Round Two SIM grants - Model Design Awards

Seventeen states, three territories, and the District of Columbia were awarded Model Design Awards in Round Two of the SIM grants. The award recipients will engage a diverse group of stakeholders, including public and commercial payers, providers, and consumers, to develop a State Health Care Innovation Plan, and will have 12 months to submit their plans to CMS.

Adapted from Centers for Medicare and Medicaid Services (innovation.cms.gov)

State	Funding Amount
American Samoa	$750,000
Arizona	$2,500,000
California	$3,000,000
District of Columbia	$1,000,000
Hawaii	$1,500,000
Kentucky	$2,000,000
Illinois	$3,000,000
Maryland	$2,500,000
Montana	$999,999
Nevada	$2,000,000
New Hampshire	$2,000,000
New Jersey	$3,000,000
New Mexico	$1,999,988
Commonwealth of the Northern Mariana Islands	$750,000
Oklahoma	$2,000,000
Pennsylvania	$3,000,000
Puerto Rico	$1,944,740
Utah	$2,000,000
Virginia	$2,589,792
West Virginia	$1,939,705
Wisconsin	$2,494,290

Round Two SIM grants - Model Test Awards

Eleven states were awarded Model Test Awards in Round Two of the SIM grants. The SIM Test Awards will provide financial and technical support for states to test and evaluate multi-payer health system transformation models. Over a four-year period, States must produce and implement a proposal capable of creating state-wide health transformation for the majority of care within the state.

Adapted from Centers for Medicare and Medicaid Services (innovation.cms.gov)

State	Funding Amount	Description
Colorado	**$65,000,000**	Colorado's plan creates a system of clinic-based and public health supports to (1) provide access to integrated primary care and behavioral health services in coordinated community systems; (2) apply value-based payment structures; (3) expand IT efforts, including telehealth; and (4) finalize a statewide plan to improve population health. Funding will help integrate physical and behavioral health care in 400+ primary care practices and community mental health centers with approximately 1,600 primary care providers. The state will also establish a partnership between the public health, behavioral health, and primary care sectors.
Connecticut	**$45,000,000**	Connecticut plans to (1) improve population health; (2) strengthen primary care; (3) promote value-based payment and insurance design; and (4) obtain multi-payer alignment on quality, healthy equity, and care experience measures by implementing a Medicaid Quality Improvement Shared Savings Program (MQISSP). Participating primary care providers will benefit from programs designed to enhance capacity. Connecticut will implement Health Enhancement Communities and Prevention Service Centers, expand inter-professional training, enhance primary care capacity through additional residency programs, increase community health worker training, and develop core quality measurements to capture care experience in a scorecard.
Delaware	**$35,000,000**	Delaware will (1) support 10 community-based health communities; (2) develop IT infrastructure to support a cross-payer scorecard of core measures; and (3) engage payers in the development of a pay-for-value model and a total-cost-of-care model for providers (including independent PCPs) to attribute all Delawareans to a primary care provider. The state will offer technical assistance to providers focusing on models of integrated, team-based care and transition to value-based payment models and will implement workforce development strategies and educational programs.
Idaho	**$40,000,000**	Idaho will achieve state-wide health care system transformation through patient-centered medical homes (PCMH). Idaho will build 180 Nationally Recognized PCMH practices, including 75 Virtual PCMHs, support providers through expanded connectivity via electronic health exchange, and align the support of public and private payers to accelerate transformation.
Iowa	**$43,100,000**	Iowa builds upon the ACO model that covers the state's expanded Medicaid population. This model will align with quality measures and payment methodology utilized by the Wellmark commercial ACOs. The state will work with the same data analytics contractor as Wellmark so provider organizations have consistent and usable data to move from volume-based to value-based reimbursement. Medicaid ACOs will be accountable for the long-term care and behavioral health services of attributed patients. Funding will be used to integrate community-based resources into the ACOs by providing technical assistance.
Michigan	**$70,000,000**	Michigan will create Accountable Systems of Care (ASC) networks of providers utilizing patient-centered medical homes supported by payment models that align incentives. The ASCs are also supported by Community Health Innovation Regions (CHIRs) that address population health and connect patients with services. The state will test whether ASCs working with CHIRs can achieve better outcomes at lower cost for patients with adverse birth outcomes, frequent emergency department users, and those with multiple chronic conditions. SIM funding will help deliver tech assistance, workforce training, quality improvement skills, and data analytics to providers.
New York	**$99,900,000**	New York will adopt a tiered Advanced Primary Care (APC) model and (1) institute a state-wide program to help practices use the APC model; (2) expand use of value-based payments so 80% of New Yorkers receive value-based care by 2020; (3) support performance improvement and capacity expansion by expanding the workforce through education and training; (4) integrate APC with population health through Public Health Consultants funded to work with regional Population Health Improvement Program contractors; (5) develop a scorecard, shared quality metrics, and analytics; and (6) provide state-funded health IT.
Rhode Island .	**$20,000,000**	Rhode Island will implement a population health plan based on the results of community health assessments, including the integration of primary care and behavioral health. The state will expand the use of health homes to serve a substantial majority of the population. The state will establish a Transformation Network to provide technical assistance and analytical capabilities to payers and providers participating in the value-based models, and will augment its HIT infrastructure to include an all-payer claims database, statewide health care quality measurement, patient engagement tools, and data management and analytics.
Ohio .	**$75,000,000**	Ohio will scale the use of patient-centered medical homes (PCMHs) and episode-based models and develop cross-cutting infrastructure to support implementation and sustain operations. Ohio will launch 50 episodes of care and implement PCMHs statewide. Reports for the first six episodes of care will be delivered to providers in November 2014. PCMHs will expand geographically, reaching statewide coverage by 2018. The state will incorporate population health measures into regulatory and payment systems to align health priorities across clinical services, public health programs, and community-based initiatives.
Tennessee	**$65,000,000**	Tennessee will execute multi-payer payment and delivery reform strategies. The state will develop pediatric and adult PCMHs and health homes to integrate value-based behavioral and primary care services for people with Severe and Persistent Mental Illnes, and will implement quality and acuity-based payment and delivery system reform for long-term services and support (LTSS), targeting nursing facility and home and community-based services for seniors and adults with physical, intellectual, and developmental disabilities. A statewide plan will address disparities.
Washington	**$64,900,000**	Washington will invest in (1) community empowerment and accountability, through the implementation of Accountable Communities of Health; (2) practice transformation and support, through a "support hub"; (3) payment redesign, through shared savings and total cost of care models; (4) analytics, interoperability, and measurement; and (5) project management, through a public-private leadership council with a dedicated interagency team and legislative oversight.