Overview of IAP Program Support for States
Targeting Medicaid Beneficiaries with Complex Needs and High Costs (BCNs)

Medicaid Innovation Accelerator Program

The Medicaid Innovation Accelerator Program (IAP) is a Center for Medicaid and CHIP Services-Center for Medicare & Medicaid Innovation joint venture designed to build state capacity and accelerate ongoing innovation in Medicaid through targeted program support. The Medicaid IAP supports states' delivery system reform efforts across four program priority areas: (1) substance use disorders; (2) Medicaid beneficiaries with complex needs and high costs; (3) community integration/long-term services and supports; (4) and physical/mental health integration. The Center for Medicaid and CHIP Services (CMCS) selected these program priority areas based on feedback from state partners and stakeholders. The Medicaid IAP began working with states on substance use disorders in early 2015. The second program priority area, Medicaid beneficiaries with complex needs and high costs (BCN), will be announced June 29, 2015 and is described here.

This Medicaid IAP opportunity is targeted to states that have existing BCN activities and are in need of focused program support. CMCS will work with selected states in areas related to enhanced data analytics; payment reforms to support BCN programs; and replication/spread of existing BCN programs demonstrating promising results. It is not expected that each state will focus on the same target population. However, selected states will share common interest and goals that align with IAP's goals for this priority program area. CMCS will leverage prior and existing BCN-focused work by CMS, including the Center for Medicare & Medicaid Innovation and other entities. In addition, Medicaid IAP efforts will be coordinated for states participating in both IAP and the National Governors Association's Superutilizers work.

How are Beneficiaries with Complex Needs and High Costs Defined?

For purposes of this work, BCNs are Medicaid beneficiaries who because of their health and/or social conditions, are likely to experience high levels of costly but preventable service utilization, and whose care patterns and costs are potentially "impactable" (Also see the CMCS July 24, 2013 Informational Bulletin)[1]. CMCS understands that this subset of beneficiaries is an extremely heterogeneous group with varying medical, behavioral, and psycho-social needs.

Overview of Program Support Available

Program support is available for up to ten states that have ongoing efforts to improve care coordination for Medicaid beneficiaries with complex needs and high costs. Medicaid IAP's specific goals are to enhance state capacity to use data analytics to better serve the BCN population; develop/refine payment reforms to support BCN programs; and facilitate the replication/spread of BCN programs demonstrating promising results. Structured program support will be offered over the course of ten months. After that, participating states can access additional one on one program support designed to move states towards broader health care delivery and payment reform efforts

Interested states can participate along two tracks:

- **Track A** – **Partnering with Providers/Health Plans (PPP)** focuses on how state Medicaid agencies can support effective local provider/health plan BCN interventions through health information exchange, data analytics, and/or payment reforms to establish/sustain new care models. States choosing **Track A - PPP** are not required to identify a specific subset of BCNs for their work, but are required to identify providers/health plans engaged in work to address BCN needs. State Medicaid agencies are expected to form and lead a team that includes representation from providers and/or health plans (*Example: State that wants to support/expand upon existing provider or plan-level BCN programs by focusing on aggregating data, enhancing data exchange, and supporting innovative payment methodologies.*)

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[1] [CMS Informational Bulletin, Targeting Medicaid Super-Utilizers to Decrease Costs and Improve Quality](#)

- **Track B** - **State Agency Partnerships (SA)** will focus on State Medicaid Agencies forming and/or enhancing partnerships with other state agencies for the purposes of enhancing data sharing and analytics capacity, targeting populations and interventions, payment reform and operationalizing rapid cycle evaluation. States choosing **Track B - SA** <u>must</u> partner with at least one other state agency and target at least one population from the following Medicaid IAP priority areas: people with substance use disorders, people with mental health and physical health needs; people using long-term services and supports; or children with high-needs and high-costs (e.g., asthma or sickle cell anemia). State Medicaid agencies are expected to form and lead a team that includes representation from other state agencies. In choosing a priority BCN population a state may choose a subset on which to focus. (*Example: The state focuses on people with substance use disorders who are also homeless. For a homeless population, a state might work with a statewide housing agency to link homeless and Medicaid data sets to target beneficiaries and test model interventions.*)

Components of Program Support for States

The content and method of program support will be refined based on the selected states and their specific needs.

- Content of program support will include:
  - Algorithms and analytics applications
  - Health information technology and health information exchange infrastructure and data sharing
  - Payment reform/contracting strategies
  - Using federal authorities (e.g. Affordable Care Act Section 2703 Health Homes)
  - Performance management, program monitoring and evaluation, continuous improvement
  - Common metrics
- Method of program support could include: on-site strategic planning visit with each state team, monthly state-to-state virtual workshops, and individualized program support with CMS and faculty.
- All states selected for participation must meet a baseline of data readiness; states will be asked about readiness to use their own Transformed Medicaid Statistical Information System (T-MSIS) data as part of their BCN work.

What is the Benefit to Selected States?

Participating states will be offered program support designed to:

- Improve capacity for data collection, analytics and reporting that enables systematic identification of BCNs, supports rapid cycle improvement and employs the use of the T-MSIS based solutions. States' improved capacity also includes advancing close to real-time exchange and sharing of information required for BCN programs to be effective.
- Develop and/or operationalize payment/contracting approaches that support changes in how care is structured and delivered to targeted BCNs.
- Expand the number of BCNs served by effective programs, either by increasing the number of providers furnishing the services or by expanding the types of services for targeted beneficiaries as a result of improved coordination between clinical care and social services.
- Conduct data analyses, as well as program design and implementation for BCN programs within their states, including greater leveraging of T-MSIS data.

How Do Interested States Apply for Program Support?

Interested states are asked to complete and email an Expression of Interest form to CMS by August 3, 2015. Expression of Interest form and selection factors can be found online http://www.medicaid.gov/state-resource-center/innovation-accelerator-program/innovation-accelerator-program.html. Direct questions to MedicaidIAP@cms.hhs.gov subject line "BCN."