

## Program Support for States Targeting Medicaid Beneficiaries with Complex Needs and High Costs (BCN) State Selection Factors

The following factors will be used to review each state’s BCN Expression of Interest.

### 1. General Information

**Factor: Commitment and Leadership of State Team**

- Is the proposed team lead well-positioned within the state to marshal resources, as needed, for its BCN work?
- Does the proposed team have the right composition of members given the scope of its BCN work and is the Medicaid Director involved?

**Factor: Members of State Team**

- If a state chooses Track A, the Partnering with Providers/Health Plans (PPP) Track, does the proposed team include specific providers and/or health plans?
- If state chooses Track B, the State Agency Partnerships (SA) Track, does the proposed team include members from the relevant state agency partners?

### 2. Program Approach

**Factor: Target BCN Populations**

- Are the state’s target BCN population(s) aligned with the Center for Medicaid and CHIP Services (CMCS) definition of BCNs: high-cost patients with complex needs whose care patterns and costs are potentially “impactable”?
- If state chooses Track B, the State Agency Partnerships Track, does the state’s BCN work focus on one of 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)?*

**Factor: Linkages**

- If state selects Track A, the PPP Track, does the state explain how it will work with local providers and/or health plans to implement its BCN initiative?
- If state selects Track B, the SA Track, does the state explain how it will work with other state agencies to implement its BCN initiative?

**Factor: Expected Outcomes**

- Does the state’s program support needs align with the IAP’s proposed approach and content areas? Do the state’s goals align with IAP’s goals for this activity (i.e., enhance the state’s capacity to use data analytics to serve the BCN population, develop/refine payment reforms to support the BCN program, and facilitate replication/spread of BCN programs that demonstrate promising results)?

### 3. Data and Analytics

**Factor: Transformed Medicaid Statistical Information System (T-MSIS) Data**

- Where is the state in relation to pre-operational testing phase of T-MSIS?
- Does the state have the capacity in-house or contracted to analyze T-MSIS or other relevant data related to BCNs?

**Factor: Data Sharing**

- If a state selects Track A, the PPP Track, do providers and/or health plans have sufficient health information technology and data analytics capabilities that will enable them to perform within the state’s proposed BCN initiative?
- If a state selects Track B, the SA Track, how does the state anticipate that data exchange with selected state agency(ies) will impact the operation and monitoring of its BCN initiative?