

IDAHO STATEWIDE HEALTHCARE INNOVATION PLAN

Model Testing Awards: Over \$250 million in Model Testing awards from the Centers for Medicare and Medicaid Services are supporting six states and their State Health Care Innovation Plans (SHIPs). A SHIP is a proposal that describes a state’s strategy to use all of the levers available to it to transform its health care delivery system through multi-payer payment reform and other state-led initiatives. States that received between \$33 million and \$45 million had the follow common words and common themes in their applications:

- All payer statewide support.
- An integrated care (accountable care organization [ACO]/coordinated care organization [CCO]) linked to bundled payments.
- Some type of medical home.
- Chronic care/mental health assistance.

Common word counts in the applications:



Arkansas: The Arkansas model for a sustainable, patient-centered health care system is based on two complementary strategies—population-based care delivery and episodes-based payment—that are being launched statewide with the support of both public and private insurers.

Under provisions of the plan, by 2016, a majority of Arkansans will have access to a patient-centered medical home, which will provide comprehensive, team-based care with a focus on chronic care management and preventive services. Persons with complex or special needs (e.g., developmental disabilities) will also have access to health homes, which will work with their medical homes to coordinate medical, community, and social support services. Payments will include performance-based care coordination fees, as well as shared savings for medical homes based on their ability to reduce total cost of care while also achieving goals for quality. The State of Arkansas will receive up to \$42 million.

Maine: The Maine innovation model will support the formation of multi-payer ACOs that commit to providing greater value in return for performance-based payment for high quality care. These ACOs will agree to meet established quality standards for clinical care and publically report on their performance. Through the provisions of the plan, Maine will support and strengthen enhanced primary care; support and strengthen alignments between primary care and public health, behavioral health, and long-term care; support the development of new workforce models for the transformed system; and align measures, data, and analytics across providers. In addition, the State of Maine will implement payment reform across public/private payers; spread the patient-centered medical home model of enhanced, integrated primary care; and achieve transparent understanding of the costs and quality outcomes of patients across all payers statewide. The State of Maine will receive up to \$33,068,334 in awards.

Massachusetts: In the Massachusetts model, primary care practices will be supported as they transform themselves into patient-centered medical homes—capable of assuming accountability for cost and offering care coordination, care management, enhanced access to primary care, coordination with community and public health resources, and population health management. The Massachusetts model will strengthen primary care through shared savings/shared risk payments with quality incentives based on a statewide set of quality metrics, as well as payments to support practice transformation.

This award will be used to support public and private payers in transitioning to the specified model, to enhance data infrastructure for care coordination and accountability, to advance a statewide quality strategy, to integrate primary care with public health and other services, and to create measures and processes for evaluating and disseminating best practices. The Commonwealth of Massachusetts will receive up to \$44,011,924 in awards.

Minnesota: The Minnesota Accountable Health Model will better integrate care and services for the whole person across the continuum of care (including health care, mental health care, long-term care, and other services). The Minnesota Accountable Health Model will test a comprehensive, statewide program to close the current gaps in health information, create a quality improvement infrastructure, and provide the workforce capacity essential for team-based coordinated care and improved access. In addition to strengthening clinical health care, the Minnesota model for health system transformation will emphasize community health, preventive services, behavioral health, and other support services.

Minnesota will increase the kinds of care offered through ACOs, including for the first time, long-term social services, and behavioral health services. It will create linkages between the ACOs and Medicare, Medicaid, and commercial insurers, aligning payments to provide better care coordination, wider access to services, and improved coverage. The State of Minnesota will receive up to \$45,231,841 in awards.

Oregon: The Oregon Coordinated Care Model (CCM) proposes to use the state's purchasing power to realign health care payment and incentives, so that state employees, Medicare beneficiaries, and those purchasing qualified health plans on Oregon's Health Insurance Exchange will have high quality, low cost

health insurance options that are sustainable over time. The CCM will focus on integrating and coordinating physical, behavioral, and oral health care; shifting to a payment system that rewards quality care outcomes rather than volume; aligning incentives across medical care and long-term care services and supports; and reducing health disparities and partnering with community public health systems to improve health.

Oregon will begin implementing its test model in Medicaid through its system of CCOs – risk-bearing, community-based entities governed by a partnership among providers of care, community members, and entities taking financial risk for the cost of health care – and use the State Innovation Models Initiative funding to foster the spread of this new model of care to additional populations and payers, including Medicare and private plans, such as those covering State employees. CCOs have the flexibility, within model parameters, to institute their own payment and delivery reforms to achieve the best possible outcomes for their membership. They are accountable for the health and care of the population they serve and are rewarded for improving both the quality of care and health care value. The State of Oregon will receive up to \$45 million in awards.

Vermont: The Vermont model for health system transformation will increase both organizational coordination and financial alignment between clinical specialists and Vermont’s Blueprint for Health advanced primary care practices, implement and evaluate value-based payment methodologies, coordinate with other payment reforms on developing a financing and delivery model for enhanced care management and new service options for Vermonters eligible for Medicare and Medicaid, and accelerate development of a learning health system infrastructure that will support delivery system redesign and State evaluation activities.

Vermont will achieve these goals through three models: a shared-savings ACO model that involves integration of payment and services across an entire delivery system; a bundled payment model that involves integration of payment and services across multiple independent providers; and a pay-for-performance model aimed at improving the quality, performance, and efficiency of individual providers. In addition to supporting implementation of the models described above, the award will fund the following enhancements in health system infrastructure: improved clinical and claims data transmission, integration, analytics, and modeling; expanded measurement of patient experience of care; improved capacity to measure and address health care workforce needs; health system learning activities essential to spreading models and best practices; and enhanced telemedicine and home monitoring capabilities. The State of Vermont will receive up to \$45,009,480 in awards.