

California State Innovation Model Design Grant

Stakeholder Input Form

Background

In September 2012, California applied for a [State Innovation Model \(SIM\) Design Grant](#) from the Centers for Medicare and Medicaid Services (CMS). If granted, the six-month SIM Design Grant will allow the California Health and Human Services Agency (CHHS) to convene a broad-based stakeholder work group to design a multi-payer reform initiative. The Design Grant is intended to culminate in submission of a second proposal to CMS in the Spring of 2013 to test California's selected payment reform model.

In the SIM [Funding Opportunity Announcement \(FOA\)](#), CMS advised states that “models must...move the *preponderance* of care in the state from models that reward service volume to clinical and financial models that reward better health, better care, and lower cost through improvement.”

Nationally and in California, a wide range of payment reform models have been attempted across public and private payers. Examples include but are not limited to: Accountable Care Organizations; Medical or Health Home initiatives; Global Budget Agreements; Capitation; Bundled or Episode Payments; Pay-for-Performance Programs; Benefit Design Strategies (e.g. tiered networks, reference prices); Wellness Programs; Early Childhood Programs; and Value-Based Purchasing. In many cases, payment reforms combine multiple models or concepts. Please note that CMS has specified some strategies as out of scope, such as changes to eligibility rules; see page 14 of CMS' [FOA](#).

Beginning in January, CHHS will convene a SIM Design Grant work group to consider payment reform models and develop a SIM testing proposal to CMS. Stakeholder input from the public, payers, consumers, advocates, and other interested parties is integral to California's success during the Design Grant process. We would like to begin gathering initial input from stakeholders regarding potential payment reform models that could be tested in California.

Instructions

Please use this form to submit your payment reform model suggestion. Please be as specific as possible. If you have multiple separate suggestions, you may complete and submit this form more than once. We will collect and compile initial comments from **November 19 through December 19, 2012**.

Please save this form to your computer. You may complete it in more than one sitting. When you have completed it, please follow instructions on the last page to submit it electronically. If you have any questions about how to use this tool, please contact AnnaDavis@ucla.edu.

Identifying Information

1. **Name:** _____
2. **Title:** _____
3. **Agency/Organization:** _____
4. **Email:** _____ 5. **Phone:** _____

Description of Proposed Model

6. **Please describe your recommended approach to payment reform for California's SIM Design Grant: (250 word maximum)**

7. **How would you classify your proposed payment reform initiative? (check all that apply)**

- | | |
|---|---|
| <input type="checkbox"/> Accountable Care Organization | <input type="checkbox"/> Pay-for-Performance |
| <input type="checkbox"/> Medical/Health Home | <input type="checkbox"/> Value-Based Purchasing |
| <input type="checkbox"/> Global Budget/All-Payer System | <input type="checkbox"/> Wellness/Prevention |
| <input type="checkbox"/> Capitation/Global Payment | <input type="checkbox"/> Early Childhood |
| <input type="checkbox"/> Bundled/Episode Payment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Benefit Design | |

8. **What purchasers/payers would participate?** (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Private third party payers |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Large Employers/Employer Coalitions |
| <input type="checkbox"/> Health Benefit Exchange | <input type="checkbox"/> Unions |
| <input type="checkbox"/> CalPERS | <input type="checkbox"/> Other: _____ |

9. **What populations would the initiative primarily target? (e.g., is it specific to an age group, individuals with chronic illness, or any other population?)** (100 word maximum)

Expected Results

10. **What population or individual-level health-related outcomes could be associated with the initiative? (e.g., will it result in specific quality improvements or improve patient experience?)** (100 word maximum)

a. **Please describe the basis of or evidence for this estimate: (e.g., has it been implemented elsewhere with measurable results?)** (100 word maximum)

11. **Would your proposed payment reform model result in savings during the three-year state innovation model testing period?**

- Yes
- No

- a. If yes, what is your relative or absolute estimate of the amount of savings that could be expected, during the full three-year testing phase? (100 word maximum)**

- b. If yes, what is the mechanism through which savings would be derived? (e.g., would savings be based on lower unit prices; reduced utilization of services; or another mechanism?) (100 word maximum)**

- c. If yes, please describe the basis of or evidence for the estimated savings: (e.g., has it been implemented elsewhere with measurable results?) (100 word maximum)**

Risks and Benefits

- 12. Are there any other risks or benefits that should be considered? (150 word maximum)**

Thank You

Thank you for your valuable input.

Please save your completed form to your computer, and submit it by clicking “Submit” in the upper right-hand corner of the Adobe window, or below. You will be prompted to submit the form automatically or manually via your email service. If you have any questions or concerns about how to use this tool, please contact Anna Davis at AnnaDavis@ucla.edu.

We will continue to collect initial input through December 19, 2012, and additional stakeholder involvement will be ongoing throughout the Design Grant process. We may contact you for further information about this payment reform strategy; you may opt out by checking the box below.

Please do not contact me.

SUBMIT NOW