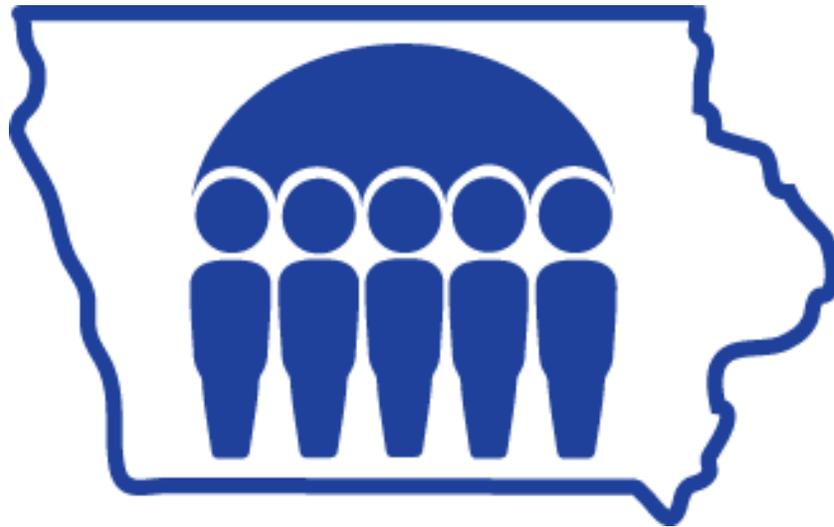


# Iowa Department of Human Services



## *State Innovation Model Grant Operational Plan – AY4*

**March 2019**

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# Section A: SIM Project Summary

## Executive Summary

### 1. Summary of Model Test

The three-part aim of *“Healthier Communities, Better Care, and Smarter Spending”* is the national model of health care transformation. It recognizes that for a value-based reimbursement system to be successful and sustainable, it will require focus on prevention and efficiency as well as diagnosis and treatment. The three-part aim aligns providers, payers, and their communities into a common task of population health.

The resources provided through the Iowa SIM grant will be used to align and transform Iowa’s current statewide delivery system into one focused on population health. Our vision is: **Iowans experience better health and have access to accountable and affordable healthcare in every community.** Through the SIM program, Iowa will focus on two primary drivers; Aligning payers in value-based purchasing (VBP) and equipping providers to engage in population health needs with a focus on outcomes. Together, these approaches ensure a robust, statewide healthcare transformation to achieve Iowa’s end state vision; a post-SIM environment where providers are paid on value and communities and health systems work together to produce healthier people, creating a system that is affordable and sustainable.

Specifically, the Iowa test is advancing an ACO strategy across current payers, building toward a VBP Program that is like an Advanced APM in that it aligns with the requirements outlined in MACRA. As noted in the Operational Plan sections below, VBP contracting exists at varying levels of financial risk in Iowa today. As the Medicaid agency pursues alignment in contracting between the MCOs and ACOs, we will increase financial risk levels, increase covered lives and incorporate clinical data into the quality definition. The state believes these efforts will reduce healthcare costs while also improving quality.

The Iowa test is spending an equal effort on delivery system reform so that care delivery is focused on population health strategies. The Iowa care model equips and supports providers to participate in value-based care by providing tools that enable better care delivery and technical assistance to implement the tools. The state has a strong foundation of primary care and is well-educated on the Patient Centered Medical Home (PCMH) model. Because of the strong adoption of PCMH in Iowa, we can focus our SIM delivery system reform efforts on tools integrating population health strategies and increasing the use of community resources that recognize social determinant that impact individual health outcomes.

**The Iowa SIM is testing if targeted care delivery improvement linked to value-based payment reform will improve population health and is a sustainable approach.**

## Iowa SIM Goals for AY4: 2019

Hypothesis: Healthcare costs are reduced while quality is improved with value-based payment models by:

- Provider participation and covered lives participation in value-based purchasing reaches 45% in Iowa.
- Confirm operational and timetable details of “Iowa’s APM” strategy.
- Reduce the Total Cost of Care for Wellmark and Medicaid population by 15% below projected targets.

Hypothesis: Patients are empowered and supported to be healthier by:

- Reduced rate of potentially preventable readmissions in Iowa by 12%.
- Reduced rate of potentially preventable ED visits in Iowa by 20%.
- Reduced rate of Hospital Acquired Conditions by a 20% reduction in Clostridium Difficile and All Cause Harm.
- Iowa increases the number of provider organizations financially successful in Alternative Payment contracts from the 2015 baselines (those that share in savings and incentives for each payer).

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*Achieving these goals and targets will lead to true transformation in Iowa that will continue beyond the SIM grant.  
[This is outlined in Table 1: Goal Projects and Impacts](#)*

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### **Background:**

Iowa began our SIM R2 Test proposal with the intent to implement an ACO model in the Medicaid population aligned with the Medicare ACO program and the Wellmark BCBS of Iowa ACO program. Both Wellmark and Medicare have been conducting ACO activity at various levels of risk in Iowa since 2012. Medicaid, with a similar focus, began to introduce ACO concepts in 2014 with our Medicaid expansion population. Together, Medicare, Medicaid, and Wellmark plans currently cover 90% of Iowans. In 2015, Medicaid reported 44% of Primary Care providers participated in a Medicaid VBP program. Wellmark reported 53% of their primary care providers were engaged in VBP.

In January of 2015, our Governor announced a strategic shift to modernize Medicaid and move to a full Managed Care model starting January 2016. This strategic shift in Medicaid changed a few of the secondary drivers and actions in our AY3 SIM Operational Plan from the original proposal, but does not change the SIM vision or overarching aims to Improve Population Health, Transform Healthcare, and Promote Sustainability. As stated by then DHS Director Palmer, “The shift to managed care is not the end game, but the means to the end that supports and aligns with the state’s vision and commitment of a healthier Iowa.” Medicaid is still committed to the original SIM aims and will leverage the partnership with the MCOs to carry out and achieve our goals by aligning the MCOs to engage in ACO contracting with the delivery system.

The announcement made in 2016 by CMS to implement MACRA legislation that would dramatically change how Medicare providers are paid is a significant driver for advancing the

goals set forth by Secretary Burwell, to move from volume to value-based payment arrangements.

Although the above two events occurring during the first AY of Iowa's SIM grant are significant, they are also complimentary to Iowa's SIM efforts of moving our delivery and payment structures to value driven programs.

### **Accomplishments To-Date:**

- Reconciled the original Iowa State Innovation Model (SIM) proposal with implementation of the Governor's new, comprehensive Medicaid Managed Care Strategy.
- Ensured key, strategic SIM project concepts were incorporated into Iowa's final revision of the managed care RFP such as including Value Index Score (VIS) and Total Cost of Care (TCOC) into the MCO's contract, as well as, the goal for each plan to reach 40% of their covered lives in a Value-based Purchasing (VBP) arrangement.
- Successfully launched Medicaid Managed Care April 1, 2016.
- Held four successful, well attended Statewide SIM Learning Events, with key speakers like Governor Terry Branstad and Dr. Steven Cha.
- Leverage HIT to successfully launch the Statewide Alert Notification (SWAN) system to providers engaged in Medicaid VBP. The system averages 2,000 Medicaid alerts every month and provides real-time Health IT that improves health outcomes while improving how care is delivered.
- SWAN Alerts have been expanded to include the Next Gen ACO Medicare beneficiaries.
- Developed and released a Community and Clinical Care (C3) Initiative RFP for the existing six C3s awarded in SIM AY2. A new RFP was required due to a change in scope. The focus was narrowed to improving health outcomes for individuals at risk for or having diabetes due to its prevalence and cost in Iowa and ensuring increased incorporation of the healthcare delivery system within the C3 Initiatives. All six C3s were awarded through the new RFP with some changes in service area, resulting in a total of 12 counties covered by the C3s.
- Released a second C3 RFP due to available resources, reviewed and awarded a seventh C3 Initiative. The new hospital-based C3 covers three counties, bringing the total counties covered by the C3s to 15.
- Provided intensive contract management and technical assistance to each C3 to ensure alignment with Iowa SIM priorities and the new RFP requirements. All seven C3s have successfully begun implementation of approved action plans.
- Developed infrastructure to support a database and dashboard for C3 communities to promote rapid cycle improvement.
- Established a set of core VBP contract requirements that align with the goals of SIM and to begin introducing concepts of an Alternative Payment Model to be used in 2018 MCO VBP Contracting. The aligned program has been formally named the SIM Primary Care VBP Program. (Specific information on the SIM Primary Care VBP Program can be found in Appendix F). The next round of contract negotiations for MCO contracts with the state will be in the late Spring, Early Summer 2018.
- Substantial stakeholder work conducted throughout SIM, guided by a stakeholder engagement plan. Key success in this area is seen by continued engagement between Medicaid and Wellmark, high attendance to SIM Learning Events by provider and

community groups, and continued engagement by state leadership through the SIM Leadership Team and the Roundtable convening.

- Established the Governor's Roundtable, a 28-member group designed to bring together willing and influential senior leadership bolstered by experts from the constituency most acutely impacted by the emerging risk based payment reforms and therefore, most immediately accountable for making change in clinical and community practice across the state.
- Transition of the Iowa Health Information Network to a non-profit organization
- Clear definitions of the three levels of leadership: The Operational Team, the SIM Leadership Team, and the development of a Governor's Roundtable. These vertical structures represent a framework for sustainable transformation in a post SIM environment.

### **Challenges To-Date:**

- Time spent during AY1 reconciling the original Medicaid approach to contracting with ACOs directly to the introduction of Managed Care Organizations.
- The collection of and reporting of VIS quality measures and Total Cost of Care to inform VBP and the use of this tool by the MCOs.
- The announcement of MCO delayed start moving from January 1, 2016 to eventually April 1, 2016 caused Medicaid to address a gap of programming during the delay. For example ACO VBP contracts, the PCCM programs known as MediPASS and Iowa Wellness Plans, the statewide MBHO carve out known as the Iowa Plan, were all terminated on 12/31/2015, leaving the Medicaid FFS program to make quick modifications to cover services until April 1, 2016.
- The introduction of managed care contracting disrupted providers engaged in value-based contracts in Medicaid. The priorities during the MCO transition were implementation and operations. Late in the second year of the managed care transition the focus was able to change more towards outcomes and value.
- The combination of changes at the Governor and State Agency leadership levels delayed the start of the Roundtable until late in AY3.
- Delayed MCO contract negotiations and departure of one of the three MCOs reduced limited available for implementation of SIM VBP approaches and the establishment of VIS baselines in AY3.
- For Medicaid, the analytics around dual eligible data (the collection of and use of Medicare Part A and B data) to inform a Total Cost of Care calculation has been challenging. The use of this data is a necessary step in integrating the Long Term Care population into a VBP program. The steps to access the data from CMS, delays within Medicaid to stage the data, and then finally with the analytic vendor to process and incorporate the data has primarily challenged Iowa to meet the goal to incorporate LTSS in the 2017 VBP program. A new milestone to baseline and integrate LTSS in the 2019 VBP program has been proposed.
- The SWAN system although successfully launched and functioning had to contemplate the new role of MCOs and Medicaid in the new environment. This led to a quick mid-course correction in how ACO and MCO programs identify their Medicaid members and who should receive alerts. The SWAN system paused real time alerts on September 15, 2016, and then issued updated participation agreements and informational letters describing the new

process on October 27, 2016. The DHS sent out 132 letters to Medicaid members alerting of potential data sharing breaches on November 10, 2016 to ensure compliance with HIPAA. SWAN is fully functional and eligibility files are being received from both MCOs and 4 of the 5 ACOs.

- The Introduction of MACRA during the SIM grant and the final rules released in October 2016 caused Iowa to pause to review and vet the impact and opportunities. This led to many hours in developing an Iowa SIM Year 3 & 4 approach that is aligned and complementary to the goals of CMS. The State Innovation Model (SIM) grant is focused on development of an Alternative Payment Model (APM) that aligns with the requirements of MACRA, in the form of VBP programs that follow the guiding principles of an ACO.
- A continued challenge will be linking identification of the social determinants of health to reforming the delivery and payment systems. Iowa's health and healthcare providers are more aware than ever that where we live, work, and play determines our experience of health and quality of life. Measuring and utilizing social determinants to support a value-based payment model involves resolving challenges in collection, standardization, analysis, and reporting. It also involves development of the data-driven interactions at the patient, system, and community levels. While this may be a stretch for the use of the data, a participatory, multi-sector effort could overcome barriers and provide the supports needed to establish use cases, validate using aligned data sources, and implement evidence-based, proven interventions that improve health outcomes while lowering costs.

These accomplishments and challenges highlight Iowa's ability to execute on a plan as well as the ability to be flexible and pivot to meet the needs of the current environment. Discussions with CMMI have led Iowa to confirm our current payment reform program aligns with the overarching HHS goal to increase payments linked to quality and to further pursue approaches that align with the Quality Payment Program.

### **Iowa Social Determinant Focus Areas:**

In previous SIM Operational Plans, Iowa has included approaches to expanding interactions based on the social determinants within the domains of screening, disease-specific interventions, community resource utilization, collaborative partnerships, analysis of existing data, exploring new data collection opportunities, and supporting communication loops that assist in community-based/ population applied interventions. More specifically, Iowa identified seven focus areas to address within activities related to expanded use of a health risk assessment. Those areas were:

- Personal and Community Safety
- Education
- Food and Material Goods
- Supportive Housing
- Education and Literacy
- Social Support and Stress
- Transportation

An extensive stakeholder engagement process and technical assistance from the Office of the National Coordinator enabled Iowa to progress its work in these areas during AY3. Iowa

addressed its challenges and increased its capacity to support standardized measurement and began building operational guidance for clinical and community interactions to improve health outcomes. Activities to expand on this progress during AY4 are described within this report.

## 2. End State Vision

Transformation in the Iowa health care system requires a broad vision and is a complicated task. It will require alignment of new partners who have historically been competitors. It can be best understood as a change processes sustained through payment reform increasingly aimed at quality. As such, the project will reach beyond the grant period. The grant provides the vital, early support necessary to organize leadership, define the vision, engage key stakeholders, implement programs, and attain enough critical mass so that transformation is inevitable because the healthcare marketplace has been re-defined. Through the SIM grant, Iowa is building a platform of systems and policies that will be mature enough to move and grow even after the SIM funding support falls away.

In the post SIM environment, enough providers, payers and members will engage in a value-based health system, and by the year 2021 at least 80% of payments to healthcare providers are firmly linked to quality. The payment models will support and incentivize providers toward value (cost and quality). Providers and Payers will use HIT transparently, in partnership, to improve outcomes.

In the post SIM environment, residents will receive coordinated care by providers who are accountable for quality and total cost of their healthcare. Providers will actively utilize existing community resources and established processes to: identify high-risk patients, prevent and manage chronic diseases, link to community-clinical services, address social determinants of health and support systems-level prevention. Successful components of the SIM C3 pilot project will be shared with local public health organizations along with healthcare provider organizations and will be implemented statewide.

In the post SIM environment, payers, providers, communities and government agencies recognize that “healthcare” is inclusive of the broader definition of health. Healthcare will include supportive services and activities that focus on keeping people well, more than responding to unmanaged crisis. Providers will have access to HIT as well as the ability to use data to support these broader health activities.

In the post SIM environment, providers will use data effectively to make better care decisions, target risk within their assigned population, take action during transitions of care, and manage clinical and social referrals. The data and payment risk will spread beyond traditional clinic walls to key community partners, to address social factors that are critical to health outcomes.

In a post SIM environment, all Iowans will have robust healthcare coverage and access to services while transformation efforts demanding better value influence costs.

### 3. Driver Diagram

There have been no changes to the AY4 Driver Diagram.

The reorganization lays out Iowa's two-pronged approach; payment reform balanced by delivery system reform. The cross cutting drivers are key aspects woven into both payment and delivery system reform and are further illustrated in Figure 3 (below the Vision driver diagram).

Figure 1: Iowa SIM Vision & Driver Diagram

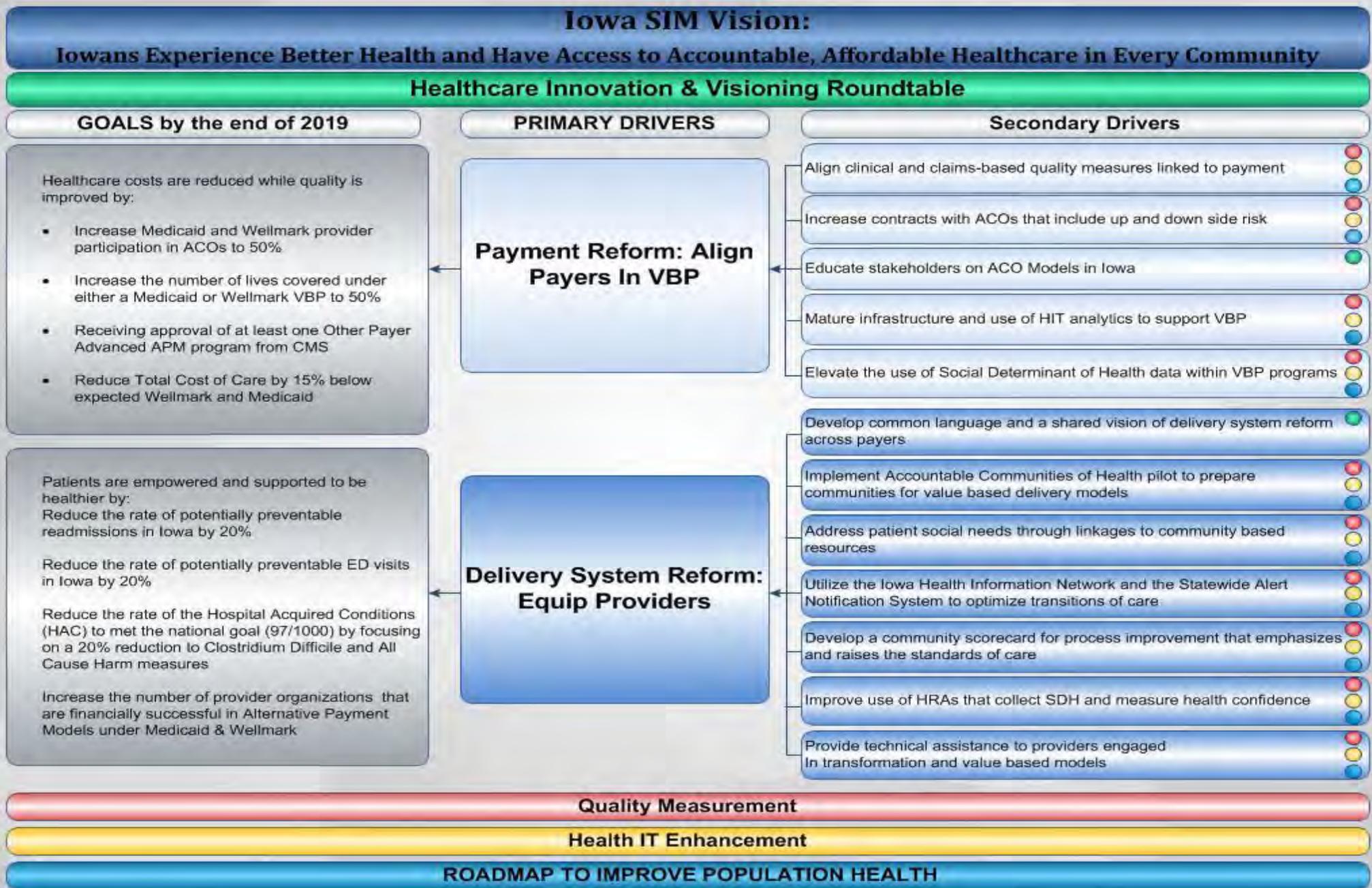
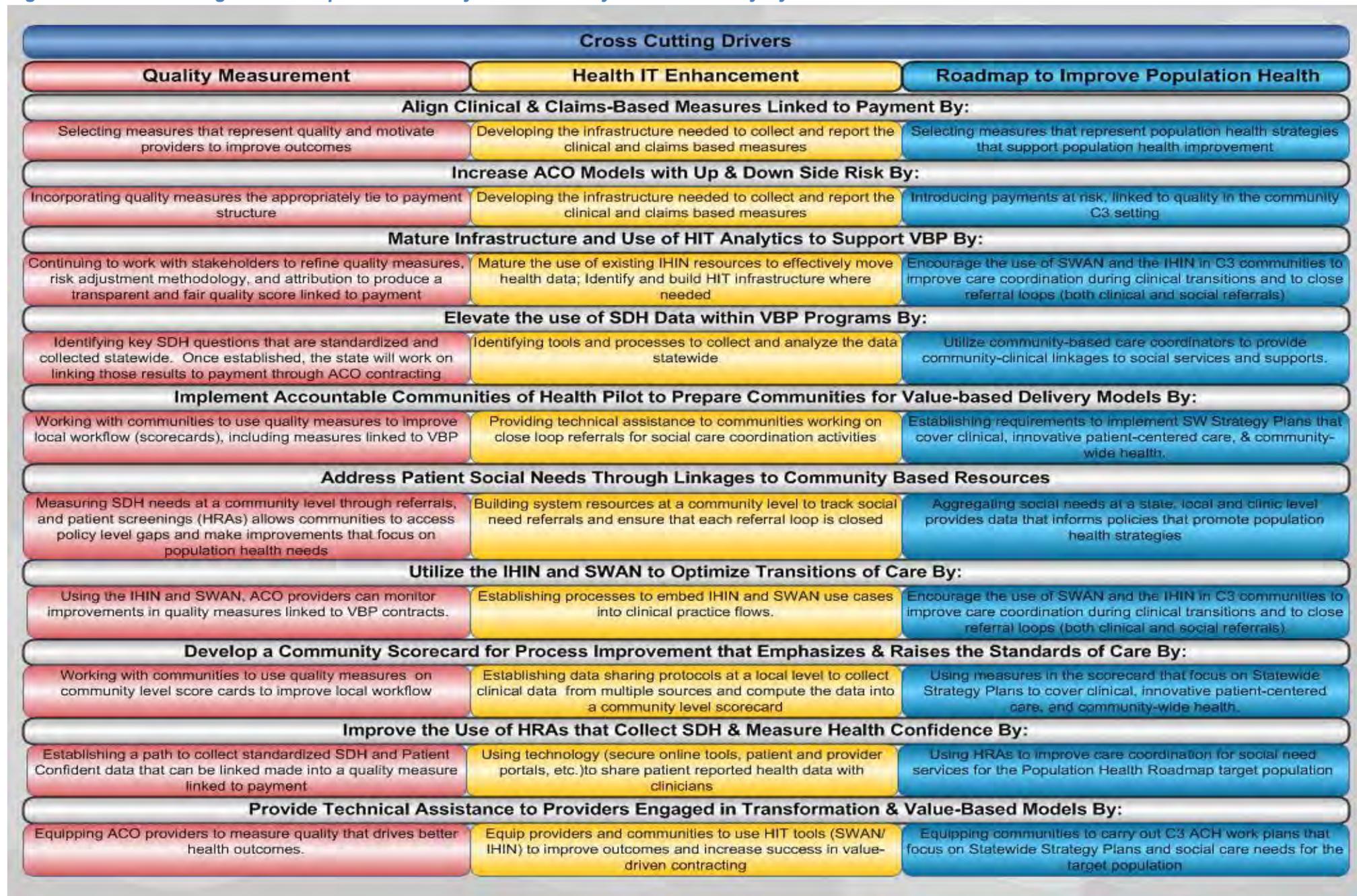


Figure 2: Cross-Cutting Drivers Impact Secondary Drivers of Payment & Delivery System Reform



#### 4. Master Timeline

SIMRoundTwoProjectPlan_AY4									
ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1 - 4)
1	Iowa SIM Initiative	Tue 7/1/14	Fri 8/30/19	27%		Yes			
2	Grant and IME Program Administration	Thu 1/1/15	Fri 7/26/19	73%		No			
3	Perform Project Management	Thu 10/1/15	Thu 5/31/18	67%	Grant Administration	No			
4	Operational Plan 2016	Thu 10/1/15	Wed 1/13/16	100%	Grant Administration	No	Telligen SOW 1		1
5	Develop a Risk Mitigation Strategy (factors and metrics)	Thu 10/1/15	Fri 11/13/15	100%	Grant Administration	No	Telligen SOW 1		1
6	Milestone - Submit Operational Plan to CMS by 12/1/15	Tue 12/1/15	Tue 12/1/15	100%	Grant Administration	Yes	Telligen SOW 1		1
7	Milestone - Receive Written Approval of Operational Plan from CMS	Wed 1/13/16	Wed 1/13/16	100%	Grant Administration	Yes	Telligen SOW 1		1
8	Milestone - Establish 2016 Talking Points for SIM for Public Speaking events	Mon 2/15/16	Mon 2/15/16	100%	Grant Administration	Yes	Telligen SOW 1	Planning	1
9	Milestone - Establish a Video from Dr Cha to promote SIM	Fri 7/29/16	Fri 7/29/16	100%	Grant Administration	Yes	Telligen SOW 1	Planning	1
10	Milestone - Submit 2015 Carry Over Request	Tue 3/1/16	Tue 3/1/16	100%	Grant Administration	No	Telligen SOW 1	Planning	1
11	Operational Plan AY3	Fri 7/1/16	Fri 4/27/18	80%	Grant Administration	No	Telligen SOW 1		2
12	Develop Detailed Implementation Plan	Fri 7/1/16	Thu 2/1/18	99%	Grant Administration	No	Telligen SOW 1		2
13	Validate Actions and Next Steps - Strategic Planning Effort for 2017	Fri 7/1/16	Tue 2/28/17	100%	Grant Administration	No	Telligen SOW 1	Planning	2
14	Review and Refine Driver Diagram for 2017	Wed 8/31/16	Tue 2/28/17	100%	Grant Administration	No	Telligen SOW 1	Planning	2
15	Review and Refine Risks for 2017	Fri 7/1/16	Tue 2/28/17	100%	Grant Administration	No	Telligen SOW 1	Planning	2
16	Review and Refine Budget for 2017	Mon 8/15/16	Tue 2/28/17	100%	Grant Administration	No	Telligen SOW 1	Planning	2
17	Create milestones for 2017	Fri 7/1/16	Tue 2/28/17	100%	Grant Administration	No	Telligen SOW 1	Planning	2
18	Update Each Written Section of Ops Plan	Thu 9/1/16	Tue 2/28/17	100%	Grant Administration	No	Telligen SOW 1	Planning	2
19	Draft for Key Stakeholder Review/Approval to Submit	Tue 11/1/16	Tue 11/1/16	100%	Grant Administration	No	Telligen SOW 1	Planning	2
20	Send to CMMI AY3 Draft1 - November	Tue 11/1/16	Tue 11/1/16	100%	Grant Administration	No	Telligen SOW 1	Planning	2
21	Send to CMMI AY3 Draft2 - February	Thu 2/1/18	Thu 2/1/18	100%	Grant Administration	No		Planning	
22	Revise Ops Plan based on Key Stakeholder Review	Wed 2/1/17	Wed 2/22/17	100%	Grant Administration	No	Telligen SOW 1	Planning	2
23	Milestone - Submit Operational AY3	Tue 2/28/17	Tue 2/28/17	100%	Grant Administration	Yes	Telligen SOW 1	Planning	2
24	Milestone - Receive Written Approval AY3 Operational Plan from CMS	Mon 5/1/17	Mon 5/1/17	100%	Grant Administration	Yes	Telligen SOW 1	Planning	2
25	Maintain Detailed Implementation Plan	Mon 5/1/17	Fri 4/27/18	10%	Grant Administration	No	Telligen SOW 1	Execution	2
26	Milestone - Establish 2017 Talking Points for SIM for Public Speaking events	Tue 10/31/17	Tue 10/31/17	90%	Grant Administration	Yes	Telligen SOW 1	Planning	3
27	Milestone - Submit 2016 Carry Over Request (if needed)	Mon 7/31/17	Mon 7/31/17	100%	Grant Administration	Yes	Telligen SOW 1	Planning	3
28	Operational Plan AY4	Sun 10/1/17	Fri 3/30/18	0%	Grant Administration	No	Telligen SOW 1		3
29	Assign AY4 Ops Plan writing Assignments	Mon 10/2/17	Tue 10/31/17	0%	Grant Administration	No	Telligen SOW 1	Planning	
30	Develop Operational Team Recommendations for AY4 Ops Plan	Mon 10/2/17	Tue 10/31/17	0%	Grant Administration	No	Telligen SOW 1	Planning	
31	Develop Detailed Implementation Plan	Mon 10/2/17	Mon 1/29/18	0%	Grant Administration	No	Telligen SOW 1	Planning	3
32	SIM Leadership provided guidance on AY4 Ops Plan Strategy	Mon 1/1/18	Mon 1/15/18	0%	Grant Administration	No	Telligen SOW 1	Planning	3
33	Develop a Risk Mitigation Strategy (factors and metrics)	Sun 10/1/17	Wed 1/31/18	0%	Grant Administration	No	Telligen SOW 1	Planning	3
34	Submit AY4 draft to CMMI	Fri 2/2/18	Fri 2/2/18	0%	Grant Administration	Yes	Telligen SOW 1	Planning	3
35	CMMI technical Review of draft	Fri 2/2/18	Fri 3/2/18	0%	Grant Administration	No			
36	Milestone - Submit Operational Plan AY4	Fri 3/2/18	Fri 3/2/18	0%	Grant Administration	Yes	Telligen SOW 1	Planning	3
37	Milestone - Receive Written Approval of Operational Plan from CMS	Fri 3/30/18	Fri 3/30/18	0%	Grant Administration	Yes		Planning	3
38	Milestone - Establish 2018 Talking Points for SIM for Public Speaking events	Fri 3/30/18	Fri 3/30/18	0%	Grant Administration	Yes	Telligen SOW 1	Planning	3
39	Milestone - Submit 2017 Carry Over Request	Thu 5/31/18	Thu 5/31/18	0%	Grant Administration	No	Telligen SOW 1	Planning	3
40	Perform Required CMS grant monitoring activities (retired milestones after AY2)	Thu 1/1/15	Thu 1/31/19	100%	Grant Administration	No			
41	IME Program Administration Pre-Implementation (Year 1)	Thu 1/1/15	Tue 2/23/16	100%	Grant Administration	No	Telligen SOW 1-		
42	Write, Amend and Execute Vendor Contracts	Mon 2/2/15	Tue 2/23/16	100%	Grant Administration	No	Telligen SOW 1-	Planning	1
43	IDPH	Thu 4/30/15	Fri 8/7/15	100%	Grant Administration	No	Telligen SOW 1	planning	1
44	Amend IDPH contract 2015 Amounts "Not to Exceed" Amount"	Fri 11/20/15	Fri 11/20/15	100%	Grant Administration	No	Telligen SOW 1	planning	1
45	Treo/3M	Fri 5/1/15	Thu 8/20/15	100%	Grant Administration	No	Telligen SOW 1	planning	1
46	Telligen	Thu 6/11/15	Tue 8/11/15	100%	Grant Administration	No	Telligen SOW 1	planning	1
47	Millman	Mon 2/2/15	Wed 4/1/15	100%	Grant Administration	No	Telligen SOW 1	planning	1
48	Public Policy Center	Mon 1/25/16	Mon 1/25/16	100%	Grant Administration	No	Telligen SOW 1	planning	1
49	Milestone - All Contracts Amended and Executed	Mon 1/25/16	Mon 1/25/16	100%	Grant Administration	Yes	Telligen SOW 1	planning	1
50	Milestone - Hire/Train SIM Project Manager 1	Mon 8/31/15	Mon 8/31/15	100%	Grant Administration	Yes	Telligen SOW 1	planning	1
51	Milestone - Hire/Train eHealth staff Member	Tue 3/31/15	Fri 5/15/15	100%	Grant Administration	Yes	IDPH SOW 1	planning	1
52	Milestone - Hire/Train IDPH EO2	Sat 8/15/15	Mon 8/31/15	100%	Grant Administration	Yes	IDPH SOW 1	planning	1

SIMRoundTwoProjectPlan\_AY4

ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1-4)
53	Milestone - Hire/Train SIM Project Manager 2	Tue 2/23/16	Tue 2/23/16	100%	Grant Administration	Yes	Telligen SOW 1	planning	1
54	Milestone - Hire/Train SIM Project Assistant	Tue 2/23/16	Tue 2/23/16	100%	Grant Administration	Yes	Telligen SOW 1	planning	1
55	Milestone - Hire/Train PPI for IDPH	Tue 6/30/15	Fri 10/30/15	100%	Grant Administration	Yes	IDPH SOW 1	planning	1
56	Milestone - Hire/Train CHC for IDPH	Tue 6/30/15	Fri 10/30/15	100%	Grant Administration	Yes	IDPH SOW 1	planning	1
57	<b>Manage Vendor Contracts</b>	<b>Thu 1/1/15</b>	<b>Fri 1/29/16</b>	<b>100%</b>	<b>Grant Administration</b>	<b>No</b>	<b>Telligen SOW 1</b>	<b>execution</b>	<b>1</b>
58	Schedule kick off and regular calls with IDPH and IHC	Thu 1/1/15	Mon 2/16/15	100%	Grant Administration	No	Telligen SOW 1	execution	1
59	Schedule kick-off and regular calls with eHealth	Thu 1/1/15	Mon 2/16/15	100%	Grant Administration	No	Telligen SOW 1	execution	1
60	Schedule kick-off and regular calls with Truo/3M for SDH Planning	Thu 1/1/15	Fri 1/30/15	100%	Grant Administration	No	Telligen SOW 1	execution	1
61	Schedule kick-off and regular calls with PPC	Wed 4/1/15	Wed 9/9/15	100%	Grant Administration	No	Telligen SOW 1	execution	1
62	Milestone - At least 9 regular Contractor Meetings	Fri 10/30/15	Fri 10/30/15	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
63	Milestone - At least 9 regular Contractor Meetings	Fri 1/29/16	Fri 1/29/16	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
64	<b>Manage Stakeholder Process</b>	<b>Thu 4/30/15</b>	<b>Fri 1/29/16</b>	<b>100%</b>	<b>Grant Administration</b>	<b>No</b>	<b>Telligen SOW 1</b>	<b>execution</b>	<b>1</b>
65	<b>Conduct SIM Core Planning team meetings</b>	<b>Fri 5/1/15</b>	<b>Wed 12/16/15</b>	<b>100%</b>	<b>Grant Administration</b>	<b>No</b>	<b>Telligen SOW 1</b>	<b>execution</b>	<b>1</b>
66	Establish and Schedule SIM Core Planning team	Fri 5/1/15	Tue 6/16/15	100%	Grant Administration	No	Telligen SOW 1	execution	1
67	Milestone - Governance Structure	Fri 7/31/15	Fri 7/31/15	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
68	Milestone - Vision/Goals/Objectives	Fri 7/31/15	Fri 7/31/15	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
69	<b>Milestone - Revise Driver Diagram</b>	<b>Mon 12/14/15</b>	<b>Wed 12/16/15</b>	<b>100%</b>	<b>Grant Administration</b>	<b>Yes</b>	<b>Telligen SOW 1</b>	<b>execution</b>	<b>1</b>
70	<b>Conduct SIM Leadership Meetings</b>	<b>Mon 12/14/15</b>	<b>Wed 12/16/15</b>	<b>100%</b>	<b>Grant Administration</b>	<b>No</b>	<b>Telligen SOW 1</b>	<b>execution</b>	<b>1</b>
71	Milestone - Schedule Establish	Wed 12/16/15	Wed 12/16/15	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
72	Milestone - At least one SIM Leadership meeting	Mon 12/14/15	Mon 12/14/15	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
73	<b>Engagement Team Strategy</b>	<b>Thu 4/30/15</b>	<b>Fri 1/29/16</b>	<b>100%</b>	<b>Grant Administration</b>	<b>No</b>	<b>Telligen SOW 1</b>	<b>execution</b>	<b>2</b>
74	<b>Conduct Quarterly Wellmark/IME Alignment meetings 2015</b>	<b>Thu 4/30/15</b>	<b>Fri 1/29/16</b>	<b>100%</b>	<b>Grant Administration</b>	<b>No</b>	<b>Telligen SOW 1</b>	<b>execution</b>	<b>2</b>
75	Milestone - Conduct at least 1 Wellmark/IME alignment meeting	Thu 4/30/15	Thu 4/30/15	100%	VBP	Yes	Telligen SOW 1	execution	1
76	Milestone - Conduct at least 1 Wellmark/IME alignment meeting	Fri 7/31/15	Fri 7/31/15	100%	VBP	Yes	Telligen SOW 1	execution	1
77	Milestone - Conduct at least 1 Wellmark/IME alignment meeting	Fri 10/30/15	Fri 10/30/15	100%	VBP	Yes	Telligen SOW 1	execution	1
78	Milestone - Conduct at least 1 Wellmark/IME alignment meeting	Fri 1/29/16	Fri 1/29/16	100%	VBP	Yes	Telligen SOW 1	execution	1
79	<b>Conduct Quarterly SIM Public Forums 2015</b>	<b>Fri 7/31/15</b>	<b>Fri 1/29/16</b>	<b>100%</b>	<b>Grant Administration</b>	<b>No</b>		<b>execution</b>	<b>1</b>
80	Milestone - Establish Schedule by June 30	Fri 7/31/15	Fri 7/31/15	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
81	Milestone - Conduct at least 3 Engagement Meeting	Fri 10/30/15	Fri 10/30/15	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
82	Milestone - Conduct at least 3 Engagement Meeting	Fri 1/29/16	Fri 1/29/16	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
83	<b>Travel to SIM workshops and conferences</b>	<b>Wed 4/22/15</b>	<b>Wed 4/22/15</b>	<b>100%</b>	<b>Grant Administration</b>	<b>No</b>	<b>Telligen SOW 1</b>	<b>execution</b>	<b>1</b>
84	April R2 Convening in Baltimore	Wed 4/22/15	Wed 4/22/15	100%	Grant Administration	No	Telligen SOW 1	execution	1
85	<b>IME Program Administration AY2</b>	<b>Mon 2/1/16</b>	<b>Sun 4/30/17</b>	<b>100%</b>	<b>Grant Administration</b>	<b>No</b>	<b>Telligen SOW 1</b>	<b>execution</b>	<b>2</b>
86	Manage Vendor Contracts	Mon 2/1/16	Sun 4/30/17	100%	Grant Administration	No	Telligen SOW 1	execution	2
87	Manage Stakeholder Process	Mon 2/1/16	Sun 4/30/17	100%	Grant Administration	No	Telligen SOW 1	execution	2
88	Manage Finances/Budget Activities	Mon 2/1/16	Sun 4/30/17	100%	Grant Administration	No	Telligen SOW 1	execution	2
89	<b>Model Test Reporting</b>	<b>Thu 1/1/15</b>	<b>Fri 7/26/15</b>	<b>56%</b>	<b>Grant Administration</b>	<b>No</b>			
90	<b>Pre-Implementation (AY1) Reports to CMS</b>	<b>Fri 4/3/15</b>	<b>Fri 4/29/16</b>	<b>100%</b>	<b>Grant Administration</b>	<b>No</b>	<b>Telligen SOW 1</b>	<b>execution</b>	
91	Federal Financial Reports (FFR)	Thu 4/30/15	Thu 4/30/15	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
92	Quarterly Progress Report 1	Fri 5/29/15	Fri 5/29/15	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
93	Federal Financial Reports (FFR)	Thu 7/30/15	Thu 7/30/15	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
94	Quarterly Progress Report 2	Fri 8/28/15	Fri 8/28/15	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
95	Federal Financial Reports (FFR)	Fri 10/30/15	Fri 10/30/15	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
96	Milestone - Submit 2016 Accountability Targets to CMS	Tue 12/1/15	Tue 12/1/15	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
97	Request a non-Competing Continuation award (SF-424, SF-424A, Budget Narrative)	Tue 12/1/15	Tue 12/1/15	100%	Grant Administration	Yes	Telligen SOW 1	planning	1
98	Quarterly Progress Report 3	Mon 11/30/15	Mon 11/30/15	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
99	Federal Financial Reports (FFR)	Sat 1/30/16	Sat 1/30/16	100%	Grant Administration	Yes	Telligen SOW 1	execution	1
100	Quarterly Progress Report 4	Tue 3/1/16	Tue 3/1/16	100%	Grant Administration	Yes	Telligen SOW 1	execution	2
101	<b>Annual report 1 to CMS</b>	<b>Fri 4/29/16</b>	<b>Fri 4/29/16</b>	<b>100%</b>	<b>Grant Administration</b>	<b>Yes</b>	<b>Telligen SOW 1</b>	<b>execution</b>	
102	Draft report to Project team by March 30	Fri 4/3/15	Fri 4/3/15	100%	Grant Administration	No	Telligen SOW 1	execution	2
103	Draft report to Policy staff by April 15	Mon 4/18/16	Mon 4/18/16	100%	Grant Administration	No	Telligen SOW 1	execution	2
104	Annual FFR to CMS	Fri 4/29/16	Fri 4/29/16	100%	Grant Administration	Yes	Telligen SOW 1	execution	2

## SIMRoundTwoProjectPlan\_AY4

ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1-4)
105	<b>Model Testing Award Year 2</b>	<b>Fri 4/29/16</b>	<b>Fri 7/28/17</b>	<b>100%</b>	<b>Grant Administration</b>	<b>No</b>	<b>Telligen SOW 1</b>	<b>execution</b>	
106	Progress Report to Legislators (SF 505 pg 39, section 20) - See Annual Report	Fri 4/29/16	Fri 4/29/16	100%	Grant Administration	Yes	Telligen SOW 1	execution	2
107	Milestone - Quarterly Progress Report 1	Mon 5/30/16	Mon 5/30/16	100%	Grant Administration	Yes	Telligen SOW 1	execution	2
108	Milestone -Quarterly Progress Report 2	Tue 8/30/16	Tue 8/30/16	100%	Grant Administration	Yes	Telligen SOW 1	execution	2
109	Milestone - Quarterly Progress Report 3	Wed 11/30/16	Wed 11/30/16	100%	Grant Administration	Yes	Telligen SOW 1	execution	2
110	Milestone - Request a non-Competing Continuation award (SF-424, SF-424A, Bud	Tue 2/28/17	Tue 2/28/17	100%	Grant Administration	Yes	Telligen SOW 1	execution	2
111	Milestone - Quarterly Progress Report 4	Thu 3/9/17	Thu 3/9/17	100%	Grant Administration	Yes	Telligen SOW 1	execution	2
112	Milestone - Quarterly Progress Report 5	Wed 5/31/17	Wed 5/31/17	100%	Grant Administration	No	Telligen SOW 1	execution	3
113	Milestone - Annual report 2 to CMS	Fri 4/28/17	Fri 7/28/17	100%	Grant Administration	Yes	Telligen SOW 1	execution	3
114	<b>Model Testing Award Year 3</b>	<b>Wed 8/30/17</b>	<b>Fri 7/27/18</b>	<b>17%</b>	<b>Grant Administration</b>	<b>No</b>	<b>Telligen SOW 1</b>	<b>execution</b>	<b>3</b>
115	Quarterly Progress Report 1	Wed 8/30/17	Wed 8/30/17	100%	Grant Administration	No	Telligen SOW 1	execution	3
116	Quarterly Progress Report 2	Thu 11/30/17	Thu 11/30/17	0%	Grant Administration	No	Telligen SOW 1	execution	3
117	Request a non-Competing Continuation award (SF-424, SF-424A, Budget Narrativ	Wed 2/28/18	Wed 2/28/18	0%	Grant Administration	No	Telligen SOW 1	execution	3
118	Quarterly Progress Report 3	Fri 2/2/18	Fri 2/2/18	0%	Grant Administration	No	Telligen SOW 1	execution	3
119	Quarterly Progress Report 4	Wed 5/30/18	Wed 5/30/18	0%	Grant Administration	No	Telligen SOW 1	execution	4
120	Annual AY3 Report to CMS	Fri 7/27/18	Fri 7/27/18	0%	Grant Administration	Yes	Telligen SOW 1	execution	4
121	<b>Model Testing Award Year 4</b>	<b>Thu 8/30/18</b>	<b>Fri 7/26/19</b>	<b>0%</b>	<b>Grant Administration</b>	<b>No</b>	<b>Telligen SOW 1</b>	<b>execution</b>	<b>4</b>
122	Quarterly Progress Report 1	Thu 8/30/18	Thu 8/30/18	0%	Grant Administration	No	Telligen SOW 1	execution	4
123	Quarterly Progress Report 2	Fri 11/30/18	Fri 11/30/18	0%	Grant Administration	No	Telligen SOW 1	execution	4
124	Quarterly Progress Report 3	Fri 3/1/19	Fri 3/1/19	0%	Grant Administration	No	Telligen SOW 1	execution	4
125	Quarterly Progress Report 4	Thu 5/30/19	Thu 5/30/19	0%	Grant Administration	No	Telligen SOW 1	execution	4
126	Annual AY4 report 4 to CMS	Fri 7/26/19	Fri 7/26/19	0%	Grant Administration	No	Telligen SOW 1	execution	4
127	Milestone - Final model test report to CMS	Fri 7/26/19	Fri 7/26/19	0%	Grant Administration	No	Telligen SOW 1	execution	4
128	Attend regular meeting with CMS project officer	Thu 1/1/15	Tue 4/23/19	55%	Grant Administration	No	Telligen SOW 1	execution	
129	Attend SIM Webinars,TA calls, update & utilize SIM Collaboration site	Thu 1/1/15	Tue 4/23/19	55%	Grant Administration	No	Telligen SOW 1	execution	
130	<b>Plan to Improve Population Health</b>	<b>Sun 2/1/15</b>	<b>Thu 1/31/19</b>	<b>68%</b>	<b>Pop Health</b>	<b>No</b>			
131	<b>Project Management of the Population Health Roadmap</b>	<b>Mon 4/30/18</b>	<b>Wed 5/30/18</b>	<b>70%</b>	<b>Pop Health</b>	<b>Yes</b>	<b>IDPH SOW 1</b>	<b>execution</b>	
132	Hire CHC	Fri 10/30/15	Fri 10/30/15	100%	Pop Health	No	IDPH SOW 1	Planning	1
133	Hire PPT	Fri 10/30/15	Fri 10/30/15	100%	Pop Health	No	IDPH SOW 1	Planning	1
134	Milestone - Educate payers on benefits of DSME, NDPP, and CDSMP and payment b	Mon 4/30/18	Mon 4/30/18	75%	Pop Health	Yes	IDPH SOW 1	execution	3
135	Milestone - Monitor and report progress on Population Health Roadmap measures	Mon 4/30/18	Mon 4/30/18	20%	Pop Health	Yes	IDPH SOW 1	execution	3
136	<b>Award Year 3 IDPH C3 Oversight and TA</b>	<b>Wed 2/1/17</b>	<b>Mon 4/30/18</b>	<b>83%</b>	<b>C3s</b>	<b>No</b>			<b>3</b>
137	Milestone- Conduct gap analysis to each C3 Coalition to identify resource needs	Thu 8/31/17	Thu 8/31/17	100%	C3s	Yes	IDPH SOW 1	execution	3
138	Milestone - All C3 Coordinators complete Options Counselor training	Wed 1/31/18	Wed 1/31/18	100%	C3s	Yes	IDPH SOW 2	execution	3
139	Milestone - Link C3s and IDPH DSME and NDPP staff where gaps are found	Mon 4/30/18	Mon 4/30/18	75%	C3s	Yes	IDPH SOW1	execution	3
140	Milestone - Conduct gap analysis for DSME and NDPP in C3 regions	Mon 4/30/18	Mon 4/30/18	100%	C3s	Yes	IDPH SOW1	execution	3
141	Milestone - Develop referral process between C3s and the Healthiest State Initia	Wed 1/31/18	Wed 1/31/18	100%	C3s	Yes	IDPH SOW1	execution	3
142	Milestone- Conduct initial assessment of current workforce to inform training	Thu 11/30/17	Thu 11/30/17	100%	C3s	Yes	IDPH SOW1	execution	3
143	<b>Align Pop Health Roadmap with CHNA/HIP Process</b>	<b>Sun 12/31/17</b>	<b>Sun 12/31/17</b>	<b>100%</b>	<b>Pop Health</b>	<b>Yes</b>			
144	Milestone - Elicit feedback regarding health improvement strategies from at least 5	Sun 7/31/16	Sun 7/31/16	100%	Pop Health	Yes	IDPH SOW 1	execution	2
145	Milestone - Complete analysis of and report on 100% of county CHNAs.	Mon 8/1/16	Mon 8/1/16	100%	Pop Health	Yes	IDPH SOW 1	Execution	2
146	Milestone - Analyze 100% of county HIPs to identify the number of counties with hc	Sun 4/30/17	Sun 4/30/17	100%	Pop Health	Yes	IDPH SOW 1	Execution	2
147	Milestone - Analyze 100% of county CHNA&HIPs to understand how social determin	Sun 4/30/17	Sun 4/30/17	100%	Pop Health	Yes	IDPH SOW 1	Execution	2
148	Milestone - Assess CHNA HIP for alignment with required SWS tactics within C3 acti	Fri 12/29/17	Fri 12/29/17	100%	Pop Health	Yes	IDPH SOW 1	Execution	3
149	Milestone - Identify the number of lowans covered by a HIP that includes SIM focus	Sun 4/30/17	Sun 4/30/17	100%	C3s	Yes	IDPH SOW 2	execution	2
150	Milestone - Complete 2017 Healthy lowans state health improvement plan.	Tue 2/28/17	Tue 2/28/17	100%	Pop Health	Yes	IDPH SOW 1	Execution	2
151	<b>Community and Clinical Care Initiative (C3) Pilots</b>	<b>Sun 2/1/15</b>	<b>Thu 1/31/19</b>	<b>75%</b>	<b>Pop Health</b>	<b>No</b>			
152	<b>Project Management of the C3 RFP</b>	<b>Tue 2/14/17</b>	<b>Fri 6/29/18</b>	<b>75%</b>	<b>Pop Health</b>	<b>No</b>		<b>Execution</b>	
153	Milestone - Prepare funding opportunity announcement	Tue 2/14/17	Tue 2/14/17	100%	C3s	Yes	IDPH SOW 2	Execution	2
154	Milestone - Release the RFP for AY3	Tue 2/14/17	Tue 2/14/17	100%	C3s	Yes	IDPH SOW 2	Execution	2
155	Milestone - Award/Execute contracts for AY3 C3s	Sun 4/30/17	Sun 4/30/17	100%	C3s	Yes	IDPH SOW 2	Execution	2
156	Milestone - C3/IDPH Collaboration Meeting Spring/Summer	Thu 8/31/17	Thu 8/31/17	100%	C3s	Yes	IDPH SOW 2	Execution	3

## SIMRoundTwoProjectPlan\_AY4

ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1 - 4)
157	Milestone - C3/IDPH Collaboration Meeting Fall/Winter	Wed 2/28/18	Wed 2/28/18	100%	C3s	Yes	IDPH SOW 2	Execution	3
158	Milestone - Compile success stories and lessons learned from C3 quarter 1 and q	Fri 12/29/17	Fri 12/29/17	100%	C3s	Yes	IDPH SOW 2	Execution	3
159	Milestone - Release C3 funding opportunity for AY4	Wed 2/28/18	Wed 2/28/18	100%	C3s	Yes	IDPH SOW 2	Execution	3
160	Milestone - Execute AY4 C3 contracts	Mon 4/30/18	Mon 4/30/18	0%	C3s	Yes	IDPH SOW 2	Execution	3
161	Milestone - Compile success stories and lessons learned from C3 quarter 3 and q	Fri 6/29/18	Fri 6/29/18	0%	C3s	Yes	IDPH SOW 2	Execution	4
162	<b>Expand the Implementation and Utilization of Statewide Strategy Plans</b>	<b>Sun 7/31/16</b>	<b>Mon 4/30/18</b>	<b>57%</b>		<b>No</b>			
163	Milestone - Elicit feedback regarding health improvement strategies from at least 5	Sun 7/31/16	Sun 7/31/16	100%	Pop Health	Yes	IDPH SOW 1	Execution	2
164	Milestone - Provide Iowa SIM statewide strategy plans to a minimum of five count	Sun 4/30/17	Sun 4/30/17	100%	Pop Health	Yes	IDPH SOW 1	Execution	2
165	Milestone - Conduct a minimum of two SDH workgroup meetings	Sun 4/30/17	Sun 4/30/17	100%	Pop Health	Yes	IDPH SOW 1	Execution	2
166	Milestone - Complete yearly updates to diabetes, care coordination, SDH, PFE, obesi	Mon 4/30/18	Mon 4/30/18	50%	Pop Health	Yes	IDPH SOW 1	Execution	3
167	Milestone - Complete activities from statewide strategy plan tactics in 3 of the 7 rec	Wed 2/28/18	Wed 2/28/18	100%	C3s	Yes	IDPH SOW 2	Execution	3
168	Milestone - Complete activities from statewide strategy plan tactics in 7 of the 7 re	Mon 4/30/18	Mon 4/30/18	100%	C3s	Yes	IDPH SOW 2	Execution	3
169	Milestone - Provide Iowa SIM statewide strategy plans to a minimum of five additio	Wed 2/28/18	Wed 2/28/18	75%	Pop Health	Yes	IDPH SOW 2	Execution	3
170	Milestone - Provide Iowa SIM statewide strategy plans to a minimum of five additio	Mon 4/30/18	Mon 4/30/18	75%	Pop Health	Yes	IDPH SOW 1	Execution	3
171	<b>Delivery System Reform</b>	<b>Tue 7/1/14</b>	<b>Wed 5/1/19</b>	<b>6%</b>		<b>No</b>			
172	<b>Healthcare System Technical Assistance</b>	<b>Tue 3/8/16</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>SIM Technical Assistan</b>	<b>No</b>			
173	<b>SIM Learning Events AY2</b>	<b>Tue 3/8/16</b>	<b>Thu 3/9/17</b>	<b>100%</b>	<b>SIM Technical Assistan</b>	<b>No</b>			
174	Milestone - Convene the 2nd SIM Learning Collaborative	Tue 3/8/16	Tue 3/8/16	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2
175	Milestone - Convene the 3rd SIM Learning Collaborative	Tue 7/12/16	Tue 7/12/16	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2
176	Milestone - Convene the 4th SIM Learning Collaborative	Wed 11/9/16	Wed 11/9/16	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2
177	Milestone - Convene the 5th SIM Learning Collaborative	Thu 3/9/17	Thu 3/9/17	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2
178	<b>SIM Learning Events - AY3</b>	<b>Wed 4/11/18</b>	<b>Wed 4/11/18</b>	<b>67%</b>	<b>SIM Technical Assistan</b>	<b>No</b>		<b>Execution</b>	
179	Milestone - Convene AY3 Summer Learning Event	Wed 7/12/17	Wed 7/12/17	100%	SIM Technical Assistan	Yes	IHC SOW 6	Execution	3
180	Milestone - Convene AY3 Fall Learning Event	Thu 11/9/17	Thu 11/9/17	100%	SIM Technical Assistan	Yes	IHC SOW 6	Execution	3
181	Milestone - Convene AY3 Spring 2018 Learning Event	Wed 4/11/18	Wed 4/11/18	60%	SIM Technical Assistan	Yes	IHC SOW 6	Execution	3
182	<b>SIM Learning Events AY4</b>	<b>Tue 7/31/18</b>	<b>Sun 3/31/19</b>	<b>0%</b>	<b>SIM Technical Assistan</b>	<b>No</b>			<b>4</b>
183	Conduct Statewide SIM Learning Community Conference - July	Tue 7/31/18	Tue 7/31/18	0%	SIM Technical Assistan	Yes	IHC		4
184	Conduct Statewide SIM Learning Community Conference - November	Fri 11/30/18	Fri 11/30/18	0%	SIM Technical Assistan	Yes	IHC		4
185	Conduct Statewide SIM Learning Community Conference - March	Sun 3/31/19	Sun 3/31/19	0%	SIM Technical Assistan	Yes	IHC		4
186	<b>AY4 Healthcare System Technical Assistance</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>SIM Technical Assistan</b>	<b>No</b>			<b>4</b>
187	<b>Enhance population health strategies as critical for health care delivery system and community alignment</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>SIM Technical Assistance</b>	<b>Yes</b>			<b>4</b>
188	Oversee implementation and execution of select statewide strategies to advance population management	Tue 5/1/18	Tue 4/30/19	0%	SIM Technical Assistance	No	IHC		4
189	Develop case studies from C3 experiences and progress to align ACH elements with unique community environments	Tue 5/1/18	Thu 1/31/19	0%	SIM Technical Assistance	Yes	IHC		4
190	Convene discussion groups for development of common, unifying language and messaging around population management	Tue 5/1/18	Tue 4/30/19	0%	SIM Technical Assistance	Yes	IHC		4
191	Establish and share a statewide dashboard within the SIM Data Portal as a method to meet quality measurement goals for VBP	Tue 5/1/18	Tue 7/31/18	0%	SIM Technical Assistance	No	IHC		4
192	Enhance person centered population health strategies through evidence based best practices to increase activation in partnership of care	Tue 5/1/18	Tue 4/30/19	0%	SIM Technical Assistance	No	IHC		4
193	Advance medication management strategies through technical assistance support and medication from reconciliation spanning medication therapy management	Tue 5/1/18	Tue 4/30/19	0%	SIM Technical Assistance	No	IHC		4
194	<b>Conduct delivery system integration through community-applied, population based technical assistance</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>SIM Technical Assistance</b>	<b>Yes</b>			<b>4</b>
195	Plan facilitated networking to explore TCOC methodologies for informing the consumer, payer, provider, and employer	Tue 5/1/18	Fri 2/1/19	0%	SIM Technical Assistance	No	IHC		4
196	Develop meaningful common measure sets between health systems that tie to quality and value based methodologies	Tue 5/1/18	Thu 1/31/19	0%	SIM Technical Assistance	No	IHC		4
197	Create payment transition plan workflows for providers moving into risk bearing contracts for the promotion of fiscal responsibility	Tue 5/1/18	Wed 10/31/18	0%	SIM Technical Assistance	Yes	IHC		4

## SIMRoundTwoProjectPlan\_AY4

ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1-4)
198	Develop mapping applications for resource identification to address the needs of high risk populations	Tue 5/1/18	Fri 2/1/19	0%	SIM Technical Assistance	Yes	IHC		4
199	Implement service delivery system solutions to manage major drivers of avoidable health care costs	Tue 5/1/18	Tue 4/30/19	0%	SIM Technical Assistance	Yes	IHC		4
200	Utilize and support physician champions for expanded provider network engagement and motivation in SIM work	Tue 5/1/18	Tue 4/30/19	0%	SIM Technical Assistance	No	IHC		4
201	Provide access to educational resources within the IA HIIN and IA TCPI programs	Tue 5/1/18	Tue 4/30/19	0%	SIM Technical Assistance	No	IHC		4
202	Deploy subject matter expertise and faculty to support development of alignment and engagement strategies, supporting best practice implementation and quality improvement techniques	Tue 5/1/18	Tue 4/30/19	0%	SIM Technical Assistance	No	IHC		4
203	Support infrastructure for the aggregate collection and analysis of SDOH data in risk adjustment calculations	Tue 5/1/18	Tue 4/30/19	0%	SIM Technical Assistance	Yes	IHC		4
204	<b>Provide TA to Providers Engaged in VBP</b>	<b>Mon 4/30/18</b>	<b>Thu 5/31/18</b>	<b>43%</b>	<b>SIM Technical Assistan</b>	<b>No</b>		<b>Execution</b>	
205	Milestone-Develop, share, and implement a strategic vision for Health System all	Mon 4/30/18	Mon 4/30/18	75%	SIM Technical Assistan	Yes	IHC SOW 1	Execution	3
206	Milestone-Host facilitated networking, sharing and brainstorming to engage large	Mon 4/30/18	Mon 4/30/18	85%	SIM Technical Assistan	Yes	IHC SOW 1 and 4	Execution	3
207	Milestone-Convene workgroups to develop a physician/clinician engagement str	Thu 5/31/18	Thu 5/31/18	100%	SIM Technical Assistan	Yes	IHC SOW 1 and 4	Execution	3
208	Milestone-Provide access to virtual education sessions within the IA HIIN and IA	Mon 4/30/18	Mon 4/30/18	100%	SIM Technical Assistan	Yes	IHC SOW 1 and 4	Execution	3
209	Conduct workgroup sessions that include clinic, community and hospital stakehol	Mon 4/30/18	Mon 4/30/18	100%	SIM Technical Assistan	Yes	IHC SOW 1 and 4	Execution	3
210	Milestone - Identify Provider training interest/needs on MACRA , VBP, APMs	Mon 4/30/18	Mon 4/30/18	0%	SIM Technical Assistan	Yes	IHC SOW 1	execution	?
211	Milestone - Promote SWAN uses to Health Care Providers and hospitals	Mon 4/30/18	Mon 4/30/18	0%	SIM Technical Assistan	Yes	IHC SOW 1	execution	?
212	<b>Equip Delivery System and Accountable Communities of Health Pilots (C3s)</b>	<b>Tue 7/1/14</b>	<b>Mon 4/30/18</b>	<b>97%</b>	<b>C3s</b>	<b>No</b>		<b>Execution</b>	
213	<b>Award Year 2 Community TA for C3s</b>	<b>Tue 8/18/15</b>	<b>Mon 4/30/18</b>	<b>99%</b>		<b>No</b>		<b>Execution</b>	
214	Milestone - Develop a minimum of one informational document highlighting the	Fri 4/1/16	Fri 4/29/16	100%	C3s	Yes	IDPH SOW 1	Execution	2
215	Milestone - Disseminate C3 informational document to a minimum of six partner	Sun 7/31/16	Sun 7/31/16	100%	C3s	Yes	IDPH SOW 1	Execution	2
216	Milestone - Hire C3 project directors	Fri 9/30/16	Fri 9/30/16	100%	C3s	Yes	IDPH SOW 2, 4	Execution	2
217	Milestone -Establish steering committees in C3 developmental communities	Wed 11/30/16	Wed 11/30/16	100%	C3s	Yes	IDPH SOW 2, 4	Execution	2
218	Milestone -Develop referral flow charts in C3 implementation communities	Tue 2/28/17	Tue 2/28/17	100%	C3s	Yes	IDPH SOW 2, 4	Execution	2
219	Milestone - Implement a minimum of one intervention for diabetes, obesity and	Fri 4/28/17	Fri 4/28/17	100%	C3s	Yes	IDPH SOW 2, 4	Execution	2
220	Milestone - Incorporate a minimum of one supplemental strategy	Fri 4/28/17	Fri 4/28/17	100%	C3s	Yes	IDPH SOW 2, 4	Execution	2
221	Milestone - Develop a minimum of one informational document on the success	Fri 12/30/16	Tue 2/28/17	100%	C3s	Yes	IDPH SOW 1	Execution	2
222	Milestone - Develop draft Iowa Community Care Coalition Model	Wed 11/30/16	Wed 11/30/16	100%	C3s	Yes	IDPH SOW 1	Execution	2
223	Milestone - Prepare funding opportunity announcement	Wed 11/30/16	Wed 11/30/16	100%	C3s	Yes	IDPH SOW 1	Execution	2
224	Milestone - Complete SIM year two C3 contracts	Fri 4/28/17	Fri 4/28/17	100%	C3s	Yes	IDPH SOW 1	Execution	2
225	Milestone - Conduct Statewide in person TA Event - SIM Kick-off	Tue 8/18/15	Tue 8/18/15	100%	SIM Technical Assistan	Yes	IDPH SOW 5	execution	1
226	Milestone - Assign 2 Quality Improvement Advisors to C3s	Sun 7/31/16	Sun 7/31/16	100%	Rapid Cycle Improve	Yes	IHC SOW 2	Execution	2
227	Milestone- Maintain C3 communication platform (SIMply)	Mon 4/30/18	Mon 4/30/18	95%	SIM Technical Assistan	Yes	IHC SOW 2	Execution	3
228	Onboarding of new QI Advisor for C3s	Fri 4/1/16	Fri 7/29/16	100%	SIM Technical Assistan	No	IDPH SOW 5	execution	2
229	Redistribution of C3s among both QI Advisors	Wed 6/15/16	Wed 6/15/16	100%	SIM Technical Assistan	No	IDPH SOW 5	execution	2
230	Milestone - Implement a collaborative strategy for C3 communication, interactio	Fri 7/29/16	Fri 7/29/16	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2
231	Milestone - C3s finalize charters	Thu 6/30/16	Thu 6/30/16	100%	C3s	Yes	IDPH SOW 5	Execution	2
232	Milestone - Complete baseline assessment for all C3s	Fri 4/29/16	Fri 4/29/16	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2
233	Develop, Distribute and analyze data from Survey Monkey for C3 Baseline Assess	Fri 4/29/16	Fri 4/29/16	100%	SIM Technical Assistan	No	IDPH SOW 5	execution	2
234	Milestone - Initial C3 project data and quality measurement plan in place	Thu 6/30/16	Thu 6/30/16	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2
235	Milestone - IHC SIM Project reporting database operational	Mon 10/31/16	Mon 10/31/16	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2
236	Milestone - IHC Communications Platform Active	Tue 5/10/16	Tue 5/10/16	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2
237	Milestone - All C3s signed up and reporting data to IHC SIM database	Thu 12/1/16	Thu 12/1/16	100%	SIM Technical Assistan	No	IDPH SOW 5	execution	2
238	Milestone -Identify and promote 3 C3 success stories-RCPI	Mon 10/31/16	Mon 10/31/16	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2
239	Milestone - Support C3 projects with CHNA/HIP priorities	Fri 7/29/16	Fri 7/29/16	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2
240	Milestone - C3 project data baselines established	Fri 10/14/16	Fri 10/14/16	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2
241	Milestone - Develop an SDH toolkit and distribute to all six C3 communities.	Fri 4/28/17	Fri 4/28/17	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2
242	Milestone - Convene one SDH SIMply Forum	Thu 1/19/17	Thu 1/19/17	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2
243	Milestone - Assure completion and submission of six 4th quarter QI work plans to	Fri 4/28/17	Fri 4/28/17	100%	SIM Technical Assistan	Yes	IDPH SOW 5	Execution	2

## SIMRoundTwoProjectPlan\_AY4

ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1 - 4)
244	Milestone - Complete medication management/safety interviews with six C3s	Tue 2/28/17	Tue 2/28/17	100%	SIM Technical Assistant	Yes	IDPH SOW 5	Execution	2
245	Milestone - Annual report on progress for SIM TA projects	Tue 5/30/17	Tue 5/30/17	100%	SIM Technical Assistant	Yes	IDPH SOW 5	Execution	2
246	<b>Provide TA to C3 Regions and Partners for Community Referral Services</b>	<b>Mon 4/30/18</b>	<b>Mon 4/30/18</b>	<b>99%</b>	<b>SIM Technical Assistan</b>	<b>No</b>		<b>Execution</b>	
247	Milestone - Analyze C3 self-reported referral data in each C3 Region	Mon 4/30/18	Mon 4/30/18	100%	SIM Technical Assistant	Yes	IHC SOW 2	Execution	3
248	Milestone - Verify Referral Process needs for each C3 (leadership)	Sat 9/30/17	Sat 9/30/17	100%	SIM Technical Assistant	Yes	IHC SOW 2	Execution	3
249	Milestone - Identify tools/resources for TA Needs	Fri 6/30/17	Fri 6/30/17	100%	SIM Technical Assistant	Yes	IHC SOW 2	Execution	3
250	Milestone - Provide Referral Process TA to each C3 Region and Partners	Fri 6/30/17	Fri 6/30/17	100%	SIM Technical Assistant	Yes	IHC SOW 2	Execution	3
251	Milestone-Develop process map or flow chart to demonstrate roles in the health	Mon 4/30/18	Mon 4/30/18	60%	SIM Technical Assistant	Yes	IHC SOW 2	Execution	3
252	Milestone-Provide training to hospitals and C3s to establish process for adoption	Mon 4/30/18	Mon 4/30/18	80%	SIM Technical Assistant	Yes	IHC SOW 2	Execution	3
253	<b>Provide TA for Social Needs Screenings for C3 Regions and Partners</b>	<b>Tue 7/1/14</b>	<b>Mon 4/30/18</b>	<b>99%</b>	<b>SIM Technical Assistan</b>	<b>Yes</b>		<b>Execution</b>	
254	Milestone - Complete Environmental Scan for social need collection/screenings/f	Tue 7/1/14	Wed 8/9/17	100%	SIM Technical Assistant	Yes	IHC SOW 5	Execution	3
255	Milestone - Identify tools/resources for SDH TA Needs	Mon 4/30/18	Mon 4/30/18	100%	SIM Technical Assistant	Yes	IHC SOW 5	Execution	3
256	Milestone - Provide local and state level SDH Education and training	Mon 4/30/18	Mon 4/30/18	90%	SIM Technical Assistant	Yes	IHC SOW 5	Execution	3
257	<b>Provide TA to C3 Regions and Partners for Mapping Tool Capabilities</b>	<b>Tue 5/30/17</b>	<b>Mon 4/30/18</b>	<b>100%</b>	<b>SIM Technical Assistan</b>	<b>Yes</b>		<b>Execution</b>	
258	Milestone - Provide Mapping TA including ChimeMap to each C3 Region and Part	Mon 4/30/18	Mon 4/30/18	100%	SIM Technical Assistant	Yes	IHC SOW 5	Execution	3
259	Milestone - Assess Needs and knowledge to use mapping tool	Tue 5/30/17	Tue 5/30/17	100%	SIM Technical Assistant	Yes	IHC SOW 2	Execution	3
260	<b>Provide TA to C3 Regions and Partners for Process Improvement</b>	<b>Mon 4/30/18</b>	<b>Mon 4/30/18</b>	<b>83%</b>	<b>SIM Technical Assistan</b>	<b>No</b>	<b>IHC</b>	<b>Execution</b>	
261	Milestone - All C3s reporting data to SIM to populate Community Scorecards	Mon 4/30/18	Mon 4/30/18	100%	SIM Technical Assistant	Yes	IHC SOW 3	Execution	3
262	Milestone - All C3s submit SIM Community Quality Improvement Plan - Focus On	Mon 5/1/17	Mon 5/1/17	100%	C3s	Yes	IHC SOW 2	Execution	3
263	Milestone - C3 Survey Needs for Rapid Cycle Performance Improvement	Mon 5/22/17	Mon 5/22/17	100%	SIM Technical Assistant	Yes	IHC SOW 2	Execution	3
264	Milestone - Connect with each Health System working in a C3 to engage in Proce	Mon 5/22/17	Mon 5/22/17	100%	SIM Technical Assistant	Yes	IHC SOW 2	Execution	3
265	Milestone- Assist C3s in developing DSME where needed	Wed 2/28/18	Wed 2/28/18	75%	SIM Technical Assistant	Yes	IDPH SOW 1	Execution	3
266	Milestone-Develop referral systems and feedback loops for C3s related to DSME	Wed 2/28/18	Wed 2/28/18	75%	C3s	Yes	IDPH SOW 2	Execution	3
267	Milestone-Distribute updated Statewide Strategy Plans to local communities and	Fri 6/30/17	Fri 6/30/17	100%	SIM Technical Assistant	Yes	IDPH SOW 2	Execution	3
268	Milestone- Collect and analyze A1c>9 data recognizing patterns for tracking and	Fri 12/1/17	Fri 12/1/17	100%	SIM Technical Assistant	Yes	IHC SOW 3	Execution	3
269	<b>Maintain SIM Data Portal Capacity</b>	<b>Mon 1/15/18</b>	<b>Mon 4/30/18</b>	<b>75%</b>	<b>SIM Technical Assistan</b>	<b>No</b>		<b>Execution</b>	
270	Milestone-Incorporate SIM core metrics and Assess My Health data in State Heal	Mon 4/30/18	Mon 4/30/18	100%	SIM Technical Assistant	Yes	IDPH SOW...	Execution	3
271	Milestone - Create All Cause Harm baseline and annual tracking process	Mon 4/30/18	Mon 4/30/18	80%	SIM Technical Assistant	Yes	IHC SOW 6	Execution	3
272	Milestone-Provide C3 virtual training for data analytics and data communication	Mon 4/30/18	Mon 4/30/18	100%	SIM Technical Assistant	Yes	IHC SOW 6	Execution	3
273	<b>Milestone-Develop and provide C3 Community Score Cards based on SIM porta</b>	<b>Mon 1/15/18</b>	<b>Mon 1/15/18</b>	<b>100%</b>	<b>SIM Technical Assistan</b>	<b>Yes</b>		<b>Execution</b>	<b>3</b>
274	C3s complete at least one process improvement cycle based on analysis of dat	Mon 1/15/18	Mon 1/15/18	100%	SIM Technical Assistant	No	IHC SOW 2, 3, 5,	execution	3
275	<b>Provide TA for C3 Regions and Partners to Utilize SWAN for Care Transition</b>	<b>Mon 4/30/18</b>	<b>Mon 4/30/18</b>	<b>38%</b>	<b>SIM Technical Assistan</b>	<b>No</b>		<b>Execution</b>	
276	Milestone - Promote SWAN uses across C3 Partners (providers and hospitals)	Mon 4/30/18	Mon 4/30/18	0%	SIM Technical Assistant	Yes	IHC SOW 5		
277	Milestone - Participate in HIT work group and support C3's as they build referral s	Tue 10/31/17	Tue 10/31/17	100%	SIM Technical Assistant	Yes	IHC SOW 1	Execution	3
278	Milestone-convene groups to determine measures and develop non-C3 Commun	Mon 4/30/18	Mon 4/30/18	80%	SIM Technical Assistant	Yes	IHC SOW 4	Execution	3
279	Milestone - develop provider engagement resources	Mon 4/30/18	Mon 4/30/18	100%	SIM Technical Assistant	Yes	IHC SOW 1	Execution	3
280	Milestone - utilize subcontract (3) with provider groups to support health system	Mon 4/30/18	Mon 4/30/18	100%	SIM Technical Assistant	Yes	IHC SOW 5	Execution	3
281	Milestone - convene process implementation of Health Systems strategic vision	Mon 4/30/18	Mon 4/30/18	90%	SIM Technical Assistant	Yes	IHC SOW 1	Execution	3
282	Milestone - convene and facilitate meetings to align strategies on common metr	Mon 4/30/18	Mon 4/30/18	80%	SIM Technical Assistant	Yes	IHC SOW 1-6	Execution	3
283	Milestone -Support stakeholder groups to determine path toward transformative	Mon 4/30/18	Mon 4/30/18	75%	SIM Technical Assistant	Yes	IHC SOW 1	Execution	3
284	Milestone - Expand secure Simplify Platform to include Health Systems communi	Mon 4/30/18	Mon 4/30/18	80%	SIM Technical Assistant	Yes	IHC SOW 5	Execution	3
285	Milestone - Assign two data analysts to support health systems transformation T	Tue 5/30/17	Tue 5/30/17	100%	SIM Technical Assistant	Yes	IHC SOW 1	Execution	3
286	Milestone - Assign program manager and project officer to support health system	Tue 5/30/17	Tue 5/30/17	100%	SIM Technical Assistant	Yes	IHC SOW 1	Execution	3
287	Milestone - Develop process map or flow chart to demonstrate roles in the health	Mon 4/30/18	Mon 4/30/18	75%	SIM Technical Assistant	Yes	IHC SOW 1	Execution	3
288	Milestone - Expand SIM Portal to collect and analyze non-C3 community scorecar	Mon 4/30/18	Mon 4/30/18	75%	SIM Technical Assistant	Yes	IHC SOW 6	Execution	3
289	<b>AY4 - Population Health (Local): Secondary Drivers of ACH Framework, Addressing Patient Social Needs, Community Scorecards.</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>No</b>			<b>4</b>
290	<b>Develop and Maintain C3 Infrastructure</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>No</b>			<b>4</b>
291	<b>All C3s have active steering committee and coalition with the required membership.</b>	<b>Wed 5/2/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>Yes</b>			<b>4</b>

## SIMRoundTwoProjectPlan\_AY4

ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1 - 4)
292	Monitor representation of required entities and the effectiveness of C3 steering committees and coalitions through quarterly reports and steering committee minutes	Wed 5/2/18	Tue 4/30/19	0%	Pop Health	No	IDPH		4
293	Provide resources to support required goals of the C3 steering committee, including identifying leadership, implementing strategies from the statewide strategy plans, and data sharing	Wed 5/2/18	Tue 4/30/19	0%	Pop Health	No	IDPH		4
294	Develop a resource on successes and lessons learned on the use of the C3 steering committee and coalitions to share across the state	Tue 4/30/19	Tue 4/30/19	0%	Pop Health	Yes	IDPH		4
295	<b>Ensure continued education for community-based care coordinators</b>	<b>Wed 5/2/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>Yes</b>			<b>4</b>
296	Identify training needs based on the workforce assessment results	Wed 10/31/18	Wed 10/31/18	0%	Pop Health	Yes	IDPH		4
297	Training resources and opportunities are provided to the C3s and the community-based care coordinators as they become available	Wed 5/2/18	Tue 4/30/19	0%	Pop Health	No	IDPH		4
298	C3s work with IDPH and IHC to identify appropriate continuing education opportunities for the community-based care coordinators	Wed 5/2/18	Tue 4/30/19	0%	Pop Health	No	IDPH		4
299	<b>C3 contractor meeting held for contract updates and to promote networking, sharing, collaboration, training, and education</b>	<b>Tue 5/1/18</b>	<b>Thu 1/31/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>Yes</b>			<b>4</b>
300	Identify venue, schedule meetings	Tue 5/1/18	Thu 1/31/19	0%	Pop Health	No	IDPH		4
301	Develop agenda, identify speaker(s) as applicable	Tue 5/1/18	Thu 1/31/19	0%	Pop Health	No	IDPH		4
302	Plan facilitated networking, sharing, and brainstorming	Tue 5/1/18	Thu 1/31/19	0%	Pop Health	No	IDPH		4
303	Milestone - Hold C3 Contractor Meeting	Thu 1/31/19	Thu 1/31/19	0%	Pop Health	Yes	IDPH		4
304	<b>Increase Alignment of C3 hospital and public health CHNA &amp; HIPs, including additional tactics in the statewide strategy plans</b>	<b>Tue 5/1/18</b>	<b>Thu 2/28/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>Yes</b>			<b>4</b>
305	Provide TA to each C3 to align LBOH HIPs with applicable tactics from the statewide strategy plans during the yearly HIP update	Thu 2/28/19	Thu 2/28/19	0%	Pop Health	Yes	IDPH		4
306	Facilitate collaboration between hospitals and public health on CHNA/HIP process, as needed	Tue 5/1/18	Thu 2/28/19	0%	Pop Health	No	IDPH		4
307	<b>Track diabetic patients with A1C&gt;9 with vascular disease, tobacco use and obesity.</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>Yes</b>			<b>4</b>
308	Continued tracking throughout the award year to advise on quality improvement and intervention efforts necessary within target populations, provide quarterly updates	Tue 5/1/18	Tue 4/30/19	0%	Pop Health	Yes	IHC		4
309	<b>Use evidence-based resources and data reporting</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>Yes</b>			<b>4</b>
310	<b>Use evidence-based resources and data reporting to improve diabetes management</b>	<b>Tue 5/1/18</b>	<b>Tue 1/15/19</b>	<b>0%</b>		<b>Yes</b>			<b>4</b>
311	Conduct and utilize community assessments	Tue 1/15/19	Tue 1/15/19	0%	Pop Health	Yes	IDPH		4
312	Identify and Inform C3s of local and SIM resources to equip local community alignment, as needed	Tue 5/1/18	Tue 1/15/19	0%	Pop Health	No	IDPH		4
313	IHC staff will review assessment tool results and assist with ACH structure development and improvement	Tue 5/1/18	Tue 1/15/19	0%	Pop Health	No	IDPH		4
314	<b>C3s complete at least one process improvement cycle based on analysis of data to improve diabetes management</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>Yes</b>			<b>4</b>
315	Act as repository for SIM data elements	Wed 5/2/18	Tue 4/30/19	0%	Pop Health	No	IHC		4
316	Provide TA on quality and process improvement cycles	Wed 5/2/18	Tue 4/30/19	0%	Pop Health	No	IHC		4
317	Develop and disseminate live, in-time Community Scorecards to advance C3 performance	Wed 5/2/18	Tue 4/30/19	0%	Pop Health	No	IHC		4
318	Support C3s in utilization of their Community Scorecards and the Population Health Roadmap resources to support and align activities to address population health in their communities	Tue 5/1/18	Tue 4/30/19	0%	Pop Health	Yes	IHC		4
319	Support C3s in use of the statewide strategies addressing population health topics for achievement of identified tactics	Wed 5/2/18	Tue 4/30/19	0%	Pop Health	No	IHC		4
320	<b>Maintain the current SIM Data Portal</b>	<b>Tue 5/1/18</b>	<b>Thu 4/18/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>Yes</b>	<b>IHC</b>		<b>4</b>
321	Manage and enhance SIM Data Portal capacity	Wed 5/2/18	Thu 4/18/19	0%	Pop Health	No	IHC		4
322	Compile integrated clinical and C3 community outcomes data	Wed 5/2/18	Thu 4/18/19	0%	Pop Health	No	IHC		4

## SIMRoundTwoProjectPlan\_AY4

ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1-4)
323	Develop and provide quarterly C3 Community Score Cards based on SIM portal data analytics	Thu 4/18/19	Thu 4/18/19	0%	Pop Health	Yes	IHC		4
324	Provide virtual training for data analytics and data communication skills	Tue 5/1/18	Fri 2/1/19	0%	Pop Health	Yes	IHC		4
325	Provide monthly TA for quality and process improvement (e.g. PDSA)	Wed 5/2/18	Thu 4/18/19	0%	Pop Health	No	IHC		4
326	Continuous review the C3 process measures and QI Work plan submitted by C3	Wed 5/2/18	Thu 4/18/19	0%	Pop Health	No	IHC		4
327	<b>Link to community resources and clinical-community programs and services</b>	<b>Tue 5/1/18</b>	<b>Mon 12/31/18</b>	<b>0%</b>	<b>Pop Health</b>	<b>No</b>			<b>4</b>
328	<b>C3s have documented referral system to existing state-certified DSME program and NDPP and are actively referring</b>	<b>Tue 5/1/18</b>	<b>Mon 12/31/18</b>	<b>0%</b>	<b>Pop Health</b>	<b>Yes</b>			<b>4</b>
329	Review C3 action plans for existing referral systems	Tue 5/1/18	Mon 12/31/18	0%	Pop Health	Yes	IHC		4
330	Improve existing referral systems and existing DSME and NDPP, as needed	Tue 5/1/18	Mon 12/31/18	0%	Pop Health	No	IHC		4
331	Provide TA to assist C3s in developing DSME and NDPP, where needed	Tue 5/1/18	Mon 12/31/18	0%	Pop Health	No	IDPH		4
332	Monitor changes, improvements, successes, and lessons learned in the C3 referral flow charts	Tue 5/1/18	Mon 12/31/18	0%	Pop Health	No	IDPH		4
333	Provide TA to improve referral systems and feedback loops	Mon 12/31/18	Mon 12/31/18	0%	Pop Health	Yes	IDPH		4
334	<b>C3s have documented referral system for SDH and are actively referring</b>	<b>Tue 5/1/18</b>	<b>Mon 12/31/18</b>	<b>0%</b>	<b>Pop Health</b>	<b>Yes</b>			<b>4</b>
335	Review C3 action plans for existing referral systems	Tue 5/1/18	Mon 12/31/18	0%	Pop Health	No	IHC		4
336	Provide TA to improve referral systems and feedback loops using HIT	Mon 12/31/18	Mon 12/31/18	0%	Pop Health	Yes	IHIN		4
337	Monitor changes, improvements, successes, and lessons learned in the C3 referral flow charts	Tue 5/1/18	Mon 12/31/18	0%	Pop Health	No	IDPH		4
338	Provide TA to improve referral systems and feedback loops	Tue 5/1/18	Mon 12/31/18	0%	Pop Health	No	IHC		4
339	Collect SDH data and enter into the IHC data portal	Tue 5/1/18	Mon 12/31/18	0%	Pop Health	No	C3s		4
340	Manage and build SIM Data Portal capacity	Tue 5/1/18	Mon 12/31/18	0%	Pop Health	No	IHC		4
341	Compile integrated clinical and C3 community data	Mon 12/31/18	Mon 12/31/18	0%	Pop Health	Yes	IHC		4
342	Develop and provide quarterly C3 Community Score Cards based on SIM portal data analytics	Mon 12/31/18	Mon 12/31/18	0%	Pop Health	Yes	IHC		4
343	Provide virtual training for data analytics and data communication skills	Tue 5/1/18	Mon 12/31/18	0%	Pop Health	No	IHC		4
344	Provide monthly TA for quality and process improvement (e.g. PDSA)	Tue 5/1/18	Mon 12/31/18	0%	Pop Health	No	IHC		4
345	Provide quarterly QI work plan analysis reports to C3	Tue 5/1/18	Mon 12/31/18	0%	Pop Health	No	IHC		4
346	<b>AY4 - State Population Health Work Plan</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>No</b>			<b>4</b>
347	<b>Meet with a minimum of three stakeholder groups to facilitate and advance local population health activities</b>	<b>Tue 5/1/18</b>	<b>Sat 3/30/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>Yes</b>			<b>4</b>
348	Connect C3s with subject matter experts in diabetes, tobacco prevention and control, and nutrition and physical activity	Tue 5/1/18	Sat 3/30/19	0%	Pop Health	No	IDPH, IHC		4
349	Maintain the existing referral system for C3 communities to access Iowa Healthiest State Initiative technical assistance for community-wide prevention activities that support the local SIM activities	Tue 5/1/18	Sat 3/30/19	0%	Pop Health	No	IDPH		4
350	Provide resources and education to payers regarding coverage of DSME and NDPPs in Iowa	Sat 3/30/19	Sat 3/30/19	0%	Pop Health	Yes	IDPH, IME		4
351	Routinely update IDPH programs, other state agencies, and state collaborative partners regarding SDH, diabetes, obesity and tobacco activities occurring with	Tue 5/1/18	Sat 3/30/19	0%	Pop Health	No	IDPH		4
352	<b>Support the local infrastructure for DSME and NDPP</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>Yes</b>			<b>4</b>
353	Monitor # of NDPP and DSME programs, # of individuals completing the programs, and aggregated NQF measures in C3 regions	Tue 5/1/18	Tue 4/30/19	0%	Pop Health	Yes	IDPH, IHC		4
354	Partner with the IDPH CDC 1305 and the Iowa Chapter of the American Diabetes Association to inform and educate C3 regions on upcoming trainings, resources, standards of care	Tue 5/1/18	Tue 4/30/19	0%	Pop Health	No	IDPH		4
355	Identify gaps in NDPP availability in C3 regions and partner with the IDPH CDC 1305 Program to provide guidelines and technical assistance to implement new programs	Mon 12/31/18	Mon 12/31/18	0%	Pop Health	No	IDPH		4
356	<b>Update and promote the use of statewide strategy plans</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>Yes</b>			<b>4</b>
357	Update statewide strategy plans and distribute/promote to local communities and state collaborative partners	Tue 5/1/18	Tue 4/30/19	0%	Pop Health	No	IDPH, IHC		4

## SIMRoundTwoProjectPlan\_AY4

ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1-4)
358	Distribute resource developed in AY3 to guide alignment of HIP activities with tactics from the statewide strategy plans	Tue 4/30/19	Tue 4/30/19	0%	Pop Health	Yes	IDPH		4
359	<b>Develop success story or best practice document on SDH identification and referral process to inform non-C3 regions of C3 interventions</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>Pop Health</b>	<b>Yes</b>			<b>4</b>
360	Incorporate SIM core metrics and AssessMyHealth data in the State Health Improvement Plan (Healthy Iowans) where possible	Tue 5/1/18	Tue 4/30/19	0%	Pop Health	No	IDPH		4
361	Identify new successes and lessons learned from C3 referral systems and the Health IT systems used to support them	Thu 8/30/18	Thu 8/30/18	0%	Pop Health	Yes	IDPH		4
362	Share successes and lessons learned on the IDPH SIM and CHNA/HIP websites	Tue 5/1/18	Tue 4/30/19	0%	Pop Health	No	IDPH		4
363	<b>SWAN Development to Improve Transition of Care</b>	<b>Tue 7/1/14</b>	<b>Wed 5/1/19</b>	<b>11%</b>	<b>SWAN</b>	<b>No</b>			
364	Promote EHR adoption among providers (EHR Incentive Program)	Thu 1/1/15	Mon 12/31/18	0%	SWAN	No	IHIN Non Profit	Execution	3
365	IDPH Project Management for Alerting System (necessary staffing) to oversee contr	Mon 2/2/15	Mon 12/31/18	0%	SWAN	No	IHIN Non Profit	Execution	3
366	<b>Deploy an SWAN Alerting system</b>	<b>Thu 10/30/14</b>	<b>Thu 10/30/14</b>	<b>100%</b>	<b>SWAN</b>	<b>No</b>			
367	Milestone - Conduct Kick-off call with IDPH/ICA and IME	Thu 10/30/14	Thu 10/30/14	100%	SWAN	Yes	IDPH SOW 6		1
368	<b>IME Review System Development and Implementation timeline</b>	<b>Fri 1/30/15</b>	<b>Wed 9/30/15</b>	<b>100%</b>	<b>SWAN</b>	<b>No</b>			
369	Milestone - Have concept paper/marketing ready for ACO stakeholders	Fri 1/30/15	Fri 1/30/15	100%	SWAN	No	IDPH SOW 6		1
370	Milestone - Deploy an alerting system for ADT information for ACOs and other pri	Wed 9/30/15	Wed 9/30/15	100%	SWAN	Yes	IDPH SOW 6	Execution	2
371	<b>Connect ALL Iowa Hospitals to SWAN to send ADT Files</b>	<b>Tue 7/1/14</b>	<b>Wed 5/1/19</b>	<b>81%</b>	<b>SWAN</b>	<b>No</b>			
372	Milestone - Set up 5 connections to SWAN by April 30, 2016	Fri 4/1/16	Fri 4/1/16	100%	SWAN	Yes	IDPH SOW 6	Execution	2
373	Milestone - Connect 20 Iowa Hospitals to SWAN	Thu 5/5/16	Thu 5/5/16	100%	SWAN	Yes	IDPH SOW 6	Execution	2
374	Milestone - Connect 30 Iowa Hospitals to SWAN	Wed 2/1/17	Fri 5/19/17	100%	SWAN	Yes	IDPH SOW 6	Execution	2
375	Milestone - At least one user from every ACO signed up and ready to receive Alert	Wed 6/1/16	Wed 6/1/16	100%	SWAN	Yes	IDPH SOW 6	Execution	2
376	Milestone - Establish 10% of the ACOs Receiving Alerts	Sun 1/31/16	Sun 1/31/16	100%	SWAN	Yes	IDPH SOW 6	Execution	2
377	Milestone - Establish 40% of the ACOs Receiving Alerts	Thu 3/31/16	Thu 3/31/16	100%	SWAN	Yes	IDPH SOW 6	Execution	2
378	Milestone - Establish remaining 50% of the ACOs Receiving Alerts	Fri 7/1/16	Fri 7/1/16	100%	SWAN	Yes	IDPH SOW 6	Execution	2
379	Milestone - ADT Data received from 15 additional hospitals	Mon 7/31/17	Mon 7/31/17	100%	SWAN	Yes	IHIN Non Profit	Execution	3
380	Milestone - ADT Data received from 15 additional hospitals	Thu 11/30/17	Thu 11/30/17	66%	SWAN	Yes	IHIN Non Profit	Execution	3
381	Milestone - ADT Data received from 15 additional hospitals	Sat 3/31/18	Sat 3/31/18	0%	SWAN	Yes	IHIN Non Profit	Execution	3
382	<b>Alerts Submitted by ACO Affiliated Hospitals are "Real Time"</b>	<b>Tue 8/1/17</b>	<b>Thu 2/1/18</b>	<b>0%</b>	<b>SWAN</b>	<b>No</b>			
383	Milestone - Mercy ACO submitting ADT data more than once per day	Tue 8/1/17	Tue 8/1/17	35%	SWAN	Yes	IHIN Non Profit	Execution	3
384	Milestone - Mercy ACO submitting Real Time ADT data	Thu 2/1/18	Thu 2/1/18	0%	SWAN	Yes	IHIN Non Profit	Execution	3
385	<b>Increase the number of organizations receiving Alerts on Medicaid Members</b>	<b>Fri 9/1/17</b>	<b>Thu 2/1/18</b>	<b>33%</b>	<b>SWAN</b>	<b>No</b>			
386	Milestone - Receive an Medicaid Eligibility file from 3 Medicaid ACOs	Fri 9/1/17	Fri 9/1/17	100%	SWAN	Yes	IHIN Non Profit	Execution	3
387	Milestone - Receive a Medicaid Eligibility file from ALL 5 Medicaid ACOs	Wed 11/1/17	Wed 11/1/17	90%	SWAN	Yes	IHIN Non Profit	Execution	3
388	Milestone - Receive Medicaid Eligibility file from 1 Non-ACO Organization	Thu 2/1/18	Thu 2/1/18	33%	SWAN	Yes	IHIN Non Profit	Execution	3
389	<b>Expand SWAN Alerts to include the Medicare Population</b>	<b>Sun 12/31/17</b>	<b>Thu 2/1/18</b>	<b>50%</b>	<b>SWAN</b>	<b>No</b>			
390	Milestone - Receive a MEDICARE Eligibility file from at least one ACO	Sun 12/31/17	Sun 12/31/17	100%	SWAN	Yes	IHIN Non Profit	Execution	3
391	Milestone - Receive a MEDICARE eligibility from at least 2 other ACOs	Thu 2/1/18	Thu 2/1/18	0%	SWAN	Yes	IHIN Non Profit	Execution	3
392	<b>Expand SWAN Alerts to Other Provider Types and Organizations</b>	<b>Mon 12/4/17</b>	<b>Thu 2/1/18</b>	<b>0%</b>	<b>SWAN</b>	<b>No</b>			
393	Milestone - Pricing Model developed for other provider type or entities use of SW	Mon 12/4/17	Mon 12/4/17	70%	SWAN	Yes	IHIN Non Profit	Planning	3
394	Milestone - At Least 1 Other Provider Type or Entity Submits Eligibility File	Thu 2/1/18	Thu 2/1/18	50%	SWAN	Yes	IHIN Non Profit	Execution	3
395	<b>SWAN TA (IHIN Non Profit)</b>	<b>Fri 6/2/17</b>	<b>Mon 4/16/18</b>	<b>33%</b>	<b>SWAN</b>	<b>No</b>			
396	Milestone - Develop fact Sheet on the value of sending ADT Data	Fri 6/2/17	Fri 6/2/17	100%	SWAN	Yes	IHIN Non Profit	Execution	3
397	Milestone - Conduct at least 5 User Group Meetings	Fri 12/1/17	Fri 12/1/17	60%	SWAN	Yes	IHIN Non Profit	Execution	3
398	Milestone - Conduct an analysis of current ADT / SWAN data including Barriers, R	Mon 4/16/18	Mon 4/16/18	0%	SWAN	Yes	IHIN Non Profit	Planning	3
399	<b>Provide Technical Assistance &amp; Promote Adoption of the Alerting system</b>	<b>Wed 4/1/15</b>	<b>Mon 12/31/18</b>	<b>41%</b>	<b>SWAN</b>	<b>No</b>	<b>IHIN Non Profit</b>		<b>3</b>
400	Milestone - Document and distribute Best Practice for ADT/Alerting	Wed 11/15/17	Wed 11/15/17	100%	SWAN	Yes	IHIN Non Profit	Execution	3
401	Milestone-Release Results of Best Practices with Key Partners	Fri 12/15/17	Fri 12/15/17	90%	SWAN	Yes	IHIN Non Profit	Execution	3
402	<b>SWAN Communication Plan</b>	<b>Tue 9/16/14</b>	<b>Mon 12/31/18</b>	<b>41%</b>	<b>SWAN</b>	<b>No</b>			
403	Promote legislation to increase use & adoption of IHIN Query function - NA	Tue 9/16/14	Tue 6/30/15	100%	SWAN	No	IDPH SOW 6		1
404	Develop a Communication Plan (Using existing eHealth strategies)	Mon 2/16/15	Fri 4/1/16	100%	SWAN	No	IDPH SOW 6		2
405	Work w/ stakeholders & other payers to increase covered lives in Alerting	Wed 4/1/15	Mon 12/31/18	10%	SWAN	No	IDPH SOW 6		2

## SIMRoundTwoProjectPlan\_AY4

ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1-4)
406	Milestone - Communication plan approved	Fri 4/29/16	Tue 5/17/16	100%	SWAN	Yes	IDPH SOW 6	Execution	2
407	Milestone - Annual review and update of communication Plan	Thu 3/31/16	Thu 3/31/16	100%	SWAN	Yes	IDPH SOW 6	Execution	2
408	Milestone - Annual review and update of communication Plan	Fri 4/7/17	Fri 4/7/17	100%	SWAN	No	IDPH SOW 6	Execution	2
409	Milestone - Annual review and update of communication Plan	Thu 3/1/18	Thu 3/1/18	90%	SWAN	Yes	IHIN Non Profit	Execution	3
410	<b>Work w/ stakeholders &amp; other payers to increase covered lives in Alerting</b>	<b>Wed 6/15/16</b>	<b>Thu 11/1/18</b>	<b>60%</b>	<b>SWAN</b>	<b>No</b>			
411	Milestone- Give Presentation on SWAN to Care Coordinators	Wed 6/15/16	Wed 6/15/16	100%	SWAN	Yes	IDPH SOW 6	Execution	2
412	Milestone- Conduct Informational Session for C3 Directors	Mon 10/2/17	Mon 10/2/17	100%	SWAN	Yes	IHIN Non Profit	Execution	3
413	Milestone - Submit Year 2 SWAN Perceived Value report to IME	Wed 7/13/16	Wed 7/13/16	100%	SWAN	Yes	IDPH SOW 6	Execution	2
414	Milestone - Submit Year 3 SWAN Perceived Value report to IME	Mon 4/16/18	Mon 4/16/18	0%	SWAN	Yes	IHIN Non Profit		3
415	Milestone - Submit Year 4 SWAN Perceived Value report to IME - NA?	Thu 11/1/18	Thu 11/1/18	0%	SWAN	No	IDPH SOW 6		1
416	Milestone- Conduct at least 5 Face to Face Meetings, Conferences, for technical	Sun 1/1/17	Sun 1/1/17	100%	SWAN	Yes	IDPH SOW 6		2
417	<b>Enable other Payers to use SWAN</b>	<b>Mon 7/31/17</b>	<b>Tue 9/19/17</b>	<b>100%</b>	<b>SWAN</b>	<b>No</b>			<b>1</b>
418	Milestone- Receive an eligibility file from 2 Medicaid MCOs	Mon 7/31/17	Mon 7/31/17	100%	SWAN	Yes	IHIN Non Profit	Execution	3
419	Milestone - Receive an eligibility file from ALL Medicaid MCOs	Tue 9/19/17	Tue 9/19/17	100%	SWAN	Yes	IHIN Non Profit	Execution	3
420	Provide Technical Assistance through SWAN Best Practices Initiative	Wed 11/1/17	Wed 11/1/17	0%	SWAN	No			3
421	<b>AY4 SWAN Activities</b>	<b>Thu 3/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>		<b>No</b>			
422	<b>AY4 SWAN-Plus C3 Provider Pilots</b>	<b>Thu 3/1/18</b>	<b>Wed 8/1/18</b>	<b>0%</b>	<b>SWAN</b>	<b>Yes</b>			<b>4</b>
423	<b>Enlist healthcare entities to participate in pilots</b>	<b>Thu 3/1/18</b>	<b>Thu 3/1/18</b>	<b>0%</b>	<b>SWAN</b>	<b>Yes</b>			<b>4</b>
424	Identify and engage all participating providers and stakeholders	Thu 3/1/18	Thu 3/1/18	0%	SWAN	No	IHIN		4
425	Provide written overview of planned pilot	Thu 3/1/18	Thu 3/1/18	0%	SWAN	No	IHIN		4
426	Required paperwork signed (PA, BAA)	Thu 3/1/18	Thu 3/1/18	0%	SWAN	No	IHIN		4
427	<b>Agree on high-level plan and timeline</b>	<b>Mon 3/26/18</b>	<b>Mon 3/26/18</b>	<b>0%</b>	<b>SWAN</b>	<b>Yes</b>			<b>4</b>
428	Define scope and focus for each entity	Mon 3/26/18	Mon 3/26/18	0%	SWAN	No	IHIN, IME		4
429	Map timeline and milestones in work plan format	Mon 3/26/18	Mon 3/26/18	0%	SWAN	No	IHIN, IME		4
430	Develop RACI Chart	Mon 3/26/18	Mon 3/26/18	0%	SWAN	No	IHIN, IME		4
431	<b>Onboard to Orion platform and CMT</b>	<b>Fri 4/13/18</b>	<b>Fri 4/13/18</b>	<b>0%</b>	<b>SWAN</b>	<b>Yes</b>			<b>4</b>
432	Kick-Off	Fri 4/13/18	Fri 4/13/18	0%	SWAN	No	IHIN, IME		4
433	Connection to Orion platform with CMT (see onboarding work plan: VPN connection, testing, etc.)	Fri 4/13/18	Fri 4/13/18	0%	SWAN	No	IHIN, IME		4
434	Staff training for [SWAN-Plus] and CMT per written training outline and resource materials	Fri 4/13/18	Fri 4/13/18	0%	SWAN	No	IHIN, IME		4
435	<b>Support development and transmission of attribution files and alerts</b>	<b>Mon 3/5/18</b>	<b>Mon 3/5/18</b>	<b>0%</b>	<b>SWAN</b>	<b>Yes</b>			<b>4</b>
436	Define attribution file properties and format	Mon 3/5/18	Mon 3/5/18	0%	SWAN	No	IHIN, IME		4
437	Define key fields needed for alerts	Mon 3/5/18	Mon 3/5/18	0%	SWAN	No	IHIN, IME		4
438	Test connections; move to production	Mon 3/5/18	Mon 3/5/18	0%	SWAN	No	IHIN, IME		4
439	<b>Ensure digests are integrated in care coordination work flows, utilized in daily operations</b>	<b>Tue 6/12/18</b>	<b>Tue 6/12/18</b>	<b>0%</b>	<b>SWAN</b>	<b>Yes</b>			<b>4</b>
440	Develop operational processes for leveraging alerts for enhanced care coordination and clinical outcomes: within each participating entity, and between entities as applicable for C3s	Tue 6/12/18	Tue 6/12/18	0%	SWAN	No	IHIN, IME		4
441	Integrate with care coordination software as applicable	Tue 6/12/18	Tue 6/12/18	0%	SWAN	No	IHIN, IME		4
442	Develop reporting template with protocols and procedures	Tue 6/12/18	Tue 6/12/18	0%	SWAN	No	IHIN, IME		4
443	Utilize PDSA – Rapid-cycle improvement	Tue 6/12/18	Tue 6/12/18	0%	SWAN	No	IHIN, IME		4
444	<b>Expand alerts and care coordination processes to other key providers in patients' health ecosystem</b>	<b>Wed 8/1/18</b>	<b>Wed 8/1/18</b>	<b>0%</b>	<b>SWAN</b>	<b>Yes</b>			<b>4</b>
445	Identify other participants integral to coordination of patients' care	Wed 8/1/18	Wed 8/1/18	0%	SWAN	No	IHIN, IME		4
446	For C3s, focus on expansion to LTC facility or facilities	Wed 8/1/18	Wed 8/1/18	0%	SWAN	No	IHIN, IME		4
447	Repeat steps above to expand care coordination to additional provider entities to expand care coordination networks	Wed 8/1/18	Wed 8/1/18	0%	SWAN	No	IHIN, IME		4
448	<b>AY4 SWAN-Plus ACO Pilots</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>SWAN</b>	<b>No</b>			<b>4</b>
449	<b>Enlist ACOs to participate in pilots</b>	<b>Fri 6/1/18</b>	<b>Fri 6/1/18</b>	<b>0%</b>	<b>SWAN</b>	<b>Yes</b>			<b>4</b>
450	Meet with leadership of each Medicaid ACO	Fri 6/1/18	Fri 6/1/18	0%	SWAN	No	IHIN, IME		4
451	Provide written overview of planned pilot and discuss potential areas of focus	Fri 6/1/18	Fri 6/1/18	0%	SWAN	No	IHIN, IME		4

## SIMRoundTwoProjectPlan\_AY4

ID	Task Name	Start	Finish	% Complet	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1-4)
452	<b>Agree on high-level plan and timeline</b>	Mon 6/18/18	Mon 6/18/18	0%	SWAN	Yes			4
453	Define scope and focus for each ACO	Mon 6/18/18	Mon 6/18/18	0%	SWAN	No	IHIN, IME		4
454	Map timeline and milestones in work plan format	Mon 6/18/18	Mon 6/18/18	0%	SWAN	No	IHIN, IME		4
455	RACI Chart	Mon 6/18/18	Mon 6/18/18	0%	SWAN	No	IHIN, IME		4
456	Required paperwork signed (PA)	Mon 6/18/18	Mon 6/18/18	0%	SWAN	No	IHIN, IME		4
457	<b>Onboard to Orion platform and CMT</b>	Fri 7/13/18	Fri 7/13/18	0%	SWAN	Yes			4
458	Kick-off	Fri 7/13/18	Fri 7/13/18	0%	SWAN	No	IHIN, IME		4
459	Connection to Orion platform with CMT (see onboarding work plan: VPN connection, testing, etc.)	Fri 7/13/18	Fri 7/13/18	0%	SWAN	No	IHIN, IME		4
460	Key staff training for [SWAN-Plus] and CMT per written training outline and resource materials	Fri 7/13/18	Fri 7/13/18	0%	SWAN	No	IHIN, IME		4
461	<b>Support development and transmission of attribution files and alerts</b>	Fri 7/13/18	Fri 7/13/18	0%	SWAN	No			4
462	Define attribution file properties and format	Fri 7/13/18	Fri 7/13/18	0%	SWAN	No	IHIN, IME		4
463	Define key fields needed for alerts	Fri 7/13/18	Fri 7/13/18	0%	SWAN	No	IHIN, IME		4
464	Test connections; move to production	Fri 7/13/18	Fri 7/13/18	0%	SWAN	No	IHIN, IME		4
465	<b>Ensure digests are integrated in care coordination work flows, utilized in daily operations</b>	Tue 5/1/18	Tue 4/30/19	0%	SWAN	Yes			4
466	Develop processes within each ACO to leverage the alerts for enhanced care coordination and improved clinical outcomes	Tue 5/1/18	Tue 4/30/19	0%	SWAN	No	IHIN, IME		4
467	Develop a communication and education plan, along with supporting resource materials, for ACOs to disseminate to impacted providers and care coordinators	Tue 5/1/18	Tue 4/30/19	0%	SWAN	No	IHIN, IME		4
468	Integrate with care coordination software as applicable	Tue 5/1/18	Tue 4/30/19	0%	SWAN	No	IHIN, IME		4
469	Develop reporting template with protocols and procedures	Tue 5/1/18	Tue 4/30/19	0%	SWAN	No	IHIN, IME		4
470	Utilize PDSA – Rapid-cycle improvement	Tue 5/1/18	Tue 4/30/19	0%	SWAN	No	IHIN, IME		4
471	<b>Receive ADT files from all remaining hospitals</b>	Tue 5/1/18	Sun 9/30/18	0%	SWAN	Yes			4
472	Established relationships/work flows with hospitals to connect and submit ADT data to IHIN	Tue 5/1/18	Sun 9/30/18	0%	SWAN	No	IHIN		4
473	Conduct webinars as needed for those hospitals not currently sending ADT's	Tue 5/1/18	Sun 9/30/18	0%	SWAN	No	IHIN		4
474	<b>Develop a strategy to expand notification for services provided at non-covered entities (county jail, juvenile justice, DOC)</b>	Tue 5/1/18	Fri 11/30/18	0%	SWAN	Yes			4
475	Established relationships/work flows with organizations to expand SWAN Alerts	Tue 5/1/18	Fri 11/30/18	0%	SWAN	No	IHIN		4
476	Conduct webinars and educational opportunities for onboarding new organizations	Tue 5/1/18	Fri 11/30/18	0%	SWAN	No	IHIN		4
477	<b>Quality Improvement Survey</b>	Tue 5/1/18	Mon 12/31/18	0%	SWAN	Yes			4
478	Develop a survey to be sent to participating ACO's/MCO's who are receiving alerts	Wed 10/31/18	Wed 10/31/18	0%	SWAN	Yes	IHIN		4
479	Survey sent to participants	Tue 5/1/18	Wed 10/31/18	0%	SWAN	No	IHIN		4
480	Survey complete and results sent to IME	Mon 12/31/18	Mon 12/31/18	0%	SWAN	Yes	IHIN		4
481	<b>Standardize HRA Utilization for Collection and Use for SDH Measures</b>	Fri 6/30/17	Tue 4/30/19	0%		No			
482	<b>AY3 - Utilization of Standardized SDOH for VBP</b>	Fri 6/30/17	Tue 5/1/18	1%		No			
483	Milestone-Deploy Assess My Health as NCQA Certified Health Risk Screening Tool	Fri 6/30/17	Fri 6/30/17	100%	SDH/HRA	Yes	Telligen SOW 2	Execution	3
484	Identify Social Determinants screening questions and add them to AMH and reco	Sat 9/30/17	Sat 9/30/17	90%	SDH/HRA	Yes	Telligen SOW 2	Execution	3
485	Milestone-Deploy AMH for use in the general population via Wellmark and HSI le	Wed 1/31/18	Wed 1/31/18	50%	SDH/HRA	Yes	Telligen SOW 2	Execution	3
486	Milestone-Train SIM TA providers to assist providers to incorporate AMH into clir	Thu 11/30/17	Sun 12/31/17	75%	SDH/HRA	Yes	Telligen SOW 2	Execution	3
487	Milestone-Train SIM TA providers to assist providers to utilize individual and aggr	Wed 1/31/18	Wed 1/31/18	20%	SDH/HRA	Yes	Telligen SOW 2	Execution	3
488	Milestone-Incorporate use of AMH tool or SDH questions into MCO screening toc	Wed 2/28/18	Tue 5/1/18	75%	SDH/HRA	Yes	Telligen SOW 2	Execution	3
489	<b>AY4 - Utilization of Standardized SDOH for VBP</b>	Tue 5/1/18	Tue 4/30/19	0%	SDH/HRA	Yes			4
490	<b>Increase use of social determinants and HRA outcomes data</b>	Tue 5/1/18	Tue 4/30/19	0%	SDH/HRA	No			4
491	<b>Continue to deploy AMH as an NCQA certified tool available for the Medicaid and General populations</b>	Tue 5/1/18	Tue 4/30/19	0%	SDH/HRA	Yes			4
492	3M will maintain NCQA certification for AssessMyHealth	Tue 5/1/18	Tue 4/30/19	0%	SDH/HRA	No	3M, IME		4

## SIMRoundTwoProjectPlan\_AY4

ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1 - 4)
493	Promote the use of AMH with the Medicaid expansion members and communities throughout Iowa through the Healthiest State Initiative	Tue 5/1/18	Tue 4/30/19	0%	SDH/HRA	No	3M, IME		4
494	SIM team members will develop an issue brief or white paper demonstrating outcomes related to broad implementation of an HRA	Tue 5/1/18	Tue 4/30/19	0%	SDH/HRA	No	3M, IME		4
495	<b>Recommend standardized SDH measures for inclusion within other tools</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>SDH/HRA</b>	<b>Yes</b>			<b>4</b>
496	Measures will be shared with the Stakeholder Group and other interested parties	Tue 5/1/18	Tue 4/30/19	0%	SDH/HRA	No	IME		4
497	Assess the ability for the measures to be included in data collection tools used by other partners	Tue 4/30/19	Tue 4/30/19	0%	SDH/HRA	Yes	IME		4
498	Identify processes for each C3 to collect this data and report it, if not utilizing AssessMyHealth	Tue 4/30/19	Tue 4/30/19	0%	SDH/HRA	Yes	IME		4
499	<b>Identify an analytics tool that will accept data from multiple sources, aggregate it, and report it across multiple sectors</b>	<b>Sun 9/30/18</b>	<b>Sun 9/30/18</b>	<b>0%</b>	<b>SDH/HRA</b>	<b>Yes</b>			<b>4</b>
500	Available tools will be assessed for their flexibility and potential to meet this need	Sun 9/30/18	Sun 9/30/18	0%	SDH/HRA	No	IME		4
501	Available tools will be assessed for their ability to report data to a HIE	Sun 9/30/18	Sun 9/30/18	0%	SDH/HRA	No	IME		4
502	<b>Preparing to link HRA use to VBP</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>SDH/HRA</b>	<b>No</b>			<b>4</b>
503	<b>Establish an AssessMyHealth analytics dashboard with 3M</b>	<b>Tue 5/1/18</b>	<b>Wed 8/1/18</b>	<b>0%</b>	<b>SDH/HRA</b>	<b>Yes</b>			<b>4</b>
504	Ensure the dashboard contains information valuable to providers, C3s, community organizations, and other interested parties	Tue 5/1/18	Wed 8/1/18	0%	SDH/HRA	No	3M, IME		4
505	Provide quarterly updates to the dashboard	Wed 8/1/18	Wed 8/1/18	0%	SDH/HRA	Yes	IME		4
506	<b>Convene partners to identify a risk assessment formula that includes and is inspired by the SDH data produce in AY3 and AY4</b>	<b>Tue 5/1/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>SDH/HRA</b>	<b>Yes</b>			<b>4</b>
507	Identify key partners including MCOs, ACOs, providers, and leadership	Tue 5/1/18	Tue 5/1/18	0%	SDH/HRA	Yes	IME		4
508	Providers will receive technical assistance in utilizing aggregated as well as individual data	Tue 5/1/18	Tue 4/30/19	0%	SDH/HRA	No	IHC, 3M, IDPH, IME, PPC,		4
509	<b>Payment Reform: Align Payers in VBP</b>	<b>Thu 1/1/15</b>	<b>Wed 5/4/22</b>	<b>45%</b>	<b>VBP</b>	<b>No</b>			
510	<b>Implement ACO Aligned Strategy in Medicaid (2017 and 2018 Programs)</b>	<b>Sat 8/1/15</b>	<b>Tue 1/1/19</b>	<b>54%</b>	<b>VBP</b>	<b>No</b>			
511	<b>Plan and Implement Initial MCO Requirements for VBP</b>	<b>Sat 8/1/15</b>	<b>Mon 11/30/15</b>	<b>100%</b>	<b>VBP</b>	<b>No</b>			
512	Milestone - Terminate ACO Agreements for IHAWP population - effective 12/31/15	Wed 11/4/15	Wed 11/4/15	100%	VBP	No			1
513	Define VBP Definition for MCOs to reach 40%	Sat 8/1/15	Mon 11/30/15	100%	VBP	No			1
514	Establish requirements for MCOs to report VBP activities	Wed 9/30/15	Mon 11/2/15	100%	VBP	No			1
515	Milestone - Conduct SIM and VBP meeting with MCOs	Mon 11/30/15	Mon 11/30/15	100%	VBP	Yes	Telligen SOW 1.0		1
516	<b>Qualify MCO ACO Contracts (Year 2017)</b>	<b>Sat 4/30/16</b>	<b>Fri 9/29/17</b>	<b>100%</b>	<b>VBP</b>	<b>Yes</b>			
517	MCOs to submit contracts to IME	Sat 4/30/16	Sat 4/30/16	100%	VBP	No	Telligen SOW 3		2
518	IME to create Comparison Matrix	Mon 5/16/16	Mon 5/16/16	100%	VBP	No	Telligen SOW 3		2
519	IME to update Comparison Matrix	Fri 7/1/16	Wed 7/27/16	100%	VBP	No	Telligen SOW 3		2
520	IME Leadership to review MCO VBP Contracts	Thu 6/30/16	Fri 7/29/16	100%	VBP	No	Telligen SOW 3		2
521	Submit feedback to MCOS (report and or IME Meeting)	Mon 8/1/16	Fri 10/14/16	100%	VBP	No	Telligen SOW 3		2
522	IME Leadership to review and advise on VIS Targets at the ACO level	Mon 8/1/16	Tue 11/15/16	100%	VBP	No	Telligen SOW 3		2
523	Submit feedback to MCOS (report and or IME Meeting)	Mon 8/15/16	Mon 8/15/16	100%	VBP	Yes	Telligen SOW 3	Execution	2
524	MCO to submit revised VBP drafts as required based on feedback from DHS	Fri 10/14/16	Fri 12/30/16	100%	VBP	No	Telligen SOW 3		2
525	Milestone - IME Leadership Reviews and Qualifies MCO VBP contracts	Thu 3/30/17	Thu 3/30/17	100%	VBP	Yes	Telligen SOW 3	Execution	2
526	Milestone - MCOs to report % of lives in VBP for 2016	Fri 9/29/17	Fri 9/29/17	100%	VBP	Yes	Telligen SOW 3	Execution	3
527	Milestone - Publish 2017 VIS baseline so for ACOs and MCOs	Wed 5/31/17	Wed 5/31/17	100%	VBP	Yes	Telligen SOW 3	Execution	3
528	<b>Qualify MCO ACO Contracts (Year 2018)</b>	<b>Mon 7/3/17</b>	<b>Mon 4/23/18</b>	<b>92%</b>	<b>VBP</b>	<b>Yes</b>			
529	Milestone - Release the Medicaid APM Contracting Template for 2018	Mon 7/3/17	Mon 7/3/17	100%	VBP	Yes	Telligen SOW 3	Execution	3
530	Milestone - MCO submit 2018 contracts for Qualification (HCP - LAN Level 3A)	Fri 10/20/17	Fri 10/20/17	100%	VBP	Yes	Telligen SOW 3	Execution	3
531	Milestone - MCOs contracts meet qualification	Fri 11/10/17	Fri 11/10/17	100%	VBP	Yes	Telligen SOW 3	Execution	3
532	Milestone - 2018 VIS and TCOC baseline Published	Mon 4/23/18	Mon 4/23/18	0%	VBP	Yes	Telligen SOW 3	Execution	3
533	<b>Qualify each MCO VBP Contracts for (Year 2019)</b>	<b>Mon 6/4/18</b>	<b>Mon 12/31/18</b>	<b>0%</b>	<b>VBP</b>	<b>No</b>	<b>Telligen</b>		<b>4</b>
534	Issue Guidance to MCOs on Requirementets for 2019	Mon 6/4/18	Mon 12/31/18	0%	VBP	No	Telligen		4
535	Hold Information and Education Meetings as Needed	Mon 6/4/18	Mon 12/31/18	0%	VBP	No	Telligen		4
536	MCOs to report data for SIM Core Metris	Mon 6/4/18	Mon 12/31/18	0%	VBP	No	Telligen		4

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ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year (1 - 4)
537	<b>Update the MCO Incentive Program</b>	Mon 1/30/17	Fri 9/29/17	100%	VBP	Yes			
538	Milestone - Share Draft version with MCOs	Mon 1/30/17	Mon 1/30/17	100%	VBP	Yes	Telligen SOW 3	Execution	2
539	Milestone - Publish Final Version of MCO Incentive Program	Fri 9/29/17	Fri 9/29/17	100%	VBP	Yes	Telligen SOW 3	Execution	3
540	Milestone - Update MCO Contracts to reflect new Incentive Program	Fri 9/29/17	Fri 9/29/17	100%	VBP	Yes	Medicaid	Execution	3
541	<b>Achieve at least one Other Payer A-APM by 2019</b>	Mon 5/1/17	Tue 1/1/19	29%	VBP	Yes			
542	Milestone - Issue MCO Contracting Template with Requirements known to-date	Mon 5/1/17	Mon 5/1/17	100%	VBP	Yes	Medicaid/Tellige	Execution	3
543	Milestone - Identify requirements of A-APM program from final rules	Tue 1/1/19	Tue 1/1/19	100%	VBP	Yes	Telligen SOW 3	Execution	3
544	Milestone - Establish plan to update MCO Contract Templates for 2019	Thu 2/15/18	Thu 2/15/18	20%	VBP	Yes	Telligen SOW 3	Planning	3
545	Milestone - Establish Path to seek A-APM Determination	Thu 2/15/18	Thu 2/15/18	20%	VBP	Yes	Telligen SOW 3	Planning	3
546	<b>Release the Medicaid A-APM Contract Template</b>	Tue 5/1/18	Sun 9/30/18	0%	VBP	Yes	Telligen		4
547	Research language alignment areas with other private payers and components of the MACRA/QPP program (+ and - risk, use of VIS, CQMs, CEHRT, etc)	Tue 5/1/18	Sun 9/30/18	0%	VBP	No	Telligen		4
548	Develop Internal Proposal and Distribute	Tue 7/31/18	Tue 7/31/18	0%	VBP	Yes	Telligen		4
549	Medicaid Leadership Approves Internal Proposal	Fri 8/31/18	Fri 8/31/18	0%	VBP	No	Telligen		4
550	Share Contract with MCOs	Sun 9/30/18	Sun 9/30/18	0%	VBP	Yes			4
551	<b>HOLD for new model - Develop at least one A-APM by 2019 - For 2020 Program Year</b>	Wed 10/31/18	Wed 10/31/18	0%	VBP	Yes	Telligen		4
552	<b>Plan Phase II VBP Plan that aligns with MACRA (Qualifying APM)</b>	Tue 11/1/16	Fri 4/28/17	100%	VBP	No			
553	Communicate new requirements and Plan to implement with MCOs	Tue 11/1/16	Fri 4/28/17	100%	VBP	No			2
554	<b>Plan ACO Communications at next SIM Learning Event (MACRA)</b>	Fri 7/1/16	Fri 9/30/16	100%	VBP	No			
555	Identify Areas for improvement for year 2	Fri 7/1/16	Thu 9/29/16	100%	VBP	No			2
556	Conduct ACO Survey of VIS for year 2	Thu 9/1/16	Fri 9/30/16	100%	VBP	No			2
557	<b>Manage Quality Tools to support APMs (3M VIS/TCOC Dashboard, Claims and Encounter Data)</b>	Thu 1/1/15	Wed 5/4/22	44%	VBP	Yes			
558	<b>Expand VBP Models to Full Medicaid (through MCOs) AY1</b>	Mon 2/23/15	Thu 12/31/15	100%	VBP	No			
559	<b>Develop and Approve Iowa Administrative Rules</b>	Mon 2/23/15	Thu 12/31/15	100%	VBP	No	Telligen SOW 1.0		
560	Compose Internal draft of IAC	Mon 2/23/15	Sat 8/15/15	100%	VBP	No	Telligen SOW 1.0		1
561	Submit to Rules Committee	Tue 11/10/15	Tue 11/10/15	100%	VBP	No	Telligen SOW 1.0		1
562	Milestone - IAC Approved	Thu 12/31/15	Thu 12/31/15	100%	VBP	Yes	Telligen SOW 1.0		1
563	<b>Revise VIS Dashboard to Accommodate MCO view</b>	Wed 7/1/15	Fri 4/28/17	94%	VBP	Yes			
564	Establish Business Rules for 3M to update Dashboard for MCO Access	Wed 7/1/15	Tue 3/15/16	100%	VBP	No	Medicaid/Tellige		2
565	Review business rules with MCOs (PowerPoint/Conference Call)	Mon 5/9/16	Mon 5/9/16	100%	VBP	No	Medicaid/Tellige		2
566	Test requirements for MCO Access to VIS Dashboard	Tue 2/16/16	Wed 12/14/16	90%	VBP	No	3M SOW 3		2
567	Milestone - MCO Access to the VIS dashboard is available	Fri 4/28/17	Fri 4/28/17	0%	VBP	Yes	3M SOW 2	Execution	2
568	<b>MCOs report Encounter Data to support VIS</b>	Wed 10/14/15	Fri 4/28/17	99%	VBP	Yes			
569	Send MCOs 837 Reporting requirements	Wed 10/14/15	Wed 10/14/15	100%	VBP	No	3M SOW 3		1
570	Confirm with 3M that 837 Requirements meet VIS needs	Wed 10/28/15	Tue 11/10/15	100%	VBP	No	3M SOW 2		1
571	Send 3M an encounter test file	Tue 5/31/16	Wed 8/31/16	100%	VBP	No	Medicaid		2
572	Test MCO encounter data for VIS dashboard	Tue 5/31/16	Mon 11/28/16	100%	VBP	No	3M SOW 3		2
573	Milestone - MCO Encounter data moved into production VIS dashboard	Fri 4/28/17	Fri 4/28/17	0%	VBP	Yes	3M SOW 2	Execution	2
574	<b>Share Raw Claims/Encounter Data with ACOs or MCOs in Medicaid</b>	Mon 10/9/17	Mon 4/30/18	0%	VBP	Yes			
575	Milestone - Update Raw Claims/Encounter Feeds 1st quarter (with each dashboa	Mon 10/9/17	Mon 10/9/17	100%	VBP	Yes	3M SOW 3	Execution	3
576	Milestone - Update Raw Claims/Encounter Feeds 2nd quarter (with each dashbo	Mon 10/9/17	Mon 10/9/17	100%	VBP	Yes	3M SOW 3	Execution	3
577	Milestone - Update Raw Claims/Encounter Feeds 3rd quarter (with each dashboa	Wed 1/31/18	Wed 1/31/18	0%	VBP	Yes	3M SOW 3	Execution	3
578	Milestone - Update Raw Claims/Encounter Feeds 4th quarter (with each dashboa	Mon 4/30/18	Mon 4/30/18	0%	VBP	Yes	3M SOW 3	Execution	3
579	<b>Regular Refreshes of VIS and Total Cost of Care (Online Dashboard) AY2</b>	Thu 1/1/15	Fri 8/16/19	52%	VBP	Yes			
580	Incorporate Claims paid through 1/31/2016 in online dashboard	Thu 3/10/16	Thu 3/10/16	100%	VBP	No	3M SOW3		2
581	Incorporate Claims paid through 2/28/2016 in online dashboard	Fri 5/13/16	Fri 5/13/16	100%	VBP	No	3M SOW3		2
582	Incorporate Claims paid through 3/31/2016 in online dashboard	Mon 6/13/16	Tue 6/21/16	100%	VBP	No	3M SOW3		2
583	Incorporate Claims paid through 4/30/2016 in online dashboard	Wed 8/31/16	Wed 8/31/16	100%	VBP	Yes	3M SOW3		2
584	Incorporate Claims paid through 5/31/2016 in online dashboard	Fri 9/30/16	Fri 9/30/16	100%	VBP	Yes	3M SOW3		2
585	Incorporate Claims paid through 6/30/2016 in online dashboard	Fri 9/30/16	Fri 9/30/16	100%	VBP	Yes	3M SOW3		2

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ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1-4)
586	Incorporate Claims paid through 7/31/2016 in online dashboard	Tue 11/1/16	Tue 11/1/16	100%	VBP	Yes	3M SOW3		2
587	Incorporate Claims paid through 8/31/2016 in online dashboard	Tue 11/1/16	Tue 11/1/16	100%	VBP	Yes	3M SOW3		2
588	Incorporate Claims paid through 9/30/2016 in online dashboard	Fri 12/30/16	Fri 12/30/16	100%	VBP	Yes	3M SOW3		2
589	Incorporate Claims paid through 10/31/2016 in online dashboard	Tue 10/10/17	Tue 10/10/17	100%	VBP	No	3M SOW3		3
590	Incorporate Claims paid through 11/30/2016 in online dashboard	Tue 10/10/17	Tue 10/10/17	100%	VBP	No	3M SOW3		3
591	Incorporate Claims paid through 12/31/2016 in online dashboard	Tue 10/10/17	Tue 10/10/17	100%	VBP	No	3M SOW3		3
592	Milestone- Refresh the Online Dashboard at least one time during 1st quarter 2017	Thu 3/31/16	Thu 3/31/16	100%	VBP	Yes	3M SOW3	Execution	2
593	Milestone - Refresh the Online Dashboard at least one time during 2nd quarter 2017	Tue 5/17/16	Tue 5/17/16	100%	VBP	Yes	3M SOW3	Execution	2
594	Milestone - Refresh the Online Dashboard at least one time during 3rd quarter 2017	Mon 10/31/16	Mon 10/31/16	100%	VBP	Yes	3M SOW3	Execution	2
595	Milestone - Refresh the Online Dashboard at least one time during 4th quarter 2017	Sun 4/30/17	Fri 8/16/19	0%	VBP	Yes	3M SOW3	Execution	2
596	<b>Data Sharing Agreements with Delivery System (in VBP) AY1 AND 2</b>	<b>Mon 3/2/15</b>	<b>Mon 4/30/18</b>	<b>99%</b>	<b>VBP</b>	<b>No</b>			
597	Develop Internal Draft VBP Data Sharing Agreement	Mon 3/2/15	Sat 8/1/15	100%	VBP	No	Telligen SOW 1.0		1
598	Approve VBP Data Sharing Agreement by IME Leadership, and AG Office	Sat 8/1/15	Wed 10/28/15	100%	VBP	No	Telligen SOW 1.0		1
599	Milestone - Publish VBP Data Sharing Agreement	Fri 11/6/15	Fri 11/6/15	100%	VBP	Yes	Telligen SOW 1.0		1
600	Milestone - VBP Data Sharing Agreement Posted to IME Website	Fri 11/6/15	Fri 11/6/15	100%	VBP	Yes	Telligen SOW 1.0		1
601	Milestone - Start Sharing Claims data with Providers in VBP arrangements with MCOs	Mon 4/30/18	Mon 4/30/18	0%	VBP	Yes	Telligen SOW 1.0	Execution	2
602	Milestone - Start Sharing real-time (ADT) alerts with MCOs	Fri 12/30/16	Thu 3/2/17	100%	VBP	No	Telligen SOW 3a	Execution	2
603	Milestone - Share Real-time (ADT) alerts with Providers in VBP in Medicaid with MCOs	Mon 12/5/16	Mon 12/5/16	100%	VBP	Yes	Telligen SOW 3a	Execution	2
604	<b>Establish TCOC and VIS baselines with Full Medicaid model (Online Dashboard)</b>	<b>Thu 1/1/15</b>	<b>Fri 9/28/18</b>	<b>60%</b>	<b>VBP</b>	<b>No</b>			
605	Develop and Finalize business rules (exceptions, LTC/BH Service Exclusions, etc)	Thu 1/1/15	Fri 10/30/15	100%	VBP	No	Telligen SOW 1.0		1
606	Test Business Rules with for VIS and TCOC calculations for the 2016 Baseline	Thu 10/15/15	Fri 11/20/15	100%	VBP	No	3M SOW 2		1
607	Milestone - Sign off on TCOC and VIS Baseline Methodologies	Sun 11/1/15	Fri 11/20/15	100%	VBP	Yes	Telligen SOW 1.0		1
608	Milestone - Report VIS Baseline scores to PCPs for 2016	Tue 3/8/16	Tue 3/8/16	100%	VBP	Yes	Telligen SOW 1.0		1
609	Establish LTC data Business rules for VIS	Thu 10/1/15	Tue 12/15/15	100%	VBP	No	3M SOW 2		1
610	<b>Integrate LTSS/BH into VIS Baseline</b>	<b>Mon 2/16/15</b>	<b>Fri 9/28/18</b>	<b>38%</b>	<b>VBP</b>	<b>No</b>			
611	Send 3M a test file with Medicare Part A, B and D data	Fri 1/15/16	Mon 9/19/16	100%	VBP	No	Telligen SOW		2
612	Establish Medicare Part A, B and D Business rules for VIS	Sun 11/1/15	Fri 10/14/16	25%	VBP	No	3M SOW 2		2
613	Test LTC and Medicare A, B and D data in a VIS baseline	Mon 2/16/15	Fri 10/14/16	25%	VBP	No	3M SOW 3		2
614	Milestone - Compile a baseline with LTC and Medicare A, B and D data	Fri 9/28/18	Fri 9/28/18	0%	VBP	Yes	3M SOW 2	Execution	4
615	Ensure Duals data flows through dashboard ongoing (CrossOvers and nonCrossOvers)	Fri 7/1/16	Fri 9/30/16	0%	VBP	No	Telligen SOW 2		2
616	<b>Establish MCO Scorecard Requirements w/Special Populations (tied to 2% withhold)</b>	<b>Fri 1/1/16</b>	<b>Mon 4/2/18</b>	<b>43%</b>	<b>VBP</b>	<b>No</b>			
617	Milestone - BH Population Integrated in delivery system	Fri 1/1/16	Fri 1/1/16	100%	VBP	Yes	3M SOW 2		1
618	Milestone - LTC and Duals Data Integrated into VIS QMs	Fri 9/30/16	Fri 9/30/16	0%	VBP	Yes	3M SOW1	Execution	2
619	Milestone - 3M to make recommendations for QMs to integrate Special Populations	Thu 6/30/16	Thu 6/30/16	100%	VBP	Yes	3M SOW 4	Execution	2
620	Develop process for 3M to report on Claims based special pop measures	Fri 4/1/16	Fri 9/9/16	94%	VBP	No	3M SOW 1		2
621	Milestone - 3M to deliver Claims based MCO Special Population Measures -	Wed 9/28/16	Wed 9/28/16	100%	VBP	Yes	3M SOW 3	Execution	2
622	Milestone - 3M to deliver Post MCO Special Pop report (and then with each MCO)	Wed 2/15/17	Wed 2/15/17	0%	VBP	Yes	3M SOW 3	Execution	2
623	Provide Baseline Data for Tier 1 Special Population Measures	Wed 9/28/16	Wed 9/28/16	100%	VBP	No	3M SOW 3		2
624	Provide Baseline Data for Tier 2 Special Population Measures	Mon 10/17/16	Mon 10/17/16	100%	VBP	No	3M SOW 3		2
625	Provide Baseline Data for Tier 3 Special Population Measures	Mon 11/28/16	Mon 11/28/16	100%	VBP	No	3M SOW 3		2
626	Provide Baseline Data for Tier 4 Special Population Measures	Mon 1/2/17	Mon 1/2/17	100%	VBP	No	3M SOW 3		2
627	Provide Baseline Data for Tier 5 Special Population Measures	Wed 2/1/17	Wed 2/1/17	100%	VBP	No	3M SOW 3		2
628	IME to develop business rules for BH Quality of Life Measures	Tue 6/28/16	Wed 8/31/16	0%	VBP	No	3M SOW 3		2
629	IME to develop business rules for Child Welfare Measures	Fri 7/1/16	Mon 10/31/16	38%	VBP	No	3M SOW 3		2
630	IME to secure data feeds to 3M for Child Welfare Measures	Fri 9/30/16	Fri 9/30/16	100%	VBP	No	3M SOW 3		2
631	Milestone - Report Quality of Life and Child Welfare Measures through 3M	Tue 1/31/17	Tue 1/31/17	0%	VBP	No	3M SOW 3		2
632	IME to establish targets/thresholds for MCO 2% withhold	Thu 12/15/16	Thu 12/15/16	100%	VBP	No	3M SOW 3		2
633	Test requirements for MCO Scorecard in VIS Dashboard	Thu 12/15/16	Mon 4/17/17	0%	VBP	No	3M SOW 3		2
634	Milestone - Share with MCOs the 2% withhold requirements for 2017	Fri 4/28/17	Fri 4/28/17	100%	VBP	Yes	Telligen SOW 3	Execution	2
635	Milestone - Compile report of Special Populations quality for 2017	Mon 4/2/18	Mon 4/2/18	0%	VBP	Yes	3M SOW 4	Execution	3
636	<b>Grow Health Home model with MCOs</b>	<b>Thu 10/15/15</b>	<b>Mon 7/30/18</b>	<b>89%</b>	<b>VBP</b>	<b>No</b>			
637	Milestone - Share HH Expectation and Program guidelines with MCOs	Thu 10/15/15	Thu 10/15/15	100%	VBP	Yes	Telligen SOW 1.0		1

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ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1-4)
638	Facilitate MCO Transition of HH program	Thu 10/15/15	Wed 9/14/16	100%	VBP	No			2
639	Facilitate MCO HH Development alignment areas	Mon 11/2/15	Thu 6/30/16	75%	VBP	No			2
640	Milestone - Compile Health Home Enrollment for 2016 growth rate	Thu 9/15/16	Thu 9/15/16	100%	VBP	Yes	Telligen SOW 3	Execution	2
641	Milestone - Compile Health Home Enrollment for 2017 growth rate	Fri 9/29/17	Fri 9/29/17	100%	VBP	Yes	Telligen SOW 3	Execution	3
642	Milestone - Compile Health Home Enrollment for 2018 growth rate	Mon 7/30/18	Mon 7/30/18	0%	VBP	Yes	Telligen SOW 3	Execution	3
643	<b>Implement SDH integration and research (with HRA)</b>	<b>Mon 11/30/15</b>	<b>Mon 4/30/18</b>	<b>65%</b>	<b>VBP</b>	<b>No</b>			
644	Compile Analysis of each MCO HRA tool	Wed 8/31/16	Wed 8/31/16	100%	VBP	No	Telligen SOW 3		2
645	Review HRA tool Matrix with IME leadership	Mon 8/15/16	Mon 8/15/16	100%	VBP	No	Telligen SOW 3		2
646	Milestone - Send HRA recommendations to MCOs	Tue 11/29/16	Tue 11/29/16	100%	VBP	Yes	Telligen SOW 3	Execution	2
647	Milestone - AssessMyHealth NCQA Certified as an initial health screening tool	Fri 4/28/17	Tue 5/30/17	100%	VBP	No	3M SOW 6	Execution	2
648	Promote the use of AMH to MCOs	Mon 11/30/15	Sun 4/30/17	30%	VBP	No	Telligen SOW 2		2
649	Update tool to collect SDH data points as necessary NA	Tue 3/1/16	Sat 4/30/16	100%	VBP	No			2
650	Review use of Assess My Health (AMH) in 2016	Fri 1/1/16	Wed 10/26/16	100%	VBP	No			2
651	Update tool to collect SDH data points as necessary	Fri 4/28/17	Fri 4/28/17	0%	VBP	No	3M SOW 6		2
652	Milestone - Share Aggregated SDH and patient confidence data for 2016	Fri 4/28/17	Fri 4/28/17	0%	VBP	Yes	3M SOW 4	Execution	2
653	Milestone - Share Aggregated SDH and patient confidence data for 2017	Mon 4/30/18	Mon 4/30/18	0%	VBP	Yes	3M SOW 4	Execution	3
654	<b>Publish 2018 VIS Baselines Score for ACOs and MCOs</b>	<b>Mon 1/1/18</b>	<b>Sat 6/30/18</b>	<b>0%</b>	<b>VBP</b>	<b>Yes</b>	<b>Telligen, 3M</b>		<b>4</b>
655	Perform Analytics including quality checks, member attribution, risk adjustment, executing on all business rules using VIS 2.0 framework	Mon 1/1/18	Sat 6/30/18	0%	VBP	No	Telligen, 3M		4
656	3M to Refresh the Online Dashboard	Mon 1/1/18	Thu 5/31/18	0%	VBP	No	Telligen, 3M		4
657	3M to send Medicaid report of baseline results for VIS for Providers, Tax IDs to IM	Mon 1/1/18	Thu 5/31/18	0%	VBP	No	Telligen, 3M		4
658	Medicaid to distribute data to each party participating in VBP programs	Mon 1/1/18	Sat 6/30/18	0%	VBP	Yes	Telligen, 3M		4
659	<b>Confirm each MCO VBP Contract for 2019 VBP program (TCOC and Quality w/ Risk component to inform VBP program that is at HCP-LAN Level 3A or Higher</b>	<b>Tue 5/1/18</b>	<b>Mon 4/29/19</b>	<b>0%</b>	<b>VBP</b>	<b>Yes</b>	<b>Telligen</b>		<b>4</b>
660	MCOs submit contracts with approved language	Fri 11/30/18	Fri 11/30/18	0%	VBP	Yes	Telligen		4
661	Medicaid agency reviews, confirms and issues Corrective Action Plans, as needed	Fri 11/30/18	Fri 11/30/18	0%	VBP	Yes	Telligen		4
662	Hold Information/Education Meetings as needed	Tue 5/1/18	Mon 4/29/19	0%	VBP	No	Telligen		4
663	<b>Publish the 2019 VIS and TCOC Baselines, Targets, and Budgets</b>	<b>Tue 5/1/18</b>	<b>Sun 3/31/19</b>	<b>0%</b>	<b>VBP</b>	<b>No</b>	<b>Telligen, 3M</b>		<b>4</b>
664	Send 3M MCO and FFS Encounter Data	Tue 5/1/18	Wed 10/31/18	0%	VBP	No	Telligen, 3M		4
665	3M to perform Analytics, including quality checks, member attribution, risk adjustment, executing on all business rules using VIS 2.0 framework	Tue 5/1/18	Mon 12/31/18	0%	VBP	No	Telligen, 3M		4
666	3M to Refresh the Online Dashboard	Thu 2/28/19	Thu 2/28/19	0%	VBP	Yes	Telligen, 3M		4
667	3M to Send Medicaid report of baseline results for VIS for Providers, Tax IDs, ACOs, and MCO performance	Thu 2/28/19	Thu 2/28/19	0%	VBP	Yes	Telligen, 3M		4
668	Medicaid to distribute data to each party participating in VBP programs	Wed 5/2/18	Sun 3/31/19	0%	VBP	No	Telligen, 3M		4
669	<b>MCOs have access to the VIS Dashboard to track quality and TCOC for 2019 Contracts</b>	<b>Thu 5/31/18</b>	<b>Wed 5/4/22</b>	<b>0%</b>	<b>VBP</b>	<b>Yes</b>	<b>Telligen, 3M</b>		<b>4</b>
670	MCOs submit reliable encounter data to Medicaid	Thu 5/31/18	Thu 5/31/18	0%	VBP	No	Telligen, 3M		4
671	MCOs can view online dashboard at the plan level around VIS and TCOC	Thu 5/31/18	Thu 5/31/18	0%	VBP	No	Telligen, 3M		4
672	MCOs can view online dashboard at the ACO level for just their assigned population	Thu 5/31/18	Thu 5/31/18	0%	VBP	Yes	Telligen, 3M		4
673	<b>ACOs have Medicaid Claims/Encounter Data to support internal analytics</b>	<b>Wed 5/2/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>VBP</b>	<b>No</b>	<b>3M</b>		<b>4</b>
674	Refresh the dashboard in production and send a new set of raw claims data to each medicaid engaged ACO	Fri 8/31/18	Fri 8/31/18	0%	VBP	Yes	3M		4
675	Work with each ACO to ensure data is being accessed and contains elements to support improvements	Sun 9/30/18	Sun 9/30/18	0%	VBP	Yes	3M		4
676	Maintain the data sharing agreements and File layout specifications	Wed 5/2/18	Tue 4/30/19	0%	VBP	No	3M		4
677	<b>HIT and QM Enhancement Planning</b>	<b>Fri 6/30/17</b>	<b>Fri 11/9/18</b>	<b>33%</b>	<b>HIT Enhancement</b>	<b>No</b>			
678	<b>Develop Workgroup for HIT Planning</b>	<b>Fri 6/30/17</b>	<b>Wed 8/30/17</b>	<b>100%</b>	<b>HIT Enhancement</b>	<b>No</b>			
679	Milestone - Identify HIT Workgroup Membership	Fri 6/30/17	Fri 6/30/17	100%	HIT Enhancement	Yes	IDPH SOW 3		
680	Milestone - Create Guiding Documents, MOU, Charters, R&R	Wed 8/30/17	Wed 8/30/17	100%	HIT Enhancement	Yes	IDPH SOW 3	Planning	
681	<b>Assess Current State of Health IT</b>	<b>Tue 10/31/17</b>	<b>Thu 11/30/17</b>	<b>100%</b>	<b>HIT Enhancement</b>	<b>No</b>	<b>IDPH SOW 3</b>		
682	Milestone - Conduct a Statewide Assessment of Current HIT Infrastructure	Tue 10/31/17	Tue 10/31/17	100%	HIT Enhancement	Yes	IDPH SOW 3	Planning	3

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ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1-4)
683	Milestone - Share Results of HIT Statewide Assessment	Thu 11/30/17	Thu 11/30/17	100%	HIT Enhancement	Yes	IDPH SOW 3	Execution	3
684	<b>Identify System-Wide CQMs</b>	Fri 9/29/17	Wed 2/28/18	0%	HIT Enhancement	No	IDPH SOW 3		
685	Milestone - Inform HIT workgroup of System-wide VBP Framework	Fri 9/29/17	Fri 9/29/17	0%	HIT Enhancement	Yes	IDPH SOW 3		
686	Milestone - Develop Value Propositions & Use Cases	Fri 12/29/17	Fri 12/29/17	0%	HIT Enhancement	Yes	IDPH SOW 3 and	Planning	3
687	Milestone - Conduct a HIT Provider Readiness Survey	Wed 2/14/18	Wed 2/14/18	50%	HIT Enhancement	Yes	IDPH SOW 3	Planning	3
688	Milestone - Share Results of Provider Readiness Survey	Wed 1/31/18	Wed 1/31/18	0%	HIT Enhancement	Yes	IDPH SOW 3	Execution	3
689	Milestone- Identify Readiness Gaps and Develop Strategies to Address	Wed 2/28/18	Wed 2/28/18	0%	HIT Enhancement	Yes	IDPH SOW 3 and		3
690	<b>Educate Iowa Providers on the use of Health IT and Analytics to Support VBP and M/</b>	Fri 4/27/18	Fri 11/9/18	33%	HIT Enhancement	No			
691	Milestone - HIT and Analytics for VBP presentation on a Statewide Learning Event A	Fri 11/9/18	Fri 11/9/18	100%	HIT Enhancement	Yes	IDPH SOW 3	Planning	3
692	Milestone - Conduct at least one Webinar on HIT and Analytics for VBP	Fri 4/27/18	Fri 4/27/18	0%	HIT Enhancement	Yes	IDPH SOW 3	Planning	3
693	Milestone - Publish a Website Resources on SIM pages for HIT and Analytics	Fri 4/27/18	Fri 4/27/18	0%	HIT Enhancement	Yes	IDPH SOW 3	Planning	3
694	<b>Refine Definition of Quality Measurement for Medicaid Pop</b>	Fri 3/30/18	Fri 3/30/18	0%	HIT Enhancement	No			
695	Milestone - Identify a Core Set of CQMs that Align with Population Health and SIM I	Fri 3/30/18	Fri 3/30/18	25%	HIT Enhancement	Yes	IDPH SOW 3 and	planning	3
696	<b>Pilot Reporting CQMs to Medicaid</b>	Mon 4/30/18	Fri 6/29/18	0%	HIT Enhancement	No			
697	Milestone - Identify Mechanism that Providers will Use to Report CQMs for APMs	Mon 4/30/18	Mon 4/30/18	0%	HIT Enhancement	Yes	IDPH SOW 3 and	Planning	3
698	Milestone - Submit Test File for CQM Pilot Program	Fri 6/29/18	Fri 6/29/18	0%	HIT Enhancement	No	IDPH SOW 3 and	Planning	3
699	<b>Evaluation Plan</b>	Tue 11/24/15	Tue 4/30/19	96%		No			
700	<b>Collaborate with CMMI Evaluator(s) for Cross-State Evaluation</b>	Tue 11/24/15	Tue 1/31/17	100%	Eval	No			
701	Milestone -Conduct Kick-off call with CMMI Evaluators	Tue 11/24/15	Tue 11/24/15	100%	Eval	Yes	PPC SOW 2		1
702	Milestone- participate in Federal Evaluation Interview and focus group developmen	Wed 5/18/16	Wed 5/18/16	100%	Eval	Yes	PPC SOW 2	Execution	2
703	Milestone - Review Federal evaluation plan and identify overlap to state evaluation	Tue 11/15/16	Tue 11/15/16	100%	Eval	Yes	PPC SOW 2	Execution	2
704	Milestone - Adjust Evaluation Plan based on understanding of Fed Eval as necessary	Tue 1/31/17	Tue 1/31/17	100%	Eval	Yes	PPC SOW 2	Execution	2
705	Participate in Fed Eval Status meetings	Mon 2/1/16	Tue 1/31/17	100%	Eval	No	PPC SOW 2		2
706	Assist with Quantitative data as requested by Fed Eval Contractors	Tue 2/2/16	Tue 1/31/17	100%	Eval	No	PPC SOW 2		2
707	<b>State Evaluation of SIM (outside of Cross-State Evaluation)</b>	Fri 4/15/16	Tue 4/30/19	78%		No			
708	<b>Evaluation Milestones AY2</b>	Fri 4/15/16	Fri 12/29/17	100%		No			
709	Milestone - Identify and refine study measures and deliverable	Fri 4/15/16	Fri 4/15/16	100%	Eval	Yes	PPC SOW 1	Execution	2
710	Milestone -Finalize and disseminate data needs to the sources of data (i.e., Iowa	Thu 6/30/16	Tue 8/30/16	100%	Eval	Yes	PPC SOW 4	Execution	2
711	Milestone - Develop a data clearinghouse	Wed 8/31/16	Wed 8/31/16	100%	Eval	Yes	PPC SOW 3	Execution	2
712	Milestone -Identify, collect, and organize the 2015 (baseline) data.	Mon 10/31/16	Mon 10/31/16	100%	Eval	No	PPC SOW 3	Execution	2
713	Milestone -Identify and study (C3) and control counties	Thu 6/30/16	Thu 6/30/16	100%	Eval	Yes	PPC SOW 3	Execution	2
714	Milestone -Develop questions for statewide consumer/patient survey	Fri 9/30/16	Fri 9/30/16	100%	Eval	Yes	PPC SOW 3	Execution	2
715	Milestone -Identify and negotiate subcontracts	Sun 7/31/16	Wed 8/31/16	100%	Eval	No	PPC SOW 1	Planning	2
716	Milestone -Complete Interim report on data adequacy	Fri 4/28/17	Fri 4/28/17	100%	Eval	No	PPC SOW 3	Execution	2
717	Milestone -Make adjustments to list of measures to be used	Fri 4/28/17	Fri 4/28/17	100%	Eval	Yes	PPC SOW 3	Execution	2
718	Milestone -Begin contextual analysis	Mon 10/31/16	Mon 10/31/16	100%	Eval	Yes	PPC SOW 3	Execution	2
719	Milestone -Investigate and understand BRFS, YBRS, and birth certificate data	Sat 10/1/16	Sat 10/1/16	100%	Eval	Yes	PPC SOW 3	Execution	2
720	Milestone -Establish data sharing with IHA	Fri 4/28/17	Fri 4/28/17	100%	Eval	Yes	PPC SOW 1	Execution	2
721	Milestone -Complete Field statewide consumer/patient survey	Mon 10/31/16	Mon 10/31/16	100%	Eval	Yes	PPC SOW 3	Execution	2
722	Milestone -Contextual analysis: Assessment of the implementation activities for	Fri 12/29/17	Fri 12/29/17	100%	Eval	No	PPC SOW 3	Execution	2
723	Milestone -Develop provider survey items	Fri 4/28/17	Fri 4/28/17	100%	Eval	Yes	PPC SOW 3	Execution	2
724	Milestone -Plan Year 2 evaluation activities after review of Year 1 activities and a	Fri 4/28/17	Fri 4/28/17	100%	Eval	Yes	PPC SOW 1	Planning	2
725	Milestone -Complete Data assessment and planning Year 2	Tue 2/28/17	Tue 2/28/17	100%	Eval	Yes	PPC SOW 1	Execution	2
726	<b>Evaluation Milestones AY3</b>	Fri 6/30/17	Wed 10/31/18	36%		No			
727	Milestone -Execute data sharing agreement with Wellmark and C3s	Fri 6/30/17	Fri 6/30/17	100%	Eval	Yes	PPC SOW 5	Execution	3
728	Milestone - Complete Field provider interviews	Fri 9/29/17	Sat 9/30/17	50%	Eval	Yes	PPC SOW 3	Execution	3
729	Milestone -Complete First year report : Evaluation of 2016-including selected bas	Tue 10/31/17	Tue 10/31/17	50%	Eval	Yes	PPC SOW 3	Execution	3
730	Milestone - Collect and organize information about SIM implementation in AY2 a	Mon 4/30/18	Mon 4/30/18	50%	Eval	Yes	PPC SOW 1 and	Execution	3
731	Milestone - Analyze Statewide Consumer Survey Data	Fri 6/30/17	Fri 6/30/17	100%	Eval	Yes	PPC SOW 3 and	Execution	3
732	Milestone - Conduct Other SIM Provider And Stakeholder Interviews	Thu 8/31/17	Thu 8/31/17	75%	Eval	Yes	PPC SOW 3	Execution	3
733	Milestone - Evaluation Report on AY2 SIM Activities	Tue 10/31/17	Tue 10/31/17	100%	Eval	Yes	PPC SOW 3	Execution	3
734	Milestone - Conduct Interview of C3 Project Staff	Sat 9/30/17	Sat 9/30/17	100%	Eval	Yes	PPC SOW 3	Execution	3

## SIMRoundTwoProjectPlan\_AY4

ID	Task Name	Start	Finish	% Complete	SIM Activity	Milestone	Budget Narrative Mapping	Stage of work	Award Year(1 - 4)
735	Milestone - Conduct Interview of C3 Participants (Consumers)	Thu 11/30/17	Thu 11/30/17	50%	Eval	Yes	PPC SOW 3	Execution	3
736	Milestone - Compile and Analyze Data for Report on AY3 SIM Implementation Act	Mon 4/30/18	Mon 4/30/18	50%	Eval	Yes	PPC SOW 3	Execution	3
737	Milestone - Evaluation Report on AY3 SIM Activities	Wed 10/31/18	Wed 10/31/18	0%	Eval	Yes	PPC SOW 3	Execution	4
738	Milestone - Complete Data Acquisition	Fri 6/30/17	Fri 6/30/17	100%	Eval	Yes	PPC SOW 1,4,5	Execution	3
739	Milestone - Goal Evaluation Report Part 1 Baselines CY2015	Tue 10/31/17	Tue 10/31/17	100%	Eval	Yes	PPC SOW 3	Execution	3
740	Milestone - Goal Evaluation Report Part 2 Baselines CY 2015	Mon 4/30/18	Mon 4/30/18	0%	Eval	Yes	PPC SOW 3	Execution	3
741	<b>Evaluation Milestones AY4</b>	<b>Sat 3/31/18</b>	<b>Wed 10/30/19</b>	<b>0%</b>		<b>No</b>			<b>4</b>
742	<b>Implementation/Process Evaluation AY4</b>	<b>Tue 5/1/18</b>	<b>Wed 10/30/19</b>	<b>0%</b>		<b>No</b>			
743	Collect and organize document review information about SIM implementation	Thu 5/3/18	Tue 4/30/19	0%	Eval	Yes	PPC		4
744	Other SIM Provider and Stakeholder Interviews	Tue 5/1/18	Fri 8/31/18	0%	Eval	Yes	PPC		4
745	Evaluation Report on AY3 SIM Activities	Tue 10/30/18	Tue 10/30/18	0%	Eval	Yes	PPC		4
746	Conduct Interviews of C3 Project Staff	Sat 9/1/18	Mon 12/31/18	0%	Eval	Yes	PPC		4
747	Statewide Consumer Survey II	Sat 9/15/18	Fri 3/1/19	0%	Eval	Yes	PPC		4
748	C3 Clinic manager, Provider, and Steering Committee Interviews	Fri 2/1/19	Tue 4/30/19	0%	Eval	Yes	PPC		4
749	Evaluation Report on AY4 SIM Activities	Wed 10/30/19	Wed 10/30/19	0%	Eval	Yes	PPC		4
750	<b>SIM Goal Evaluation Milestones AY4</b>	<b>Sat 3/31/18</b>	<b>Tue 4/30/19</b>	<b>0%</b>	<b>Eval</b>	<b>Yes</b>	<b>PPC</b>		<b>4</b>
751	Complete data acquisition	Sat 3/31/18	Sat 3/31/18	0%	Eval	Yes	PPC		4
752	SIM Goal Evaluation Report Part I CY 2015-2017	Wed 10/31/18	Wed 10/31/18	0%	Eval	Yes	PPC		4
753	SIM Goal Evaluation Report Part II CY 2015-2017	Tue 4/30/19	Tue 4/30/19	0%	Eval	Yes	PPC		4

The state has made adjustments to the plans for AY4 in several areas. Many of the changes have been established to move the activities established in previous award years to a level that can be sustained beyond the project period. Details to explain the AY4 activities are in Section B and Section C of this document. A brief list of those changes is as follows:

- When the AY2 Operational Plan was submitted in November of 2015, the MACRA legislation around Other Payer Advanced Alternative Payment Models was not contemplated. During AY3 SIM developed new goals, milestones and action steps due to MACRA and determination for SIM to develop an Other-payer Advanced Alternative Payment Model (aAPM). In AY4 SIM will be working to implement additional VBP strategies that align with Alternative Payment Model requirements identified under MACRA
- Incorporation of LTSS and Duals data into the state calculated VIS and TCOC calculations for ACOs has been delayed. The effort to collect, validate, and analyze the encounter data for the three new MCOs is more challenging than initially estimated while simultaneously implementing managed care. The state has now taken the approach to exclude LTSS/Duals from the VIS and TCOC calculations for APMs for 2017 and 2018, with the intent to integrate these data by 2019.
- AssessMyHealth was Medicaid's tool to conduct Health Risk Assessments in Iowa. It was used by providers in 2014 and 2015 to implement the Healthy Behavior program. Managed Care Organizations were encouraged to use AssessMyHealth, but not required. This has caused the state to evaluate the next steps necessary to advance the collection of standard Social Determinant data and patient reported health confidence as a tool to improve patient care. The AY4 milestones reflect the steps the state is pursuing in this effort.

## AY3 Milestones Not Yet Completed

Milestone	Contractor	Percent Complete	AY4 Actions to ensure Completion
Educate payers on benefits of DSME, NDPP, and CDSMP and payment barrier	IDPH	75%	This will be met in AY4- IDPH will work with IME to schedule a meeting with MCOs to educate them on DSME.
Execute AY4 C3 contracts	IDPH	0%	Contracts will not be executed until the beginning of AY4
Identify a core set of CQMs for VBP	IDPH	0%	This has been identified as a significant impact on the AY3 Activities that will need to be moved to AY4
Receive Eligibility Files for all 5 Medicaid ACOs and all 3 MCOs for SWAN	IHIN	90%	Attribution files have been received from all MCOs and from 4 of the 5 Large ACOs. Work continues on engaging the 5 <sup>th</sup> ACO as well as other newly developed SIM ACOs
15 new Hospitals connected to the SWAN network	IHIN	66%	IHIN added 18 hospitals in July of 2017. Since that time, they have actively been working with Mercy ACO, which has 35 hospitals as well as other organizations. in anticipation of the new IHIN platform, the addition of new connections have been stopped. It is expected that additional connections will occur during late AY3 or early AY4 where providers will be on boarded to the new platform that will offer an enhanced use of SWAN.
15 New Hospitals connected to the SWAN Network	IHIN	0%	
Publish the 2018 VIS and TCOC baselines, targets and budgets	IME / 3M	70%	Due to issues with the MCO submitted encounter data there was a delay in getting the data to 3M – 3M now has all of

			the data is actively working on 2018 VIS Baselines which should be available no later than the end of May 2018
<b>Refresh dashboard in production and send new set of raw claims to each Medicaid engaged ACO</b>	IME / 3M		The dashboard will be refreshed by the end of May. At that time the MCOs and ACOs will have access to the results. Providing RAW claims data to the ACOs will start again in AY4, we are still working with the MCOs to understand VIS and the components of their Encounter data that are included or excluded from VIS Calculations.
<b>ACOs have Medicaid claims/encounter data to support internal analytics</b>	IME / 3M		This activity will start again in AY4
<b>Conduct a webinar on HIT and Analytics needs for APMs</b>	IDPH	0%	Due to delays with completion of the provider readiness assessment and convening of the Round Table this activity will be moved to AY4 – and will be better received after the TA meeting with Dr. Cha

## Section B: SIM Policy and Operational Areas

### SIM Governance

#### a. Management Structure and Decision Making Authority

The Iowa SIM Test Grant operates under executive sponsorship from the Iowa Governor's Office, contracted through the Department of Human Services (DHS). The Director of the DHS is the Executive Chair accountable for the implementation of the grant project, and all activity specifically funded by the grant is accomplished via contracts through the DHS. Oversight of each grant contract is managed through the Contracts Management Office within the Medicaid Division of the DHS. Staff from each contract meets regularly with SIM project managers to review, adjust and update project milestones, action items, and risks. Items that need escalation are compiled and reviewed with project Leadership on a regular and as needed basis. The Director of the DHS reports to the Governor's Office as necessary to ensure the Office maintains a proper strategic understanding of the project as it matures. In this way, the Governor's Office can provide input and direction for synergy with other state priorities and initiatives. The DHS engages legislators on SIM activities as necessary, and Senate File 505 requires DHS to report to a legislative committee on SIM activities at least annually.

The SIM Executive Leadership Team is the small, project governance body made up of leaders from the payer, provider and public health communities under the direction of the DHS Executive Chair. The team ensures alignment with key initiatives driving healthcare transformation and formulates the operational use of grant funding. Members are expected to advise and take action within their constituencies to help remove barriers and facilitate engagement as necessary to achieve the goals of the SIM Initiative. The team also directs SIM Implementation Partners that are under contract and responsible to carry out various aspects of the daily operations of the SIM grant, including review and approval of the Operational Plan. The SIM operational project team defines and manages the operational plan for SIM, and acts as a coordination hub on project execution and is the state point on regular project status communication with CMMI. The roles and rationale for each of these members are found in the Stakeholder Engagement plan, Appendix C of this document.

#### **Members of SIM Executive Leadership Team:**

Jerry Foxhoven (DHS): Chair  
Mikki Stier (DHS)  
Mike Randol (IME)  
Gerd Clabaugh (IDPH)  
Tom Evans (IHC/Provider)  
Charles Palmer (IHC)

#### **Implementation Partners:**

Iowa Department of Human Services - DHS

Iowa Medicaid Enterprise - IME  
Iowa Department of Public Health - IDPH  
Iowa Healthcare Collaborative – IHC  
3M  
Telligen  
University of Iowa Public Policy Center - PPC  
Wellmark  
Medicaid MCOs: Amerigroup and United Healthcare\*

*\*Each of Iowa's Medicaid MCO's have contractually committed to supporting the activities of the SIM grant, both in a general way as well as with specific requirements relating to patient assignment, value-based purchasing (VBP) through aligned quality measurement. In AY3, the SIM Team and MCOs developed a clearly defined set of parameters for an aligned VBP approach, as of January 2018, both MCOs have entered into aligned VBP contracts with the delivery system. (More information on the SIM Primary Care VBP Program can be found in Appendix F).*

For Wellmark and any other payers that may join along the way, the SIM project is better described as an "opportunity" rather than a "commitment". The project structure includes an ongoing, statewide strategic conversation about how Iowa's healthcare delivery system functions now and moving into the future; it is the opportunity to inform decision points and help set statewide priority moving ahead as the project unfolds and the transformation matures.

### **b. Leveraging Regulatory Authority**

In addition to the DHS, another cabinet level agency, the Iowa Department of Public Health (IDPH) is also embedded within the grant and its leadership structure. The DHS has a long history of partnership with the IDPH through various contracting activities including the efforts of SIM back to the original SIM Design grant phase. Together, the Directors of the two agencies work in partnership with the executive and legislative branches to ensure the goals of SIM are understood and integrated into Iowa's strategic vision and legal framework.

The SIM project represents a statewide, funded opportunity to have payers, providers and public health collectively navigate emerging, national payment reforms aimed at moving from volume to value. The project itself *is* the primary "policy lever" used to identify mutual points of interest within this new context and maximize the effectiveness of a statewide response to gaining control of healthcare costs as financial pressures demand change. In essence the project assembles a structure to pursue the quadruple aim in a coordinated way through a statewide level even as national change around healthcare coverage, payment reform strategy and financing begins to emerge through a new federal administration. As identified through the project, both the DHS and the IDPH have the authority to support, oppose and submit legislative packages and update the Iowa Administrative Code to ensure SIM activities are legally

supported as necessary, but it should be noted that Iowa typically takes a more grass roots approach to fostering such change in lieu of mandates.

Levers such as MCO contract requirements, aligned quality measurement and patient attribution are already in place and supported by technical assistance and community infrastructure. Moving into the future, Iowa looks to build additional policy leverage points, such as common, clinical quality measure sets and collection infrastructure and related analytic capability to enhance VBP, and the development of a set of statewide social determinants of health measures to inform risk in value-based purchasing.

### **c. Stakeholder Engagement**

The Healthcare Innovation & Visioning Roundtable launched in year three of the grant, carries forward into year four. The Roundtable brings together willing and influential senior leadership bolstered by experts from the constituency most acutely impacted by the emerging risk based payment reforms and therefore, most immediately accountable for making change in clinical and community practice actually happen across the state. The purpose of the group is to identify and prioritize common strategic elements necessary for reform, such as specific payment models, infrastructure support, and policy or regulatory shifts necessary to fuel progress. The Roundtable will send specific recommendations of priorities for the Governor to consider before the end of 2018. The group evaluates and feeds the ongoing SIM project and related efforts, and also forms a community of practice environment that collaborates around emerging best practice, common problem areas and regional differences. The Roundtable is also charged with identifying and building specific workgroups essential for planning more granular tasks deemed necessary as the work evolves, such as: informing specific, new quality measures to be used in statewide VBP efforts. The scale of the Roundtable was expanded from the original design to include a broader coalition of stakeholders, adding business interests, the Medicaid MCOs. The National Governor's Association serves as a resource and facilitator along with the Health Care Transformation Taskforce and our sustainability vendor HMA.

The Roundtable will engage leaders around the state to develop consensus and transform how the healthcare system operates to best serve the needs of all Iowans. The group will bring recommendations forward that will inform key healthcare market actors as well as recommendations to Governor Reynolds and her administration regarding necessary steps to implement reform for Iowans that is both cost-effective and improves the health of our citizens. The Roundtable is a 2 year commitment for invited leaders that will help Iowa plan beyond the SIM grant to develop a post-SIM sustainability work plan and will be open to the public. The state will engage the national expertise of Health Management Associates (HMA) to guide Iowa in this planning effort. HMA will help facilitate the Roundtable discussions that are relevant to Iowa and assist the group in gaining national insight where needed into the conversations. A specific webpage was added for the purpose of documenting the activities of the Roundtable and informing stakeholders.

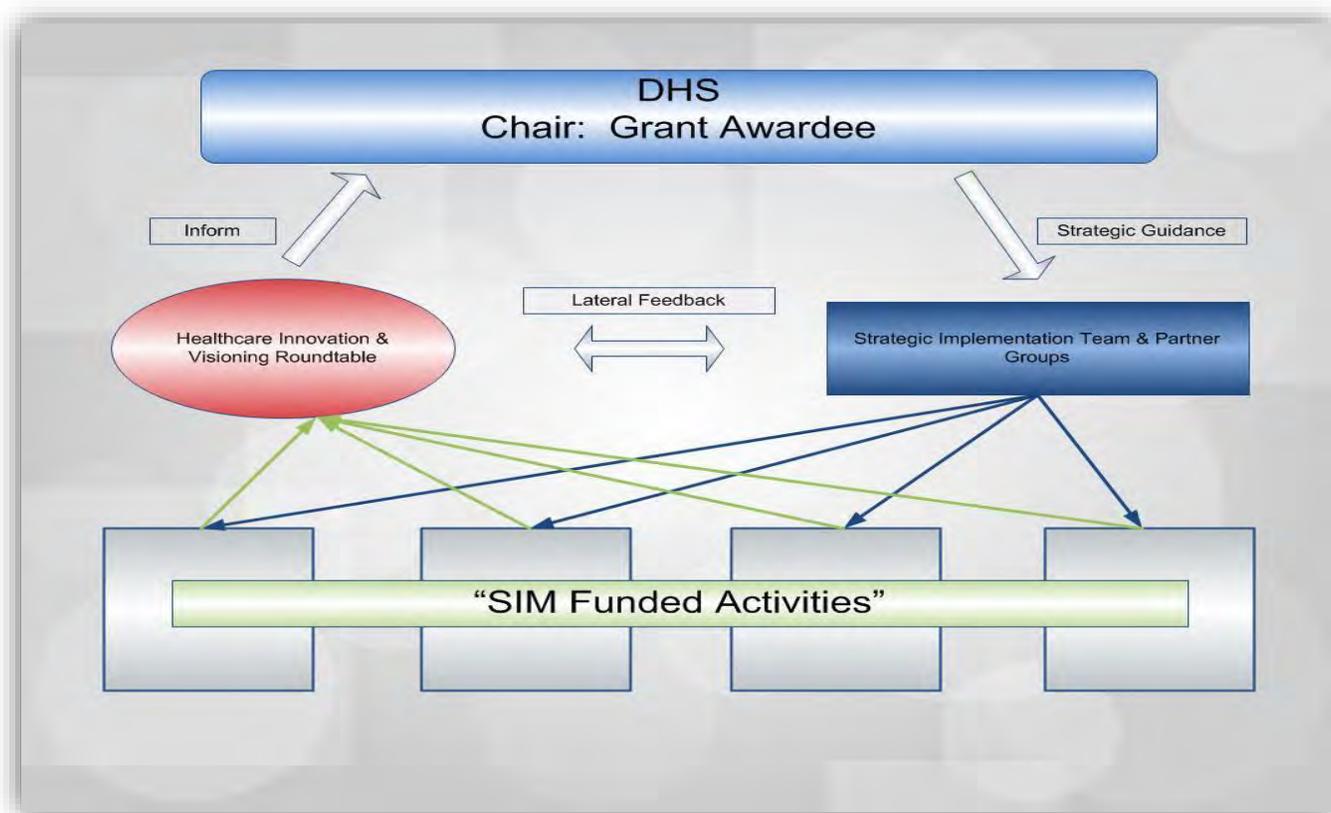
The work and makeup of the Roundtable will be expanded as specific needs are identified to be addressed within the larger project. This design acknowledges that not only will the project

mature and change over time which will call for consideration of new strategic elements (and re-consideration of old), but it also allow for leveraging key expertise and advocacy *at the right time* within the life cycle of a such a large, multifaceted project (for example: addressing rural context, small practices, and the interplay of long term care, behavioral health, and how children fit into population health quality measurement). A Roundtable leveraging workgroup supports (as necessary) keeps consensus manageable and lends project agility, while still allowing for key constituent influence. Once a workgroup is identified by the Roundtable and implemented, they consider specific assignments and report back. The workgroups also form an “information clearinghouse” as common pain points, emerging innovations and solutions ideas are discussed in detail by members. The roles and rationale for each of these members are found in the Stakeholder Engagement Plan, Appendix C of this document.

**Initial Organizations of Healthcare Innovation & Visioning Roundtable:**

- |  |   |
|--|---|
| <b>Iowa Department of Human Services, Directors office</b> | <b>Amerigroup (Medicaid MCO)</b>            |
| <b>Association of Business and Industry</b>                | <b>Farm Bureau</b>                          |
| <b>Health Management Associates</b>                        | <b>Healthcare Transformation Task Force</b> |
| <b>Healthiest State Initiative</b>                         | <b>Iowa Business Council</b>                |
| <b>Iowa Department of Human Services</b>                   | <b>Iowa Department of Public Health</b>     |
| <b>Iowa Department on Aging</b>                            | <b>Iowa Healthcare Collaborative</b>        |
| <b>Iowa Insurance Division</b>                             | <b>Iowa Medicaid Enterprise</b>             |
| <b>Iowa Primary Care Association</b>                       | <b>McFarland Clinic</b>                     |
| <b>Mental Health and Disabilities Commission</b>           | <b>Mercy Health Network</b>                 |
| <b>National Federation of Independent Businesses</b>       | <b>National Governor’s Association</b>      |
| <b>The Iowa Clinic</b>                                     | <b>The Iowa Governor’s Office</b>           |
| <b>The Iowa Hospital Association</b>                       | <b>United Healthcare (Medicaid MCO)</b>     |
| <b>Unity Point Health Partners (ACO)</b>                   | <b>University of Iowa Health Care</b>       |
|  | <b>Wellmark Blue Cross Blue Shield</b>      |

**Figure 3: SIM Stakeholder Engagement & Governance**



As indicated in Figure 3 above, the ultimate decision making authority related to the grant itself is the Iowa DHS Chair, Director Jerry Foxhoven, who directly reports to the governor's office, including the provision of recommendation from the Roundtable. He will be the arbiter in any case if there is substantial disagreement over direction or priority. However, generally speaking, the model is about establishing a process to find areas of mutual interest and agreement, and then to build off that consensus. This mutual interest factor is increasingly possible because the intensifying, national forces pushing toward healthcare value apply pressure to all parties: payer, provider and public health. The project includes a statewide, strategic conversation about the future of Iowa's healthcare delivery system, and the related workgroups inform decision points, and help set priority moving ahead.

In addition to the new Roundtable, Iowa has continued engaging providers to educate about the changes being made to the health care system through a series of statewide SIM Learning Communities hosted by the Iowa Healthcare Collaborative (IHC). Technical Assistance to the delivery system on the SIM-funded activities during AY4 has an emphasis on engaging providers working in VBP programs in Iowa.

A final, important piece of Governance and Stakeholder Engagement within the SIM is acknowledging the importance of Health Information Technology (HIT) within the transformation process. The ability to leverage data is key to advancing individual care coordination as well as deriving quality to measure population health under accountable care strategies as Iowa's

statewide health information exchange, the IHIN, is rebuilt into a centralized model capable of connecting service providers and boosting care coordination, but also bringing “neutral, third-party” quality measurement of the delivery system to payers.

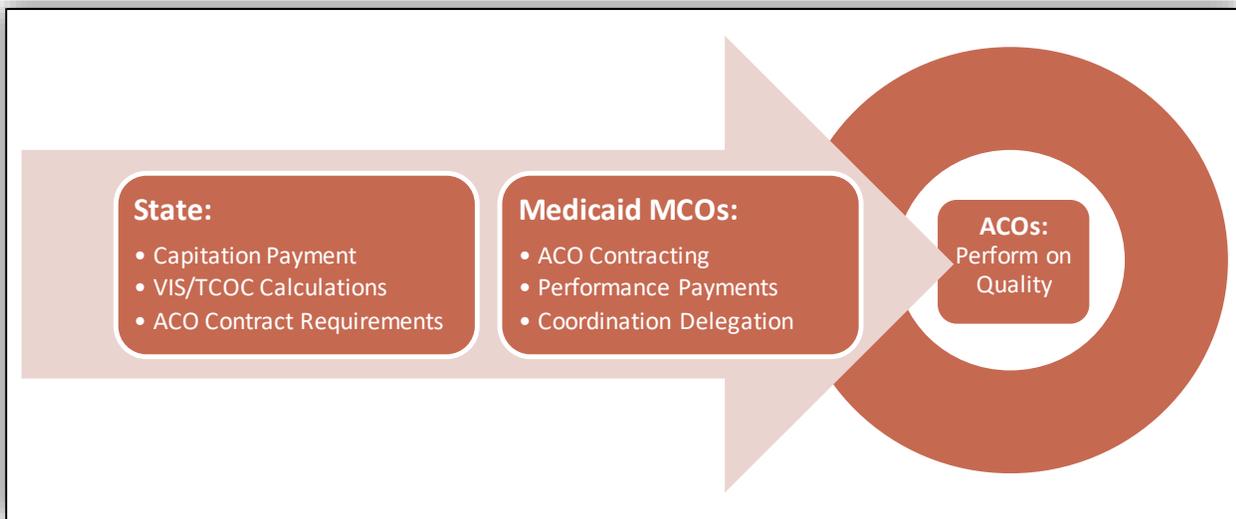
## Health Care Delivery System Transformation Activities

### a. Payment Model(s)

Payment Models for the Iowa SIM are focused on APMs in the form of VBP programs executed by Medicaid and Wellmark. Although there is significant activity with Iowa providers in contracting and aligning with the Medicare APMs programs, like the Medicare Shared Savings or Next Generation ACOs models specifically, this section is focused on the work that Medicaid is doing in an effort to expand VBP efforts to align with the requirements under the Medicare Quality Payment Program.

Payment reform to support delivery system transformation is aligned across the Medicaid MCOs as it is embedded into the state’s managed care contracting design. VBP payments flow from the MCOs to the ACOs or other contracted entities. As indicated in the state contract with the MCOs, they must use a consistent measure of quality scoring and a measurement of cost in their VBP agreements with participating organizations. Engaging in risk based contracts with Iowa Medicaid Providers allows the MCOs to shift some care coordination responsibilities to ACOs. With large segments of their populations accounted for by the ACOs or other contracted entity, the MCO can focus more attention on the management of special populations and certain disease management areas where they bring tools, expertise and prior success. The simple diagram below shows this flow from the state through the MCO and down to the ACO or other contracted entity.

**Figure 4: Flow of Medicaid’s Aligned VBP Strategy through the MCOs**



**The Medicaid VBP was developed under the guiding principles of an Accountable Care Organization:**

- Establish a contracting framework, carried out by the MCOs that align with the quality measurement requirements under MACRA.
- Establish an aligned statewide definition of quality healthcare linked to VBP strategies.
- Expand the current method to collect and report back quality results to healthcare systems and health plans to include clinical quality measures.
- Provide a glide path for all providers and health systems to aggressively transform into value-based organizations that get paid based on quality and cost (value).

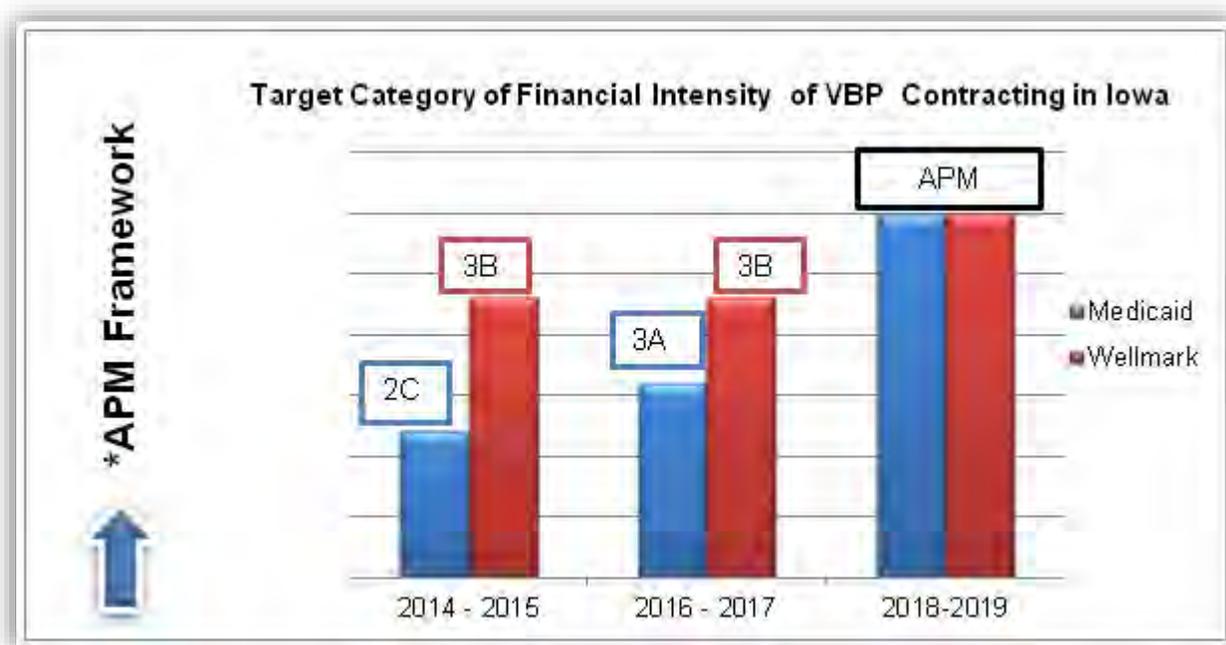
Building off the LAN key principles of APM development, Iowa will seek guidance from the Healthcare Innovation and Visioning Roundtable to ensure our programs are advancing statewide strategies for sustainable health by fostering common agreement around:

- Technical Assistance to the Delivery System
- Health IT Enhancements
- Accountable Communities
- Empower Patients to be Partners
- Fiscal Models (Shift to Population–Based Payments, Incentives Should Reach Providers)
- Payment Models linked to Quality

Iowa is committed to developing VBP strategies that align payers across the state, ensuring SIM activities have the greatest reach and improve care for all Iowans. Most of the work is specific to developing ACO models. Although Iowa recognizes that not all providers will engage in an ACO program, our goal is that 45% of providers will be enrolled in an ACO model by the end of calendar year 2019. Section C.1 describes how Iowa will use payment reform with ACOs as a primary driver of healthcare delivery system transformation. Ingrained in the SIM is the goal to increase participation within VBP arrangements (number of providers and number of covered lives). An additional goal is to increase the intensity (increase financial risk and reporting of quality) of those VBP contracts in Iowa to align with MACRA by offering APM models to providers. .

Below, Figure 6: Table of VBP Financial Risk Levels, depicts both the current state of ACO contracts in Iowa with Medicaid and Wellmark Blue Cross, Blue Shield and the projected increase in financial risk needed to meet the CMS requirements of Alternative Payment models (APMs). What the table does not display is the level of APM and APM activity in our state for Medicare. Most of the large systems in Iowa participating with Medicaid and Wellmark are also participating with Medicare in an ACO that is an APM or a-APM program.

**Figure 5: Table of VBP Financial Risk Levels**



*\*Aligns with HCP LAN Alternative Payment Model Framework*

**Wellmark started VBP** with an ACO shared savings program in Iowa in 2012. Today, they contract with 15 different health systems in Iowa that links payment to quality with shared saving /shared loss (SS/SL) arrangements. Their contracts are classified as category 3B according to the HCP LAN Alternative Payment Model Framework. In 2015, Wellmark classifies 32% of their payments to Iowa providers are in a Category 3B program. Wellmark reports 38% of their Primary Care Provider network are under a VBP contract.

**Definitions for Figure 5**

1. Category 2C = Rewards for Performance
2. Category 3A = APMs with Upside Gainsharing
3. Category 3B = APMs with Upside and Downside Gainsharing
4. Advanced APM = A Category 3B APM that aligns with the guidelines of MACRA around Certified EHR use, Clinical Quality Measures, and

**Medicaid started VBP** with five ACO contracts with eight health systems classified as a category 2C according to the HCP LAN Alternative Payment Model Framework. The Medicaid contracts were linked to quality, but did not include SS/SL arrangements. In 2015, Medicaid reported 30% of their payments to Iowa providers were classified as a category 2C and 45% of their Primary Care Provider networks were under an ACO contract. Those contracts ended in 2015 with the introduction of Managed Care Organizations (MCOs) starting April 1, 2016. These organizations are currently responsible for approximately 95% of Medicaid-eligible lives.

**Medicaid requires each MCO to implement VBP programs directly with health systems.** The MCOs are contractually required to have 40% of their qualified covered lives in a qualified VBP in 2018. SIM has successfully developed an aligned set of contract requirements to be used by each MCOs VBP Contracts called the SIM Primary Care VBP, more information on the SIM Primary Care VBP Program can be found in Appendix F.

Under the IA Health Link managed care program, the Iowa Department of Human Services (DHS) has embedded elements of aligned, value-based payment (VBP) reform through specific contract obligations required of the Iowa Medicaid Managed Care Organizations (MCOs).

This approach to MCO contracting reflects the larger, State Innovation Model (SIM) test grant strategy pursuing statewide scale and uniformity in VBP to support efforts to transform where healthcare payment is aimed and, in turn, how care is delivered throughout Iowa. In order to qualify as VBP consistent with MCO contract obligations, VBP contracts between an MCO and providers shall contain standardized elements that will increase provider confidence in the programs offered by each MCO and begin to introduce new requirements that align with MACRA QPP.

Today, all MCOs are actively working with health systems to engage them in ACO contracting for the Medicaid population. Both MCOs have successfully entered in to SIM ACO Program VBP Contracts with organizations throughout the state. One MCO has successfully entered into SIM ACO Program VBP contracts with all five of the original Medicaid ACOs, and has contracted with a health system that was not previously part of the original Medicaid VBP program. The other MCO has contracted with 3 health systems not previously part of the original Medicaid VBP program. The MCO contracts have SS components linked to quality and can be classified as category 3A.

As the ACO groups increase contracting with payers, they may also increase the number of Tax Identification Numbers (TIN) s participating in the ACO contract, which will also positively impact the number of covered lives. As these contracts begin to have similar financial risk levels, aligned quality measures, similar reporting requirements etc., the more a provider group can implement core process improvements that impact their success in all value-based programs.

The 2018 SIM ACO Program Specifications Document and the SIM Aligned VBP Contract Requirements can be found in Appendix F.

Iowa will further improve alignment in Medicaid VBP with the Medicare QPP. In AY4 the IHIN will have the functionality to collect and aggregate clinical data including the collection of clinical quality measures for reporting in VBP. Additional work during AY4 will be focused on the development of a Core Clinical Quality Measure set to be used in SIM ACO VBP contracts. This will enable The SIM ACO program to align with the APM requirements set by MACRA legislation.

SIM is also working on delivery system reform by promoting tools, pursuing advancement of HIT, offering technical assistance, and implementing population health strategies that aim to improve healthcare delivery (more details on delivery system reform are below). As described in **Error! Reference source not found.**, as Iowa increases the financial intensity of VBP contracts (using the APM Framework), the number of covered lives (indicated by the black line) under VBP contracts also increases.

**Figure 6:** Error! Reference source not found.



**AY4 Activities:**

- Review current MCO VBP contracts for alignment with APM requirements
- Update the SIM ACO Program requirements as necessary to meet the standards for an APM
- Publish 2018 and 2019 Baselines scores for VIS and TCOC
- Submit the SIM ACO Program APM Contract for approval to CMS
- Engage in HIT Planning to incorporate clinical quality measures into ACO contracts
- Establish a reporting strategy for clinical measures

Section C of this document describes the details (milestones, actions steps, and timelines) related to **how** Iowa will align payers in the ACO programs and increase the number of covered lives and the number of financial risk arrangements in Iowa.

**Total Cost of Care (TCOC)**

Medicaid uses a TCOC methodology developed by 3M that looks at all claims/encounter data, risk categories, stop loss, and persistent weighting logic to establish an expected PMPM TCOC. The TCOC calculation is updated on a Value Index Score dashboard which is refreshed regularly and is made available to providers and MCOs participating in VBP. Wellmark BCBS uses a similar model with their TCOC calculation in the VIS dashboard.

TCOC is calculated for Medicaid in the VIS dashboard as the sum of all allowed amounts for all medical claims for a member. These allowed amounts are summed regardless of the submitting provider's group, system affiliation, or site of service. It is designed as a calculation to represent

the true cost of medical claims accumulated for an individual for a specified 12- month timeframe. All inpatient, outpatient, professional, and prescription claims are included in the TCOC calculation for the standard Medicaid population.

TCOC is represented as a percent of the expected cost by aggregating information for all members included in an age, gender, and Clinical Risk Group specific cohort to establish an expected average TCOC. Each member of a given cohort is compared to the average TCOC for the entire cohort to establish a percent difference from the expected TCOC. This variance from expected is calculated at a member level but is also aggregated to attributed physicians, physician groups, clinics, and ACOs within the dashboard.

**Figure 7: 3M Dashboard TCOC**

Total Cost of Care	
Key Performance Measure	Rolling 12 months 2014/06-2015/05
Variance from Budget (PMPM \$)	(\$15.72)
Variance Inpatient (PMPM \$)	(\$0.41)
Variance Outpatient (PMPM \$)	(\$18.97)
Variance Provider (PMPM \$)	(\$4.11)
Variance Rx (PMPM \$)	\$7.78

There are some exceptions to the TCOC calculations in the dashboard for a subset of the IME member population to ensure accurate and fair reporting of TCOC calculations. Any member listed as COB, having a coordination of benefits, in which a secondary payer is responsible to pay claims for that member, is currently excluded from influencing the expected calculations of TCOC within a clinical cohort.

In an effort to include Long Term Care (LTC) members in an institution, the analytic vendor 3M is currently reviewing the Medicare Dual Eligible members as well as the entire costs of Long-term Care members. Once the review and quality checks have been completed, the LTC data is expected to be included in the 2019 TCOC baseline data.

Stop loss is another tool Medicaid included in the calculation of TCOC to account for outliers that may skew the TCOC performance from a provider or system perspective. For the standard population, Medicaid has selected a \$150,000 per individual stop loss level. This stop loss applies to the creation of expected TCOC calculations as well as the comparison of actual costs to expected costs. When the state includes the LTC data into the TCOC calculation, the customized stop loss levels based on member type will be applied. Members receiving LTC services will have a separate customized stop loss level to account for cases that qualify as outliers.

In 2016, the state began using a persistent weight set embedded in the dashboards that allows for time series comparisons of TCOC performance. This persistent weight set was created using 3 years' worth of claims information to establish expected TCOC ratios for all clinical cohorts.

The weights were maintained for a defined period of time in order to accurately assess the movement of TCOC performance over time. However, due to the implementation of Managed Care there was a delay in processing MCO encounter data. The TCOC performance for 2018 will be calculated in the coming months as additional MCO encounter data has been processed.

As part of the development of an APM, Iowa will begin comparing cost methodologies, TCOC, MLR etc., in order to ensure that the “Nominal Risk” requirement for APM’s will be satisfied in the SIM ACO Program contracts.

As part of our annual reporting requirements to CMMI, Iowa will calculate a Total Cost Index (TCI) using the CMS supplied measure from the Model Performance Metrics tab. This measure will be calculated by our state-selected evaluators (the University of Iowa’s Public Policy Center) using Medicaid data. Upon securing a complete set of Iowa Medicare data (Medicare A, B and D that includes duals and nondual Medicare beneficiaries) and a complete set of data for other commercial payers, Iowa will report TCI over the duration of SIM.

Iowa does not have an All Payer Claims database. The state does have a limited all- payer claims data set for inpatient and outpatient events within a hospital setting. While this will not help us calculate TCOC or TCI, it will assist in measuring other aspects that inform delivery system transformation during our model test. The Inpatient Outpatient (IPOP) data base will be utilized by the Iowa Healthcare Collaborative as they develop community scorecards and performance improvement processes for C3s and health care systems as a technical assistance tool.

Iowa is working to incorporate Medicare population claims data set (Part A, Part B, and Part D) and processing it using VIS to establish quality scores for the purpose of the SIM ongoing evaluation. To date, the state has been granted access to Iowa Medicare and Iowa Dual data and is in the process of staging and sharing that data per the data use agreements established.

#### **b. Service Delivery Model(s)**

Iowa began the conversation about delivery system reform in 2008 with House File 2539, and legislatively created the Patient Centered Health Advisory Council<sup>1</sup>. The council is attended by providers and advocates and activities of SIM are regularly communicated to this group. Their mission is to promote community care coordination and advance patient-centered transformation of the health care system, which will improve care and reduce cost. The overarching goals are:

- Convening stakeholders
- Building relationships and partnerships
- Streamlining efforts
- Presenting to and offering technical assistance to a variety of organizations including Local Public Health Agencies and Maternal and Child Health grantees to prepare for the changing health care environment.

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<sup>1</sup> <http://idph.iowa.gov/ohct/advisory-council>

In 2012, Iowa Medicaid was the 6<sup>th</sup> state in the nation to receive approval of a Health Home State Plan Amendment which offers a per member per month payment to qualifying providers to deliver health home services, including comprehensive care coordination to individuals with chronic conditions, known as the Chronic Condition Health Home (CCHH). Iowa Medicaid went on to develop a second Health Home program for individuals with a Serious and Persistent Mental Illness (SPMI) known in Iowa as the Integrated Health Home (IHH). Together these two programs **promote comprehensive care coordination** by adopting the PCMH model in the primary care setting. Today 229 Iowa clinics have obtained an NCQA PCMH Recognition and other PCMH programs are recognized in Iowa as well. Although Iowa Medicaid believes the Health Home program has room to grow and spread, the SIM grant transformation efforts focus reform efforts that support providers in APM models that build off the base understanding and adoption of PCMH.

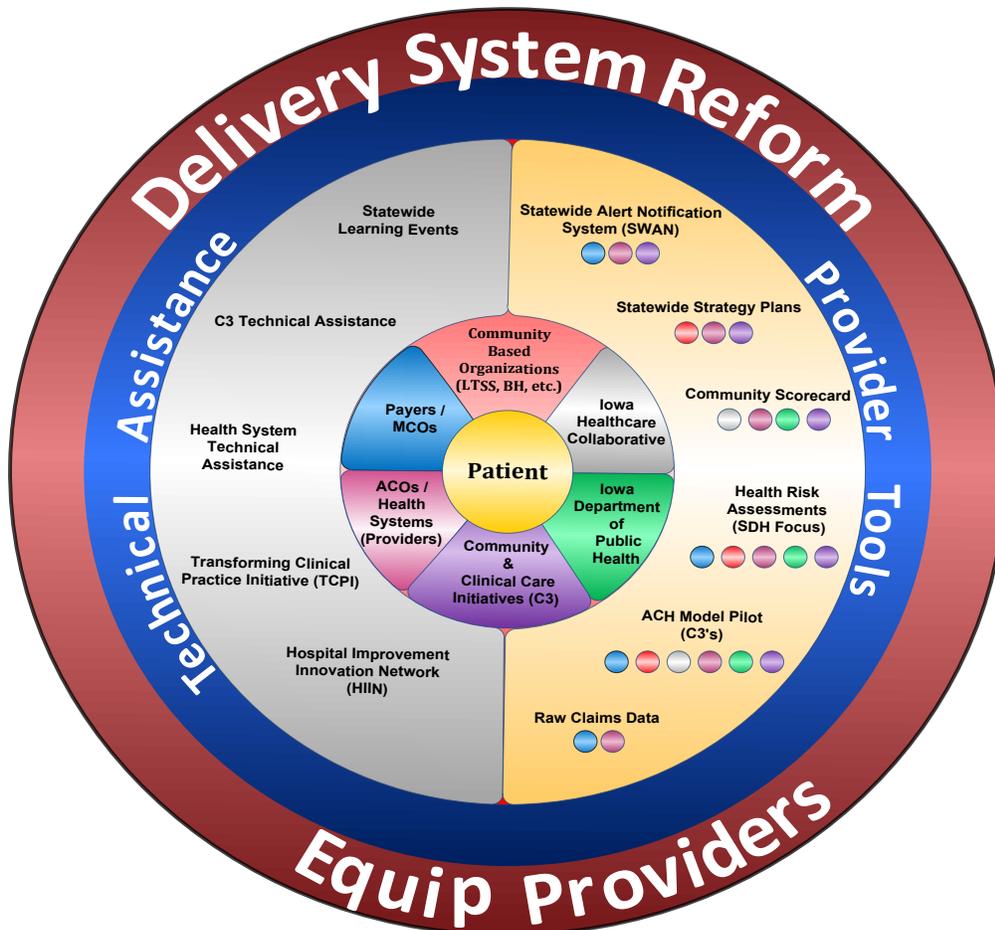
Iowa's SIM augments the comprehensive care coordination-focused projects that have been established, continuing to build infrastructure based on those supportive foundations. The (AHRQ) provides Mechanisms for Achieving Care Coordination (Domains) in their *Care Coordination Measures Update*<sup>2</sup>. Those domains include communication, facilitating transitions, assessing needs and goals, creating proactive plans of care, supporting self-management goals, linking to community resources, aligning resources with patient and population needs, and establishing accountability or negotiating responsibility. In this Operational Plan, you will find strategies related to these domains and broad approaches. Iowa's models for care coordination have been established. This plan represents expansion of those efforts and strategies to secure sustainable adoption of delivery system changes based on coordinated care.

Delivery system transformation activities for SIM include supporting and equipping the system to adopt an ACO payment model and sustain its use. SIM provides technical assistance and tools to assist with this transformation. Together, these components represent the Delivery System Reform Model for transformation as pictured in Figure 9 below. Delivery System Reform and Payment Reform working together align incentives and motivates systems to engage in transform.

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<sup>2</sup> Agency for Healthcare Research and Quality. (June, 2014). *Care coordination measures atlas update*. Retrieved from <https://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/atlas2014/index.html>

**Figure 9: Delivery System Reform Model**



**Community & Clinical Care (C3) Initiative:**

Community and Clinical Care (C3) Initiatives are multi-sector groups of stakeholders that include both traditional (clinical-based healthcare) providers and other community based providers and public health organizations implementing innovative strategies and referral processes to meet the clinical and social needs of a defined population. The C3 pilot in Iowa is testing whether specified clinical tactics, enhanced referral systems to community-based resources and subject-matter technical assistance lead to better quality outcomes for healthcare providers in the C3 regions, and ultimately improved health outcomes and quality of life for patients. The pilot also addresses provider engagement in community care coordination. As an outcome, C3-associated healthcare partners will identify how clinical interventions, when aligned at the community level, influence the outcomes of their quality measures tied to payment. This will prepare the group for increased risk contracting (i.e. VBP) in Iowa.

The C3s will prepare their community for VBP through person-centered, coordinated care across a range of providers. Iowa's C3s have two primary functions: 1) addressing social determinants of health through care coordination; and 2) implementing population-based, community-applied interventions related to the Iowa SIM Statewide Strategies.

These initiatives are intended to 1) enhance care coordination and transitions for both providers and patients by identifying population risks and addressing barriers to health such as social determinants of health by connecting patients (and providers) to community resources, and 2) develop and implement locally-identified tactics from the statewide strategies to address a specified health condition. The Iowa SIM project will focus C3 efforts on addressing diabetes and risk factors related to this disease in AY4. For more information on this focus please see the Roadmap to Improve Population Health in Appendix E.

### **How it Works:**

For AY4, the C3 Initiative is structured using the Accountable Communities for Health (ACH) framework. The required C3 governance structure consists of the following:

1. An awardee that provides administrative and fiscal oversight of the project;
2. An integrator organization that acts as a neutral partner outside of the clinical healthcare delivery system, convening partners and facilitating community-based grant activities;
3. A small steering committee with required membership of local public health, at least one ACO (if applicable), a local healthcare provider representative, at least one hospital, and the integrator organization;
4. A multi-sector coalition that serves as a source of communication and collaboration to drive implementation of the project; and
5. Required staffing (paid or in-kind) to include a C3 project director, community-based care coordinator, and data coordinator.

A patient's social needs are addressed through a local care coordination referral system. Four of the seven C3s have existing health IT systems in place to support community care coordination. The other three have or are creating referral systems and are researching care coordination IT systems. Examples of how a C3 referral process may be implemented are found in Appendix D, Health IT Plan, pages 12 and 13.

The C3s ensure that population-based prevention and treatment activities are implemented in alignment with required tactics from Iowa's Statewide Strategy Plans. The target populations for the C3s are individuals at risk for or having diabetes. The C3 regions also seek to reduce preventable inpatient readmissions and preventable emergency department visits.

The C3s will implement required tactics related to the following seven objectives:

- Identify target population by risk,
- Improve diabetes management,
- Link to community resources and clinical-community programs,
- Improve healthcare transitions,
- Decrease the incidence of diabetes,
- Address community-wide prevention, and
- Develop and maintain the C3 structure

Clinical quality measures are tracked and technical assistance around process improvement is provided as described below under "Health Care Technical Assistance."

**Current Reality:**

In AY3, IDPH issued a Request for Proposal (RFP) that included a new scope of work for the existing six C3s for AY 3 and 4. The new scope of work ensures the C3 initiatives closely align with all aspects of the SIM. Due to the change in scope, the two multi-county C3s reduced their service areas to support a more focused implementation, reducing the number of counties covered by C3s from 19 to 12. A second RFP with the same scope of work was issued to add a new and seventh C3 for part of AY3 and all of AY4. The new C3 began work in August of 2017, bringing the total number of counties covered by the C3s to 15.

The C3s have spent AY3 building on current capacity for referrals for social needs, partnerships, and clinical-community linkages and implementing activities to support the required objectives listed above. An overview of each C3 initiative can be found [here](#).

**AY4 Activities:**

The Iowa SIM project will continue to focus C3 efforts on addressing diabetes and risk factors related to this disease in AY4. The C3s will develop new action plans for AY4 to continue, enhance and expand upon their current work through a non-competitive Request For Application (RFA) process.

For AY4, the scope of work for the C3s will remain the same as AY3 to ensure alignment with other areas of the SIM and include:

- Use of appropriate HIT, including connection to the Iowa Health Information Network (IHIN) to support closed loop referral process;
- Participation in the SWAN where applicable;
- Work plan activities that are primarily focused on the traditional clinical and innovative clinical buckets of the CDC's "3 Buckets of Prevention;"
- Core set of clinical quality measures that all C3s collect and report;

See Section C for detailed milestones, action steps and dates of the activities related to how Iowa will utilize C3s within Delivery System Transformation. More information on C3 Initiatives please see the Roadmap to Improve Population Health in Appendix E.

**Statewide Alert Notification (SWAN):**

SWAN is an example of an innovation that supports providers in APM models and MCOs in managing the health of their population. The SWAN system is new infrastructure<sup>3</sup> established by SIM to aid providers engaged in VBP to improve care coordination for members during critical transitions (admissions, discharges, and transfers). Improved coordination during transition has proven to reduce readmissions and improve outcomes<sup>4</sup> by catching medication errors and synchronizing care plans from multiple specialty providers. Getting the right information to the right provider in a timely manner also reduces unnecessary spending within the healthcare system and helps providers focus on population health strategies like reducing preventable readmissions, reducing medication errors and improving follow-up after inpatient visit measures.

**How it Works:**

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<sup>3</sup> Established in Iowa in December 2015 for Medicaid lives

<sup>4</sup> Coleman EA, Parry C, Chalmers S, Min S. The Care Transitions Intervention Results of a Randomized Controlled Trial. *Arch Intern Med.* 2006; 166(17):1822-1828. doi:10.1001/archinte.166.17.1822

Providers and MCOs submit a monthly list of Medicaid members they are managing. The SWAN system produces a daily digest of members from these lists that had an Emergency Room Discharge, Inpatient Admission, or an Inpatient Discharge from one of the participating SWAN hospitals<sup>5</sup>. The daily digests are then used by health systems to coordinate care for members. The SWAN digest allows health systems to connect with members they otherwise may not have known needed assistance to provide medication reconciliation, a primary care follow-up after an inpatient stay, and general follow-up to ensure care plans are being followed.

When health systems increase coordination during transitions of care, evidence shows a reduction in preventable readmissions. Health systems in an APM model with Medicaid and Wellmark are being measured on their ability to reduce preventable readmissions and ED visits and conduct a follow-up after hospitalization within 30 days through the VIS measure set. These quality measures are tied to payment in Iowa. The SWAN system is enabling providers to be more successful.

### **Current Reality:**

Iowa is currently receiving attribution files for 4 of the 5 Medicaid ACO's and both of the MCO's. We have 52 out of 118 hospitals sending ADT's to SWAN. The alert files are being sent to the receiving ACO/MCO on a daily basis in an SFTP file. Both Broadlawns (ACO) and Iowa Health+ (ACO) have these daily digest alert file automatically downloaded to their EHR workflow so that they can act on the alert accordingly and provide the appropriate follow up.

### **SWAN Success Stories:**

- ✓ A member had a snowmobile accident that happened in Northern Iowa. The use of the SWAN enabled the primary care provider to follow up with the member. Specifically, the patient verbalized they were impressed that the Care team knew of the event and were thankful for the connection.
- ✓ A patient with congestive heart failure, a history of MI, HTN, A-Fib, Stage 3 CKD, PE, on long term anti-coagulation, pulmonary hypertension and metastatic cancer had been in and out of several area hospitals. His primary care provider was alerted by SWAN of his admissions at which point staff/providers were able to fax his records to the admitting hospital, including information regarding the member's 3 month history of Coumadin therapy management. This was crucial for management of what turned out to be a critical cardiac issue. Before the patient was discharged from the hospital, his primary care provider was able to review his admission records, enabling a referral to home health for coagulation management and a follow-up appointment was scheduled with his primary care provider. Additional collaboration for discharge planning, including hospice care and medical management of his chronic diseases was also completed. This example truly shows the impact that SWAN can have on patient care by ensuring clear communication and closed referral loops.

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<sup>5</sup> As of January 2017, 27 Iowa hospitals are SWAN participants. At least one hospital from each of the Medicaid ACOs participates in SWAN.

**AY4 Activities:**

During AY4 Iowa will continue its efforts to improve and expand the use of SWAN by:

- Connecting all remaining hospitals to send ADT file to IHIN.
- Continuing the pilot program that expanded SWAN alerts to the NEXT GEN ACO Medicare population
- Expanding alerts to non-ACO provider types
- Providing Technical assistance to existing organizations that receive SWAN alerts on how to incorporate them into their workflow processes to improve health outcomes

Additional SWAN activities during AY4 will focus on 2 clearly defined pilot projects with specific organizations allowing them to submit custom attribution files with the focus of getting the alerts directly in the hands of providers and care coordination that can directly impact healthcare outcomes. These pilots will concentrate on educating providers and expanding the use of the tool to transform the perception of SWAN from being an “Accessory Tool” to a “Necessary Tool” creating the value in SWAN that will ensure that providers will be willing to continue use beyond SIM.

More detail on the plans to accomplish these pilots can be found in the Health IT Improvement plan, Appendix D. See Section C for detailed milestones, action steps, and dates of the activities related to **how** Iowa will utilize and expand SWAN as part of the delivery system model.

**Statewide Strategy Plans**

The Statewide Strategy Plans are consensus and guidance documents that outline unifying goals and actions to be taken to address an identified priority health issue, promote alignment of resources and efforts, and advance the health and wellness of all Iowans. The state plans are developed through a cross-sector, collaborative process, convening key partners and stakeholders from across the healthcare continuum. The group is inclusive of state and local agencies, professional associations, independent providers, payers, health systems, and consumers and patient representatives. The plans are designed to establish a statewide standard of care, complement one another, and support statewide and local community action to achieve community-applied, population-based health.

**How it Works:**

These plans offer a “roadmap” of specific opportunities that stakeholders and partners from throughout the health continuum can undertake to improve their practice, delivery of services, engagement and experiences of care, community wellness, and overall population health. The plans are intended to be guidance documents offering a menu of options that support statewide application and local community application.

Each plan is supported by a statewide task force consisting of individuals who took part in the development of the plans. They continue to meet for ongoing review of the plans and report progress, ensuring that the statewide strategies remain meaningful and actionable. Roles and responsibilities of the work group members are laid out in the development phase with expectations that participants will utilize the plans to support their collective initiatives and activities. Work groups are convened twice a year at a minimum, to share updates and work

completed to support the tactical goals of the plans. This process not only supports top-level execution of the statewide strategies, but also seeks to ensure that resource provisions and communication to local partners and communities is consistent and aligned among stakeholders.

Impact on and utilization by local communities was a vital consideration in the development of the statewide strategies, seeking to ensure that the strategic plans go beyond a state-level view to include support for community-led approaches. The documents are organized by overarching goals, supporting objectives, and tactical actions that communities can use as a template to establish their local actions to address each key issue. The plans also illuminate and call attention to collaboration across disciplines and settings. This sets the stage for identifying key local partners to engage and invite to the table. These strategies are of particular value to the SIM C3 pilot communities as they are to be utilized to develop their work plans to address the priorities defined in their scope of work and improve overall health in their communities.

#### **Current Reality:**

There are currently eleven Statewide Strategy Plans in place: Care Coordination, Cardiovascular and Stroke, Diabetes, Healthcare-Associated Infections, Palliative Care (Iowa Physicians' Orders for Scope of Treatment), Medication Safety & Effectiveness, Obstetrical Care, Obesity, Person and Family Engagement (PFE), Tobacco Prevention and Reduction, and Social Determinants of Health (SDH) (currently in the finalization process). Five of these plans, were developed in 2016 in support of the key priority areas identified within the Iowa SIM project. The statewide strategic plans are aligned documents that establish statewide expectations for health and healthcare, without ownership to any one initiative, program, or agenda. They seek to align resources and actions that drive coordinated execution towards the common goal. Over 30 organizations convened several times to develop, review, and integrate the plans throughout the state.

#### **AY4 Activities:**

In AY 4, the Iowa Healthcare Collaborative (IHC) will continue execution of the statewide strategic plans, in coordination with the Iowa Department of Public Health.

- Develop a new plan aimed at health systems to laying out detailed functions and opportunities that drive Iowa health care systems towards person-centered, population-focused, value-based care. This plan will build upon the momentum and foundation offered by the existing statewide strategies, honing in on the specific roles and responsibilities of the more traditional health care system to begin to shift practice to a focus on whole-system community presence and engagement.
- Seek to increase meaningful utilization of the statewide strategies, with particular emphasis on key cross-cutting, priority strategies for diabetes, care coordination, medication safety and effectiveness, person and family engagement, and social determinants of health.
- C3s will implement required tactics from the statewide strategy plans to improve health outcomes for individuals having diabetes or at risk for developing diabetes. See

Attachment II of Appendix E for additional detail on the tactics being implemented in C3 regions.

- Develop and share resources to assist Iowa providers in aligning local activities such as Health Improvement Plan (HIP) activities with tactics from the statewide strategy plans.
- Promote the statewide strategy plans through a variety of venues including but not limited to websites, newsletters, and conference presentations
- See Section C for detailed milestones, action steps and dates of the activities related to **how** Iowa will utilize the Statewide Strategy Plans to advance the Population Health Roadmap implementation to improve care coordination in Iowa's delivery.

### **Community Scorecard:**

A Community Scorecard is a report, developed by the Iowa Healthcare Collaborative (IHC), featuring community-level, statewide, and comparative population health data for the purposes of quality improvement. Scorecards can be utilized to strengthen partnerships, driving healthcare transformation at the community-level. IHC, working with key SIM partners, will continue to develop Scorecards for existing C3's and healthcare systems receiving SIM Technical Assistance (TA) outside of C3 areas.

Community Scorecards guide SIM TA to help C3s and healthcare systems identify and prioritize community health and high cost issues, track inputs and investment, monitor quality of services/projects, generate benchmark performance criteria, and compare performance across facilities/districts.

### **How it Works:**

Data for Community Scorecards are submitted to the SIM Portal. The SIM portal acts as a data repository for the seven Community Clinical Care (C3) pilots and identified healthcare systems. All metrics submitted by SIM participating locations are included in scorecards, inclusive of:

- Clinical Quality Measures (Diabetes, Tobacco, BMI, Hypertension, Weight Management)
- Potentially Preventable Readmissions, Admissions, and ED Visits
- Social Determinants of Health and Population Health Metrics
- Referrals to care providers and prevention programs
- C3 selected process measure

Once data are collected and scorecards developed, reports are distributed quarterly to C3s and health systems engaged in SIM. IHC Quality Improvement Advisors work with participants to facilitate scorecard review and process improvement activities for selected community health topics.

Activities include:

- Education to introduce to the concept, value, and utilization of community scorecards

- Support facility activities to introduce and integrate scorecards within community groups
- Identify community scorecard successful efforts and share information on the SIMplify communication platform
- Build skills to interpret the community scorecard and tactics for how best to share results with partners
- Prioritize work efforts to drive process improvement
- Complete process improvement (PDSA) cycles to sustain community-wide health transformation

Participating healthcare systems, outside of the C3 areas, will utilize scorecards to advance the Accountable Communities of Health model to drive improvement in value-based care. In those areas, hospitals, rather than C3s, will be encouraged and supported to act as the local convener. The scorecard will be one of the strategic tools used to help align health delivery systems to enhance community engagement.

**Current Reality:**

Iowa began distributing Community Scorecards in AY3. SIM partner organizations (e.g. health systems, local health departments) collected much of data included in the scorecards. Data use agreements, protections for secure transfer of data, and data workflow plans that support development of scorecards were executed.

The state anticipates a positive use of community scorecards for the following reasons:

- This is a tool previously used in Iowa, our communities and hospitals already work together prioritizing data and health issues from community health needs assessments,
- Public health, healthcare systems, and community services organizations currently use state, local and national data and;
- Healthcare providers and other health professionals respect and value data driven initiatives and understand data as a sustaining factor for healthcare improvement.

**AY4 Activities:**

- Expand the SIM Data Portal capacity to support C3s and health systems outside of C3s
- IHC will continue to lead the effort to collect, analyze, and report data for the scorecards
- IHC will convene stakeholder groups to analyze, discuss, and make decisions on non C3 scorecard metrics
- IHC will continue to provide community scorecards quarterly to C3s and Health Systems outside of C3s
- Complete process improvement (PDSA) cycles to sustain community-wide health transformation
- IHC will partner with key state organizations and health systems to identify and utilize available hospital clinical data, federal data, appropriate public/local data and non-public data

Technical assistance, related to health systems transformation, will differ in areas beyond the C3 projects in that the health systems will be the target audience for TA activities.

- Planned engagement activities for regions without a C3 include: In-person MACRA, VBP, APMs training from recognized educators, physicians, and consultants
- Readily accessible electronic QPP information
- Understanding the value and use of the SWAN, HRAs, and IHIN
- Access to data analytics and reports reflecting the health and needs of communities (e.g., Community Score cards)
- Uniform communications from ACO level leadership about participation in SIM and DHS health systems transformation
- Information about and direction on how to participate in community services referral processes (e.g., social determinants referrals)
- Health systems transformation communications and resources from Iowa health/medical professional associations

### **Implementation of Standardized Social Determinants of Health Measures**

The Iowa Health and Wellness Plan (IHAWP) legislation, Senate File 446, became effective January 1, 2014. It required the Iowa Medicaid Enterprise (IME) to take approaches to increase access to health care, improve quality health outcomes, incentivize personal responsibility, endorse cost-conscious utilization of care, and adopt preventive and healthy behaviors. In addition, the legislation required IME to develop a strategy to address population health and health promotion.

The Healthy Behaviors program was implemented within the IHAWP program. Members were required to complete an annual wellness exam as well as a health screening tool in order to be exempt from the required premium payment in the next year of enrollment. This inspired investment in a health risk assessment (HRA) tool to identify and influence social determinants of health, recognizing their personal and collective impact on the health of Iowa's communities. Leaders desired a tool that would assist members to think about their health while taking the assessment and creating personalized health action plans to discuss with their provider. It was important to enable providers to review these plans with their patients and review aggregated data as a snapshot of demographics and illness burden within the practice. The provision of information to multiple stakeholders that was immediately actionable and triggered specific interventions to support health outcomes was necessary to transform clinical interventions and connect them with supportive community services.

The purposes of 3M's AssessMyHealth tool are:

- Foster better communication between patient and provider, which can lead to improved health outcomes
- Identify patient needs as they relate to the multiple determinants of health outcomes
- Provide patients with access to education and resources for managing their own care

- Identify the health confidence of patients as a predictor of health care utilization and outcomes

In AY3, the state identified additional measures of social needs that were added to the AssessMyHealth health risk assessment tool. The tool was also modified to represent a more robust review of patients' oral health. The measures were selected to align with the existing tools currently used by partners such as the PRAPARE tool, the BRFSS, and the Iowa Statewide Health Survey.

The selected topics and measures are:

Housing:

How many family members, including yourself, do you currently live with?

What is your housing situation today?

Education:

How difficult is it for you to understand information that doctors, nurses, and other health professionals tell you?

Employment:

What is your current work situation?

Food and Material Goods:

In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?

Food, Clothing, Utilities, Child Care, Medical Care, Dental Care, Mental Health Care, Eye Care, Phone, Transportation

You indicated you had trouble getting transportation when you needed it. What was the MAIN reason you could not get to where you wanted to go?

Personal and Community Safety:

How often do you feel unsafe in your neighborhood?

In the past year, have you been afraid of your partner or ex-partner?

Stress:

Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

Oral Health Improvements to the Tool:

During the past 12 months, have you had a dental problem which you would have liked to see a dentist about but you did not see the dentist? If "yes", what is the main reason you have not visited the dentist in the last 12 months?

In the last 12 months, have you gone to a hospital emergency room for a dental problem?

Have you been to the dentist in the past year? Do not include visits for children or other family members.

In general, how would you rate the overall condition of your teeth and gums?

During the past 4 weeks have you been bothered by bleeding gums, dental/ oral pain or discomfort?

How often do you practice good health habits like brushing your teeth daily?

### **How it Works:**

AssessMyHealth is a secure, web-based health risk assessment that is simple to use. It can be completed over the phone, in-person, and online. Reports can be printed by the patient immediately upon completion and a notification is sent to the primary care physician who can then also view the results. The patient is directed by the tool to print the document and bring it with them to their next physician appointment. The physician is asked to review the results with the patient, provide guidance related to their needs, and make appropriate referrals before signing the document. The document is to be stored in the patient record after it is incorporated into the patient's care plan. 3M, our vendor, provides analytics and can compare results with claims data in the Medicaid population.

### **Current Reality:**

There are several health care provider, payer, and community-based organizations across Iowa who are using a health risk assessment tool. These tools vary as to what questions are asked, how they are asked, and how the tool is utilized within their organizational structure to improve care. Because there are organizational work flows and financial investments connected to these tools, the state's suggestion to utilize a common tool has been met with some resistance.

There is, however, support and energy surrounding the request to collect a standardized set of social needs questions within other existing tools and aggregation of that data to be shared with entities for program planning and quality improvement. Agencies are not as opposed to including additional questions to their tools. Adding the piloted, standardized measures to existing tools while continuing to support the use of AssessMyHealth in the Medicaid population is a logical solution to this risk.

In AY3, the tool and standardized measures were piloted in the Medicaid population through our C3 work and in the general population through our Healthiest State Initiative. The modified tool was also utilized within the Medicaid Expansion population through Iowa Medicaid Member Services.

### **AY4 Activities:**

- Recommend standardized SDOH measures for inclusion in other assessment or intake tools and expand the measurement of SDOH
- Identify an analytics tool that will accept data from multiple sources and in multiple formats, aggregate them, and report them to cross-sector stakeholders
- Develop and distribute Operational Guidance for SDOH through a collaborative effort from stakeholders
- Establish and continue to update a SDOH dashboard with input from stakeholders
- Convene partners to identify a VBP risk formula that includes and is inspired by the SDOH data produced in AY3 and AY4

### **SIM Technical Assistance:**

Technical assistance (TA) is a SIM program strategy designed to expand community level execution for the improvement of care and collaboration across stakeholder groups. SIM TA will guide the changes in the Iowa healthcare landscape needed to address quality and improve access to accountable and affordable healthcare. The Iowa Healthcare Collaborative (IHC) will lead SIM TA activities. IHC works to support a broad community strategy that ties new payment structures with community development goals in an effort to support sustainable integrated delivery networks.

With special insight and connectivity to the provider, the payer, and the complimentary aims of the Hospital Improvement Innovation Network (HIIN) and the Transforming Clinical Practice Initiative (TCPI), IHC is a leader in the education, engagement, and execution of cross cutting transformation. The collection, analysis and dissemination of population management metrics allows IHC staff to effectively reduce reporting burden while increasing the efficiencies of communities by improving processes and lowering costs.

### **How it Works:**

#### **Community & Clinical Care (C3s) Pilot Technical Assistance**

In AY3, the C3s implemented strategies to optimize local community collaboration and infrastructure to support community sustainability. IHC technical assistance supports included an assigned Quality Improvement Advisor, on-site consultation, virtual education, strategic planning, specified faculty support, regional workshopping and statewide conferences.

The C3 communities were aligned with elements of the Accountable Communities for Health structure to assist in guiding proficiency in standard language, fiscal responsibility and regional governance. IHC has focused on the execution of Quality Improvement Work Plans for process refinement, harnessing data and learning to create directional change, referral flow and feedback loops, and the implementation of Statewide Strategies (SWS).

### **Health Care System Technical Assistance:**

Education and technical assistance (TA) have assisted Iowa health systems for rapid payment reform in VBP arrangements. Relationship building with Iowa's three major health systems (Unity Point Partners, Mercy ACO, and University of Iowa Health Alliance) has aided IHC in helping identify mutually beneficial goals in a complex and competitive environment.

Provider engagement in delivery system transformation is a critical piece of the adaptation into new payment structures. IHC assists in supporting providers by creating pathways into AAPM's. This transition planning aids in accelerating relationships within a competitive environment and the preparation for greater population based financial risk and reward. By deploying resources through embedded care teams, IHC can assist in an evolving focus on burden reduction and risk sharing. The development of a common quality measure set is in progress, which will allow IHC to expand a community dashboard to include a statewide perspective.

Utilizing IHC's collaborative partnerships with provider associations and professional groups as rallying forces will assist in the construction of concrete commitments for community collaboration between Iowa health systems and their community partners. The Iowa Medical Society, Pharmacy Association, Primary Care Association and Hospital Association each have influenced their many professional members toward collaborative relations with SIM to assist in AY4 goals.

IHC identifies and builds provider champions. Engaging a recognized and respected individual to serve as a "champion" to increase trust, understanding, and involvement is a proven strategy. Through champion building, IHC assists in finding answers on issues that affect the provider profession. Appealing to the mission and challenges of integrated population health and value-based care, provider champions serve as powerful change agents and influencers.

### **Current Reality:**

AY3 has had a crucial impact on change readiness and the journey to sustainability. IHC provided each C3 and many health providers with technical assistance including an array of resources and tools, education and training opportunities, Improvement Advisors, access to in-house faculty consultants, a secure networking platform and a database equipped with analytics. To involve communities, partners and providers statewide, three SIM Learning Community events were convened which featured national speakers and statewide efforts including Health IT and interoperability, rural health policy, and navigating population management. TA deliverables include:

### **Education-training-site visits**

- Three Statewide SIM Learning Community conferences with over 500 attendees; Three C3 Regional Workshops; Ten on-site presentations by IHC faculty; Fifteen training webinars and Two forums.
- C3's and Health Systems received site visits monthly, or as needed. Visits included strategic planning, action learning principles, process improvement cycles, data analysis and skill building, workflow and referral loops, and VBP guidance.

## **Communication**

- Monthly work plan compliance calls
- 27 Issues of the SIM Newsletter have been disseminated
- A “SIM Unplugged” webcast series began in AY3, and seven episodes have taken place
- SIMplify, an online communication platform for SIM stakeholders, continues to expand for a statewide audience. Topic cycles covered have spanned from risk sharing, Health IT, population management, social determinants of health, care coordination, provider engagement, statewide strategies, person centered care systems, to delivery system transformation, amongst others.

## **Data**

- IHC continues to house and maintain the SIM Data Portal. The SIM Data Portal captures statewide SIM metrics to include HIIN hospital measures, NQF measures from Iowa clinics, C3 data for Quitline and social determinants of health client referrals, C3 QI process measures, and Medicaid Potentially Preventable Admissions data. Live, in-time training and support for portal functionality and template upload is available by the IHC Data Team.
- Both GIS Mapping services and CHIME Maps are available to the C3s to enhance planning and delivery of care coordination. Training and use cases were presented by IHC staff to ensure users gain the most influential information to move interventions in their respective regions.

## **AY4 Activities:**

In AY4, IHC will continue work with C3s regions and pilot health systems, but also to cast a broad net over the state of Iowa to encompass an expanded provider network, bringing true integration for a community-applied, population-based effort. The total cost of care underscores all of our collaborative work, so we will be considering methodologies to help guide and inform our work on behalf of the payer, the provider, the consumer, and the employer. This will allow us to identify priority drivers in the communities we serve, and to then implement appropriate service delivery solutions while simultaneously impacting funding transformation. An increased focus on risk (risk sharing/risk management/risk measurement) will aid in aligning data elements for a bi-directional interaction with quality improvement to support services such as social needs, and encourage a culture of increased provider participation. Aligning health systems with a broad community strategy will support community integration for us to then to coach on steps toward growth and sustainability, transactional effects on performance, and the adoption of VBP structures.

## **Health Care Systems Technical Assistance:**

- Dedicate and deploy resources through SIM advisors to health system contact points, with a focus on provision of analytics and data reports
- Support mutually identified work surrounding Health IT capabilities, SDOH analytics, common, meaningful measure set metric improvement
- Deploy resources through embedded care teams on burden reduction and risk sharing
- Implement the Community Scorecard for non-C3 systems and providers to promote community health planning and process improvement
- Begin an action campaign to take SIM statewide and harness the energy of best practice and early adopters
- Develop an APM menu and curriculum to educate on risk/incentive ranges and points of accountability
- Train providers on MACRA, VBP, APMs
- Promote the value and use of SWAN, HRAs, and IHIN and connect provider resources to use of these SIM initiatives

### **Components for partners participating in C3 arrangements**

- Assign performance improvement coaches (QI) to each community to inform and advance process improvements
- Execute case studies to appropriately align the Accountable Health Communities' domains with each respective C3 region
- Continued emphasis on activities to improve health and decrease rates of preventable hospitalization and readmissions including: medication safety and management, person and family engagement, and health literacy
- Utilize a community dashboard to inform process improvement
- Promote resource sharing between providers/clinicians and C3s
- Provide database infrastructure, analytics support, and reporting for SIM leadership, C3s, and clinic partners
- Promote applications of the IDPH Population Health Roadmap strategies for population health management in rural environments
- Facilitate C3s in community-wide implementation of tactics within the statewide strategies to support their work plans with IDPH

### **Additional Components:**

- Evaluation to assist in continuous improvement and movement toward sustainable practices
- Focused improvement activities: Action Plan – Priority/Change Management Areas
- Patient engagement, cultural competency, community outreach, care coordination, value analysis and projected savings

- Evidence-based Peer Learning sessions to enhance integration and provider motivation
- Workflow efficiency & risk management through transformational coaching
- Reduce overlap and duplication of complimentary aims through alignment of strategies across multiple programs

The vision for health care transformation can be articulated as, “Better Outcomes, Better Care, Affordable Costs, and Joy in Practice.” This will be the overall focus of SIM technical assistance, and will advance community engagement and provider and health systems alignment.

See Section C for detailed milestones, action steps and dates of the activities related to **how** Iowa will utilize Technical Assistance within Delivery System Transformation.

### **Sharing Raw Claims/Encounter Data with ACOs**

Medicaid began sharing claims/encounter data with the ACOs in October of 2014, during the implementation of the Iowa Health and Wellness Plan ACO program. ACOs expressed a need for payers to provide claims data that enabled them to perform internal analytics on cost and quality and that allowed them to match administrative claims data to the clinical data within their own systems in effort to identify system improvement that help performance on value-based contracts.

### **How it Works:**

Medicaid sends a set of standard files to ACOs via their analytic vendor, 3M. The files are transferred through a secure FTP site operated by 3M and each ACO logs in and downloads the files to their own network. The ACOs each have internal processes to integrate the data into their own unique analytic tools. New claims/encounter data files are sent to ACOs monthly, but are dependent on the refresh cycle of the VIS and TCOC dashboards.

Each refresh cycle of data starts with the Medicaid compiling FFS and MCO encounter data received to-date. The data is standardized into the specifications outlined by 3M and securely transferred to 3M. They process the data, perform quality checks, and then apply the business rules to attribute members to ACOs and MCOs, establish the risk adjustments, and calculate the VIS quality measures and TCOC. Once the online dashboard is refreshed in production, a set of claims/encounter data is compiled for each Medicaid ACO and delivered via the secure FTP process.

### **Current Reality:**

Medicaid Claims data sharing with ACOs was paused, while the state established the new statewide Managed Care program. The last set of Medicaid data shared with providers was claims/encounters received by 3/31/2016, and made available to ACOs in June 2016.

During the transition of the former Medicaid VBP program to the SIM ACO Program time was spent acclimating the MCOs to the 3M processes and building trust with the MCOs in how the data flows from the MCO to the IME and then from the IME to 3M.

It is anticipated that the process of sharing claims with the health systems will resume early in AY4.

Wellmark conducts a similar process using 3M for their ACO provider groups. Medicare also shares claims data with providers in their ACO programs. Although the Medicare claims sharing process is not as frequent.

#### **AY4 Activities:**

- Refresh the VIS dashboard into production, and send a new set of raw claims data to each Medicaid engaged ACO by May 2018.
- Work with ACO providers to ensure they are accessing the data and that it includes the elements they need to perform their internal analytics.
- Maintain the data sharing agreements and File layout specifications

#### **c. Essential Delivery System Reforms and their Impact on Patient Care**

Iowa's State Innovation Model proposes two primary drivers that will lead to our Vision: "Iowans Experience Better Health and Have Access to Accountable, Affordable Healthcare in Every Community." Those drivers are Payment Reform and Delivery System Reform. Among the many challenges affecting the project, a major challenge that has a high potential for derailing progress is lack of engagement and participation in the activities that support transformation.

In an article published by Health Catalyst, the authors discuss the complications experienced by healthcare organizations in their implementation of quality improvement initiatives. They reiterate the complexity of these changes and the requirements for implementing them; stating systems can feel "overwhelmed." (Falk & Tinker, 2016)<sup>6</sup>. They suggest the following list of 5 Essential Elements for successful quality improvement:

- Adaptive leadership, culture, and governance
- Analytics
- Evidence- and consensus-based best practices
- Adoption
- Financial alignment

This framework serves as a guide for expressing the delivery system reform work proposed in Iowa's SIM, and sharing the intended results of that work. The following table shares the activities proposed within the Delivery System Reform driver. These activities (Inputs or Practice) represent 3 of the 5 Essential Elements categories from Falk and Tinker's report. The associated result (or Care Delivery Change) is noted in the far right column. [Table 2: Essential](#)

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<sup>6</sup> Falk, L. and Tinker, A. (2016). The top five essentials for outcomes improvement. Retrieved from <https://www.healthcatalyst.com/Outcomes-Improvement-Five-Essentials>

[Delivery System Reform Impacts on Patient Care](#) articulates the intended changes in delivery based on SIM activities that provide technical assistance and tools to assist with this transformation.

#### **d. Quality Measure Alignment**

The Medicaid Quality Steering committee convened in fall of 2016 consists of key leadership staff within the Medicaid Agency, including the Medicaid Director and the Medicaid Medical Director, and Division Administrators for Mental Health and Disability and Child Welfare. This group looks at quality across Medicaid programs in an effort to align initiatives and improve health outcomes for the Medicaid members. Core functions of this group include:

- Recommend measures and provide ongoing monitoring of dashboard and key performance indicators.
- Review and revise Quality Strategy Plan for Medicaid Managed Care Program
- Review MCO performance improvement projects and make recommendations for enhancements

As discussed earlier, the broader Innovation and Visioning Roundtable discusses payment and delivery system reform efforts. Medicaid is part of the roundtable to ensure the Medicaid Quality Steering is aligned with the broader healthcare movement in Iowa.

### **Quality Tied to Payment**

#### **Initiatives in Action:**

Wellmark rolled out the Value Index Score (VIS) within their VBP program (a quality score linked to payment) in 2012. Medicaid followed with the VIS framework in 2014 for a VBP program aimed at the Medicaid Expansion group. Both payers use the VIS, which consists of 16 measures across 6 domains, risk adjusted and rolled into a composite score based exclusively on claims data. The VIS incorporates 12 months of claims data, creates a longitudinal record for each member and attributes each member to a PCP based on attribution rules (assigned PCP, or if no PCP assignment, looks at a plurality of PCP visits over the 12 months). The analytics allow a PCP to compare their performance against their peers, allow a group (Tax ID) compare their performance to other groups, and allow ACOs (a defined group of Tax IDs) to compare their performance to other ACOs. The analytics are updated every month using an online secure login dashboard. These monthly updates allow providers, groups, and ACOs to not only compare to their peers, but also track trends for quality improvements that are directly linked to their performance in VBP contracting, which links performance in quality to payment.

Medicaid began to incorporate an MCO-level view into the VIS dashboard in 2016 so their populations can be analyzed at this payer level and allow the organizations to track ACO performance for their VBP contracting arrangements with the delivery system. It has taken longer than originally anticipated to process MCO encounter data, thus delaying the refresh of

the VIS/TCOC dashboard since the implementation of Managed care, which was noted earlier in this plan.

The MCO encounter data began a testing and validation process in September of 2016. The VIS Dashboard was refreshed and the MCOs were granted access however after large number of claims were identified as needing to be reprocessed by the MCOs it was determined that the best course of action was to completely dump the old data and begin completely fresh, while necessary, this decision, ultimately delayed the data validation process even further. In October 2017 a clean, full set of data was tested, validated and pushed into production in the VIS dashboard. An additional validation process will implemented with the MCOs as a way for the MCOs reconcile 3M Production data with their own internal sources. The next dashboard refresh is now scheduled for late April of 2018. Medicaid will produce a quarterly dashboard for ACO and MCO providers throughout 2018 and 2019 to inform quality in VBP programs that are linked to payments.

Based on feedback from providers, Iowa is rolling out a revised version of VIS (version 2.0) that improves issues around transparency and interpretation of the date by providers. The measures, the domains, and the online reporting tool remain the same, however benefits for the new version include:

- (1) **Transparency** – Providers will understand their measure scores based upon their “completion rates”. All dependencies on “how others performed” or “how varied the data was” are removed.
- (2) **Direct Group Scoring** – The same set of thresholds will be used to evaluate any population directly, specifically, Physician Groups, ACOs etc. Previously, scores needed to be based upon the performance of individual providers that received a VIS score. Now, all providers belonging to a group will have their attributed population contribute to the group score(s).
- (3) **All Providers can score well** – If all providers perform in the upper threshold, they will receive excellent scores. Previously, the system was designed so that for every winner there was a loser with respect to a score.

#### **Initiatives in Process:**

##### **Standardized Measurement of the Social Determinants of Health:**

During AY3, Iowa selected twelve questions across seven topic areas that were piloted to ensure their quality as standardized measures of social determinants of health across the Medicaid and general populations. These measures were piloted in the AssessMyHealth Health Risk Assessment tool. The data was analyzed and reported within two pilot projects. This provided the foundation for utilizing social needs to adjust risk in value-based payment models and expanding the measures to additional partners and tools in AY4.

##### **Clinical Quality Measures**

To achieve APM model in Iowa, the collection of clinical quality measures (in addition to the administrative measures from VIS), is a new component of the definition of quality for Iowa.

During AY3 the state worked to identify infrastructure support the reporting requirements for future VBP programs within Iowa.

Although Medicare uses a different set of quality measures for their ACO programs (MSSP and Next Gen) there are several areas of alignment as previously identified in Appendix A, Accountable Care Models, a comparison between Iowa's VIS measures and the MSSP was submitted to CMMI in the fall of 2014. With the implementation of MACRA, Iowa is working on ways to add clinical quality measures from the Quality Payment Program into APM models offered in Iowa. This will further align programs and allow providers to get to scale for true sustainable transformation. Please see the HIT Improvement Plan in Appendix D on the development of a glide path to incorporate clinical quality measures into a VBP program. Some of those details for a glide path include:

- Conduct work sessions with providers and other stakeholders to identify a set of CORE Set of Clinical Quality Measures that reflect quality and should be linked to payment in a system moving from volume to value (align with pop health goals and comparable to MIPS).
- Develop a mechanism for providers to report selected clinical measures to Medicaid
  - IHIN procurement of an CQM Collection Tool
  - IHIN applying for QCDR designation

### **Special Population Measures**

Medicaid has begun the work of tracking vulnerable populations unique to the Medicaid market through the use of administrative claims data. Medicaid spent a great amount of time in 2016 working with our analytic vendor to establish a set of measures to assess both access and quality for these special subpopulations and a method to monitor MCOs performance in safeguarding this population.

Special Populations <i>(Individuals may count in multiple categories)</i>
Children with Behavioral (defined by CRG)
Children with Behavioral (defined by Medicaid program)
Children with Chronics (excluded malignancies)
Children with Malignancies
Children with Disabilities (defined by Medicaid Programs)
Child Welfare
Juvenile Justice
Healthy Children
Adults with Behavioral (defined by CRG)
Adults with Behavioral (defined by Medicaid Program)
Adults Chronic (excluded malignancies)
Adults with Malignancies
Adults with Disabilities (defined by Medicaid Programs)
Adults with Disabilities (defined by CRG)
Healthy Adults
All Pregnancies
High Risk Pregnancies

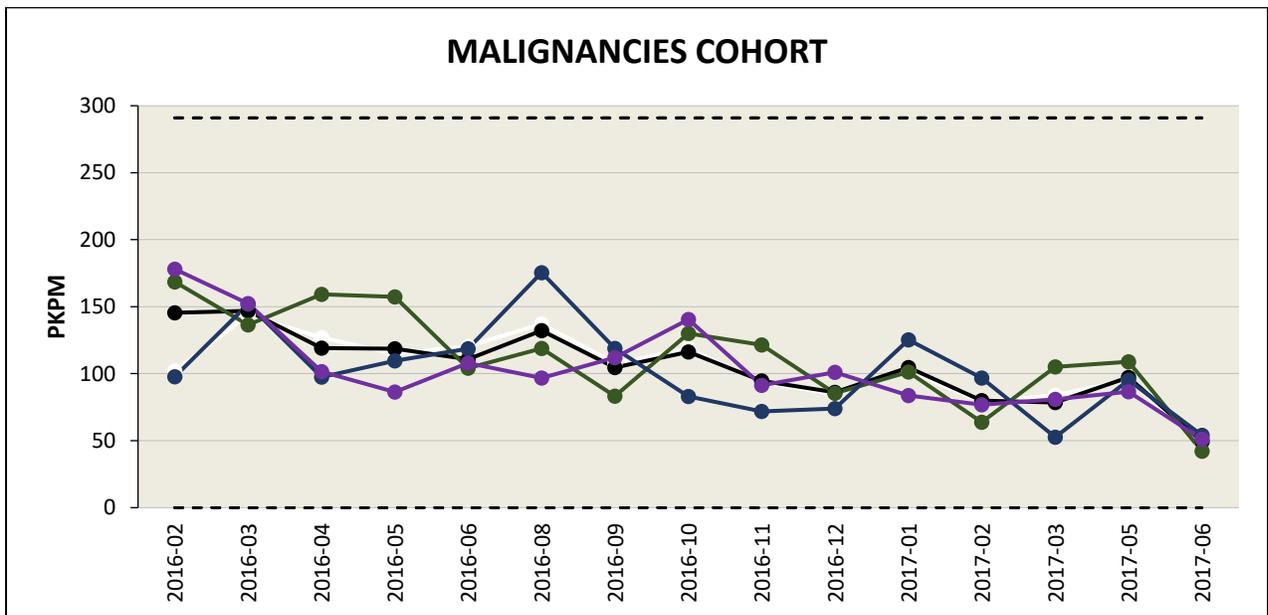
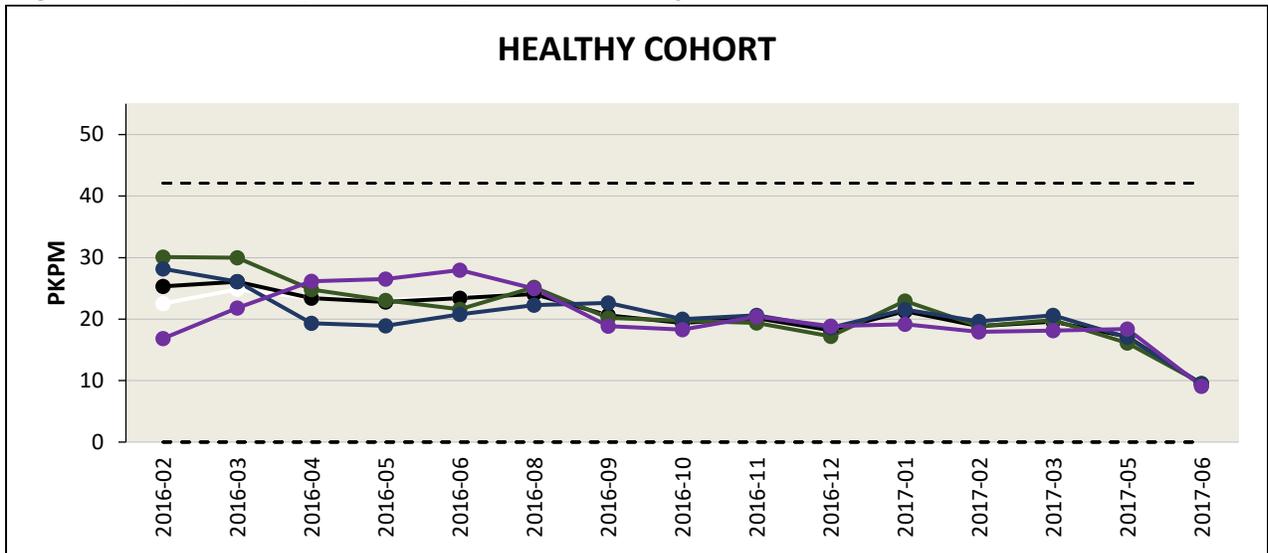
The measures were selected based on a series of meetings with Iowa Medicaid subject matter experts in long term care services and supports (LTSS), child and adult services, the Medical Director and in consultation with 3M experts in collection and analytics. The state believes this set represents key areas to monitor access and quality. The list will be evaluated annually and updated as needed. Tracking these measures has the potential to impact SIM goals to reduce ED Visits and Readmissions through targeted process improvement work based on outcomes.

The measures were baselined using Medicaid data from calendar year 2015. From there, the measures will be reported with each data cycle (roughly quarterly, starting in May of 2018) to monitor variation between MCOs and variation from the Medicaid baseline. The monitoring of these measures will help guide policies and future contracts and incentive programs between the state and the MCOs.

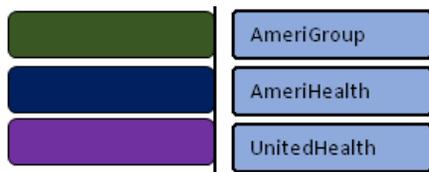
A run chart for each measure containing a line for each special population group will be produced with each dashboard refresh and shared with the IME. This will allow the IME to monitor the performance of each MCO against the measures and for each special population.

Below is a comparison of data and trending that is available with each dashboard refresh. Figure 10 specifically depicts Potentially Preventable ED visits among members assigned to one of the three MCOs who fall into the Healthy Adult Cohort and vs the Malignancy Cohort. \*Members are classified as “Healthy” in that they do not have a chronic condition, catastrophic (multiple dominant or significant conditions), do not have a malignancy, and are not disabled.

**Figure 10: Special Population Report: Potentially Preventable ED Visits**



Key:



#### **d. Plan for Improving Population Health**

The comprehensive plan for improving population health in Iowa can be found in Appendix E.

The Iowa SIM Roadmap to Improve Population Health will focus on decreasing the prevalence and incidence of diabetes in Iowa. Diabetes is a chronic illness that is diagnosed based on a person having elevated levels of blood sugar (blood glucose). Most people with diabetes find its management challenging and a lifelong commitment. But, people with diabetes can live normal and healthy lives and avoid many, if not all, of the complications of diabetes. The Iowa SIM project will positively impact health outcomes for the approximately 211,000 Iowans who live with diabetes, the nearly 200,000 with pre-diabetes, and the estimated 9 out of 10 adults with prediabetes that don't know they have it.

The framework that Iowa will use for population health improvement encompasses the following three main components:

##### **System-level Care Coordination & Management:**

Care coordination for the target population will be enhanced through 1) focusing provider efforts on improving health outcomes for diabetes in pilot communities (C3s) by enhancing the existing value-based payment structure to include clinical quality measure(s) potentially related to diabetes care; and 2) having a health information technology infrastructure that supports care coordination that includes:

- a) Alert notifications for inpatient admissions/discharges and emergency department admissions (SWAN);
- b) Full utilization of query and direct secure messaging IHN functionalities to facilitate efficient and secure communication and closed loop referrals;
- c) Requiring local IT systems to support care coordination of social needs within C3 pilot communities; and,
- d) Providing a data system to the C3 pilot communities to assure continuous process improvement.

##### **Evidence-Based Care and Patient Self- Management and Support**

Learning how to manage diabetes is very important to those who have the condition to keep it from leading to deteriorating health. Preventing and managing co-occurring conditions and monitoring care during health care transitions are important functions of the healthcare delivery system and community-based organizations. To improve health outcomes for individuals with diabetes, the Iowa SIM project will educate local pilot communities and healthcare providers on national diabetes guidelines and tactics from the Iowa-developed statewide strategy plans.

The Iowa SIM project will increase the intensity and geographical spread of the tactics contained in the Diabetes and other statewide strategy plans through the 1) C3 "population based, community applied" interventions, and 2) promotion of the tactics to communities identifying diabetes as a need in their Community Health Needs Assessment and Health Improvement Plans (CHNA &HIP). Tactics from the other statewide strategy plans, such as Medication Safety and Effectiveness and Care Coordination, will be used to address specific

aspects of diabetes care to further enhance the implementation of the interventions included in the Diabetes Statewide Strategy Plan.

Community and clinical linkages to four evidence-based group programs will be strengthened in C3 pilot counties through facilitated process improvement cycles that create or enhance existing referral systems. There are currently 90 state-certified diabetes self-management programs in Iowa. For individuals who have recently been through the state-certified DSME program or where payment is a barrier, they may be referred to two other low or no-cost self-management programs. Iowa has a network of trained leaders for the Stanford Chronic Disease Self-Management Program (CDSMP) across the state. Alternately, Telligen is a collaborative partner that provides the “Everyone with Diabetes Counts” program to local communities throughout Iowa. The infrastructure for all three programs is available and will support increased referrals. Lastly, the National Diabetes Prevention Program is and will continue to expand in C3 counties.

To assure statewide alignment for evidence-based care and patient self-management, the Iowa SIM program will enhance existing statewide efforts in the areas of data, programs and policy. Innovative processes learned, resources developed, and clinical measures collected during the three SIM model test years will be integrated into the 2021 Community Health Needs Assessment & Health Improvement Plan process, when possible to sustain interventions beyond the SIM project period. The Iowa SIM team will seek to address payment barriers that limit attendance to evidence-based programs or don’t align with national guidelines.

### **Linkages to Community-Based Resources to Address Patients’ Social Needs**

Social systems and physical environmental supports are essential to the success of Iowans’ individual efforts to prevent and control diabetes. Research, evidence-based practice, and anecdotal observations indicate linking clinics to community service agencies at the clinical entry point through effective referral processes is critical to addressing social determinants of health (SDH).

The Iowa SIM project will address SDHs in three ways. 1.) The development and/or enhancement of referral networks, in C3 regions, that address social needs for individuals having or at risk of having diabetes. Technical assistance will be provided to the C3s so the referral systems that are implemented are effective and efficient. 2.) SDH interventions will be implemented in the Iowa SIM project through continuing the use of the Assess My Health (AMH) health risk assessment (HRA) and increasing the utilization of the standardized measures selected in AY3 by linking them to value-based purchasing. The Health Confidence Measure, already included in AssessMyHealth tool, carrying a history of use with the Medicaid expansion population will also be utilized. 3.) The SDH data collected through multiple tools including the standardized measures and Health Confidence measure will be reported to and aggregated using an identified analytics tool. It will be shared with stakeholders to inform decision makers about the SDH needs across Iowa and inspire individual and population-based interventions.

### **Initiatives in Action:**

For more details on how Iowa will improve the health of Iowans living with diabetes, refer to the 1) Roadmap to Improve Population Health in Appendix E; 2) the action plan tables in Section C of the Operational Plan; and 3) the Health Information Technology plan in Appendix D.

#### **e. Health Information Technology\*\***

During AY3 Iowa conducted a Statewide Health IT Infrastructure Environmental Scan and a Provider Readiness Survey to gain a true picture of what capabilities and gaps may exist in Iowa.

Focus areas for the Statewide Health IT Infrastructure Environmental Scan included:

- Assessment of the current technical infrastructure available in Iowa
- Data Collection ability
- Data Aggregation ability
- Analytics
- Reporting Services
- Financing
- Governance
- Sustainability

#### ***Summary of Environmental Scan Results***

The health IT environmental scan shows that many Iowa health care organizations are participating in activities related to new models of care and payment that focus on collaboration across organizational boundaries and improved care delivery. The findings also highlight the extent to which more technical infrastructure and support is needed for Iowa providers to leverage their use of healthcare data, so they can fully participate and succeed in payment reform and care coordination. While most providers responding to the survey do utilize an EMR (average among provider types surveyed was 84%), interoperability between EMR systems and the associated provider entities is quite rare. Most patient information shared with external entities is received by phone or PDF / fax (83%), or via “Read Only” access to records through a portal. That data must then be manually entered into the receiving entity’s chart. This creates fairly frequent documentation errors, as well as recurring questions regarding the “source of truth” of such patient information. Per interview and observation, very little data enters an organization electronically from external sources, as even the CCDs currently available reportedly provide incomplete information, and are not easily consumable by the receiving entity.

As data-reporting requirements continue to increase year-to-year, providers and their staff continue to pull manually-integrated information and then manually duplicate again for reporting purposes. The process of manually copying and integrating external records into the EMR is most prevalent with measures involving health care transitions or other events requiring multi-disciplinary coordination of care. Seventy-six percent of providers interviewed report

participation in quality metric reporting, including payer incentive programs, patient experience data, benchmark performance, federal programs, and registries. However, 45% of those interviewed reported that their EHR is actually a significant barrier to reporting quality measurements. Examples given include poor data quality; difficulty accessing data; and lack of structure to facilitate data reporting. Providers also expressed concerns regarding variability in quality metric reporting requirements.

The majority of responding providers are doing some or all of their data analysis, aggregation, and reporting manually rather than electronically (approximately 70%). While many of the responding providers are very focused on MU and MIPS requirements, some of the MU attestation requirements appear to be misunderstood. Examples noted through survey responses or observation include: 1) Confusion that encrypted email is synonymous with Direct Secure Messaging; and 2) Confusion that provider portals with “Read Only” access qualify as the MU-required portal for patient access.

Because there is low incidence of interoperability between EMRs and provider entities, most patient information that is shared is done so via phone, PDF, or “Read Only” access. The information must then be manually entered into the receiving entity’s chart. This creates frequent errors, as well as recurring questions regarding the “source of truth” of patient information.

The new IHIN platform does offer bilateral connectivity between providers and their EMRs. The stewards of the new HIE platform are actively seeking partnership with a software vendor to provide functionality to pull the specific data that is needed to address each providers’ identified clinical quality measures. This software will then send the data directly to the receiving entity. This automation and direct feed of data and eQMs will ensure accuracy in reporting. This also allows providers and their staff to focus more time and resources on patients, as less is spent on manually locating and reporting required data. The functionality that IHIN seeks to integrate with the HIE will also include flagging and notifying providers when they are trending toward deficiency in a quality measure.

Possible funding sources for the needed enhancements in interoperability and eCQM reporting capabilities are as follows:

- 1) Some funding may be available for the HIT IAPD submitted to CMS by IME in February 2018. This 90/10 matched funding will not cover actual firmware, but can help cover costs for building interfaces with providers’ EHRs and other applications
- 2) Section 1115 of the Social Security Act offers provisions for demonstration projects to promote the identified objectives.

## **Rationale**

Developing an interoperable and robust environment to achieve statewide health transformation starts with a precise, shared vision across all leadership and stakeholders. Having a team with

an intimate understanding of the SIM landscape is important. Additionally, the SIM team can work with the Governors roundtable and facilitate discussions with stakeholders to ensure active participation throughout the Year 4 SIM project's life cycle. Effective stakeholder engagement is critical to the success of the healthcare transformation in Iowa.

Iowa recognizes the need to create a framework to support the move from volume to value, as well as the need to establish information management protocols. Iowa's goal during AY4 of SIM is to plan, develop, and implement the necessary technology and infrastructure to promote the exchange of information to facilitate the transformation.

In March of 2017 the IHIN successfully moved out of state government to a private nonprofit organization, Helix Koble Group (HKG). Under the new nonprofit organization structure, the IHIN will continue to provide all of the current functionality and will begin implementing and improving services for the benefit of Iowans.

In October 2017 IHIN signed an agreement to replace the current HIE platform with the Orion Health Amadeus platform. Orion Health's integration technology enables clinical information to move seamlessly between different healthcare information systems used by various providers (e.g., specialists, labs), all while maintaining the privacy, security, and accuracy of the information exchanged.

HKG will work with the SIM project leadership to identify key stakeholders (i.e., people, groups, and organizations) that may impact or be impacted by the transformation; analyze stakeholder expectations and their impact on the transformation; and develop appropriate strategies for effectively engaging stakeholders in key transformation decisions.

IHIN will develop an IHIN stakeholder identification plan and go through the following steps:

1. Update the stakeholder register (stakeholder identification and assessment)
2. Plan the approach to manage each stakeholder
3. Identify what each stakeholder brings to the project
4. Identify the messages to convey for garnering support and engagement
5. Identify actions and communications to manage support from the stakeholders

As part of identifying all project stakeholders, the IHIN will communicate with each stakeholder in order to determine his or her preferred frequency and method of communication. This feedback will be maintained in the project's Stakeholder Register.

In addition to identifying communication preferences, stakeholder communication requirements must identify the project's communication channels and ensure that stakeholders have access to these channels. If project information is communicated via secure means or through internal company resources, all stakeholders, internal and external, must have the necessary access to receive project communications.

Once all stakeholders have been identified and communication requirements are established, the IHIN team will begin Stakeholder Engagement Management. This is the process of communicating and working with stakeholders to meet their needs and expectations and to address issues as they occur. Stakeholder Engagement Management is the process of systematically fostering appropriate stakeholder engagement in transformation activities throughout the life of the project. The key benefit of this process is that it allows the Project

Manager to increase support and minimize resistance from stakeholders, significantly increasing the chances to achieve success.

The IHIN team will use stakeholder management and meeting facilitation tools throughout the transformation to help inform the current state of healthcare in Iowa, identify the ideal target state and conduct a gap analysis that will create the roadmap to the targeted state. The IHIN team is experienced with a breadth of discovery techniques and methods to effectively manage information gathering strategy and activities, which we will couple with our knowledge of healthcare policies and the national landscape, along with leadership, to drive the foundation of our discovery campaign. Beyond stakeholder discussions, the IHIN team will work with the SIM team to review several options as we collectively determine the optimal methods and protocols for engaging stakeholder groups and gathering information.

The HKG Team will conduct interviews with stakeholders, which may include vendors, hospitals, payers, clinics, other providers, statewide provider associations and state leadership. In addition to facilitating stakeholder discussion such as steering committees and advisory council meetings, developing questionnaires our team will also process any available information from previous SIM work and from other statewide studies. This information and experience will be utilized to compile highly effective stakeholder discussions and present the findings to SIM leadership in a concise and coherent manner.

Finally, IHIN will compile the information into a plan of action demonstrating how using HIT elements can achieve a statewide healthcare transformation. The action plan will contain strategies and objectives for achieving various work activities, timelines for completing the activities, responsibilities for completing work activities and measures for success to track progress.

## **Governance**

Data governance requires the development, review, revision, and adoption of operating policies and processes to ensure the smooth flow of healthcare data and information between entities. The IHIN has created governance structures for over 20 entities across multiple industry segments. We will apply our knowledge of governance to the Iowa healthcare landscape by examining four key questions. 1) How does the current governance structure in Iowa compare to best practices? 2) Is the current structure working? 3) If not, what is the primary issue? 4) Does the current composition of the governance structure reflect the will of the participants? The IHIN will use the results of our review to report on the current governance structure to the leadership structure.

Working with leadership the IHIN will define and establish standards and processes for the health IT infrastructure. The IHIN will assist leadership in establish an operating framework for the data governance structure, and create appropriate policies and procedures.

HKG will engage key stakeholders in a collaborative process to create a suite of data records and services that will result in a single trusted authoritative data source across Iowa. The goal is to achieve a unified view of data across the state, improve the quality of data, increase stakeholder collaboration and reduce costs.

The IHIN team has supported leadership across several state Medicaid and HIT programs specifically focused on developing and managing an overarching data management strategy, including the implementation of data governance and Master Data Management (MDM). The Centers for Medicare & Medicaid Services (CMS) has gone as far as to say a “Data Management Services (DMS) is critical to the successful transformation and evolution of the State Medicaid Enterprise.”

The IHIN team is prepared to work closely with the SIM leadership team to define and establish standards and processes for the health information exchange services. The IHIN team will assist in establishing the operating framework in alignment with the DMS, data governance and MDM applicable to this project. The success of any strategy is ultimately measured by how well the strategy is implemented and maintained in operations/practice. The IHIN team has experience in this context across a variety of cultures and technical environments.

Successful data governance programs proactively strive to stop data-related problems before they begin by reducing ambiguity, establishing clear accountabilities, and disseminating data-related information to all data owners, stewards, and stakeholders. The IHIN team will bring industry best-practices, CMS-MITA guidance, and an agile, iterative approach to achieve the key outcomes that include precisely defined, easily integrated/interoperated, and effectively retrievable quality data for leadership, business users, internal applications, business partners, and external communication as needed.

As IHIN is deploying the new HIE Platform, data quality issues are being identified. The IHIN is beginning to work with the Iowa Healthcare Collaborative (a neutral third-party to facilitate common agreement) to establish a data governance structure across Iowa. The data governance structure will align standards and processes across health systems in Iowa by focusing on the following issues:

- Data Architecture
- Data Development Standards
- Data Operations
- Data Security
- Reference and Master Data Management
- Data Warehousing
- Business Intelligence
- Document and Content Management
- Meta-Data Management
- Data Quality

The IHIN will work closely with SIM leadership, using a similar process, to define and establish standards and processes for the health information exchange services and establish an operating framework for data governance structure and create appropriate policies and procedures for the State of Iowa.

## **Policy**

SIM is exploring various policy and regulatory levers to accelerate standards-based HIT adoption to improve care in Iowa. IME already has provisions in the MCO contracts requiring the use of technology to improve care and attain cost efficiencies. The IHIN can provide recommendations for adopting policy/regulation changes based on the ongoing contact with the

provider community. The IHIN's ability to summarize complex information and a clear understanding of CMS and federal policy requirements will be an advantage to IME. The IHIN will provide detailed and nuanced analysis on the impact of policy change to IME for review, approval and implementation.

## **Transparency and Innovation**

Models of the roadmap are generated and supported by narrative, to facilitate all necessary collaborative decision making across leadership and stakeholders. This is where recommendations for policy levers, procedures and revisions, potential technical solutions, and estimated costs and benefits, which could positively impact implementation and adoption, can make a difference. Ultimately, this is where the following artifacts are produced and/or updated:

- As Is Report
- To Be Report
- SMHP Update
- Next stage planning and procurement

## **Patient Engagement**

All To-Be components have a clear path from the As-Is, including pathways and potential timeframes for providers and payers to achieve the ideal state. Business relationship aspects, including recommendations on how to leverage existing vendor relationships when possible and best practices for engaging new partners will be included. Identified barriers to achieving the To Be will be clearly delineated in the model and articulated. Finally, financial models will provide exploration of potential cost savings to public and private entities that can be achieved in the To Be state.

## **Infrastructure**

Infrastructure – The IHIN team has created an operational plan to assure technology functionalities at the state, payer and provider levels and to support payment and service delivery transformation. These functionalities are provided by using a three-step process to identify the required participant functionalities and build them into the IHIN stack. The following briefly describes these three steps:

- **Best-in-Class System Design**  
A multi-tenant designed HIE platform has been acquired, as the first step in creating an HIT system to meet today's and future participant wants and needs. This approach helps drive sustainability by lowering technical costs and increasing speed to value for participating entities.
- **Robust Technical Architecture**  
The HKG Team has experience working with a complete vendor stack and a hybrid architecture. Each poses their own challenges and the team has the expertise to make sure the architecture does not affect long term sustainability, operations, and uptime. The Orion Health Amadeus platform in Minnesota and Iowa is hosted on a state-of-the-art platform by Amazon Web Services, using Cassandra and Spark database functionality.
- **Professional HIT Implementation and Management**  
The IHIN team has a vast experience implementing HIT in multiple states and with multiple (state, provider and payer) participants. The process that takes place during the

initial platform implementation through ongoing operations is carefully designed to meet participant expectations. The team is also experienced and fully understands the importance of outreach, education, and clinical adoption with each participant.

## **Analytics**

The IHIN platform is built specifically to accommodate and utilize a variety of APIs that provide analysis, and data-driven, evidence based approaches to improve care. The planned approach rests on three primary principles described below:

- Standardized data sets for common use cases relying on accepted national standards.
- Established and standardized data sets for various data points within clinical and payer data. This is extremely important to help with clinical quality measures, analytics and evidence based approaches.
- Understanding the different types of EMRs in use in Iowa and the nuances of their HL7 and CCD/CCDA messages. Some of the mappings required are either formatting or workflow type mappings depending on the EMR and receiving system. In addition, IHIN is familiar with the emerging open architecture of FHIR APIs and we are incorporating them into the Orion stack.

The IHIN is uniquely positioned due to many decades of business and operational experience within the U.S. healthcare ecosystem. This experience includes IDNs, CAHs, Multi-Specialty Clinics, Independent Clinics, LTC, Assisted Living facilities, Home Health Agencies and payors. The IHIN Team also has extensive experience and understand the regional, state, and federal challenges associated with implementing and managing complex projects. The team currently works directly with participants, assisting with health IT, compliance, business and clinical operation requirements.

## **Telehealth and Remote Patient Monitoring**

The approach is built on using emerging technologies such as telehealth and remote patient monitoring to improve healthcare outcomes. A unique history of experiences based on collective decades of healthcare and healthcare IT work have enabled the team to look at various processes within healthcare from a different lens – allowing them to assist with workflow planning and implementation with emerging technologies. IHIN is able to drive technology change in communities by bringing the various stakeholders together to look at workflow from a macro level. Once the bigger, strategic picture has been identified, new technologies will be introduced such as telehealth and other new approaches to care and patient outcomes. This approach helps improve care coordination between healthcare providers, cost effectively, and improve patient outcomes.

Integrate Public Health Registries – IHIN is integrating public health IT systems (such as clinical registry systems) and supports electronic data to drive quality improvement at the point of care. As part of the 2017 IAPD, IHIN is working closely with Iowa Department of Public Health to significantly improve the connectivity, analysis and efficiency of various registries including:

- a. Medical Examiner
- b. Birth Defects
- c. Cancer
- d. EMS/Trauma
- e. PDMP/Opioid
- f. Newborn Screening

- g. STD/HIV
- h. electronic Case Reporting
- i. State Hygienic Lab
- j. Pharmacy reporting

In each case, the IHIN Team has worked with the registry sponsor to identify how the IHIN improves workflow, reduces staffing and gains efficiencies. In working with the registries identified above, IHIN reduce overall cost to Public Health by over \$1,100,000, decrease the delays in data reporting and improved the quality of the data significantly.

IHIN is working the state leadership to provide technical assistance to all providers. The technical assistance takes several forms including training seminars, webinars, on-site instruction and developing training materials to explain various procedures and processes.

Focus areas for the Provider Readiness survey included:

(Provider readiness survey – ongoing activity will conclude at the end of AY3. This will provide more support to the infrastructure needs. It will be successful because we need the supporting information.)

- Provider EHR Certifications & Capabilities
- Barriers to Data Extraction from EHRs
- Financial Barriers
- Workflow Barriers
- Input on a set of Core Clinical Quality Measures that should be included

### **HIT Data Flow to support Delivery System Reform**

The HIT Enhancement Planning document (Appendix D) lays out a series of data flow diagrams that illustrate infrastructure available in Iowa. Below are use cases on how the data infrastructure is used (or will be used) to support delivery system reform.

### **Current Landscape: Medicaid Quality Measurement and VBP Incentives**

The state has invested in an analytic vendor to process claims/encounter data, run attribution, establish risk adjustments, and expected values and produce a quality score VIS to inform value-based payments. The Value Index Score (VIS) 6 domains covering 16 measures of key processes and outcomes that leads to value in healthcare.

Providers and Payers have access to a secure online dashboard that provides comprehensive information on how the Value Index Score and Total Cost of Care are calculated.

1. A provider submits claims data to payers, through the normal process to receive payment for services.
2. MCOs send comprehensive data set to Medicaid agency monthly

3. Medicaid processes the data files into a standard file format and submits to the Analytic vendor, 3M
4. 3M completes an additional validation process including attributing members to the Primary Care Provider and MCO of assignment
5. 3M produces a Value Index Score (VIS) and Total Cost of Care calculation that is shared with the delivery system through the secure online dashboard.
6. Providers/ACOs that are engaged in Value-based purchasing contracts with any of the 3 MCOs are paid an incentive as outlined in their agreement with the respective MCO.
7. To qualify as VBP agreement as defined within the MCO contracting with the State, VBP contracts between an Organization and MCO must include the use of the state defined set of risk adjusted quality measures, Value Index Score (VIS) and a Measurement of Cost .

### **Service Delivery and Care Coordination**

To date SWAN has been a major advancement in the use of Health IT Infrastructure because of SWAN's ability to inform care coordination and inform a provider in closing a referral loop. Here is an example of how SWAN information can effectively impact clinical outcomes.

1. A member presents at the ER with chest pain.
2. Providers at the hospital can Query the IHIN to gain additional information about the patients' health history.
3. The event automatically generates an ADT file that is filtered through the IHIN.
4. The SWAN alert provides basic information about the member – including Chief Complaint and Primary Diagnosis. In this case the member was diagnosed as having a Panic Attack; the alert was sent to the members ACO & MCO of assignment.
  - a. The MCO has a Care Coordination Team who reaches out to the member to discuss additional value added services that might be beneficial to the member.
  - b. The ACO forwards the alert to the member's primary care physician schedules a follow up appointment to address ongoing management of their anxiety.
    - i. During this appointment the member states that they have recently lost their job and are worried about supporting their family.
5. After the member has met with the primary care provider it has been determined that the member might benefit from some additional support from the community regarding food and housing. The Care Coordinator at the clinic makes a referral to the C3 organization.
6. The C3 organization reaches out to the member and coordinates referrals and assistance to the local food bank and housing authority.
7. Because of the SWAN Alert the member has been able to receive the medical care necessary to treat his anxiety but he has also been able to receive additional services and supports needed from the community.

The HIT Improvement Plan can be found in Appendix D and describes the current framework and planning efforts to enhance HIT use and infrastructure during AY4.

## **f. Workforce Capacity**

The Iowa SIM team will continue to work alongside existing workforce initiatives in Iowa to align Iowa's workforce capacity with payment reform. The IDPH recently supported an environmental scan to inform workforce capacity, and has several existing healthcare provider recruitment and retention programs. IDPH SIM staff remains engaged in department workforce initiatives to ensure future discussions include VBP considerations.

Specific SIM workforce activities will include training and education to providers on value-based purchasing and payment reform, and resource provision and community-based care coordinator training within the C3s. More information on the SIM workforce initiatives may be found on page 9 of the Roadmap to Improve Population Health in Appendix E.

MCOs, health care providers, and community-based organizations currently employ frontline health workers under various titles. Work has begun to develop a solid definition and title for this important asset to the healthcare system. The Chronic Care Consortium is also currently surveying Iowa's CHW stakeholders to gather more information on use, interest, and future needs for this role. They are also planning to fund pilot projects in a variety of communities where CHWs will be deployed and their outcomes measured. A Community Health Worker Alliance has been formed.

Refer to the Population Health Roadmap for more information on the Iowa SIM workforce activities.

## **SIM Alignment with State and Federal Initiatives**

### **a. CMCS**

Effective April 1, 2016, the Iowa Department of Human Services launched Iowa Health Link. This represented a major strategic shift for the Medicaid program in Iowa, moving a largely fee-for-service program into a comprehensive managed care approach for nearly all members. This approach focuses on whole-person coordinated care consistent with SIM. The contracting for the three, new managed care plans incorporates key SIM design components to maximize the combined effect of driving the strategy through the new Medicaid managed care structure. This includes requirements that the plan contract with the delivery system to reach specific Value-based Purchasing (VBP) thresholds that utilize the common quality scoring tool (the Value Index Score – VIS) along with total cost of care to measure performance. In addition, MCO incentives align their performance with the VIS, and require PCP assignment to support system-wide alerts among other elements pushing health IT and delivery system transformation.

### **b. CMMI**

There are several examples of CMMI initiatives present in Iowa today. As stated earlier, Iowa providers are engaged in APM and AAPM models available from the Innovation Center, like the Medicare Shared Savings Track 1 and Track 2, and the Next Generation ACO model. Iowa providers are also engaged in TCPI and HIIN programs aimed at transforming the system delivery of care. Much of the work funded by SIM is simultaneously working to ensure maximum alignment with CMMI programs active in Iowa. The Iowa SIM focus is on Payment Reform

through APM development (ACO models specifically) with Wellmark and Medicaid and Delivery System Reform through a series of equipping strategies (tools and technical assistance).

In 2012 and 2103, Iowa Medicaid implemented two Health Home programs that pay primary care providers for Health Home services through a Health Home State Plan Option, as allowed under the Affordable Care ACT. Both Health Home programs are implemented through Managed Care. Medicaid considers the Health Home model a building block for successful APM maturity in the delivery system because the emphasis on robust primary care to better manage chronic conditions and engage patients to improve health care outcomes and decrease costs.

**c. State Initiatives**

We recognize there are many innovative efforts within our state aimed at transforming our healthcare delivery system and health of our population. SIM initiatives are intended to compliment and reinforce additional efforts that are already underway in Iowa and funded by both federal and state partners. SIM staff will maintain an inventory of other transformative efforts and make every effort to minimize duplication and avoid market confusion.

Quarterly meetings among state partners in innovative work are conducted and attended since early in 2016. These quarterly meetings include representation from the QIN-QIO, TCPI, HEN/HIN, and CDC 1305.

A concerted effort is made to parallel our efforts from existing initiatives and not be duplicative of SIM activities. Referrals and recruitment activities are shared to aid transformation and help technical assistance get to scale without overlap. Because there is an established partnership relationship among these organizations, the work across programs is leveraged to reduce gaps and accelerate transformation. The below table illustrates the close working relationship across the innovation organizations.

<b>Organization</b>	<b>Innovation Work</b>
<b>Iowa Healthcare Collaborative</b>	TCPI, Compass TPN, HEN/HIIN, SIM TA Vendor
<b>Telligen</b>	QIN-QIO TCPI Compass TPN Iowa HIT Regional Extension Center Iowa QPP Small and Rural Practice TA
<b>Medicaid</b>	Iowa SIM Oversight and Medicaid Payment Reform
<b>Iowa Department of Public Health</b>	CDC 1305 SIM Population Health Roadmap SIM Oversight of C3 Development SIM HIT Planning activities

SIM Technical assistance is conducted by Iowa Healthcare Collaborative (IHC). The IHC participates in many of the other provider TA activities in Iowa including TCPI, Compass TPN,

and HEN/HIIN. Using a common organization for SIM TA and other transformation efforts in Iowa, allows the state to close the gap between these programs and ensure they are all being leveraged for true transformation of the delivery system.

For example, in the Compass PTN Technical Assistance Model, state-based QI Advisors provides ongoing TA to assigned clinics, reinforcing best practices around data sharing, leveraging HIT, and improving processes for quality measures. These best practices are shared in TCPI national webinars and local learning sessions. The Compass PTN QI Advisors use the results from QIN/QIO pre-assessments and on-going assessments (to the extent available), as well as PTN interim assessment tools, to track practices' progress through the phases of transformation. QI Advisors assist clinics to build capability in adopting QI methods (e.g., PDSA and Lean), developing work plans, reporting HIT data, using the results of small change to produce a scale that is sustainable. All Compass PTN QI advisors receive specialized training and education. The training ensures consistency in QI Advisor skill and knowledge, enabling a standard of QI service across the PTN. This specialized training and education is also the foundation for SIM QI advisors as they focus TA toward the C3s and the healthcare systems engaged in APM models from SIM.

A listing of existing transformation initiatives occurring in Iowa is can be found in [Table 3: Healthcare Transformation Initiatives in Iowa.](#)

## Section C: SIM Operational Work Plans by Driver

This section is broken into details of **how** Iowa will use the two primary drivers of Payment Reform and Delivery System reform and specific SIM activities to achieve our goals. A more detailed driver diagram (from the vision driver diagram in Section A) is found for each primary driver that highlights activities at the local level and State level that will advance the SIM objectives during AY3. Preceding the driver diagrams are tables listing specific milestones, action steps, timelines, responsible party and budget linkages. The milestones listed in these tables align with milestones presented in Section A for the Master Timeline section. The Master Timeline section gives more detail on if the milestone is for planning or executing and displays milestones from previous award years. The Master Timeline also includes HIT Activities from the Appendix D and Evaluation Milestones, and Grant Administration Milestones.

Primary Driver: Payment Reform Alignment of VBP

GOAL	TARGETS (By 2019)	SECONDARY DRIVERS	ACTIVITIES LOCAL	ACTIVITIES: STATE (DHS, IDPH, IHC)
<p>Healthcare Costs are Reduced while Quality is Improved</p>	<p>Increase Participation in VBP:</p> <ul style="list-style-type: none"> <li>50% of PCPs participating in a Wellmark or Medicaid ACO</li> <li>50% of Covered Lives are in an ACO</li> </ul> <p>Intensify Payment Risk in Iowa</p> <ul style="list-style-type: none"> <li>Decrease HCP-LAN Category 1 Payments to 25% or less</li> <li>Increase HCP-LAN Category 3 Payments to 50% or More</li> </ul> <p>Establish clear policy and implementation plans for Advanced Alternative Payment Models (a-APMs)</p> <p>Reduce Total Cost of Care by 15% below the expected for both the Wellmark and Medicaid projected baselines</p>	<p>Align clinical and claims based measures linked to payment</p> <p>Increase VBP Models that have up and downside risk</p> <p>Educate Stakeholders (including non-traditional provider groups) on VBP Models</p> <p>Elevate the use of SDOH data within VBP Programs</p>	<p>VBP Participants</p> <ul style="list-style-type: none"> <li>Use data to improve population health outcomes (SWAN, VIS, EHR, C3, SDH)</li> <li>Actively participate in Quality Measure Workgroups</li> <li>SIM Learning Events</li> <li>VBP Contracting</li> </ul> <p>MCOs</p> <ul style="list-style-type: none"> <li>Leverage VIS and TCOC in VBP Contracts</li> <li>Participate in Quality Measure Workgroups</li> <li>Utilize State Approved VBP Contract Templates</li> <li>Promote Community Resources to the delivery system (C3s)</li> <li>Adjust VBP Contracts to align with a-APM requirements</li> <li>Use data to improve population health outcomes (SWAN, VIS, EHR, C3, SDH)</li> </ul>	<ul style="list-style-type: none"> <li>Identify quality Measures from the QPP that augment VIS and create a Medicaid VBP Contract Template</li> <li>Ensure MCOs use Medicaid approved VBP Contracts</li> <li>Reinforce a culture of health that aligns with the Healthiest State Initiative</li> <li>Promote the use of Quality Tools (Community Score Cards, VIS) and Care Coordination tools (SWAN, GEO Mapping) to improve patient outcomes and lower costs</li> <li>Promote the use of Statewide Strategies and SDH Interventions that affect Population Health</li> <li>Identify Quality Measures that drive Population Health</li> <li>Develop a Public Reporting Strategy on Quality</li> <li>Pursue and Other Payer a-APM designation from CMS</li> <li>Participate in Roundtable and workgroups that define future quality / payment goals</li> <li>Perform risk adjusted TCOC analytics.</li> </ul> <p>Align VIS / Quality Measure collection reporting strategies statewide</p>

**SIM Activity: Implement Aligned SIM ACO VBP Strategies**

<b>SIM Activity: Implement ACO Aligned Strategy in Medicaid</b>				
<b>Milestone/Measure of Success</b>	<b>Budget Activity</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Responsible Party</b>
Qualify each MCO VBP contracts for 2019	Telligen	<ol style="list-style-type: none"> <li>1. Issue guidance to MCOs on requirements for 2019</li> <li>2. Hold Informational/Education Meetings as needed</li> <li>3. MCOs to report data for SIM Core Metrics</li> </ol>	<ol style="list-style-type: none"> <li>1. 6/2018</li> <li>2. On Going</li> <li>3. 12/2018</li> </ol>	Medicaid Agency
Publish 2018 VIS baselines score for ACOs and MCOs	Telligen, 3M	<ol style="list-style-type: none"> <li>1. 3M to perform Analytics, including quality checks, member attribution, risk adjustment, executing on all business rules using VIS 2.0 framework</li> <li>2. 3M to refresh the online dashboard</li> <li>3. 3M to send Medicaid report of baseline results for VIS for Providers, Tax IDs, to IME and MCOs</li> <li>4. Medicaid to distribute data to each party participating in VBP programs</li> </ol>	<ol style="list-style-type: none"> <li>1. 1/2018</li> <li>2. 5/2018</li> <li>3. 5/2018</li> <li>4. 6/2018</li> </ol>	Medicaid Agency
Release the Medicaid APM Contract Template	Telligen	<ol style="list-style-type: none"> <li>1. Research language alignment areas with other private payers and components of the MACRA QPP program (up and down side risk, use of VIS, CQMs, CEHRT, etc.)</li> <li>2. Develop internal proposal and distribute (AG office, Medicaid Director, etc....)</li> <li>3. Medicaid leadership approves internal proposal</li> <li>4. Share Contract with MCOs</li> </ol>	<ol style="list-style-type: none"> <li>1. On Going</li> <li>2. 7/2018</li> <li>3. 8/2018</li> <li>4. 9/2018</li> </ol>	Medicaid Agency
Confirm each MCO VBP Contracts for 2019 VBP program (TCOC and Quality with risk component) to inform VBP program that is at HCP-LAN Level 3A or higher	Telligen	<ol style="list-style-type: none"> <li>1. MCOs submit contracts with approved language</li> <li>2. Medicaid agency reviews, confirms and issues Corrective Action Plans, as needed</li> <li>4. Hold Information/Education Meetings as needed</li> </ol>	<ol style="list-style-type: none"> <li>1. 11/2018</li> <li>2. 11/2018</li> <li>3. On Going</li> </ol>	Medicaid Agency
Publish the 2019 VIS and TCOC baselines, targets and Budgets	Telligen	<ol style="list-style-type: none"> <li>1. Send 3M MCO and FFS encounter data</li> <li>2. 3M to perform Analytics, including quality checks, member attribution, risk adjustment, executing on all business rules using VIS 2.0 framework</li> <li>3. 3M to refresh the online dashboard</li> <li>4. 3M to send Medicaid report of baseline results for VIS for Providers, Tax IDs, ACOs and MCO</li> </ol>	<ol style="list-style-type: none"> <li>1. 10/2018</li> <li>2. 12/2018</li> <li>3. 2/2019</li> <li>4. 2/2019</li> <li>5. 3/2019</li> </ol>	Medicaid Agency

		performance 3. Medicaid to distribute data to each party participating in VBP programs		
Develop at least one APM by 2019 – For 2020 Program Year	Telligen	1. Identify changes to the requirements of APM program from final rules (CQMs, CEHRT Technology minimums, financial risk minimums, etc.) 2. Medicaid to update VBP program (Overseen by Medicaid, ran through MCO contracts with Delivery Systems)	1. 6/2018 2. 10/2018	Medicaid Agency

### SIM Activity: Manage the Quality Reporting Tools to Support VBP

SIM Activity: Managed the Online Quality Tool to support APMs( 3M VIS/TCOC)				
Milestone/Measure of Success	Budget Activity	Action Steps	Timeline	Responsible Party
MCOs have access to the VIS Dashboard to track quality and TCOC for 2019 Contracts	3M/Telligen	1. MCOs submit reliable encounter data to Medicaid 2. MCOs can view online dashboard at the plan level around VIS and TCOC 3. MCOs can view online dashboard at the ACO level for just their assigned population	1. Monthly 2. 5/2018 3. 5/2018	Medicaid, Telligen and 3M
ACOs have Medicaid Claims/Encounter Data to support internal analytics	3M	1. Refresh the dashboard in production and send a new set of raw claims data to each Medicaid engaged ACO 2. Work with each ACO to ensure data is being accessed and contains elements to support improvements 3. Maintain the data sharing agreements and File layout specifications	1. 8/2018 2. 9/2018 3. Ongoing	Medicaid, Telligen and 3M

Delivery System Reform

GOAL	TARGETS	SECONDARY DRIVERS	ACTIVITIES LOCAL	ACTIVITIES: STATE (DHS, IDPH, IHC)
<p>Patients are empowered and supported to be healthier.</p>	<p>Reduce the rate of potentially preventable readmissions in Iowa by 12%</p>	<p>Utilize the Iowa Health Information Network and the Statewide Alert Notification System to optimize transitions of care</p>	<p>Use available HIT resources to allow access to patient care information from all appropriate members of the patient care team</p>	<ul style="list-style-type: none"> <li>Develop &amp; maintain Health IT infrastructure for ADT submission &amp; alert messaging</li> <li>Recruit hospitals to send ADTs to the SWAN system (see Section C. for details)</li> <li>Provide technical assistance to effectively use the IHIN &amp; SWAN alerts to reduce the rate of potentially preventable readmissions &amp; ED visits</li> </ul>
	<p>Reduce the rate of potentially preventable ED visits in Iowa by 20%</p>	<p>Provide Technical Assistance to providers engaged in transformation and value based payment models</p>	<p>Deliver onsite technical assistance to providers in C3 communities on the role of community services in care transitions and responsibilities in health transformation (including social needs and referral processes) to increase efficiency, prevent service duplication, and reduce the rate of potentially preventable readmissions and ED visits.</p>	<ul style="list-style-type: none"> <li>Conduct 3 statewide SIM Learning Community conferences</li> <li>Conduct implementation strategies from the Population Health Roadmap within and among Iowa health systems and communities</li> <li>Conduct whole system alignment through technical assistance to large provider health systems, including tools to support health systems in advancing clinicians and ACOs in the Quality Payment Program</li> <li>Conduct clinic and community workgroup sessions to optimize processes for detection &amp; prevention of Hospital Acquired Conditions (HAC) due to high harm medications</li> </ul>
	<p>Reduce the rate of the Hospital Acquired Conditions (HAC) to meet the national goal (97/1000) by focusing on a 20% reduction to Clostridium Difficile and All Cause Harm measures</p>	<p>Develop a community scorecard for process improvement that emphasizes and raises the standards of care</p>	<p>Provide process improvement to the C3s through utilization of their Community Scorecards and resources from the Roadmap to Improve Population Health to support and align population health within their communities</p>	<p>Plan facilitated networking, sharing and brainstorming to engage larger health systems in the SIM work to facilitate participation in statewide health improvement efforts, including utilization of a Community Scorecard</p>
	<p>Increase the rate of provider organizations financially successful in Alternative Payment Models (higher quality, lower costs)</p>	<p>Implement Accountable Communities of Health pilot to prepare communities for value based delivery models</p>	<p>Develop and maintain the C3 infrastructure, identify target population by risk (Hgb A1c &gt;9, co-occurring conditions: vascular disease, tobacco use, obesity), and use evidence-based resources and data reporting to improve diabetes management, improve healthcare transitions, decrease the incidence of diabetes, and address community-wide prevention</p>	<p>Require the use of tactics from the statewide strategy plans within the C3s and provide technical assistance for the application of the tactics. Provide 1) technical assistance for common structure and function of local governance, 2) support for workforce capacity and infrastructure, and 3) resources for evidence-based indications for referral and treatment. Ensure statewide alignment through multi-departmental engagement, align priority areas and metrics, and identify and address policy barriers (e.g. reimbursement for DSME and NDPP).</p>
		<p>Develop common language and shared vision for delivery system reform across sectors</p>	<p>Link to community resources and clinical-community programs and services through a documented referral system to existing state-certified DSME program and a documented referral system for SDH, increasing provider referrals for clinic patients with social and health needs through linkages with C3, and promoting the implementation of AssessMyHealth HRA to identify patient clinical, social, and community needs</p>	<p>Require the use of tactics from the statewide strategy plans within the C3s and provide technical assistance for the application of the tactics to address SDH. Provide resources and technical assistance on using the C3 data dashboards to inform process improvement and increase closed-loop referrals for social needs. Increase the use of AssessMyHealth HRA statewide through expansion to the general population to foster better communication between individuals and their healthcare providers, provide technical assistance to healthcare providers to incorporate the HRA into their workflow. Use aggregated data from the HRA to inform decision-makers about SDH needs across Iowa.</p>
		<p>Address patient social needs through linkages to community based resources/Improve use of HRAs</p>		

**SIM Activity: Population Health**

**SIM Activity: Population Health (Local): Secondary Drivers of ACH Framework, Addressing Patient Social Needs, Community Scorecards. For additional information, refer to information on C3s in Section II, Appendix E Population Health Roadmap, and Appendix E attachment C3 RFP.**

<b>Milestone/Measure of Success</b>	<b>Action Steps</b>	<b>Milestone Timeline</b>	<b>Responsible Party</b>
<b>Develop and maintain the C3 infrastructure: All C3s have active steering committee and coalition with the required membership.</b>	<ol style="list-style-type: none"> <li>1. Monitor representation of required entities and the effectiveness of C3 steering committees and coalitions through quarterly reports and steering committee minutes</li> <li>2. Provide resources to support required goals of the C3 steering committee, including identifying leadership, implementing strategies from the statewide strategy plans, and data sharing</li> <li>3. Develop a resource on successes and lessons learned on the use of the C3 steering committee and coalitions to share across the state</li> </ol>	<b>4/30/19</b>	<ol style="list-style-type: none"> <li>1. IDPH</li> <li>2. IHC</li> <li>3. IDPH</li> </ol>
<b>Develop and maintain the C3 infrastructure: Ensure continued education for community-based care coordinators</b>	<ol style="list-style-type: none"> <li>1. Identify training needs based on the workforce assessment results</li> <li>2. Training resources and opportunities are provided to the C3s and the community-based care coordinators as they become available</li> <li>3. C3s work with IDPH and IHC to identify appropriate continuing education opportunities for the community-based care coordinators</li> </ol>	<b>10/31/18</b>  <b>4/30/19</b>  <b>4/30/19</b>	IDPH/C3s
<b>Develop &amp; maintain C3 infrastructure and Link to community resources and clinical community programs and services: One C3 contractor meeting held for contract updates and to promote networking, sharing, collaboration, training, and education.</b>	<ol style="list-style-type: none"> <li>1. Identify venue, schedule meetings</li> <li>2. Develop agenda, identify speaker(s) as applicable</li> <li>3. Plan facilitated networking, sharing, and brainstorming</li> </ol>	<b>1/31/19</b>	C3s/IDPH

<p><b>Develop &amp; maintain C3 infrastructure: Increased alignment of C3 hospital and public health CHNA &amp; HIPs, including additional tactics in the statewide strategy plans</b></p>	<ol style="list-style-type: none"> <li>1. Provide TA to each C3 to align LBOH HIPs with applicable tactics from the statewide strategy plans during the yearly HIP update</li> <li>2. Facilitate collaboration between hospitals and public health on CHNA/HIP process, as needed.</li> </ol>	<p><b>2/28/19</b></p>	<ol style="list-style-type: none"> <li>1. IDPH</li> <li>2. IHC/IDPH</li> </ol>
<p><b>Track diabetic patients with A1C&gt;9 with vascular disease, tobacco use and obesity.</b></p>	<ol style="list-style-type: none"> <li>1. Continued tracking throughout the AYto advise on quality improvement and intervention efforts necessary within target populations</li> </ol>	<p><b>4/30/19</b></p>	<p>IHC</p>
<p><b>Use evidence-based resources and data reporting to improve diabetes management: Utilize ACH structure to assist with process advancement of community-selection diabetes management activity</b></p>	<ol style="list-style-type: none"> <li>1. Utilize community assessments</li> <li>2. Identify and inform C3s of local and SIM resources to equip local community alignment, as needed</li> <li>3. IHC staff will review assessment tool results and assist with ACH structure development and improvement</li> </ol>	<p><b>1/15/19</b></p>	<ol style="list-style-type: none"> <li>1. IDPH</li> <li>2. IHC/IDPH</li> <li>3. IHC</li> </ol>
<p><b>Use evidence-based resources and data reporting to improve diabetes management: C3s complete at least one process improvement cycle based on analysis of data to improve diabetes management (i.e., diabetes management, adverse drug events related to diabetes, 30-day readmissions, preventable ED visits, and protocol/process for foot exams.)</b></p>	<ol style="list-style-type: none"> <li>1. Act as repository for SIM data elements</li> <li>2. Provide TA on quality and process improvement cycles</li> <li>3. Develop and disseminate local Community Scorecards to advance C3 performance</li> <li>4. Support C3s in utilization of their Community Scorecards and the Population Health Roadmap resources to support and align activities to address population health in their communities</li> <li>5. Support C3s in use of the statewide strategies addressing population health topics for achievement of identified tactics</li> </ol>	<p><b>4/30/19</b></p>	<p>IHC</p>
<p><b>Use evidence-based resources and data reporting: Maintain the current C3 SIM Data Portal</b></p>	<ol style="list-style-type: none"> <li>1. Manage and enhance SIM Data Portal capacity</li> <li>2. Compile integrated clinical and C3 community outcomes data</li> <li>3. Develop and provide quarterly C3 Community Score Cards based on SIM portal data analytics</li> <li>4. Provide virtual training for data analytics and data communication skills</li> <li>5. Provide monthly TA for quality and process improvement (e.g. PDSA)</li> </ol>	<p><b>4/18/19</b></p>	<p>IHC</p>

	6. Continuous review the C3 process measures and QI Work plan submitted by C3		
<b>Link to community resources and clinical-community programs and services: C3s have documented referral system to existing state-certified DSME program and NDPP and are actively referring</b>	<ol style="list-style-type: none"> <li>1. Review C3 action plans for existing referral systems</li> <li>2. Improve existing referral systems and existing DSME and NDPP, as needed</li> <li>3. Provide TA to assist C3s in developing DSME and NDPP, where needed</li> <li>4. Monitor changes, improvements, successes, and lessons learned in the C3 referral flow charts</li> <li>5. Provide TA to improve referral systems and feedback loops</li> </ol>	<b>12/31/18</b>	<ol style="list-style-type: none"> <li>1. IHC</li> <li>2. IHC</li> <li>3. IDPH</li> <li>4. IDPH</li> <li>1. IDPH</li> </ol>
<b>Link to community resources and clinical-community programs and services: C3s have documented referral system for SDH and are actively referring</b>	<ol style="list-style-type: none"> <li>1. Review C3 action plans for existing referral systems</li> <li>2. Provide TA to improve referral systems and feedback loops using HIT</li> <li>3. Monitor changes, improvements, successes, and lessons learned in the C3 referral flow charts</li> <li>4. Provide TA to improve referral systems and feedback loops</li> <li>5. Collect SDH data and enter into the IHC data portal</li> <li>6. Manage and build SIM Data Portal capacity</li> <li>7. Compile integrated clinical and C3 community data</li> <li>8. Develop and provide quarterly C3 Community Score Cards based on SIM portal data analytics</li> <li>9. Provide virtual training for data analytics and data communication skills</li> <li>10. Provide monthly TA for quality and process improvement (e.g. PDSA)</li> <li>11. Provide quarterly QI work plan analysis reports to C3</li> </ol>	<b>12/31/18</b>	<ol style="list-style-type: none"> <li>1. IHC</li> <li>2. IHIN</li> <li>3. IDPH</li> <li>4. IHC</li> <li>5. C3s</li> <li>6. IHC</li> <li>7. IHC</li> <li>8. IHC</li> <li>9. IHC</li> <li>10. IHC</li> <li>11. IHC</li> </ol>

**SIM Activity: State Population Health Work Plan**

**State Population Health Work Plan.**

See Appendix D, HIT Work Plan & Appendix E, Population Health Roadmap for more information

Milestone/Measure of Success	Action Steps	Milestone Timeline	Responsible Party
<p>System Care Coordination and Management:</p> <p><b>Meet with a minimum of three stakeholder groups to facilitate and advance local population health activities.</b></p>	<ol style="list-style-type: none"> <li>1. Connect C3s with IDPH subject matter experts in diabetes, tobacco prevention and control, and nutrition and physical activity</li> <li>2. Maintain the existing referral system for C3 communities to access Iowa Healthiest State Initiative technical assistance for community-wide prevention activities that support the local SIM activities</li> <li>3. Provide resources and education to payers regarding coverage of DSME and NDPPs in Iowa.</li> <li>4. Routinely update IDPH programs, other state agencies, and state collaborative partners regarding SDH, diabetes, obesity and tobacco activities occurring with SIM.</li> </ol>	<ol style="list-style-type: none"> <li>1. Ongoing</li> <li>2. Ongoing</li> <li>3. 3.30.2019</li> <li>4. Ongoing</li> </ol>	<ol style="list-style-type: none"> <li>1. IDPH and IHC</li> <li>2. IDPH</li> <li>3. IDPH and IME</li> <li>4. IDPH</li> </ol>
<p>Evidence-based Care and Patient Self-Management and Support:</p> <p><b>Support the local infrastructure for DSME and NDPP</b></p>	<ol style="list-style-type: none"> <li>1. Monitor # of NDPP and DSME programs, # of individuals completing the programs, and aggregated NQF measures in C3 regions.</li> <li>2. Partner with the IDPH CDC 1305 and the Iowa Chapter of the American Diabetes Association to inform and educate C3 regions on upcoming trainings, resources, standards of care.</li> <li>3. Identify gaps in NDPP availability in C3 regions and partner with the IDPH CDC 1305 Program to provide guidelines and technical assistance to implement new programs.</li> </ol>	<ol style="list-style-type: none"> <li>1. 4.30.2019</li> <li>2. Ongoing</li> <li>3. 12.31.2018</li> </ol>	<ol style="list-style-type: none"> <li>1. IDPH and IHC</li> <li>2. IDPH</li> <li>3. IDPH</li> </ol>
<p>Evidence-based Care and Patient Self-Management and Support:</p> <p><b>Update and promote the use of statewide strategy plans</b></p>	<ol style="list-style-type: none"> <li>1. Update statewide strategy plans and distribute/promote to local communities and state collaborative partners.</li> <li>2. Distribute resource developed in AY3 to guide alignment of HIP activities with tactics from the statewide strategy plans</li> </ol>	<ol style="list-style-type: none"> <li>1. Ongoing</li> <li>2. 4.30.2019</li> </ol>	<ol style="list-style-type: none"> <li>1. IDPH and IHC</li> <li>2. IDPH</li> </ol>

<p>Linkages to Community-Based Resources to Address Patients' Social Needs:</p> <p><b>Develop success story or best practice document on SDH identification and referral process to inform non-C3 regions of C3 interventions</b></p>	<ol style="list-style-type: none"> <li>1. Incorporate SIM core metrics and AssessMyHealth data in the State Health Improvement Plan (Healthy Iowans) where possible</li> <li>2. Identify new successes and lessons learned from C3 referral systems and the Health IT systems used to support them</li> <li>3. Share successes and lessons learned on the IDPH SIM and CHNA/HIP websites</li> </ol>	<ol style="list-style-type: none"> <li>1. 4.30.2019</li> <li>2. 8.30.2018</li> <li>3. 4/30/19</li> </ol>	<ol style="list-style-type: none"> <li>1. IDPH</li> <li>2. IDPH</li> <li>3. IDPH</li> </ol>
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**SIM Activity: Healthcare System Technical Assistance**

<b>SIM Activity: Healthcare Systems Technical Assistance</b>			
<b>Milestone</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Responsible Parties</b>
<b>Conduct 3 statewide SIM Learning Community conferences</b>	<ol style="list-style-type: none"> <li>1. Continued coordination of all aspects of the event including;               <ol style="list-style-type: none"> <li>a. Logistics</li> <li>b. Determining theme, tracks and speakers to focus on SIM goals</li> <li>c. Marketing and registration</li> <li>d. Accreditations</li> <li>e. Evaluation</li> </ol> </li> </ol>	4/30/18	IHC
<b>Enhance population health strategies as critical for health care delivery system and community alignment</b>	<ol style="list-style-type: none"> <li>1. Oversee implementation and execution of select statewide strategies to advance population management</li> <li>2. Develop case studies from C3 experiences and progress to align ACH elements with unique community environments</li> <li>3. Convene discussion groups for development of common, unifying language and messaging around population management</li> <li>4. Establish and share a statewide dashboard within the SIM Data Portal as a method to meet quality measurement goals for VBP</li> <li>5. Enhance person centered population health strategies through evidence based best practices to increase activation in partnership of care</li> <li>6. Advance medication management strategies through technical assistance support and medication from reconciliation spanning medication therapy management</li> </ol>	4/30/19	IHC
<b>Conduct delivery system integration through community-applied, population based technical assistance</b>	<ol style="list-style-type: none"> <li>1. Plan facilitated networking to explore TCOC methodologies for informing the consumer, payer, provider, and employer</li> <li>2. Develop meaningful common measure sets between health systems that tie to quality and value-based methodologies</li> <li>3. Create payment transition plan workflows for providers moving into risk bearing contracts for the promotion of fiscal responsibility</li> </ol>	05/1/18-04/30/19	IHC

	<ol style="list-style-type: none"> <li>4. Develop mapping applications for resource identification to address the needs of high risk populations</li> <li>5. Implement service delivery system solutions to manage major drivers of avoidable health care costs</li> <li>6. Utilize and support physician champions for expanded provider network engagement and motivation in SIM work</li> <li>7. Provide access to educational resources within the IA HIIN and IA TCPI programs</li> <li>8. Deploy subject matter expertise and faculty to support development of alignment and engagement strategies, supporting best practice implementation and quality improvement techniques</li> <li>9. Support infrastructure for the aggregate collection and analysis of SDOH data in risk adjustment calculations</li> </ol>		
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**SIM Activity: SWAN Development to Improve Care Transitions**

<b>SIM Activity: SWAN-Plus C3 Provider Pilots for AY4</b>				
Milestone/Measure of Success	Budget Activity	Action Steps	Timeline	Responsible Party
Enlist healthcare entities to participate in pilots	IHIN	<ol style="list-style-type: none"> <li>1. Identify and engage all participating providers and stakeholders                             <ul style="list-style-type: none"> <li>• C3 Project Director / Clinic Director</li> <li>• IT</li> <li>• Clinical Care Coordinator (Work Flow)</li> <li>• ACO when applicable</li> </ul> </li> <li>2. Provide written overview of planned pilot</li> <li>3. Required paperwork signed (PA, BAA)</li> </ol>	3/1/2018	IHIN/IHC
Agree on high-level plan and timeline	IHIN	<ol style="list-style-type: none"> <li>1. Define scope and focus for each entity</li> <li>2. Map timeline and milestones in work plan format</li> <li>3. Develop RACI Chart</li> </ol>	3/26/2018	IHIN/IME
Onboard to Orion platform and CMT	IHIN	<ol style="list-style-type: none"> <li>1. Kick-Off</li> <li>2. Connection to Orion platform with CMT (see onboarding work plan: VPN connection, testing, etc.)</li> <li>3. Staff training for [SWAN-Plus] and CMT per written training outline and resource materials</li> </ol>	3/5/2018	IHIN/IME
Support development and transmission of attribution files and alerts	IHIN	<ol style="list-style-type: none"> <li>1. Define attribution file properties and format</li> <li>2. Define key fields needed for alerts</li> <li>3. Test connections; move to production</li> </ol>	3/5/2018	IHIN/IME
Ensure digests are integrated in care coordination work flows, utilized in daily operations	IHIN	<ol style="list-style-type: none"> <li>1. Develop operational processes for leveraging alerts for enhanced care coordination and clinical outcomes: within each participating entity, and between entities as applicable for C3s</li> <li>2. Integrate with care coordination software as applicable</li> <li>3. Develop reporting template with protocols and procedures</li> <li>4. Utilize PDSA – Rapid-cycle improvement</li> </ol>	6/12/2018	IHIN/IME
Expand alerts and care coordination processes to other key providers in patients' health ecosystem	IHIN	<ol style="list-style-type: none"> <li>1. Identify other participants integral to coordination of patients' care</li> <li>2. For C3s, focus on expansion to LTC facility or facilities</li> <li>3. Repeat steps above to expand care coordination to additional provider entities to expand care coordination networks</li> </ol>	8/1/2018	IHIN/IME

**SIM Activity: SWAN-Plus ACO Pilots for AY4**

Milestone/Measure of Success	Budget Activity	Action Steps	Timeline	Responsible Party
Enlist ACOs to participate in pilots	IHIN	<ol style="list-style-type: none"> <li>1. Meet with leadership of each Medicaid ACO</li> <li>2. Provide <b>written overview of planned pilot</b> and discuss potential areas of focus</li> </ol>	6/1/2018	IHIN/IME
Agree on high-level plan and timeline	IHIN	<ol style="list-style-type: none"> <li>1. Define scope and focus for each ACO</li> <li>2. Map timeline and milestones in work plan format</li> <li>3. RACI Chart</li> <li>4. Required paperwork signed (PA)</li> </ol>	6/18/2018	IHIN/IME
Onboard to Orion platform and CMT	IHIN	<ol style="list-style-type: none"> <li>1. Kick-off</li> <li>2. Connection to Orion platform with CMT (see onboarding work plan: VPN connection, testing, etc.)</li> <li>3. Key staff training for [SWAN-Plus] and CMT per written training outline and resource materials</li> </ol>	6/18/2018	IHIN/IME
Support development and transmission of attribution files and alerts	IHIN	<ol style="list-style-type: none"> <li>1. Define attribution file properties and format</li> <li>2. Define key fields needed for alerts</li> <li>3. Test connections; move to production</li> </ol>	6/18/2018	IHIN/IME
Ensure digests are integrated in care coordination work flows, utilized in daily operations	IHIN	<ol style="list-style-type: none"> <li>1. Develop processes within each ACO to leverage the alerts for enhanced care coordination and improved clinical outcomes</li> <li>2. Develop a communication and education plan, along with supporting resource materials, for ACOs to disseminate to impacted providers and care coordinators</li> <li>3. Integrate with care coordination software as applicable</li> <li>4. Develop reporting template with protocols and procedures</li> <li>5. Utilize PDSA – Rapid-cycle improvement</li> </ol>	6/18/2018	IHIN/IME

### SIM Activity: SWAN Development to Improve Care Transitions

Milestone/Measure of Success	Action Steps	Timeline	Responsible Parties
Receive ADT files from all remaining hospitals	<ol style="list-style-type: none"> <li>1. Established relationships/work flows with hospitals to connect and submit ADT data to IHIN</li> <li>2. Conduct webinars as needed for those hospitals not currently sending ADT's.</li> </ol>	09/2018	IHIN
Develop a strategy to expand notification for services provided at non-covered entities (county jail, juvenile justice, DOC)	<ol style="list-style-type: none"> <li>1. Established relationships/work flows with organizations to expand SWAN Alerts</li> <li>2. Conduct webinars and educational opportunities for onboarding new organizations</li> </ol>	11/2018	IHIN
Survey	<ol style="list-style-type: none"> <li>1. Develop a survey to be sent to participating ACO's/MCO's who are receiving alerts</li> <li>2. Survey sent to participants</li> <li>3. Survey complete and results sent to IME</li> </ol>	12/2018	IHIN

### SIM Activity: Utilization of Standardized SDOH for VBP

#### SIM Activity: Utilization of Standardized SDOH for VBP

Milestone	Actions	Timeline	Responsible Parties
<b>Increase use of social determinants and HRA outcomes data</b>			
Continue to deploy AMH as an NCQA certified tool available for the Medicaid and General populations	<ol style="list-style-type: none"> <li>1. 3M will maintain NCQA certification for AssessMyHealth</li> <li>2. Promote the use of AMH with the Medicaid expansion members and communities throughout Iowa through the Healthiest State Initiative</li> <li>3. SIM team members will develop an issue brief or white paper demonstrating outcomes related to broad implementation of an HRA</li> </ol>	Ongoing	3M, IME
Recommend standardized SDH measures for inclusion within other tools.	<ol style="list-style-type: none"> <li>1. Measures will be shared with the Stakeholder Group and other interested parties</li> <li>2. Assess the ability for the measures to be included in data</li> </ol>	05/01/18 to 04/30/19	IME

	<p>collection tools used by other partners</p> <p>3. Identify processes for each C3 to collect this data and report it, if not utilizing AssessMyHealth</p>		
<b>Identify an analytics tool that will accept data from multiple sources, aggregate it, and report it across multiple sectors</b>	<p>1. Available tools will be assessed for their flexibility and potential to meet this need</p> <p>2. Available tools will be assessed for their ability to report data to a HIE</p>	09/30/18	IME
<b>Preparing to link HRA use to VBP</b>			
<b>Establish an AssessMyHealth analytics dashboard with 3M</b>	<p>1. Ensure the dashboard contains information valuable to providers, C3s, community organizations, and other interested parties</p> <p>2. Provide quarterly updates to the dashboard</p>	08/01/18	IME/3M
<b>Convene partners to identify a risk assessment formula that includes and is inspired by the SDH data produce in AY3 and AY4</b>	<p>1. Identify key partners including MCOs, ACOs, providers, and leadership</p> <p>2. Providers will receive technical assistance in utilizing aggregated as well as individual data</p>	05/01/18 – 04/30/19	IHC, 3M, IDPH, IME, PPC, Roundtable

## Section D: Program Monitoring and State-Led Evaluation

### State-led Evaluation Plans for AY4

#### Evaluation research questions

The key research questions to be addressed in the state-led evaluation include:

1. How are the SIM interventions being implemented around the state of Iowa? To what extent are each of the SIM interventions being implemented consistently and what is the level of diffusion?
2. What non-SIM factors or statewide programs are in place that could also impact the SIM-specific goals?
3. How effective has the implementation of SIM been? What is the level of awareness and use of SIM activities by impacted groups?
4. Does the SIM decrease the use of tobacco?
5. Does the SIM improve outcomes of care for people with obesity?
6. Do SIM efforts improve the care of people with diabetes?
7. Does the SIM improve medication safety?
8. Does the SIM reduce the rate of preventable readmissions?
9. Does the SIM reduce the rate of preventable emergency visits?
10. Does the SIM increase the proportion of payments linked to value-based purchasing?
11. Does the SIM decrease the total cost of care?
12. What system, practice, and consumer level factors may contribute to SIM outcomes?  
Changes within the health care system in Iowa through SIM are widespread and variant; however, we will attempt to describe when an intervention may have contributed to the meeting of a goal.

#### a. Plans for AY4

As in previous years, the state-led evaluation will have two parts: 1) assess the implementation/process of the key SIM interventions and 2) assess the core SIM goals and/or aims (primary outcomes used to measure the success of the SIM). As a whole, the two parts are complementary, with the process evaluation of the main SIM structural components used to understand how the implementation of the SIM may have affected achievement of the main SIM goals.

#### Part 1. Implementation/Process Evaluation for AY4

The objective of the implementation/process evaluation is to describe the structure of the interventions/actions being utilized in the SIM model and the characteristics of the communities and settings which are impacted by the SIM. To do this, we will gather both qualitative and quantitative data from stakeholders, providers, consumers, and health systems to evaluate how the SIM model is being used, who is using the interventions and to what degree, and the successes and challenges experienced by the populations most affected by the SIM strategies. In addition to providing the contextual structure of the SIM activities, we will also describe the

environment surrounding the SIM in Iowa by compiling information on statewide activities taking place outside of the SIM prior to and during implementation that may also affect the primary outcomes.

The key research questions for this part of the evaluation and a brief summary of the methods to address them follows.

1. How are the SIM interventions being implemented around the state of Iowa? To what extent are each of the SIM interventions being implemented consistently and what is the level of diffusion?

#### Methods

- Participate in bi-weekly phone conferences to receive status updates
- Gather documents and information from SIM team
- Review websites for updates

2. What non-SIM factors or statewide programs are in place that could also impact the SIM-specific goals?

#### Methods

- Focus on C3 counties and compare to the rest of the state
- Search state websites and other documentation for concurrent healthcare initiatives

3. How effective has the implementation of SIM been? Level of use by impacted groups?

#### Methods

- Stakeholder Interviews
- Provider Interviews
- Patient/Consumer Surveys

4. What system, practice, and consumer level factors may contribute to SIM outcomes? Changes within the health care system in Iowa through SIM are widespread and variant; however, we will attempt to describe which intervention may have affected the attainment of an aim or goal.

The primary SIM interventions proposed to further the SIM goals are quite similar to those proposed in the previous years. In 2018, there may be additional activities or enhanced levels of already-in-progress activities that will be instituted by the SIM. The implementation evaluation will focus on the activities and proposed changes to the activities for the primary SIM interventions below.

- Roadmap to Improve Population Health (Diabetes Focus)
- Community and Clinical Care Initiative (C3)
- Statewide Alert Network (SWAN)
- Value-Based Purchasing (VBP) and work toward an APM

- Technical Assistance (TA) for C3s and Healthcare Systems

In AY4, the state-led evaluation will also include describing and discussing the sustainability strategies proposed and developed for each implementation activity.

### **Implementation Evaluation Data Sources and Proposed Measures (AY4)**

Table 4: Implementation Evaluation Data Sources and Proposed Measures provides a summary of the methods, level of evaluation, data sources, and measures we propose to use to evaluate each main SIM intervention/activity in AY4.

## **Part 2. Evaluation of AY4 SIM Goals**

Primary goals of the SIM include a) improving population health, b) transforming health care, and c) promoting sustainability. The following research questions are addressed through the state-led evaluation. We have removed one area of investigation from the previous evaluation plan related to the quality of life for people diagnosed with obesity. No additional questions or methods have been added to the evaluation plan for the third year.

1. Does the SIM decrease the use of tobacco?

Measure - Proportion of people who have made a quit attempt.

Data sources:

- BRFSS and YRBS data
- Quitline data-We have been unable to access the Quitline data.
- Claims data

Measure – Rate of tobacco use.

Data sources:

- BRFSS and YRBS data

2. Does the SIM reduce the prevalence of obesity in adults?

Measure – Prevalence of obesity in adults.

Data sources:

- BRFSS data

3. Do SIM efforts improve the care of people with diabetes?

Measure - The percent of adults diagnosed with Diabetes with 2 or more Hemoglobin A1c tests in the last year.

Data sources:

- Claims data

Measure – The state wide diabetes rate will decrease.

Data sources

- BRFSS data:

Measure - Hospitalizations related to the long-term and short-term complications of diabetes.

Data sources:

- IHA hospital inpatient data.

Measure - ER visits for diabetes related issues.

Data sources:

- IHA hospital inpatient and outpatient data.

4. Does the SIM improve medication safety?

Measure – Rate of anti-coagulation monitoring.

Data sources:

- Claims data

5. Does the SIM reduce the rate of readmissions?

Measure – Rate of 30-day plan, all-cause readmissions.

Data sources:

- IHA inpatient data
- Claims data

6. Does the SIM reduce the rate of preventable emergency visits?

Measure – Rate of potentially preventable emergency visits.

Data sources:

- IHA inpatient data
- Claims data

7. Does the SIM increase the proportion of payments linked to value-based purchasing?

Measure – We are no longer responsible for this measure as we have no mechanism to determine VBP status on a claim.

8. Does the SIM decrease the total cost of care?

Measure: Adjusted Total Cost of Care.

Data sources: Claims data

See [Table 5: SIM Goals Evaluation Data Sources and Proposed Measures for AY4](#) for the SIM Specific goals.

See [Table 6: State-Led Evaluation \(Part 1 & Part 2\) Milestones for AY4](#)

### **Updates from AY3**

Summative reports from both parts of the state-led evaluation were provided to the state SIM team in November 2017. A summary of the results presented in these reports is included below to provide an update on the progress of the state-led evaluation.

### **Process/Implementation Evaluation Report Summary**

The November 2017 process/implementation report covers the process and implementation activities of the State Innovation Model (SIM) test grant in Iowa during the last quarter of the first implementation year (November-December 2016 and January 2017), the three-month no-cost extension period (February – April 2017) and into the first two quarters of the second implementation year (May – October 2017). The objective of the process and implementation evaluation is to describe the structure of the interventions and actions being utilized in the SIM initiative, along with identifying advances and challenges encountered during implementation.

A variety of methods were used to gather the information provided in this report. The University of Iowa Public Policy Center (PPC) team reviewed documents and collected information from pertinent websites, participated in bi-weekly phone conferences with the state SIM team and the Center for Medicare and Medicaid Innovation (CMMI), participated in monthly phone conferences with the state SIM team and the national evaluators, conducted stakeholder interviews to understand how the SIM initiative was being implemented during this time period, and surveyed Iowans across the state to provide a population profile.

The end of SIM AY2 and into the beginning of AY3 was a period of change, planning to implement the changes, and progress toward goals. As in the previous year, a significant amount of time was spent working to facilitate collaborations with the multitudes of stakeholders integral to the successful implementation of the SIM activities.

A summary of some of the successes and challenges in the implementation of the SIM activities in this reporting period are below.

### **Successes**

- All six Community and Clinical Care (C3) sites applied for and received year two SIM funding to continue their activities. In addition, a new C3 site with a healthcare system as the primary grantee was funded. The C3 sites continue to be the innovation laboratories for how to establish successful partnerships, provide care coordination, and improve the

health of individuals at the community level. Communication between the SIM staff and the C3 organizations has improved.

- There has been a concerted effort to incorporate the collection, analysis, and reporting of data into almost all SIM activities. These efforts could allow for greater opportunities to track success and failure and provide important feedback to healthcare stakeholders to improve organizational processes. Activities included:
  - reigniting the statewide alert network (SWAN),
  - developing and using the SIM data portal,
  - developing a community scorecard for the C3 communities, and
  - supporting the value index score (VIS) dashboard for the payer and provider community.
- Initially, the SIM plan included many activities that were passively encouraged to be utilized by stakeholders to bring about delivery system change and payment reform. There has been significant progress in incorporating stronger policy levers into SIM initiatives to bring about change. Some of those levers included:
  - Requiring the use of SIM tools such as the statewide strategic plans (SSPs), the SWAN, data reporting, and technical assistance (TA) as part of the funding for the C3 communities.
  - Promoting state certification of the Diabetes Self-Management Education (DSME) programs as a way to encourage their widespread use. State certified DSME programs are reimbursed by Medicaid and some private insurers.
  - Introducing the idea of value-based purchasing (VBP) at the community level by incorporating the use of performance-based incentives and disincentives into the C3 required actions.
- C3 Specific Virtual Workshop: In response to feedback requesting more cross-site networking, the Iowa Healthcare Collaborative (IHC) held a dedicated Virtual Learning community in March 2017 that was primarily developed and led by C3s, and allowed C3s to share resources, common problems, and promising solutions.
- After a short hiatus in SWAN activity at the end of the last reporting year, there was a real potential for momentum and enthusiasm about the SWAN to drop. However, the SWAN initiative was able to make significant progress toward its end objectives with, at the time of this report, all three Medicaid managed care organizations (MCOs) sending eligibility files, 43% of all hospitals in Iowa participating, and all Medicaid Accountable Care Organizations (ACOs) and MCOs receiving daily alerts.
- A workgroup was convened and progress was made toward defining and standardizing the measures for data collection surrounding social determinants of health (SDHs).
- Additional subcontractors were added to the SIM TA team, which solidified partnerships to provide SIM stakeholders access to specific expertise and leverage existing networks of professional association members to enhance the application of SIM activities.
- Regular MCO workgroups: SIM staff and MCO representatives met 13 times during this reporting period to discuss contract parameters, quality measures, and value-based reimbursement.

- Cooperation on quality measures: The SIM team adjusted total cost of care (TCOC) and VIS measures to reflect MACRA related payment guidelines and incorporate MCO feedback.
- Dashboard demonstration: IME and 3M collected MCO encounter data and ran demonstrations of the VIS dashboard for each MCO.
- Two of the three Medicaid MCOs completed state-approved VBP contracts, which included a 2% payment withhold to enforce the requirement of 40% covered lives in VBP.

## Challenges

- Changes in state leadership positions reduced the ability to implement some leadership aspects of the SIM. During this reporting period, there were significant changes in key leadership at the state level. Governor Terry Branstad resigned and was replaced by Lieutenant Governor Kim Reynolds. Charles Palmer retired as Director of the Iowa Department of Human Services (DHS) and Jerry Foxhoven became the new DHS Director. And Mikki Stier, the Iowa Medicaid Director, was promoted to Assistant DHS Director and a search began for a new Medicaid Director. The AY3 Operational Plan for the Iowa SIM included plans to form a Healthcare Innovation and Visioning Roundtable to be headed by Director Palmer. Convening of the Healthcare Innovation and Visioning Roundtable was delayed due to these transitions in leadership.
- *Uncertainty in MCO contracts affected the MCOs ability to focus on SIM activities in AY2 (AY2) and plan ahead for the metrics that they will be expected to reach in the coming years. State contracts with the Medicaid MCOs were to be finalized in July 2017 but negotiations continued to the very end of this reporting period. There were some challenges advancing the SIM strategies for VBP while the state contracts with the Medicaid MCOs were under negotiation.*
- Obtaining buy-in from all payers and providers (beyond and including the ones affiliated with Medicaid) for the use of health risk assessments (HRAs) with standardized SDH questions was a challenge. Even though there is some evidence from interviews with C3 healthcare providers that they understand that SDHs impact their patients, encouraging them to use tools to gather SDH information in practice is a challenge.
- There were challenges getting all hospitals (especially rural hospitals) connected to the SWAN and getting the larger healthcare systems to buy-in to its potential to improve care processes.
- Keeping statewide interest in the SIM project is a challenge. Statewide Learning Event attendance significantly declined from the November 2016 (310 attendees) to July 2017 events (110 attendees).

## Future considerations

- Efforts will need to shift toward developing strategies to sustain the most successful SIM initiatives into the post-SIM period. These efforts may include identifying new partnerships, leveraging existing programming, and finding new funding sources to sustain successful initiatives.
- A challenge for the coming year will be to re-establish state level leadership, visioning, and strategic planning for the SIM. Particularly for the sustainability of SIM efforts, it will

be very important to engage the new Governor and the new Director of DHS in the healthcare system transformation efforts of the SIM. Without leadership at the highest levels buying into the vision and direction of transformation efforts and helping to plan for the future beyond SIM, it may be difficult to sustain any momentum toward system change gained from the SIM activities.

- The SIM team has primarily worked with the Medicaid MCOs during AY(AY3) regarding VBP. Effort will need to be made to re-engage the Medicaid ACO providers in VBP discussions and activities.
- Provider awareness of and active participation in delivery system and payment reform initiatives will be increasingly important in the coming years of the SIM to be able to institute reform statewide and keep efforts progressing post-SIM.
- It was announced at the time this report was being completed that one of the three MCOs, Amerihealth Caritas, will be leaving the program at the end of November 2017. This change could cause further challenges in the next years as all SIM-related responsibilities will fall on the two remaining MCOs. Also a new MCO is supposed to be added to Medicaid near the beginning of FY 2019. This could provide a challenge incorporating a new MCO into the SIM activities almost three years into the SIM implementation.

### **Goal Evaluation Report Summary**

A number of results of note were reported in 'SIM Outcomes and Data Acquisition Report: CY 2015 and CY 2016'.

1. Emergency Department rates remained stable over the two years, with the only increase in the rate being found in adults 45-64 years of age.
2. Plan all-cause readmissions decreased for all age groups from CY 2015 to CY 2016. With an average decrease of 1%.
3. The total cost of care increased by 13.6% in CY 2016. The increase was a bit higher in the C3 counties (14.9%), which may reflect increases in care provision based on C3 activities.
4. The rate of diabetes rose slightly. The data that we are utilizing for the diabetes rate (BRFSS) will not allow a test of the hypothesis that the diabetes rates will decrease by 0.2%.
5. The rates of admission for long-term complications of diabetes, short-term complications from diabetes and lower-extremity amputation decreased from CY 2015 to CY 2016, while the rate of admission for uncontrolled diabetes increased.
6. The rate of obesity increased over time.
7. Tobacco use has decreased over time.

## **Federal Evaluation, Data Collection and Sharing**

The collection and sharing of data is critical to the implementation, evaluation and sustainability of the SIM initiative. Awardees are required to cooperate with CMS and the CMS contractor's efforts to conduct the federal evaluation. The evaluation is independent, federally funded, and statutorily mandated in accordance with the requirements set forth in Section 1115A of the Social Security Act (added by Section 3021 of the Affordable Care Act) as part of the cooperative agreement. Awardees must include, as part of their operational plan, documentation reflecting how they have addressed and will continue to address the following data collection and sharing requirements:

- Collecting, securing, and providing the necessary Medicaid data, private payer data and/or Medicare data (e.g. identifiers) in such a manner, including file specification, that CMS and its contractors can perform the federal evaluation.

**State Response:** Metrics data was provided in CMMI template quarterly to provide a baseline. This information is available for Federal evaluators but was not sent to them directly.

- Providing data for all patients or individuals covered by the SIM program (public and commercial), including baseline and historical data for three years prior to the Project Period.

**State Response:** Although the state evaluators had agreed to provide Medicaid data with the approval of the state if it was requested, the federal evaluators chose to use the Medicaid Analytic extract (MAX) data. Therefore, this data was not provided but the capacity to provide the data exists.

**State Response:** Iowa has shared Behavioral Risk Factor Surveillance System (BRFSS) data including county level identifiers with federal evaluators to compare outcomes in counties where residents had opportunity for exposure to a C3 with a comparison group of counties without opportunity for this exposure.

- Providing CMS and its contractor(s) with identifying and contact information for beneficiaries who receive services under the model to examine patient care experience under this initiative.

**State Response** Files containing Medicaid beneficiary and C3 client contact information for focus group recruitment were delivered through an SFTP for Urban Institute. We did not include contact information for Wellmark or Medicare beneficiaries in the focus group data.

- The state will coordinate and facilitate any sampling and data collection on behalf of CMS among, but not limited to, state payers, private sector payers, and health care providers

**State Response:** The data has not been requested from the Federal evaluation team.

- Cooperating with primary data collection efforts such as, but not limited to, surveys, focus groups, and key informant interviews.

**State Response:** This information is included in narrative below.

- Ensuring that the necessary legal mechanisms, authorities, and/or agreements are in place to ensure timely delivery of data to CMS and/or CMS contractors.

**State Response:** This information is included in narrative below.

- Cooperating with the federal evaluation contractor and CMS for any other needs/requirements for the evaluation.  
**State Response:** This information is included in narrative below.
- Agreeing not to receive additional reimbursement for providing data or other reasonable information to CMS or another government entity or contractor.  
**State Response:** The State agrees to this condition.

The collection and sharing of data is critical to the implementation, evaluation and sustainability of the SIM initiative. Collaboration with our Federal Evaluators RTI and their subcontractor Urban Institute ramped up in mid-January 2016 when we began monthly meetings specifically to organize efforts of our baseline federal evaluation of Iowa SIM. These meetings provided an opportunity to address the granular details needed to conduct an evaluation site visit which was conducted in May 2016 to establish baseline data. The evaluation activity consisted of a series of key informant interviews with SIM stakeholders, as well as four focus groups with providers and consumers. Agendas for the site visit planning meetings included the appropriate identification and variables for key informant and focus group participant selection and sharing the necessary data needed to schedule interviews and conduct focus group recruitment. Data sharing discussions began in January of 2016 with representatives from CMS's contractor RTI and Iowa's AAG Brad Horn to confirm the necessary documents were in place to follow HIPPA guidelines and protect client PHI. RTI shared their task order and the HIPPA compliance language in their IDIQ contract. This laid the groundwork for future data sharing for evaluation purposes in subsequent years. Language was also included in the C3 contracts to align with data sharing for evaluation purposes as well.

After the May 2016 evaluation site visit, we continued to meet with federal evaluators on an as-needed basis to respond to evaluation requests (e.g., discussion of the measures in our quarterly metrics template). We worked with the federal evaluators again in early 2017 to assist with identifying key informants and providing their contact information for a second round of interviews with SIM stakeholders, this time by telephone. The federal evaluators conducted these interviews in March 2017.

Our federal evaluators, as well as our state evaluators are also present on our CMMI bi-weekly calls to aid in their efforts to remain fluid in their evaluation and keep up with the iterations of our implementation activities. A copy of the Federal Evaluation plan was received and reviewed by our state evaluators to avoid potential overlaps in evaluation strategies.

The Federal Evaluation Team, RTI/ Urban Institute provided the following framework for inclusion in our Operational Plan for 2018:

### 1. Next Steps

- I. Third round of qualitative data collection will be conducted week of February 5<sup>th</sup>

- II. Data collection will consist of 17-20 in person and phone interviews with key informants as well as focus groups with providers and Medicaid beneficiaries in C3 counties
- III. Statewide quantitative analysis using claims and survey data
- IV. Potential for additional, model-specific quantitative analysis in future

**2. IA SIM Team Activities involving Federal Evaluation**

- 1. Participation in monthly federal evaluation calls
- 2. Providing suggestions and contact information for key informants
- 3. Participating in in-person and phone interviews with the qualitative evaluation team
- 4. Assisted federal evaluation team in determining appropriate regions for focus groups and provided Medicaid data files for focus group recruitment

**3. Changes to Evaluation: N/A**

**a. Program Monitoring and Reporting**

The Iowa SIM initiative is largely implemented with contracts executed by the DHS. The oversights of those contracts are managed by the Contracts Management Office within IME in partnership with Telligen. The State has contracted specifically with Telligen to perform project management of SIM funded activities using a project management methodology to oversee the work streams of SIM activities within DHS and contractors. Staff from each contract meets regularly with SIM project managers to review milestones, action items, and risks. Items that need escalation are compiled and reviewed with IME/DHS/IDHP Leadership on a regular and as needed basis.

The SIM Project staff works closely with the implementation partners to identify risks associated with the SIM activities. Each identified risk is assessed based on the probability to occur and the impact on the project if it did occur. Risk identified with a high or medium probability and a corresponding high or medium impact are then sent into the mitigation planning process. Mitigation plans are identified to lessen or completely avoid negative impacts to the project. Action steps identified in a mitigation plan may be implemented immediately into the SIM master timeline or they may wait to implement based on factors that show the risk is starting to occur. These decisions are made at the SIM Implementation team level and reported quarterly to CMMI.

As described above, the State conducted risk identification, mitigation and monitoring during Award Years 2 and 3 and conducted a review of current risks and identification of new risks which are identified in Appendix A. New risks are identified based on the work plans outlined and the experience to-date in implementing Iowa's Model Test.

Rapid Cycle Improvement is part of the regular contact with the SIM Innovation and Visioning Roundtable and the Strategic Implementation Teams. Data is shared at the various levels and strategic guidance is issued. See Figure 2: SIM Stakeholder Engagement and Governance Diagram.

Long term planning to sustain the monitoring and daily operation of SIM activities are in progress. Some activities will continue at the same level of oversight and project management. For example payer organizations like Medicaid and Wellmark are committed to sustain the resources necessary (oversight and analytic support) to carry out their value-based payment programs. Other programs like SWAN are still developing sustainability plans. The non-profit organization responsible for the overall operations of the IHIN is currently identifying pricing models as SWAN transitions from a SIM funded to self-sustaining program. SIM is a model test and not all activities are expected to continue at the current SIM level. For example, technical assistance to the delivery system may look very different in a post SIM environment.

Further efforts to establish sustainability around programs and oversight of those programs is discussed in Section E.

#### **b. Fraud and Abuse Prevention, Detection and Correction**

The state is collecting quality data through a claims based submission process that falls under the guidance of our Program Integrity unit. Claims data are validated and audited to meet strict federal and state guidelines to prevent fraud and abuse.

Medicaid is implementing VBP strategies through our selected Managed Care programs. Managed Care programs are also validated and audited to meet strict federal and state guidelines and contractual requirements to prevent fraud and abuse.

Due to the method we are using, we feel there are no new exposures introduced for fraud and abuse that do not currently exist.

Medicaid contracts with a vendor to provide Program Integrity and Special Investigation Unity (SIU) oversight which includes running data analysis on prepaid and post-paid claims for potential fraud, waste, and abuse. If fraud, waste, or abuse is identified, the vendor conducts a desk audit or an on-sight audit as appropriate.

## **Sustainability Plan**

Sustainability of SIM goals and activities can only be realized into the future by the efforts of continued transformation. These efforts will require Iowa healthcare leaders and providers to embrace innovation and change. We will implement a sustainability framework built on a foundation of shared learning and joint action, leading to a new paradigm for health in Iowa. The Healthcare Innovation and Visioning Roundtable (“Roundtable”) has been initiated to develop a vision and a framework for sustainable transformation in a post SIM environment. The Roundtable is also charged with identifying and building specific workgroups essential for planning more granular tasks deemed necessary as the work evolves, such as informing specific, new quality measures to be used in statewide VBP efforts.

Engaging stakeholders through the Roundtable and various workgroups, we will facilitate discussions to identify activities requiring facilitated planning, easily sustainable activities, and

activities requiring further support. We will work with the Roundtable and SIM leadership to prioritize key strategies and institutionalize current practices. Working with stakeholders, we will articulate a revised vision of the planned end state of Iowa's health system transformation beyond the SIM funding period, including goals and targets. Although the Roundtable's focus is Iowa's delivery system in a post SIM environment, the group also evaluates and feeds the ongoing SIM project and related efforts, and forms a community of practice environment that collaborates around emerging best practices, common problem areas and regional differences.

DHS has engaged Health Management Associates, a national consulting firm with deep expertise across all domains of publicly funded health care, to facilitate Roundtable discussions and to develop the SIM Sustainability deliverables. The Roundtable, key stakeholders and workgroups will help inform sustainability deliverables of the SIM grant in AY4. Through regular meetings of the Roundtable and workgroups, we will review current innovations to determine viability of sustainability and categorize SIM initiatives into one of three categories: activities requiring facilitated sustainability planning, easily sustained activities, or activities requiring further support for sustainability.

To have a complete picture of the SIM-funded activities, HMA is gathering input on SIM Projects and goals, identifying documentation produced during the SIM grant period, such as previous operational plans, quarterly reports, budget issues, evaluations, and any additional state documents or artifacts related to the project. As we look toward sustainability, we will also be mindful of evaluations and assessments conducted to date, as well as other process and outcome data on the funded projects.

We will analyze and document current SIM activity in preparation of the first component (Part 1) of Iowa's Sustainability Plan designed to identify the state's goals and identify changes and new opportunities in the health care landscape. This activity will include an analysis of the levers originally proposed to test under SIM and an analysis of new or anticipated levers. Levers to be assessed include those levers specified in Year 3 of the SIM grant, which include MCO contract requirements, aligned quality measurement and patient attribution, as well as policy. Additional policy levers include federal waivers in Medicaid and the individual insurance market, and regulatory levers such as certificate of need and professional licensing. We will continue to leverage interagency coordination. We will review political or market changes that have impacted Iowa's SIM work and how the program changed in response to these changes to glean lessons for further sustainability efforts.

We will identify key informants to conduct interviews about SIM efforts in Iowa. We will conduct interviews to collect information about the programs, data needed to assess outcomes and other relevant factors. Interviews will be conducted with Roundtable participants, SIM leadership, the SIM-funded project leads, and other stakeholders about the program activities and characteristics, the extent to which the program was designed to meet project drivers and qualitative assessments of program successes. Working with the Roundtable and other stakeholders, we will begin our sustainability planning in AY4 by identifying and documenting key accomplishments to date of Iowa's SIM program.

Roundtable meetings, stakeholder Interviews and additional program data collection will inform considerations that may affect program sustainability, such as the prospects for ongoing support from within and outside of the State. In Part 1 of Iowa's Sustainability Plan, we will summarize

key findings to inform the prioritization and ranking process. In addition to providing important information about the SIM-funded projects and how they have supported the SIM goals and drivers, the Sustainability Plan will be used as a framework for addressing the goals for the projects post-SIM funding. This will include budget discussions to date for each of the projects for post-SIM, if any, potential future financing strategies available to support SIM projects, including any potential partners such as MCOs and ACOs, and initial recommendations for prioritization criteria SIM projects that may require further investment.

Informed by qualitative stakeholder data, including guidance from the Roundtable, and analysis of current program results and activities, Part 1 of Iowa's Sustainability Plan will assess the status of key elements within the current model to identify sustainability prospects and conditions. Project areas to be assessed include those activities receiving funding in under the SIM grant including: 1) Plans for Population Health Improvement (PHI), 2) Community Care Coalitions (C3s), 3) Statewide Alert Network (SWAN), and, 4) Community Based Performance Improvement (CBPI).

Part 2 of the Sustainability Plan, due Quarter 2 of AY4, will include an assessment of the status of key elements of Iowa's model and a detailed plan for sustaining major SIM investments to achieve the End State Vision. Working with the Roundtable and other stakeholders, we will determine which investments will continue to move transformation forward as self-sustaining and which activities will end when SIM funding is discontinued. This will include analysis of strengths and weakness of the model as implemented, assessment of the scaling potential of SIM initiatives, identification of which primary and secondary driver activities will require sustained resources, and identification of new post-SIM drivers.

Part 2 of the Sustainability Plan will serve as a Roadmap for any changes Iowa wants to make to the model to achieve long-term sustainability. This will include plans for infrastructure and operational capacity required to support Iowa's long-term vision for transformation, including strategies for continued stakeholder engagement and governance. We will investigate potential funding sources, including health plans and Medicaid, focusing on performance-based payment modeling. Program infrastructure analysis will include HIT improvements and utilization, alignment of quality measures with MACRA and other initiatives, data-driven decision making, and accountability. Partnerships with MCOs, payers, and ACH and C3 pilots play a crucial role in coordinating delivery system reform across sectors and continued transformation once SIM funding has passed.

In developing the required Roadmap/Sustainability Plan, we will organize the data on projects by developing a crosswalk to identify the SIM drivers impacted by the funded projects. Utilizing information about projects' alignment with and impact on the project goals and drivers, evidence of effectiveness in terms of cost, quality and outcomes, we will outline an approach to prioritize projects that meet Iowa's needs and can be supported financially after SIM funding ends. Once we have constructed a prioritization framework based on SIM drivers, stated goals, and other relevant factors, we will utilize it to synthesize the collected data and engage in a prioritization effort.

Guidance from the Roundtable, key informants and other stakeholders regarding ongoing state priorities and needs will continue to be a critical component for developing our Roadmap for sustaining SIM investments. Through stakeholder engagement, we will continue to focus on

establishing a shared vision that motivates stakeholders to maintain the momentum built by Iowa's SIM program to sustain continued transformation.

## Reference Tables

**Table 1: Goals Projections & Impacts**

	Baseline	AY3	End of AY4	Post SIM Environment
<b>Goal</b>		Providers and Covered lives in VBP increases to 45%	Providers and Covered lives in VBP increase to 50%	Providers and Covered lives in VBP increases to 80%
<b>Impact</b>	In 2015, 10.9% of Medicaid and 32% of Wellmark lives were covered under VBP programs. Additionally, 44.7% of Medicaid primary care and 53% of Wellmark primary care participated in ACO programs.	While provider participation is already close to 45% in Medicaid and over 45% in Wellmark, increasing the number of covered lives under those existing contracts to reach 45% will motivate providers to prioritize process improvements to achieve success in these arrangements	Additional increases in financial risk categories within VBP (3B) will intensify provider's attention to achieving shared savings outcomes. Getting Medicare, Wellmark and Medicaid to 50% of covered lives aligns payment reform and delivery system reform efforts.	Value-based care like ACO contracting is what providers have embraced in Iowa. They focus on population health strategies and engage in public health prevention because the expectation of a more quality oriented, consumer-driven marketplace has changed; this is necessary to remain competitive and viable.
<b>Goal</b>	Iowa develops at least one VBP Program that aligns with the APM Program Requirements defined under MACRA			
<b>Impact</b>	In 2015, the MACRA legislation regarding Other Payer Advanced APM was not released; however, Iowa providers were participating with Medicare, Medicaid and Wellmark in APM programs, known as ACOs.	Iowa stakeholders realize the importance of Medicaid and Wellmark pursuit of an APM designation. Discussions around the clinical quality measures and the means at which those measures are collected and incorporated in an ACO contract are vetted. Medicaid works in partnership with the MCOs to implement an aligned program that meets the requirements of APM	The ACO programs for Medicaid and Wellmark are reviewed with CMMI and a designation is achieved.  Providers are increasing covered lives under each ACO APM program and have a path to be a Qualified Participant in the QPP program in 2019 and beyond	Iowa providers have positioned themselves to transform into a system that is focused on value. They have the tools and supports necessary to thrive in payment models with all payers in Iowa.
<b>Goal</b>		TCOC Reduced by 8% below expected (Medicaid and Wellmark)	TCOC Reduced by 15% below expected (Medicaid and Wellmark)	TCOC has come back in line with overall economic marketplace in Iowa. Healthcare is affordable for Iowans.
<b>Impact</b>	In 2015, the Medicaid TCOC	More providers have successful	More providers have successful	Healthcare cost trends have reversed in

	<p>population based, per member per month was \$362.46</p> <p>Additionally each year, Medicaid and Wellmark will calculate a TCOC PMPM for members in VBP, using a 3M risk adjustment and TCOC methodology, establish an expected rate and set a budget for ACOs.</p>	<p>VBP contract results, allowing them to continue to seek ways to transform healthcare.</p>	<p>VBP contract results, allowing them to continue to seek ways to transform the healthcare system.</p>	<p>Iowa in both urban and rural environments. Because preventable events have reduced and the system is no longer built upon these unnecessary cost drivers, the system has refocused on preventions and supporting services and activities that keep people well – like the dental delivery system already does for oral health today, for those with coverage.</p>
<b>Goal</b>		<p>Reduce Potentially Preventable Emergency Visits (PPV) by 6% Readmissions (PPR) by 10%, and Hospital Acquired Conditions (HAC)</p>	<p>Reduce Potentially Preventable Emergency Visits (PPV) by 12% Readmissions (PPR) by 20%, and Hospital Acquired Conditions (HAC)</p>	<p>Payers, Providers, communities, government agencies recognize “healthcare” is inclusive of the broader definition of health</p>
<b>Impact</b>	<p>Medicaid PPV = 71.14% Medicaid PPR = 6.28% Iowa c.Diff = .058%</p>	<p>Providers find success in using new tools that drive efficiencies in the system. A new focus on care coordination and preventing unnecessary events emerges</p>	<p>In addition to lower preventable events, TCOC is reduced and providers are successful in ACO contracting. They continue to see ways to use data and improve clinical and social care referrals to support value driven systems.</p>	<p>Because preventable events have reduced and the system is no longer built upon these unnecessary cost drivers, the system has refocused on preventions and supporting services and activities that keep people well.</p>
<b>Goal</b>		<p>Iowa Providers increase success in APM (risk-based) payment models</p>		
<b>Impact</b>	<p>In 2015, Wellmark had 11 out of 13 organizations successful in an APM. In Medicaid there were 5 out of 5. Medicare reports 23% of ACOs in the Midwest were successful in shared saving programs.</p>	<p>As more and more Iowa providers find success in transforming their system to value-drive (not volume-driven), other provider groups enter APM programs</p>	<p>More provider groups engage in APMs and continue to see ways to use data and improve clinical and social care referrals to support value driven systems.</p>	<p>The system has refocused on preventions and supporting services and activities that keep people well.</p> <p>Iowa’s healthcare economy has stabilized.</p>

**Table 2: Essential Delivery System Reform Impacts on Patient Care**

Essential Delivery System Reforms and their Impact on Patient Care			
Input: Practice	Category	Result: Care Delivery Change	Providers Impacted
1. SWAN	Communication, Analytics, Technology	<p>Aid providers engaged in VBP to improve care coordination for members during critical transitions (admissions, discharges, and transfers). Improved coordination during transition has proven to reduce readmissions and improve outcomes by catching medication errors and synchronizing care plans from multiple specialty providers. Getting the right information to the right provider in a timely manner also reduces unnecessary spending within the healthcare system.</p> <p>Health systems utilize SWAN alerts for care coordination by integrating the daily alert file into their HER workflow. The SIM grant AY3 activities will focus on improving the local utilization and statewide adoption of SWAN alerts.</p>	<p>Currently available for Medicaid ACO provider groups, however the state aims to open SWAN to any willing provider participant.</p> <p>In 2016 all five Medicaid ACOs received SWAN Alerts. In 2016, all five Medicaid ACOs received SWAN Alerts. As of 1/31/2017, 22,861 SWAN alerts were delivered to providers.</p>
2. Statewide Strategy Plans	Adaptive Leadership, Culture, and Governance	<p>These initiatives are intended to 1) enhance care coordination and transitions for both providers and patients by identifying population risks and addressing barriers to health such as social determinants of health by connecting patients (and providers) to community resources, and 2) develop and implement locally-identified tactics from the statewide strategies to address a specified health condition.</p>	<p>Public documents available to any provider. Specific Technical Assistance to implement is currently focused with C3 communities and ACO providers</p>
3. Community Scorecard	Communication, Analytics, Technology	<p>Identification and prioritization of community health and high cost issues;</p>	<p>Available to providers engaged with C3</p>

		Tracking of inputs and investment; Monitoring quality of services/projects; Generating benchmark performance criteria that can be used in resource allocation and budget decision; Comparison of performance across facilities/districts: Mechanisms of direct feedback between providers and users; Building local capacity: Strengthening patient and client voice and community empowerment.	communities and SIM Healthcare TA for ACO providers  In 2015, there were 54 out of 116 unique tax IDs participating with a C3 community.
4. Health Risk Assessment and Social Determinant Question Alignment	Adoption	Data is aggregated and shared widely for use in planning  Individual data triggers interaction from the physician and referrals to C3s and community-based organizations for care coordination and intervention in social needs  Use of the HRA and data can be linked to VBP arrangements (Health Confidence scores are linked to payment incentives)  Use of a risk assessment and social determinant questions is shared by other Iowa payers and organizations	HRA tools are available to all provider and payer groups.  Measurement is standardized as are the use cases for the data and SDOH interventions.
5. Community and Clinical Care Initiatives (C3s)	Adaptive Leadership, Culture, and Governance	Implementing innovative strategies and referral processes to meet the clinical and social needs of a defined population.  Organizes resources and builds processes to identify target population (diabetes) and to improve care coordination for social services (SDH) to reduce unnecessary ED and Readmissions.	Limited to providers geographically located in a C3 Awardee area.  In 2016, there were 90 out of 213 unique tax IDs participating with a C3 community.
6a. Community and Clinical Care Initiatives Technical Assistance	Adoption	Utilization of standard language  Provision of targeted education	TA for C3 providers is limited to providers located in a C3 community and those that are willing to

		Cross-sector commitment to quality and change	participate  In 2015, there were 54 out of 116 unique tax IDs participating with a C3 community.
6b. Health Care Technical Assistance	Adoption	<p>Developed new systems of care with Quadruple Aim- focused Technical Assistance aligned with Payment Reform Strategies</p> <p>Individual data triggers interaction from the physician and referrals to C3s and community-based organizations for care coordination and intervention in social needs</p>	<p>The three largest health systems in Iowa have become engaged in the project, identifying mutually beneficial goals to be successfully in APMs with Medicaid, and to promote an integrated delivery network within a competitive environment</p> <p>However, TA is also available to other provider groups through Statewide learning events, recorded Pod Casts, Webinars, TCPI, and HIIN.</p>
7. Sharing Raw Claims/ Encounter Data with ACOs	Communication, Analytics, Technology	ACOs expressed a need for payers to provide claims data that enabled them to perform internal analytics on cost and quality and that allowed them to match administrative claims data to the clinical data within their own systems in effort to identify system improvement that help performance on value-based contracts.	Limited to providers engaged in the Medicare ACO program using. In 2015 all five Medicaid ACOs received regular sets of claims data.

**Table 3: Healthcare Transformation Initiatives in Iowa**

Existing QI/Health Reform Effort	Projected Results	How will efforts be incorporated and support SIM?	State, Federal or Privately Funded?
<b>IA QIN-QIO 11th SOW</b>	Reduce leading causes of mortality, Pop. health mgmt., Improve hospital admit/readmit rates, Reduce adverse drug events, Improve patient & family engagement, Support participation in value modifier program focus on Medicare population	Promote participation in QIO-sponsored programs, Align content and messaging to reduce duplication and market confusion.	Federal
<b>Hospital Improvement Innovation Network (HIIN)</b>	Education focused, quality improvement model supporting innovative solutions targeted to reduce patient harm and improve care coordination	HIIN resources and data will support C3 and health system SIM projects. IHC's involvement in both programs will facilitate direct alignment.	Federal
<b>Transforming Clinical Practice Initiative (TCPI)</b>	Provides direct quality improvement support to clinicians on pathways to AAPM's, driving real-time, measurable improvement strategies.	Align SIM content to engage TCPI providers and maximize sustainability; use common stakeholders to drive improvement.	Federal
<b>Center for Disease Control and Prevention's 1305: State Public Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health grant</b>	Collaborative effort, termed the Health Promotion and Chronic Disease Control Partnership in Iowa, that aims to better manage and reduce chronic diseases (specifically diabetes and hypertension) through efforts to tackle associated risk factors and increase use of evidence-based prevention & treatment methods (including patient self-management skills, nutrition, physical activity, and clinician supports)	Collaborate with and enhance existing efforts across Iowa including shared education, best practices and resource dissemination	Federal
<b>Local Tobacco Community Partnerships</b>	Thirty-six local Tobacco Community Partnerships serve 99 of the 99 Iowa counties. The Community Partnerships serve as a resource to individuals, schools, worksites, and healthcare organizations to encourage tobacco and nicotine product use cessation, reduce second hand smoke exposure, and reduce tobacco use and nicotine product initiation.	Collaborate with and enhance existing efforts across Iowa, particularly Coalition actions within C3 communities	State

<b>Healthiest State Initiative</b>	Goal to make Iowa the healthiest state in the nation by engaging worksites, communities, schools, retail food, organizations and individuals to improve physical, social, and emotional well-being of Iowans.	Collaborate with the Initiative and support aligned efforts within SIM communities and across the state	Private, (investments from community organization donors), Not for Profit
<b>Healthy Hometown powered by Wellmark</b>	A community wellness initiative helmed by Wellmark that aims to make the communities healthier through provided technical assistance and guidance to local communities (including health care providers, schools, worksites, retail food, and others) on systematic approaches (i.e. built environments) that promote nutrition, physical activity.	Continued collaboration with Wellmark's Healthy Hometown staff as part of statewide strategies implementation and execution; shared dissemination of relevant tools and resources; collaboration in Healthy Hometown activities within C3 communities	Private (payer community foundation funds)
<b>Medicare Shared Savings programs</b>	Delivery System transforms into accountable entities that deliver better quality care at a lower cost. Iowa providers are participating in various tracks. This is not a State funded activity but aligning Medicaid and Wellmark ACO programs with Medicare programs will help providers get to scale. Providers will be given technical assistance to improve their VBP performance which should help them achieve the goals of the MSSP contracts and any other VBP contracts they are participating in.	Medicaid will promote and track VBP program growth as a key indicator of transformation of the delivery system that leads toward sustainability.	Private (investments from the ACO participants) and Federal

**Table 4: Implementation Evaluation Data Sources and Proposed Measures**

SIM Intervention	Level of Evaluation	Data Sources	Measures Proposed
<b>Population Health – Diabetes Focus</b>	Local (C3) & Statewide	<ul style="list-style-type: none"> <li>• Document Review</li> <li>• Provider Surveys/Interviews</li> <li>• Stakeholder Interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Number of counties with social determinants as goals</li> <li>• Awareness of Statewide Strategies</li> <li>• Use of Statewide Strategies</li> <li>• Others To Be Determined (TBD)</li> </ul>
<b>C3</b>	Local	<ul style="list-style-type: none"> <li>• Document Review</li> <li>• Stakeholder Interviews</li> <li>• Statewide Consumer survey</li> <li>• Local Patient Experience Survey</li> <li>• Provider Surveys/Interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Composition of C3s</li> <li>• Awareness of C3 plans</li> <li>• Attendance at TAs</li> <li>• Diabetes rates &amp; Description of Diabetes programs in Iowa</li> <li>• Others TBD</li> </ul>
<b>SWAN</b>	Statewide	<ul style="list-style-type: none"> <li>• Provider Surveys/Interviews</li> <li>• SWAN-specific data, if possible</li> <li>• Claims, if possible</li> </ul>	<ul style="list-style-type: none"> <li>• Location of SWANs</li> <li>• Number of alerts</li> <li>• Map of SWAN activity</li> <li>• Awareness of SWAN</li> <li>• Utilization of SWAN</li> </ul>
<b>VBP</b>	Statewide	<ul style="list-style-type: none"> <li>• Provider Surveys/Interviews</li> <li>• Medicaid provider data</li> <li>• Wellmark provider data, if possible</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness of VBP</li> <li>• Awareness &amp; use of VIS</li> <li>• Location of VBP providers</li> </ul>
<b>TA</b>	Local (C3) & Healthcare System	<ul style="list-style-type: none"> <li>• Document Review</li> <li>• Stakeholder Interviews</li> <li>• Provider Surveys/Interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Hours &amp; Personnel</li> <li>• Attendance at TAs</li> <li>• Requests for TA</li> <li>• Topics of TA</li> </ul>

**Table 5: SIM Goals Evaluation Data Sources and Proposed Measures**

Hypothesis	Measure	Data Source	State-established Outcome Targets	Outcome report date
<b>Improve Population Health—Tobacco</b>				
<b>There will be an increase in the proportion of people interested in reducing tobacco use.</b>	Number of people requesting information from the Quitline	Iowa Quitline data and claims data	2016: Increase 1.5% 2017: Increase 3.3% 2018: Increase 5.1%	10/31/2017 and 10/31/2018
<b>The rate of tobacco use will decrease by 1 percentile over the 3 years of the SIM.</b>	Rate of reported tobacco use (cigarettes)	BRFSS/ YRBS		10/31/2017 and 10/31/2018
<b>Improve Population Health—Obesity</b>				
<b>Decrease adult obesity prevalence rates.</b>	Weight and height measure	BRFSS/ YRBS	2016: Decrease 1.0% 2017: Decrease 1.9% 2018: Decrease 2.9%	10/31/2017 and 10/31/2018
<b>Improve Population Health—Diabetes</b>				
<b>Increase the percentage of adults (aged 18 years or older) with diabetes having two or more A1c tests in the last year.</b>	Hemoglobin A1c rates	Medicaid/Wellmark claims data	2016: Increase 1.2% 2017: Increase 2.9% 2018: Increase 4.1%	10/31/2017 and 10/31/2018
<b>The statewide diabetes rate will be reduced by 0.2 percentiles over the three years of the SIM.</b>	Statewide diabetes rate	BRFSS		4/30/2019
<b>The hospitalizations related to the long-term and short-term complications of diabetes will be reduced.</b>	Admissions due to long-term and short term complication from diabetes	IHA inpatient file		4/30/2018
<b>ER visits for diabetes related issues will be reduced.</b>	ED visits due to long-term and short term complication from diabetes	IHA outpatient file		1/1/2018
<b>People with diabetes will experience improved quality of life (QoL).</b>	Patient quality of life questions (to be determined)	Statewide consumer survey		10/31/2018
<b>Improve Population Health—Medication Safety</b>				

<b>Increase the percentage of adults (aged 18 years or older) with diabetes having two or more A1c tests in the last year to monitor glucose rates.</b>	Hemoglobin A1c rates	Medicaid/Wellmark claims data	2016: Increase 1.2% 2017: Increase 2.9% 2018: Increase 4.1%	10/31/2017 and 10/31/2018
<b>Monitoring of anti-coagulation medications will increase.</b>	Hemoglobin A1c rates	Medicaid/Wellmark claims data	2016: Increase 1.2% 2017: Increase 2.9% 2018: Increase 4.1%	10/31/2017 and 10/31/2018
<b>Transform Health Care–30-day plan,all-cause readmissions</b>				
<b>The SIM will reduce the annual rate of preventable readmissions by the third year.</b>	Avoidable readmissions at 7days and 30 days (HEDIS)	IHA inpatient data	2016: Decrease 5% 2017: Decrease 15% 2018: Decrease 20%	10/31/2017 and 10/31/2018
<b>Transform Health Care–Preventable ED visits</b>				
<b>The SIM will reduce the annual rate of preventable emergency department visits by the third year.</b>	Rate of preventable ED visits as defined by NYC Billings algorithm	IHA outpatient file	2016: Decrease 5% 2017: Decrease 15% 2018: Decrease 20%	10/31/2017 and 10/31/2018
<b>The total cost of care per member will be reduced below the national average by the third year.</b>	Cost of care per person in Iowa	3 <sup>rd</sup> party vendor/ Medicaid/Wellmark /Medicare claims		4/30/2018 and 4/30/2019

**Table 6: State-Led Evaluation (Part 1 & Part 2) Milestones**

Milestone	Activity Timeline (Start date – End date)
<b>Implementation/Process Evaluation Milestones AY4</b>	
Collect and organize document review information about SIM implementation	May 1, 2018 – April 30, 2019
Other SIM Provider and Stakeholder Interviews	May 1, 2018 – August 31, 2018
Evaluation Report on AY3 SIM Activities	October 30, 2018
Conduct Interviews of C3 Project Staff	September 1, 2018 – December 31, 2018
Statewide Consumer Survey II	September 15, 2018 – March 1, 2019
C3 Clinic Manager, Provider, and Steering Committee Interviews	February 1, 2019 – April 30, 2019
Evaluation Report on AY4 SIM Activities	October 30, 2019
<b>SIM Goal Evaluation Milestones AY4</b>	
Complete data acquisition	March 31, 2018
SIM Goal Evaluation Report Part I CY 2015-2017	October 31, 2018
SIM Goal Evaluation Report Part II CY 2015-2017	April 30, 2019

## **Appendices: Separate Documents**

**Appendix A – Risk Assessment & Mitigation**

**Appendix B – SIM Metrics AY3**

**Appendix C – Stakeholder Engagement & Communication**

**Appendix D – HIT Enhancement Planning**

**Appendix E – Roadmap to Improve Population Health**

**Appendix F – SIM Primary Care VBP Program**

**Appendix G – SIM Baselines Implementation Report December 2016**

**Appendix H – Informal Outcomes of C3s (AY2)**