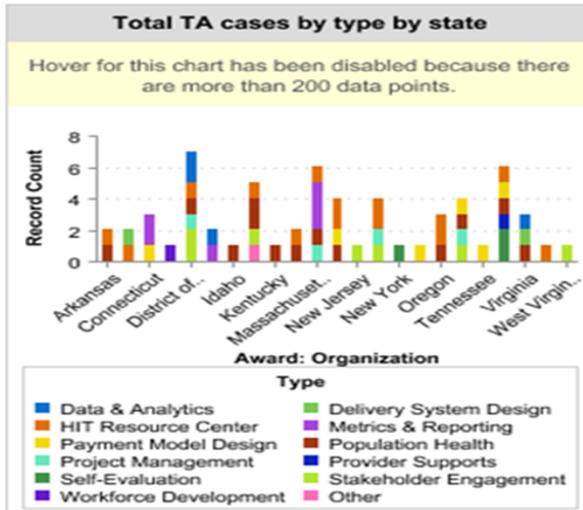
May 2015



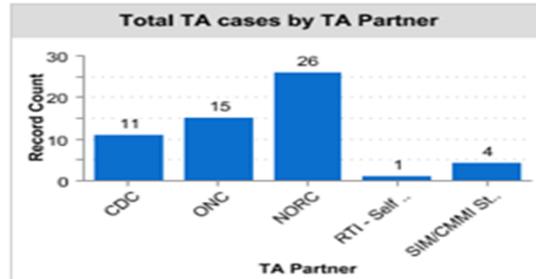
TASC Reports

Ongoing Assessment

TASC Monthly Internal Report



TASC Monthly Internal Report



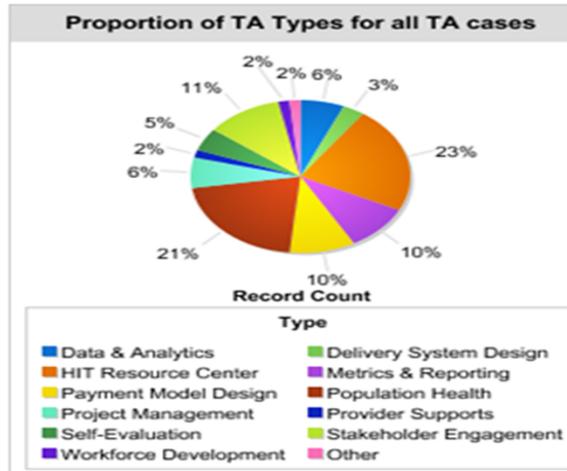
Note: Excludes cases for which Status equals New and Ready for Review since these cases have not yet been assigned to a specific TA Partner.

TASC Monthly Internal Report

Total TA cases by round and award type

Award: Round	Award: Type	Record Count
1	Test	23
2	Design	25
2	Test	14
Total		62

TASC Monthly Internal Report



TASC Monthly Internal Report

Total TA cases by status

Status	Record Count
Ready for Review	1
New	3
Closed	14
Assigned	40
On Hold	4
Total	62

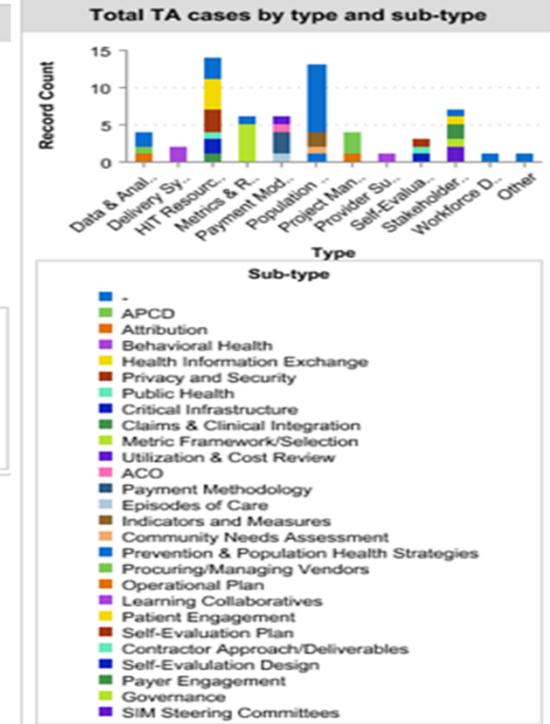
TASC Monthly Internal Report

Average TA case duration by TA Partner

TA Partner	Average Duration
CDC	37
ONC	20
NORC	18
RTI - Self Evaluation	14
SIM/CMMI Staff	29

Note: Excludes cases that have not yet been assigned to a TA Partner; average duration is calculated by the number of days each case has been open..

TASC Monthly Internal Report



TASC Monthly Internal Report

Total TA cases by SIM PO

PO	Record Count
Allison Pompey	2
Bridget Harrison	2
Erick Carrera	11
Fran Jensen	2
Fran Kelleher	14
Janet Heinrich	5
Jessica Roach	2
Joshua Traylor	2
Leah Nash	4
Patricia Boyce	8
Richard Jensen	4
Sheetal Shah	6
Total	62

Weekly State Bulletins for Each Cohort

- Action Items
- Program Support Tools
 - New TA resources
- Program Monitoring Announcements
- Upcoming SIM Events
- Upcoming SIM Deliverables
- Continuous Improvement Opportunities:
HHS Initiatives & Federal Opportunity
Announcements

Programmatic submissions and monitoring activities

Programmatic Submissions:

- Operational Plan
- Quarterly Progress Report
- Annual Progress Report
- Final Report

Regular check-in calls with Project Officer

- Weekly or biweekly
- Ad-hoc calls as needed

Annual Site Visits

- 1 visit per year

SIM Quarterly Progress Reports

- **Quarterly Progress Reports (QPR)** collect critical information from Model Test and Design Awardees to track and monitor a State's progress towards goals.
 - Support SIM PO's and Leadership in assessing the overall "health" of the program
 - Provide a rich data source for identifying best practices, potential risks and various trends
 - Provide necessary documentation if "enhanced monitoring" or corrective action activities needed

Example: QPR Executive Summary

Each quarter, Awardees are expected to provide a narrative update on activities in key areas:

▼ Executive Summary
Success Story or Best Practice ? Summary
Challenges Encountered & Plan to Address ? Summary
Governance ? Summary
Stakeholder Engagement ? Summary
Population Health ? Summary
Health Care Delivery Transformation ? Summary
Payment and Service Delivery Models ? Summary
Leveraging Regulatory Authority ? Summary
Workforce Capacity ? Summary
Health Information Technology ? Summary
Continuous Quality Improvement ? Summary
▼ Additional Information
Additional Information ?

Example: Model Test Reporting Metrics

Edit Delete Clone

Reporting Metrics

Reporting Metrics Help ?

Action	Reporting Metric: Reporting Metric Identifier	Progress Report	Report Period	Current/Actual Currency	Current/Actual Binary	Current/Actual Date	Current/Actual Numerator
Edit	CORE Beneficiaries impacted [MN] [IHP] Medicaid/CHIP	Q3 - 2014 Progress Report	Q3-2014				145,231
Edit	CORE Beneficiaries impacted [MN] [IHP]	Q4 - 2014 Progress Report	Q4-2014				145,231
Edit	CORE Beneficiaries impacted [MN] [IHP]	Q1 - 2015 Progress Report	Q1-2015				180,934

Notes & Attachments

New Note Attach File

Notes & Attachments Help ?

No records to display

Metric History

Metric History Help ?

Date	User	Action
11/5/2014 8:00 PM	Madhu Satrasala	Created.

[^ Back To Top](#) Always show me fewer ▲ / ▼ more records per related list

- Model Test States provide updated values to reporting metrics in the QPR

Current areas of focus

- Integration with relevant programs across CMS & HHS:
 - CCSQ/AHIP core quality metrics development
 - Health Care Payment Learning & Action Network (delivery system reform goals)
 - Medicaid Innovation Accelerator Program
 - SOTA 2.0
 - Other CMMI models
- MACRA
- Learning system curriculum, including:
 - Workforce development
 - Behavioral health integration
 - Sustainability
- Medicare participation in SIM models

Medicare participation proposal review process

