Medicaid Innovation Accelerator Program (IAP)

Information Session:
Value-Based Payment and Financial Simulations

December 15, 2016
2:00 PM-3:00 PM ET
Logistics for the Webinar

- All lines will be muted
- Please do not put your line on hold
- To participate in a polling question, exit out of “full screen” mode
- Use the chat box on your screen to ask a question or leave a comment
- During Moderated Q&A, you can also ask questions verbally
  - To indicate that you have a question you’d like to ask verbally, please let us know using the chat box or select the raise hand icon
Welcome!

- Tim Hill, Deputy Center Director, Center for Medicaid and CHIP Services
IAP Team for Value-Based Payment and Financial Simulations

- Karen Llanos, Director, Medicaid IAP
- Negussie Tilahun and Asher Mikow, Financial Management Group, CMCS
- Contracting Team
  - NORC at the University of Chicago: Scott Leitz, Kevin Koenig, Lynne Page Snyder, Katherine Rogers, Martin Barron
  - Partners
    - Center for Health Care Strategies: Tricia McGinnis
    - RAND Corporation: Chapin White
    - Actuarial Research Corporation: Gerald Riley
Polling Question #1

Poll of Call Participants (organizational affiliation)

- State Medicaid agency
- State mental health and/or substance use agency
- Other state agency
- Health care provider
- Health plan/managed care organization
- Advocacy organization
- Other
Agenda for Today’s Call

- What is the Medicaid Innovation Accelerator Program?
- Overview of Value-Based Payment and Financial Simulations (VBPFS) Technical Support Available to State Medicaid Agencies
- How to Apply for Technical Support
- Next Steps
What is the Medicaid Innovation Accelerator Program (IAP)?
Medicaid IAP

- Four year commitment by CMS to build state capacity and support ongoing innovation in Medicaid through targeted technical assistance*

- A CMMI-funded program that is led by and lives in CMCS

- Supports states’ and HHS delivery system reform efforts
  - The end goal for IAP is to increase the number of states moving towards delivery system reform across program priorities

- Not a grant program; targeted technical assistance

*IAP refers to “technical assistance” as “support,” “program support” or “technical support”.
How Do We Define Success Across IAP?

- Has participation in IAP led to increased delivery system reform in the IAP program priority areas/populations?

- Has IAP increased states’ capacity to make substantial improvements in:
  - Better care, smarter spending, healthier people?

- Has IAP built states’ capacity in the following areas:
  - Data analytics, quality measurement, performance improvement, value-based payment and financial simulations?
IAP Program and Functional Areas

Medicaid Delivery System Reform

PROGRAM AREAS

Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs
Promoting Community Integration Through Long-Term Services and Supports
Supporting Physical and Mental Health Integration
Reducing Substance Use Disorders

Functional Areas

- Data Analytics
- Quality Measurement
- Performance Improvement
- Value-Based Payment and Financial Simulations
Overview of Value-Based Payment and Financial Simulations (VBPFPS) Technical Support Available to State Medicaid Agencies
Support states as they develop new payment models, and/or enhance and expand existing state Medicaid payment reform efforts.
How will we accomplish these goals?

- Offer targeted technical support to state Medicaid agencies in designing, developing and/or implementing VBP approaches.
  - VBP Definition: Payment models that range from rewarding for performance in fee-for-service to capitation, including alternative payment models and comprehensive population-based payments.
- Provide support to conduct financial simulations and forecasts that analyze the financial impact of these payment and delivery strategies.
Types of Technical Support

- **Strategic design**: Drilling down to states’ payment model goals, objectives, and technical support needs
- **Development** of VBP approaches in Medicaid
- Assistance in **implementation** of an agreed-upon VBP approach in Medicaid
- Assistance in conducting **financial simulations** of state-developed VBP approaches.
Technical Support May Include

- **Strategic design**
  - Example: Help states assess their VBP options

- **Developing VBP approaches**
  - Example: Help identify the appropriate legal authority for implementing VBP approaches in FFS and Medicaid managed care

- **Implementing VBP approaches**
  - Example: Tailored assistance creating provider technical assistance and training materials, including decision-making tools

- **Assistance in conducting financial simulations**
  - Example: Develop tools, methodologies that enhance states’ expert knowledge and technical proficiency.
Examples of VBP Activities

States can seek support for one or more of VBP activities. These include, but are not limited to:

- Shared savings and shared risk methodologies
- Bundled payments and episodes of care
- Pay-for-performance (P4P) approaches
- Per-member per-month payments or advanced Primary Care Medical Homes (PCMH)
- Use of contractual or other vehicles to advance implementation
- Alignment across VBP approaches in fee-for-service (FFS) and managed care
- Monitoring of VBP approach outcomes
- Alignment with the HHS VBP goals, HHS Health Care Payment Learning and Action Network’s (HCPLAN) APM framework and Medicare Access & CHIP Reauthorization Act’s (MACRA) Quality Payment Program (QPP)
Polling Question #2
(State Medicaid Participants Only)

Which type of VBP activity are you most interested in developing/implementing? (you may select more than one)

- Shared savings and shared risk methodologies
- Bundled payments and episodes of care
- Pay-for-performance (P4P) models
- Per member per month payments (PMPMs) or advanced Primary Care Medical Homes
- Use of contractual or other vehicles to implement VBP Modeling
- Use of contractual or other vehicles to implement financial simulation
- Monitoring and reporting strategies
- Alignment with the HHS VBP goals, HCPLAN APM framework and MACRA QPP
Technical Support Team

We will form a support team specific to each state’s needs.

- IAP VBP lead (single point of contact for state)
- Medicaid policy experts
- Subject-Matter experts
- Research analysts
- Data management experts
- Financial simulation experts
# Technical Support Components

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<tr>
<th>Component</th>
<th>Timeframe</th>
<th>State Participation</th>
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<tr>
<td>State selection and initial expectation discussions</td>
<td>January-May 2017</td>
<td>Rolling state office hours</td>
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<tr>
<td>Kick off and strategic planning for selected states</td>
<td>Once selected</td>
<td>Regular strategic planning meetings</td>
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<tr>
<td>Individualized program support with assigned IAP VBP lead and team of technical support experts</td>
<td>February 2017 ongoing</td>
<td>Regular correspondence about support provided and using assistance tools/materials. One hour calls, monthly or more frequently as needed.</td>
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<td>Educational webinars about VBP and financial simulations</td>
<td>March 2017 ongoing</td>
<td>Periodic, topics developed with state input</td>
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<td>Periodic peer-to-peer affinity groups</td>
<td>On going</td>
<td>TBD, as identified by state needs</td>
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Polling Question #3
(State Medicaid Officials Only)

What issues or topics regarding the development of VBP approaches are most challenging for your state? (you may select more than one)

- Identifying, stratifying and/or targeting discrete population(s)
- Identifying which type of VBP to develop
- Understanding how to work with Managed Care Organizations
- Identifying and implementing payment strategies
- Improving coordination across providers, systems
- Improving data and forecasting the impact of the VBP approach using financial simulation modeling
- Working/understanding CMCS requirements/regulations
- Other
How to Apply for Value-Based Payment and Financial Simulation Technical Support
Technical Support Overview

1. Submit an Expression of Interest
2. Participate in a virtual office hours meeting
3. Selected states will receive technical support
4. Support will last 1-12 months
Applying for Technical Support

- Expression of Interest Form

- State Selection Factors

- Key Dates

- Where to go with questions or for more information
State Selection Factors

- Team Composition
  - Commitment from State Medicaid program leadership
  - Designation of State Medicaid IAP program lead
  - Acknowledgement that team members will have sufficient time and resources for this effort
- Evidence that Medicaid payment reform is a priority
- Ability to clearly articulate VBP goals and technical support needs
- Capacity to begin work shortly after selection
Examples of States That Could Benefit from Technical Support

- Who are in early stages of developing their VBP approach and would like to further refine or accelerate their process
- With existing programs, (e.g., Health Homes or Shared Savings) and who are interested in developing or improving VBP strategies
- Who want to use VBP approaches to spread the model to other populations, areas of the state, provider types (Note: Medicaid waivers may be required)
- Interested in developing VBP approaches with MCOs
- With VBP approaches that seek to improve or enhance aspects of these programs (e.g. financial modeling and simulation)
Benefits to States

- Expert policy guidance tailored to states’ unique circumstances
- Access to technical support resources
- State affinity groups or webinars, where appropriate
- Financial simulation guidance to forecast impacts
- Improving technical skills for staff via tools
Key Dates

January 13, 2017 - Due Date, Expression of Interest Form

January/February 2017 - CMS Conducts 1:1 Calls with Interested States

February/May 2017 - States Selected for participation

February/March 2017 – Begin Technical Support

Note: Applications are accepted on a rolling basis
Next Steps
Visit Our Medicaid.gov page:

Medicaid Innovation Accelerator Program (IAP)

CMS launched the Medicaid Innovation Accelerator Program (IAP) in July 2014 with the goal of improving health and health care for Medicaid beneficiaries by supporting states’ efforts to accelerate new payment and service delivery reforms.

Through these improvements, we can reduce costs for the Medicaid program and, by extension, the health system more generally. The IAP will enhance CMS’s wide ranging efforts to improve care by supporting system-wide payment and delivery system reform innovation. We are using the IAP to work closely with states, consumers, and health providers on these critical issues through technical assistance, tools development and cross-state and national learning opportunities.

Through the IAP, we are building on lessons and recommendations we have heard from our state partners for specific opportunities to advance innovation, and we will develop strategically targeted resources and technical assistance that states can leverage to accelerate Medicaid-focused innovations to transform health care.
Questions?

- Email MedicaidIAP@CMS.HHS.gov and include subject line “VBP and Financial Simulations”

- Watch for emails from CMS for additional information
Webinar Questions or Comments?

**Written:** Use the chat box to send in your written question.

**Verbal:** Use the chat box to let us know you have a verbal question and we will unmute your phone line.
Polling Question #4

Based on what you heard, is your state interested in applying for the value-based payment and financial simulations program?

- Yes
- No
- Unsure
Thank You!

Thank you for joining today’s webinar.

Please take a moment to complete a short feedback survey.