

Operational Plan

Task Name	Start	Finish	Resource Names	Notes
1 Iowa SIM Initiative				Total Budget (excludes direct state costs) \$43,046,830
- Grant and IME Program Administration				Total = \$2,773,055
Project Management (necessary staffing)	2015	2018	SIM PD	\$2,384,055
Develop detailed implementation plan	2015	2015	SIM PD	
Maintain detailed implementation plan	2015	2018	SIM PD	
Perform Required CMS grant monitoring activities	2015	2018	SIM PD	
Travel to SIM workshops and conferences	2015	2018	SIM Team	
Write and execute vendor contracts or contract amendments with IDPH, Milliman, and Treo/3M	2015	2018	SIM PD and IME Contracts Manager	
Manage Vendor Contracts	2015	2018	SIM PD	
Periodic actuarial review	2015	2018	Actuarial Contractor	\$239,000
Conduct SIM Risk Identification and Mitigation Planning	2015	2018	SIM PD	
Collect/evaluate data for program oversight, and rapid evaluation cycle	2015	2018	ACO PM 1	
Update MMIS to track/report ACO network & member attribution data	2015	2015	SIM PD	
- Model Test Reporting				
Quarterly progress reports to CMS	2015	2018	ACO PMs	
Semi-annual reports to CMS	2015	2018	ACO PMs	
Annual reports to CMS	2015	2018	ACO PMs	
Final model test reports to CMS	2018	2018	ACO PMs	
Attend regular meeting with CMS project officer	2015	2018	SIM PD, ACO PMs, PA	
Attend SIM Webinars, TA calls, update & utilize SIM Collaboration site	2015	2018	SIM PD, ACO PMs, PA	
- Other IME Program Administration				
Write required waiver/SPA to implement aspects of model Test	2014	2015	Milliman TA Contract	\$150,000
Coordinate with CMS for waiver and SPA approvals	2014	2015	SIM PD, Milliman TA	
Oversight of Technical Assistance Programs	2015	2018	ACO PM 2	
Oversight of VIS Measurement tool	2015	2018	ACO PM 2	
Oversight of VIS Public Reporting Process	2015	2018	Wellmark, SIM PD	
- Administer Healthy Behavior/Member Incentives (IHAWP)				
Release, review responses, and award an RFP for Member Incentive	2015	2015	IME CM, IME Policy	
Establish a Communication Plan	2014	2015	Member Services UM, IME	In Process
Coordinate and Promote adoption and awareness of program for Members, ACOs, Community Partners, etc...	2014	2018	IME Comm., Member Services UM	In Process
Rapid Cycle Evaluation: Track No. of members that complete activities	2016	2018	ACO PM 1, IME Policy	
Report results to SIM Leadership and determine value in expanding	2017	2018	ACO PM 1	
- 1. Population Health Improvement				Total = \$14,367,77
Project Management (including necessary staffing at IDPH OHT)	2015	2019	IDPH OHT	\$1,067,775
Develop and Maintain detailed Population Health Improvement Plan	2015	2019	IDPH OHT	In progress
Write, execute and manage vendor contracts with IHC	2015	2019	IDPH OHT	
Collect SIM data for program oversight and rapid evaluation cycles.	2016	2019	IDPH OHT	
Report to SIM Leadership details of Finalized Pop Health Improv. Plan	2015	2019	IDPH OHT	
- Evaluation and population health metrics				
Establish, track, & integrate pop health metrics w/ CMS Evaluator	2015	2018	IDPH Staff, PPC	
- Engage Patients/Support ACOs/Improve Population Health				
Activate LPH to outreach to members the Healthy Behaviors program	2014	2016	IDPH OHT	
Expand IHC's HEN infrastructure to improve Health Literacy and patient engagement through Technical Assistance	2015	2019	Iowa Healthcare Collaborative	\$500,000
Conduct Learning Community events, Webinars and Reporting that targets population improvement measures (Obesity, Diabetes, etc.)	2015	2018	Iowa Healthcare Collaborative	\$9,000,000
Partner with non-profits /Community infrastructure for patient education and outreach	2014	2019	SIM Leadership, IME SIM Team	In Process

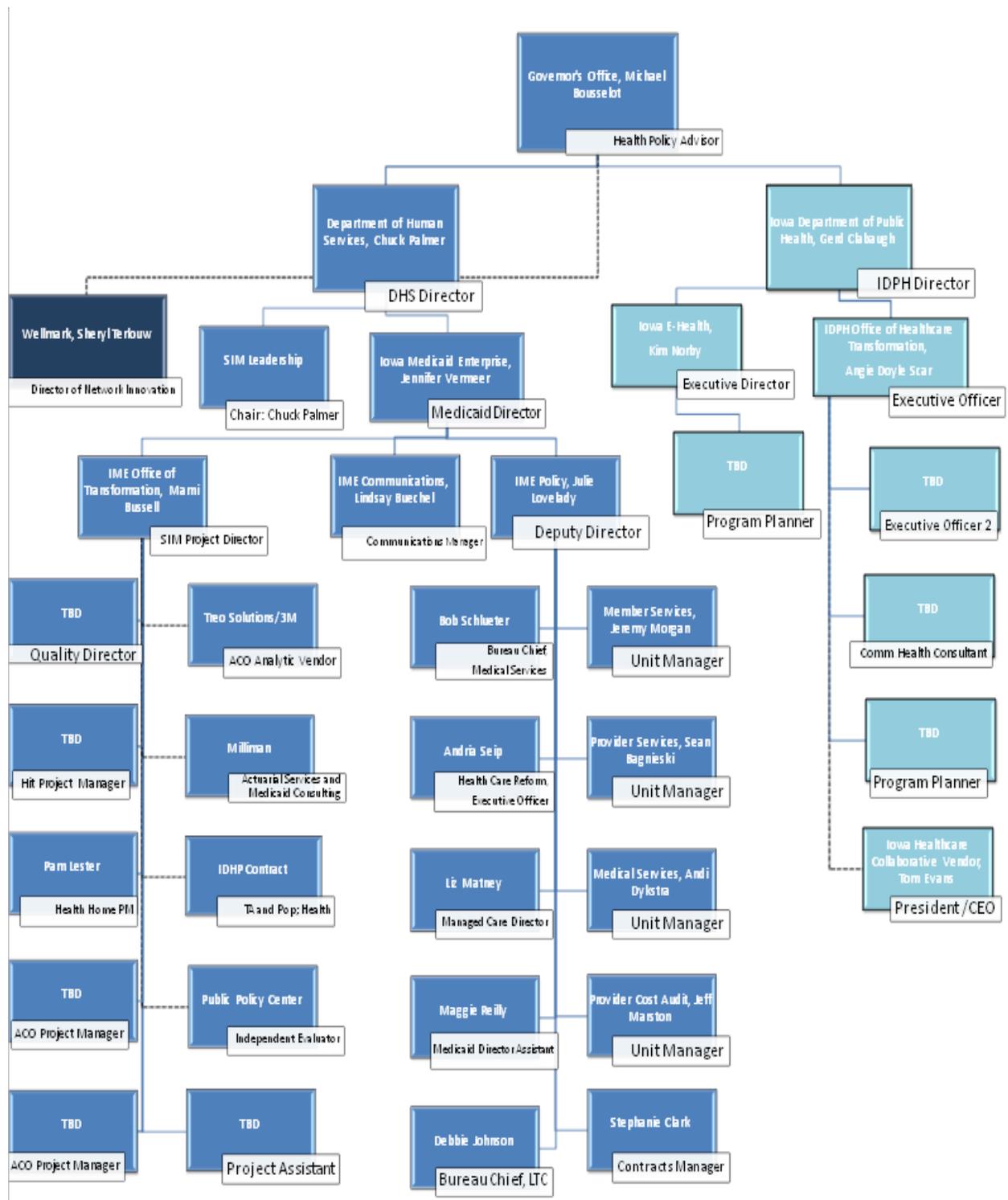
46	Rapid Cycle Evaluation: Measure LPHs ability to impact a community where ACOs are not present, Measure Member Experience Data from HRA, Measure Population Health	2015	2019	IDPH OHT	
47	- Collect Social Determinate of Health Data				
48	Establish consensus on new SDH data to collect	2014	2015	SIM Leadership,informe	
49	Update HRA tool as needed and collect SDH information from other sources (Census, public Health data sources, etc...)	2015	2018	Treo Solutions	\$1,000,000
50	Continue to promote the use of the HRA among providers, expand use of HRA tool to more covered lives	2014	2018	ACO PMs,IME Communications	In Process
51	Share SDH data with Primary Care and ACOs to better inform Care Plans and improve Member Engagement in care planning (through	2016	2018	Treo Solutions	
52	TA to ACO and other providers to address SDH in care planning.	2016	2018	IHC	\$1,800,000
53	Rapid Cycle Evaluation : Measure effectiveness of HRA adoption, analyze prevalence of SDH by communities	2016	2018	IDPH/Treo/3M,ACO PM	
54	Report to SIM Leadership SDH collection data	2017	2018	IDPH/Treo/3M,ACO PM	
55	Collaborate with partners/stakeholders to improve SDH collection, use and adoption of HRA among payers	2016	2018	ACO PM 2	
56	Issue Community level grants to Community Care Teams to improve health disparities based on SDH data and Community Needs	2016	2018	IDPH	\$1,000,000
57	Rapid Cycle Evaluation: Analyze community SDH to measure change in health disparities over time	2019	2019	IDPH	
58	Report to SIM Leadership outcomes of Community SDH Grants	2019	2019	IDPH	
59	- 2. Transform HealthCare Delivery				Total = \$19,600,00
60	- Expand ACO Model to Full Medicaid				
61	Rapid Cycle Evaluation: Assessment of Wellness Plan ACOs before moving to Full Medicaid ACOs: 1) Healthy Behavior targets 2) VIS performance measurements OR evidenced improvement	2015	2015	IME Policy Staff,Treo/3M,ACO PM 1,SIM Steering	
62	Write and publish ACO Contract with Shared Savings/Risk , VIS Quality and Chronic payment methodology	2015	2015	IME SIM PD and ACO PM	
63	Milestone – Evaluate effectiveness of Wellness Plan ACO	2015	2015		
64	Establish TCOC and VIS baselines with Full Medicaid model	2015	2015	Treo Solutions	
65	Milestone – Payment Methodology SPA approved	2015	2015		
66	Milestone - B Waiver Approved (to move all Medicaid into PCCM mc	2015	2015		
67	Milestone – IME systems accommodates Full Medicaid ACO member & payment tracking	2015	2015		
68	Execute an ACO Application & Readiness Process (existing & new A	2015	2015	IME ACO PM2	
69	Implement new Model to Full Medicaid	2016	2018	SIM PD	
70	Rapid Cycle Evaluations (semi-annually): Measure effectiveness of ACOs to integrate LCT/BH services by reviewing utilization patters in these sub populations (step repeated each time we add to TCOC)	2014	2019	Treo Solutions	
71	Report to SIM Leadership outcomes of evaluation of ACO effectiveness to determine adding LTC or BH	2014	2019	SIM PD	
72	Once approved, add BH services into the TCOC budget for ACOs	2017	2017	Treo Solutions	tentative dates
73	Once approved add LTC services into the TCOC budget for ACOs	2018	2018	Treo Solutions	tentative dates
74	- Align with Other Payers				
75	Expand VIS measurement system to Full Medicaid ACO Agreement	2015	2018	Treo Solutions	\$12,000,000
76	Update VIS dashboard, aligning with Wellmark program dashboard	2014	2019	Treo Solutions	
77	Collaborate with Medicaid HMO (Meridian Health Plan) to expand VIS to Wellness and then regular Medicaid populations)	2014	2016	IME SIM Team	
78	Collaborate with Medicaid CHIP Plans to expand VIS measurement system to CHIP populations	2014	2016	IME SIM Team	In process Wellmark is a CHIP
79	Rapid Cycle Evaluations (semi-annually): Measure effectiveness of ACOs to improve patient outcomes and lower costs	2014	2019	Treo Solutions	
80	Wellmark and IME to develop a Quality Star Rating for primary care providers across payers for Public Reporting (aligning with	2014	2015	Treo Solutions	
81	Develop a communication strategy to share Quality Star Rating	2014	2015	Wellmark,IME Comm	
82	Publish Star Rating	2016	2018	Wellmark,IME	

83	Rapid Cycle Evaluation: Collect provider and community feedback, and track VIS scores of primary care doctors in and out of an ACO before and after public report	2014	2018	ACO PM 1,SIM Leadership,Treo	In Process
84	- Support ACO Delivery System				
85	Develop Community Care Teams/Integrate LPH in Primary Care	2016	2018	IDPH OHT	\$7,000,000
86	Rapid Cycle Evaluation: Evaluate CCT Pilot in two ACOs in Iowa (2014) Measure cost effectiveness and patient improvement.	2014	2015	IDPH OHT	In Process
87	Issue RFPs for CCTs across Iowa, incorporating LL from 2014 pilot	2015	2015	IDPH OHT	
88	Execute and manage CCT contracts	2016	2018	IDPH OHT	
89	- SDH Risk Model Simulation Study				
90	Validate completeness and reliability of SDH data for risk adjustr	2017	2017	Treo/3M	\$300,000
91	Once validated, test impact of SDH risk adjustment of VIS and TCOC payment models in a simulation mode	2018	2018	Treo/3M	\$300,000
92	Once method is validated, share results with stakeholders and ACOs for public comment	2018	2018	SIM PD,Comm Manager	
93	Rapid Cycle Evaluation: Analyze results of simulated Risk Adjustment for VIS/TCOC. Compile feedback from stakeholders and ACOs on shared results of simulation mode	2018	2018	Treo/3M	
94	Determine if SDH Risk Adjustment provide a more fair approach to ACO payment methodology and incentives the system to decrease health disparities	2018	2019	SIM Leadership	
95	Support CCTs in integrating with ACO Delivery system	2016	2018	IHC	see line 52
96	Technical Assistance for ACOs - See Pop Health Improv Plan, Sctn 1				
97	ADT Alerting System - See HIT, Section 5				
98	3. Payment and Service Delivery Models - See Sctn 2 Expand ACO Model				
99	- 4. Leveraging Regulatory Authority				Total = \$700,000
100	Submit a payment methodology SPA to CMS for Shared Savings/Loss	2015	2015	Milliman TA Contract	
101	Write and submit Iowa Administrative Code to support ACO payment and Service Delivery models.	2014	2015	SIM PD,ACO PM 2	In Process
102	Align community health needs assessments w/ hospitals & LPH	2015	2018	IDPH,ACO PM 2	\$700,000
103	Write & Submit B waiver for PCP assignment (with non TANF pop)	2015	2015	Milliman TA Contract	
104	Promote legislation to increase use & adoption of IHIN Query function	2014	2015	IDPH,eHealth	
105	- 5. Health Information Technology				Total = \$2,206,000
106	Promote EHR adoption among providers (EHR Incentive Program)	2015	2018	HIT Project Manager	
107	Deploy an IHIN Alerting system for ADT information for ACOs and other primary care providers, including reporting	2015	2018	eHealth	\$1,906,000
108	Project Management for Alerting System (necessary staffing) to oversee contract work, stakeholder support and SIM grant	2015	2018	eHealth	\$300,000
109	Provide Technical Assistance & promote adoption of the Alerting syste	2015	2018	eHealth	
110	Work w/ stakeholders & other payers to increase covered lives in Alert	2015	2018	eHealth,SIM PD	
111	Develop a Communication Plan (Using existing eHealth strategies)	2014	2018	eHealth	
112	Rapid Cycle Evaluation: Measure ACO and other provider adoption of program to ensure sustainability after SIM. Measure frequency of alerts, survey providers on perceived value.	2016	2018	ACO PM 1	
113	Conduct Survey of Alerting system users	2015	2017	eHealth	Two surveys
114	Based on Rapid Cycle Evaluation, improve and/or expand Alerting system to better meet the needs of the lowans			eHealth	
115	- 6. Stakeholder Engagement				
116	Establish and maintain distribution list and Public Meeting protocols	2015	2018	SIM PD,ACO PM	
117	Convene public stakeholder forums on a quarterly basis	2015	2018	IME Medicaid Director	
118	Convene Semi-annual Leadership meetings	2015	2018	DHS Director	
119	Develop a communication plan for continuous interaction with stakeholders that involves regular email and website updates	2015	2018	IME Communication Manager,SIM PD	
120	Develop strategy to obtain direct consumer input	2015	2018	SIM PD,Comm Manager	
121	Establish workgroup meetings as needed to research and inform public stakeholder forums that meet quarterly	2015	2018	SIM PD,ACO PMs	
122	Convene semi-annual VIS User group conference	2015	2018	Treo/3M,IME,Wellmark	

L23	7. Quality Measure Alignment/Data Infrastructure Development				
L24	VIS Measures Infrastructure – See Align with Other Payers section				
L25	Public Health Measures – See Population Health Improvement section				
L26	Development of additional measures, peds, BH, LTCSS (Medicaid)				
L27	Convene work group to recommend Peds measures	2014	2015	SIM Steering,SIM PD	
L28	Convene work group to recommend BH measures	2016	2017	SIM Steering,SIM PD	
L29	Convene work group to recommend LTSS measures beyond BIPP	2017	2018	SIM Steering,SIM PD	
L30	8. Monitoring and Evaluation Plan				Total = \$3,400,000
L31	Select state-based evaluator	2014	2014	SIM PD	Complete
L32	Collaborate with CMS Evaluator(s) for Cross-State Evaluation				
L33	Data collection and analysis (quantitative assessments)	2016	2019	Pubic Policy Center,CM	
L34	Help CMS identify Control/comparison groups	2016	2019	Pubic Policy Center,CM	
L35	Quarterly evaluation of metrics	2016	2019	Pubic Policy Center,CM	
L36	Qualitative assessments (focus groups, etc.)	2016	2019	CMS	
L37	Collaborate with CMS evaluation	2016	2019	CMS,Pubic Policy Cente	
L38	Provider satisfaction assessments	2016	2018	CMS	
L39	Consumer satisfaction assessments	2016	2018	CMS	
L40	State Evaluation of SIM (outside of Cross-State Evaluation)				
L41	Identify CMS Cross-State Evaluation (to prevent duplicity)	2015	2015	Pubic Policy Center	
L42	Identify overlap between SIM and Expansion Evaluation (to leverage existing efforts)	2015	2015	Pubic Policy Center	
L43	Establish and execute Plan	2015	2015	Pubic Policy Center	
L44	Rapid Cycle Evaluation with CMS Innovations External Evaluator				
L45	Data collection and analysis (quantitative assessments)			Pubic Policy Center,CM	
L46	9. Alignment with State and Federal Innovation				
L47	Regular agenda item at SIM Leadership and Quarterly SIM Public Forums	2014	2019	SIM Leadership,SIM Stakeholders	In Process
L48	Internally monitor within DHS, IME and IDPH areas of alignment with S	2014	2019	DHS,IME,IDPH	In Process
L49	<i>Potential Risks: The operational plan timeline will be strictly monitored and adjusted based on the guidance of the SIM Leadership through regular review of measures, identified as a rapid cycle</i>				
L50	<i>The SIM Leadership will implement mitigation plans as needed to ensure that Iowa is achieving the goals outlined in this proposal, and applying the correct leavers to drive change.</i>				

Key Personnel for Model Test

The below outlined organizations and departments will work collaboratively throughout the SIM project through formal, contractual relationships, SIM Leadership Committee guidance, and stakeholder participation. Iowa has a proven track record of successful collaboration and partnerships to achieve its goals.



Name	Current Role/Background/Roles and Responsibilities (R/R) under SIM Initiative
Michael Boussetot	Michael serves as the Health Policy Advisor to Governor Branstad and Lt. Governor Reynolds on matters of health care and taxation. R/R: Guide and direct SIM project under the Governor’s authority.
Chuck Palmer	Chuck was appointed Director of the Iowa Department of Human Services by Governor Branstad and Lt. Governor Reynolds in 2011. Previously, Chuck served as President of the Iowans for Social & Economic Development (ISED) from 1999-2011. R/R: Guide and direct SIM project under the Governor’s authority.
Sheryl Terlouw	Sheryl is the Director of Network Innovation for Wellmark Blue Cross and Blue Shield. She provides leadership over ACO development and operations, provider quality initiatives, and innovative provider payment research and development. Sheryl was previously the Director of Network Economics, and prior to joining Wellmark she was with the Iowa DHS and CMS. R/R: Guide and direct SIM project under the Governor’s authority, collaborate with IME and other payers on ACO development, and seek areas of alignment.
Gerd Clabaugh	Gerd was appointed as the Director of IDPH in May 2014, and has served in many capacities within IDPH, including Deputy Director, Director of Health Promotion and Chronic Disease Prevention, and Director of Acute Disease Epidemiology and Emergency Response. During the early 1990s, he was appointed Director of the Center for Health Policy. R/R: Guide and direct SIM project under the Governor’s authority, overseeing the SIM Population Health Improvement Plan, ACO Technical Assistance and eHealth/IHIN initiatives and will use other departments within IDPH as required to conduct SIM initiatives, such as the IDPH Tobacco Division and Bureau of Nutrition and Health Promotion.
Angie Doyle Scar	Angie holds a position at IDPH within the Office of Healthcare Transformation (OHCT). The OHCT is a key point-of-contact for Affordable Care Act (ACA) related initiatives. R/R: Manage the daily operations around Population Health Improvement Plan and ACO Technical Assistance programs.
Kim Norby	Mr. Norby is the Executive Director of Iowa e-Health, as well as the Iowa Health IT Coordinator, responsible for the Iowa Health Information Network (IHIN). He currently champions HIT and HIE, is a past hospital CIO, and currently serves on the Iowa REC Program and Iowa Connect Advisory Councils. R/R: Manage the daily operations around e-Health and IHIN initiatives, specifically the testing of the ADT Alerting System to support ACO delivery model.
Tom Evans	Tom Evans, M.D., is the President & CEO of the Iowa Healthcare Collaborative (IHC). He has served as President of both the Iowa Medical Society and the Iowa Academy of Family Physicians. R/R: Manage the daily operations around ACO technical assistance, including the deployment of learning communities and webinars to facilitate improved population health measures.
Jennifer Vermeer	Jennifer was appointed the State Medicaid Director in September 2008. Prior to being named Director, Jennifer served as the assistant Medicaid Director for 3 years, and ten years as staff for the Arizona and Iowa State Legislatures. R/R: Guide and direct SIM project under the Governor’s authority, collaborate with

Name	Current Role/Background/Roles and Responsibilities (R/R) under SIM Initiative
	other payers on ACO development, and seek areas of alignment where possible. Provide overall SIM program oversight.
Lindsay Buechel	Lindsay currently serves as the Communications Manager for IME. Buechel previously worked as a policy analyst for Iowa Medicaid, focusing on the Affordable Care Act and several other Medicaid initiatives. R/R: Manage communications regarding SIM activities and specific IME level communications around the ACO model, including provider, member, and website based-material.
Julie Lovelady	Julie began her duties as Medicaid Deputy Director in January 2009. She has worked at Iowa Medicaid for the past twenty years in various roles with previous vendors. Prior to being Assistant Medicaid Director, Lovelady served as the Account Manager for IME Provider Services Unit. R/R: Provide Medicaid policy guidance and oversight of Medicaid daily operations.
Marni Bussell	Marni joined IME in 2010. She is currently operating as the Project Director for SIM and leads both HH and ACO initiatives. She has over thirteen years of experience in HIT, working on both state and national government projects. She earned her PMP certification in 2009. R/R: Manage the daily operations of the SIM Initiative and ACO development work; seek approval of needed State Plan and waiver authorities. Provide contract oversight of SIM grant funds.
Pam Lester, RN, BSN	Pamela is the Clinical Project Manager with IME. She has worked in public health and health care almost continuously since 2006 as a Nurse Health Educator. R/R: Manage the daily operations of the Health Home program for IME, including provider outreach, education, and reporting to inform rapid cycle evaluations.
Treo Solutions/ 3M	The team will include Bob Pirtle, Engagement Leader; Paul LaBrec: Director of Research; Herb Fillmore, Vice President Strategic Innovations; Gordon Moore, MD, Chief Medical Officer; John H. Wasson, MD, Dartmouth Medical School; Dr. Norbert Goldfield, MD, Medical Director, 3M HIS Clinical and Economics Research, 3M; Dr. Rosenthal, MD, Professor of Internal Medicine and Health Management and Policy at the University of Iowa and Director of the Institute of Clinical and Translational Science. R/R: Perform data analytics to inform rapid cycle evaluations, oversee the daily operations of HRA and VIS, and calculate ACO payment incentives (shared savings/loss) and TCOC budgets.
Milliman	The team is led by Tim Harris, a principal and consulting actuary with the St. Louis office managing life and health actuarial consulting practice. Consulting projects include assignments for state and federal government agencies, HMOs, healthcare providers, employers, and insurance companies. R/R: Perform needed actuarial services to inform payment reform initiatives related to ACO and capitation payments. Additionally through this contract, IME will use a consultant to assist with writing waiver and State Plan documents to seek CMS Authority.
Public Policy Center, Pete	Peter is the Director of the Public Policy Center (PPC) and Professor, Department of Preventive and Community Dentistry at the University of Iowa. He started the health policy research program at the PPC in 1990 and has been Director of the Center since July 2007. He is a health services researcher who investigates issues

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Daminao	related to access to care, quality, cost and outcomes of care. R/R: Function as the State’s Evaluation contractor, collaborating with CMS selected evaluators and performing an in-state evaluation of the SIM program
Stephanie Clark	Stephanie has worked for the IME for 4 years. She currently works in the Contract Administration Office and has administrative oversight and responsibility for all contracts within IME. R/R: Manages contracts and grant submissions for IME and provides oversight and management of the SIM grant budget.
IME Policy Staff Roles and Responsibilities: Function as a Medicaid Policy advisor and assure SIM initiatives are aligned with IME Programs. Supports the Medicaid Director and Medicaid Deputy Director in the daily operations of IME.	
Bob Schlueter	Bob is the Bureau Chief of Adult and Children’s Medical Programs. Schlueter has spent the last sixteen years in various positions with Iowa Medicaid. Schlueter has served as the Provider Services Unit Account Manager at IME since 2009.
Andria Seip	Andria works with IME implementing the provisions of the Affordable Care Act that pertain to the Medicaid program, including Iowa’s Medicaid Expansion. Andria worked for the Iowa Insurance Division, the Iowa Department of Public Health, and also worked as a social worker for 8 years.
Liz Matney	During her undergraduate and graduate work, Elizabeth focused a great deal of time on behavioral science research analysis and disability policy. Since joining Medicaid, Elizabeth has continued to build on this academic experience through her work with data, federal reporting, and efforts to initiate system change. Test models to collect and use SDH data to improve population health.
Maggie Reilly	Maggie has worked in healthcare since 2007 and has been with IME since 2011. She graduated from Iowa State with a Bachelor of Liberal Arts & Sciences.
Debbie Johnson	Debbie has worked for the Iowa DHS for nearly two decades. Experience includes serving individuals with disabilities as they strive for independent living, including background and education in vocational rehabilitation services. Debbie has also completed the Certified Public Managers training.
IME Unit Managers Roles and Responsibilities: Manages the daily operations of the unit within IME and assures that activities of SIM that impact members are appropriately communicated and addressed/	
Jeremy Morgan	Jeremy currently serves as the Account Manager for the Member Services Unit of the IME. The Member Services Unit is responsible for operating the Medicaid customer services phone line, facilitating member enrollment with providers and health plans, member education, billing inquiries and outreach support.
Sean Bagniewski	Sean is an attorney with management experience in several state agencies. He worked as the federal funding coordinator for the Iowa Office of Energy Independence and as the HOME project manager for the Iowa Finance Authority. He also served as a staff member in the Iowa Governor’s Office. Sean is currently the Provider Services account manager for IME.
Andi Dykstra	Andi, RN, CPHQ is a Senior Director for Telligen and serves as the account manager for IME Medical Services. Ms. Dykstra is a certified professional in healthcare

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	quality and has over 25 years of experience working the Medicaid UM, QM and care coordination programs.
Jeff Marston	Jeff has 15 years of experience in public accounting with a focus on health care compliance and consulting for Medicaid services. He has spent almost 10 years with the IME Provider Cost Audit and Rate Setting (PCA) Unit which is engaged to conduct audits, desk reviews, and cost settlements of Medicaid cost reports.
SIM Roles TBD	
Roles and Responsibilities under the SIM Initiative	
Quality Director	Provide Medicaid strategic policy guidance on quality programs including Health Homes, ACOs, and other quality initiatives at the IME.
HIT PM	Manage the daily operations of ERH Incentive Payment program and participate in the SIM activities around e-Health and IHIN development.
ACO PM 1	Manage the daily operations of the Medicaid ACO program for IME, with a focus on reporting to inform both internal rapid cycle evaluations and assist with SIM grant reporting requirements of the grant administration.
ACO PM 2	Manage the daily operations of the Medicaid ACO program for IME specific to provider outreach and education. This position will work closely with the ACO technical assistance events led by IHC and IDPH.
Project Assistant	Support the SIM Project Director and ACO Project Managers in the daily operations of the SIM grant, including the SIM contract administration activities.

Governor Branstad will be involved with the SIM Initiative through his Health Policy Advisor who will sit on the SIM Leadership committee and report to the Governor on a regular basis. In addition to the executive oversight, Iowa DHS and IDPH will have an active role in the daily operations of executing the model.

Sustainability Plan

Iowa’s approach to the SIM Initiative is focused on using policy levers and expanding existing programs to accelerate delivery system change, improve population health, and lower healthcare costs. Sustainability is a continuous focus of SIM Leadership throughout this process. SIM dollars are being used to equip the healthcare delivery system and build community level relationships that will be sustainable. SIM leadership will evaluate program costs, program savings, and program quality through the testing phases in preparation to continue testing innovations post SIM.

The State’s model will require intensive resources to implement initially, but many processes will become routine and integrated into the day to day activities of the Iowa Medicaid Enterprise, the ACOs, and the providers over time. The State intends to use the Model Test period to begin implementation of the critical activities, with the intention that many of these activities will require fewer resources once they have been initially implemented. Additionally, once the Model Test period is over, not all activities that occurred within the model Test will be required at the level proposed during the Model Test period. Last, for activities that will require

resources to be sustained, many of these efforts will be funded via savings generated by the model. Some examples include the following:

- **Technical Assistance:** The level of technical assistance that will be provided during the Model Test period may be scaled back or reformatted after the test period to reduce operational costs in a model that has been proven, established, and maturing during the Model Testing years. Based on actual savings established by the ACO model, the state can continue funding Technical Assistance at some level.
- **Community Care Teams:** Based on the results of the model test, the State must develop a sustainability plan to continue the Community Care Teams. A key goal of building a sustainable Community Care Team infrastructure will be determining long term funding strategies. Potential strategies may include a mix of approaches such as state level multi-payer agreements in addition to community level funding streams. These types of options are already being explored under the state funded pilots taking place in six communities across the state. Additional strategies will be developed at the community level through the community learning collaboratives. These strategies and solutions will be community driven and tailored to fit community needs and priorities. This type of community level “buy-in” will also add strength to a sustainable transformed infrastructure. This will be further developed in the Plan to Improve Population Health. As the delivery system moves from volume to value based reimbursement, the ACO model will identify value in community resources that drive improved outcomes.
- **Expanded ACO Model:** The state has committed to continue funding the ACO model using quality measures and a payment methodology similar to Medicare and Wellmark. Based on the actuarially projected savings, the state considers this program sustainable after the Model Test period.
- **SDH Community Grants:** SDH Community grants are not intended to be continuously funded but are instead considered a tool to teach communities about SDH and focused activities to improve population health. The objective of the community grants will be to engage communities to find strategies targeting social determinants impacting their communities. The sustainability of this activity will be determined based on rapid cycle evaluation of the effectiveness of this model test, and considered part of the Plan to Improve Population Health. In addition, once the community level strategies are established they can be deployed through integration into the work of the Community Care Teams. The State considered the SDH Community Grants as a way to accelerate lower per-capital health care spending by promoting the use of SDH data to develop community health interventions that improve outcomes and lower costs.
- **IHIN Alerting System:** The sustainability approach for the IHIN Alerting System is to establish user fees once the initial infrastructure has been established through the Model Test. The user fees will cover the cost of maintaining the alerting system. In states/Health Information Organizations (HIO)s in which alerting is already functional, the payers are those for whom this information is most valuable. As the level of accountability increases to the ACO, initial inquiries of several ACOs in Iowa have validated that ACOs also find this information to be valuable.

- **Plan for Improving Population Health:** The strategies outlined in the Plan for Improving Population Health will be the benchmark for other state level population health activities by streamlining existing efforts in Iowa including the CDC funded Health Promotion and Chronic Disease Control Partnership, the Hospital Community Benefits Requirement, the Community Health Needs Assessment and Health Improvement Plan (CHNA&HIP), which includes developing robust data systems to provide community-level indicators for measuring population health including local public health agencies, community partners, hospitals, ACOs, and state partners. The plan will also strengthen and complement Iowa's state health improvement plan, *Healthy Iowans*, which builds upon the important planning that is already taking place by numerous local and state-level private and public sector organizations across the state. *Healthy Iowans* focuses on 39 critical health needs in Iowa and provides a blueprint for addressing them.

The Plan for Improving Population Health will assess the overall health of Iowa and identify strategies to improve the health of the entire state while increasing quality and reducing costs. The plan will open opportunities to integrate essential public health services into primary care and the transforming health care system including Patient-Centered Medical Homes, ACO's, and Community Care Teams and would promote a shared goal of improving population health and addressing health disparities. One mechanism that will be used to establish priorities in the development of the Population Health Plan will be the community level learning collaboratives that will bring community healthcare leaders together to create community level priorities This will create diverse models to fit the specific needs of a geographical area and encourage a capacity to manage sustainable transformational population health changes. By incorporating both state and local level priorities in the Population Health Plan, activities will garner the collaborative effort from both levels that will be required to build a sustainable infrastructure.

In year 3, the state will need to determine if the staffing level required to start up and test the model is needed to sustain the model post the Model Test period. The state will continue to fund needed staff for aspects of the models that have been determined successful and based on projected savings. The state considers an appropriate staffing level to be sustainable.

The state considers the innovations proposed with SIM as the way Iowa will conduct the business of running the Medicaid program. As the delivery system changes, so will the activities of the Medicaid program staff. Since this is not considered an add-on or pilot demonstration but rather the model of how to operate the Medicaid program, the state

will fund the staff needed to administer the Medicaid program and that includes the administration of payment reform initiatives identified in SIM.

Contractor Integration

The IME operates in an environment that has integrated contractors working with State policy staff every day. The Iowa Medicaid Enterprise is a collection of specific contractors/vendors, each having an area of expertise, and all working together to accomplish the goals of the Medicaid program. Housed in a single building, the IME has contractor staff that participates in the following activities:

- Provider Services
- Member Services
- Long Term Care
- Provider Audit & Rate Setting
- Core Services
- Medical Services
- Pharmacy Medical Services
- Program Integrity
- Revenue Collections

More information on the infrastructure of the IME and how it functions with contractors can be found on our website at: <http://dhs.iowa.gov/ime/about/aboutime>.

The Operational Plan organizational chart is an integrated model that the state considers sustainable after the Model Test period.

Treo Solutions/3M: The State has established regular communication through weekly status calls and emails. The SIM project Director and the ACO Project Manager will oversee timelines, project action items, current issues, and outcome reporting with the contractor. In addition, the SIM Project Director will ensure that the Treo Solutions is meeting all deliverables to the standards established in the contract between IME and Treo. The Contract Manager, Stephanie Clark manages the execution and amendments for IME and will oversee that invoices are aligned with contractual agreements.

Public Policy Center (PPC): The State will establish regular status calls with PPC, the state evaluation agent. The ACO Project Manager will oversee timelines, action items, current issues, and outcome reporting with the contractor and the CMS Federal Evaluation Contractor. In addition, the SIM Project Director will ensure that PPC is meeting all deliverables to the standards established in the contract between IME and PPC. The Contract Manager, Stephanie Clark manages the execution and amendments for IME and will oversee that invoices are aligned with contractual agreements.

Iowa Department of Public Health: The IME and IDPH SIM team will establish regular status calls to discuss timelines, actions items, current issues, and evaluation reporting

needs and all subcontractor relationships. In addition, the SIM Project Director will ensure that IDPH is meeting all deliverables to the standards established in the contract between IME and IDPH. The Contract Manager, Stephanie Clark manages the execution and amendments for IME and will oversee that invoices are aligned with contractual agreements.

The state considers the innovations proposed with SIM using contractors as the way Iowa will conduct the business of running the Medicaid program. Contractor work is built into the culture of the Iowa Medicaid program and the state anticipates that scope of work in contracts will shift as the delivery system changes. Since this is not considered an add-on or pilot demonstration but rather the model of how to operate the Medicaid program, the state will continue to fund contractor work to administer the Medicaid program that includes the administration of payment reform initiatives identified in SIM.

Recruitment Process

DHS is actively seeking an FTE to support ACO delivery system. The state anticipates this FTE will be hired and trained by December 2014. This is a new FTE not previously mentioned in the SIM proposal and will be funded by the State resources outside of SIM funds. The FTE will report to Bob Schlueter identified in the Operational Plan as the Bureau Chief of Medical Services.

The HIT Project Manager has been hired by Telligen to support the EHR Incentive Payment Program for Medicaid and support SIM as described in the Operational Plan. The new position was filled on August 11, 2014. Stephanie Wilson reports directly to the SIM Project Director, Marni Bussell.

The two new ACO Project Manager positions and the Project Assistant positions will be hired by Telligen and they will report directly to the SIM Project Director, Marni Bussell. The state anticipates hiring and training the first ACO Project Manager in the first quarter of 2015. The second ACO Project Manager and the Project Assistant will be hired and trained in the 2nd or 3rd quarter of 2015 based on need established in the fully developed project plan.

The Quality Director is anticipated to be hired in January 2015 and will be training during the first quarter of 2015. The State has already interviewed a potential candidate and is considering a short term contract approach before hiring as a FTE. The FTE will be hired by an existing IME contract but will report directly to the Medicaid Director.

E-Health Program Planner will be hired by the Iowa e-Health Department, within the IDPH. IDPH anticipates this FTE will be hired and trained in the first quarter of 2015. Strong project management skills are a primary requisite as well as general health IT background. The position will report to the Executive Director of Iowa e-Health, described in the Operational Plan, Kim Norby and will be part of the IDPH Office of Health IT.

IDPH will seek three FTE's to support the ACO delivery system. IDPH anticipates hiring and training the three FTE's in the first and second quarter of 2015 based on the need established in the fully developed project plan. The Executive Officer (EO2) will work with existing Office of Health Care Transformation staff at IDPH to lead the development of the Plan for Improving Population Health, Community Care Teams, and will be the liaison between IDPH, DHS, and other partners involved in the SIM initiative. The Program Planner (PP2) will perform technical work involving the redesign of the health care delivery system including access to health care, quality, cost effectiveness, incentives and measurements/selection of health outcome indicators. They will also conduct fact finding research including environmental scans and identify data resources and existing tools. The Community Health Consultant (CHC) will serve as a consultant and offer information, resources and technical assistance to key partners including local public health agencies. The OHCT will be the key point-of-contact for all activities related to SIM.