

Appendix A

Integrated Health Partnerships Program Application Template

Thank you for your interest in applying to become an Integrated Health Partnership. Please read the Request for Proposal, including this application, fully before filling out this application.

This application will be used to for the following purposes:

- 1) Eligibility to participate in IHP program
- 2) Eligibility for Track 1 or Track 2 within the IHP program
- 3) Targeted and efficient negotiation discussions with Applicant IHPs following the proposal review process
- 4) Assist DHS in planning initiatives for Medicaid and IHP in 2018 and beyond

Instructions

This application template alone does not represent the entire IHP application package. Please see Section III of the RFP for additional requirements. The full IHP application package is due on **Friday, September 1st, 2017 by 4:30 pm** to Mathew Spaan in order to be considered for the program.

Submissions must be in binders or tabbed folders, with a tab for each of the following sections, in addition to the requirements noted in Section III.G and Section III.H of the RFP.

1. Cover Sheet
2. Background Information/Organizational Structure
3. Leadership & Management
4. Financial Plan & Experience with Risk Sharing
5. Clinical Care Model
6. Quality Measurement
7. Community Partnerships & Social Determinants of Health

Applicants do not need to retain the format of the application template, but applications must include answers to all the relevant questions and sub-questions within the application template. Submissions of evidence and non-written supporting material must be labeled with the name of Applicant IHP and question number that the document pertains to in order to be considered complete.

I. Cover Sheet

- A. Applicant IHP Organization Information
 - Organization Name
 - Organization TIN/EIN
 - Street Address
 - City
 - State
 - Zip Code
 - Website, if applicable

- B. Financial Entity for Applicant IHP
 - Name of Financial Entity
 - SWIFT Vendor ID of Applicant IHP (Note: Will be used to generate a contract once negotiations have been finalized)

- C. Contact Information (email and phone number)
 - Primary Application contact (Note: Will be contacted for next steps following RFP review)
 - Secondary Application contact
 - IHP Executive Contact
 - IT/Technical Contact

- D. Track applying for (either 1 or 2)

II. Background Information & Organizational Structure

- A. Type of Applicant organization:
 - Medical group practice;
 - Network of individual practices (e.g., IPA);
 - Hospital system(s);
 - Integrated delivery system;
 - Partnership of hospital system(s) and medical practices; or
 - Other, please describe.

- B. Does the applicant organization include any of the following providers or facilities? List all that apply:
 - Critical Access Hospital (CAH)
 - Other rural hospital
 - Rural Health clinics
 - Federally Qualified Health Center (FQHC)
 - Other community health centers
 - Skilled nursing facility (SNF)
 - Inpatient rehabilitation facility (IRF)

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- Home Health Agency (HHA)
 - Other post-acute care facility
 - Cancer or specialty hospitals
 - Psychiatric hospital or other mental or behavioral health facility
 - Hospitals receiving disproportionate share payments or uncompensated care payments from Medicaid
 - Community-based service providers
 - Local public health or social service organizations
 - Other (please specify)
- C. Is the Applicant IHP or any of its proposed participants currently participating in other value-based or accountable care initiatives? Include both public (e.g. Medicaid and Medicare) and private payer (e.g. commercial, self-insured) arrangements. Please list the initiatives, length of participation, and include a short description if the initiative is not a public initiative.
- D. Please provide an executive summary describing the Applicant IHP. This includes, the Applicant IHP's:
1. Composition (number of hospitals, number of SNFs, types of providers/suppliers (primary care and types of specialists);
 2. Geographic service area including where most of the patients reside;
 3. If the service area encompasses urban, suburban and/or rural locations;
 4. If the area includes underserved beneficiaries;
 5. The history of the Applicant organization and its major member organizations in terms of prior business relationships (if any) and collaboration between members on care improvement or cost containment efforts (if any); and
 6. Any other applicable narrative describing the IHP.
- E. Please provide a narrative explanation of why the Applicant IHP would like to participate in the IHP program and how participation in the program will help the State and the Applicant IHP's participants achieve the goal of better health and better care for its Medicaid patients.
- F. The IHP program uses a billing NPI-based method to determine the providers that are submitting IHP patient claims, for the purposes of attribution. Please indicate which of the two options below that the Applicant IHP will be using.
1. All-in Billing NPI (Yearly updates with quarterly attestation); or
 2. Billing and Treating Provider Roster (Quarterly updates and attestation).
- G. Using the provided template in, Appendix A-2, IHP Provider Roster Template, submit an Excel spreadsheet with your Application identifying all the proposed IHP participants/NPIs that will constitute the Applicant IHP. Option 1 is on tab 1, option 2 on tab 2. Appendix A-2, IHP Provider Roster Template is available at <http://www.dhs.state.mn.us/DHS-293927>.

III. Leadership & Management

A. Leadership Team

1. Please provide an organizational chart for the Applicant IHP. The organizational chart should depict the legal structure, composition of the IHP (all of the TINs and organizations composing the IHP) and any relevant committees.
2. Please describe the contractual and employment relationships between and among the Applicant IHP and proposed participants, as well as any contractual and employment relationships with other partners or entities that will provide services to the IHP. If participating entities are not owned by the principal IHP entity, please submit:
 - a. A sample draft contract/amendment/addendum/MOU representing the current or proposed relationship between an IHP and participants in 2018; and
 - b. A description of the process used to obtain agreement from IHP participants.
3. Does the applicant organization have a leadership team specific to and focused on the IHP?
 - a. Yes; or
 - b. No.
 - c. If yes, please complete the table below with information specific to the Applicant IHP's proposed leadership team. If specific individuals have not yet been identified, please note that in the Leadership Team Member column and provide the anticipated date by which the individual will be identified.

Leadership Team Member	Position/Role

B. Legal Entity & Governing Body

1. Please complete the table below for the Applicant IHP's proposed governing body:

Name	Title	Expertise	Beneficiary (Y/N)	Consumer Advocate (Y/N)

Please describe how responsibilities and accountability will be shared across the leadership team and governing body structure in the Applicant IHP. Please also describe the leadership team and governing body's ability and/or authority to allocated resources.

2. Please describe how the governing body will ensure that the interests of beneficiaries and providers will be represented adequately, specifically, the Medicaid beneficiary and consumer advocate.

3. Please describe how the governing body sets the strategic direction for the IHP in the following areas:
 - Population health
 - Practice core components, including quality improvement
 - Data sharing
 - Quality measurement

IV. Financial Plan & Experience with Risk Sharing

- A. Please indicate the intended IHP Track.
 1. Please provide evidence that the Applicant IHP meets the minimum requirements for the intended IHP Track. Please reference section IV, Applicant Eligibility and Participation Requirements, and section V, Model Design Elements, in the response.
 2. Please list any questions or concerns you have regarding meeting the requirements for the intended IHP Track.
- B. Risk Sharing Experience
 1. Please describe the Applicant IHP's performance under prior or current outcomes-based contracts aside from IHP, if any. Outcomes-based contracts must include financial accountability, evaluation of patient experiences of care, and substantial quality performance incentives.
 2. What is the business model for your organization as you transition from financial incentives of FFS to those of risk-based and outcomes-based contracts? How has this been formed by your experience to date with risk-based and outcomes-based contracts?
 3. Please describe the history of collaboration among major stakeholders in the community being served and commitment from relevant community stakeholders to achieve seamless care. Include specific examples, if any.
- C. Financial plan if selected as IHP
 1. Please describe how Applicant IHP intends to fund ongoing IHP activity. Indicate how the funding plan supports the triple aim of better health, better health care, and lower per-capita costs, and how it ties individual providers into the overall outcomes-based revenue strategy.
 2. Please describe how the Applicant IHP intends to use the population-based payment from participation in the IHP program.
 3. Please confirm that the Applicant IHP is financially sound and able to provide the services under this RFP. This can take the form of financial documentation. Acceptable forms of documentation include: internal audits, Financial 990's, or other independently verified financial documentation (only one copy of the financial

documentation is needed. See section III.H – Instructions for Application Submission and Appendix B – Required Statements, Terms and Conditions).

4. (If Track 2 Applicant) Please describe how the Applicant IHP intends to use the savings received from the IHP program. Include a description of how savings or losses will be distributed among providers/suppliers and eligible affiliates.
5. (If Track 2 Applicant) Please describe how the Applicant IHP plans to ensure payment to the state in the event of shared losses. Please describe the Applicant IHP's internal process in a potential shared losses situation.

V. Clinical Care Model

A. Certification for Care Coordination

1. Does the Applicant IHP contain clinics that are any of the following? If so, please list the clinics and date of certification/recognition.
 - Health Care Home
 - NCQA ACO Accreditation
 - NCQA PCMH Recognition
2. Please state the estimated percent of the Applicant IHP's Medicaid population that is served by clinics or other providers currently participating in any of the above (see Question 1)?
3. For the participating clinics that are not certified or recognized under the models listed in Question 1 above, please refer to Appendix C-1: Example IHP Health System Characteristics, and confirm that the Applicant IHP does or intends to reflect the characteristics listed.
4. Over the next year, DHS is planning to implement an encounter alerting service that would make it easier for providers to receive timely notifications when one of their patients has an encounter at a facility. This would work with IHP participants and other Medicaid providers to send notifications and other clinical information to care providers or coordinators per their delivery notification requirements in a way that supplements and doesn't duplicate existing health information exchange activity.
 - a. Does the Applicant IHP have existing arrangements for exchanging Admission, Discharge, Transfer or CCD messages with providers that are outside their system?
 - b. If yes, please describe the current level of implementation.
5. Please provide the anticipated percentage of eligible professionals in the Applicant IHP that will have attested to Electronic Health Record (EHR) Stage 2 Meaningful Use Criteria by December 31st, 2017.

The following questions in the Clinical Care Model section only need to be completed for IHPs that do not have any clinics that are certified/recognized as Health Care Homes.

B. Care Coordination and Health IT Capability

1. Please describe the Applicant IHP's plan to achieve better health, better care, and lower cost through integrated and coordinated care interventions. Please address the following in your narrative:
 - a. The Applicant IHP's use of interdisciplinary care teams to coordinate care for patients;
 - b. The Applicant IHP's use of health information technology;
 - c. The Applicant IHP's strategies for improving beneficiary access to care;
 - d. The Applicant IHP's development and use of population health management tools; and
 - e. Additional specific care interventions and tools.

2. Please select one of the following categories that best reflects the EHR/HIE system functionality of the majority of ambulatory practices in the Applicant IHP:
 - 1) Paper chart based;
 - 2) Desktop access to clinical information, unstructured data, multiple data sources, intra-office/informal messaging;
 - 3) Beginning of a clinical data repository (CDR) with orders and results, computers may be at point of care, access to results from outside facilities;
 - 4) Electronic messaging, computers have replaced the paper chart, clinical documentation and clinical decision support;
 - 5) Computerized physician order entry (CPOE), use of structured data for accessibility in electronic medical record (EMR) and internal and external sharing of data; or
 - 6) Health Information Exchange (HIE) capable, sharing of data between the EMR and community based EHR, business and clinical intelligence.

3. Please select one of the following categories that best reflects the functionality of the majority of providers' EMR/HIT systems in the Applicant IHP:
 - 1) Some clinical automation exists; however systems allowing laboratory, pharmacy, and/or radiology services to be automated are not installed;
 - 2) Systems allowing laboratory, pharmacy, and radiology to be automated are installed;
 - 3) Computerized practitioner/physician order entry (CPOE) installed and available. If one patient service area has implemented CPOE and completed previous stages, this stage has been achieved;
 - 4) The closed loop medication administration environment implemented in at least one patient care service area. Electronic medication administration record (eMAR) system is implemented and integrated with CPOE and pharmacy;
 - 5) Full physician documentation/charting (structured templates) implemented for at least one patient care service area; and
 - 6) Hospital has paperless EMR environment. Clinical information can be readily shared via Continuity of Care (CCD) electronic transactions with all

entities within health information exchange networks (i.e. other hospitals, ambulatory clinics, sub-acute environments, employers, payers, and patients).

4. Please describe the Applicant IHP's and proposed participants' ability to use EHR data and electronic tools to understand patient risk, risk stratify, and use this information for decision-making.
- C. Beneficiary Engagement
1. Please describe the existing or planned approach, if any, that the Applicant IHP will use to conduct engagement with its attributed IHP population.
 2. Please describe the Applicant IHP's existing or planned approach, if any, for evaluating beneficiary satisfaction in addition to the IHP patient satisfaction quality metrics, and how the IHP intends to use such information to improve its care management and care coordination processes.

VI. Quality Measurement

- A. For the purposes of quality measurement, please submit a list of clinics that will be participating in the IHP program. A template for submission is available in Appendix A-3: List of Participating Clinics, available at <http://www.dhs.state.mn.us/DHS-293927>.
- B. Do the Applicant IHP's providers currently participate in quality programs, including but not limited to CMS's Merit-based Incentive Payment System (MIPS) or Minnesota's Statewide Quality Reporting and Measurement System programs (SQRMS)?
- a. Yes; or
 - b. No.
 - c. If yes, which ones? Please list quality programs and measures reported for these programs. Please provide measure title, measure steward organization, and the method of data submission by using the template found in Appendix A-4, Quality Measures, available at <http://www.dhs.state.mn.us/DHS-293927>.
- C. Do you monitor quality measures outside of measures required for the programs in Question A?
- a. Yes; or
 - b. No.
- D. If yes to Question C, which measures? Please provide measure title, measure steward organization, and the method of data submission by using the template found in Appendix A-4, Quality Measures, available at <http://www.dhs.state.mn.us/DHS-293927>. If possible, please identify if the measure falls under one of the following categories:
- Patient Engagement;
 - Care coordination;
 - Social Needs; and
 - Specialty Measures.

- E. Please indicate which, if any, of these measures mentioned above that the Applicant IHP would like to propose including in the current potential measure set (See Appendix F of the RFP) by using the template provided in Appendix A-4, Quality Measures, available at <http://www.dhs.state.mn.us/DHS-293927>.

The following question in the Quality Measurement section only need to be completed for IHPs that do not have any clinics that are certified/recognized as Health Care Homes.

- F. Does the Applicant IHP have or intend to have a Quality Improvement committee that includes members from each of the partner and contracted entities? Please describe the committee and address the aspects below.
- a. Inclusion of Medicaid recipients;
 - b. Regularity of meetings and the process for decision making, planning, and completion of activities; and
 - c. Extent to which the committee addresses system level improvements.

VII. Population Health

- A. What key population health or health disparities issues does the Applicant IHP see as a priority within its potential attributed IHP population or its Medicaid population (i.e. homelessness, food insecurity, etc.)? Please also state the method by which the Applicant IHP arrived at the observation of the mentioned key population health or health disparities issues.
- B. Does the Applicant IHP have or is currently working towards a structure to address the assessment, prioritization, planning, implementation, and evaluation of population health strategies?
- a. Does the structure include members of the community on decision making bodies?
- C. Does the Applicant IHP have, or is currently working towards, a structured process to identify and evaluate population health needs of the patients served? If so, please describe:
- a. How the Applicant IHP uses this process to prioritize interventions across sectors served by IHP entities.
 - b. If the Applicant IHPs and associated entities has a joint plan to address priority areas.
 - c. If the Applicant IHP allocates or intends to allocate funding according to this structure.
- D. Please provide a list of potential measures that address the Applicant IHP's target at-risk population, which could be used for the purpose of the population-based payment quality requirement (see section VI.B, Quality and the Population-Based Payment).

VIII. Community Partnerships

- A. Please describe the current state of Applicant IHP's initiatives, partnerships, and active efforts to engage community partners in care for patients. This description should include:

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- Any formal contracts/amendments/MOUs in place to establish community partnerships.
 - Any informal partnerships or pilot arrangements to establish community partnerships.
 - Coordination with local public health or other referring organizations.
 - Applicant IHP's use of resource hubs or referral systems to link patients to community resources.
 - Outcomes and/or evaluations of community partnerships on cost, quality, or patient outcomes (if any).
- B. Please describe the current state of Applicant IHP's initiatives, partnerships, and active efforts to address social determinants of health in its patient population. Topics addressed may include but are not limited to:
- Housing/Housing Instability;
 - Utility Needs;
 - Food Insecurity;
 - Interpersonal Violence;
 - Transportation;
 - Family & Social Supports;
 - Education;
 - Employment & Income; and
 - Health Behaviors.
- C. Does the Applicant IHP intend to enter into any Accountable Care Partnership arrangements (see section V.D of the RFP, Payment in Track 1 and Payment in Track 2: Accountable Care Partnerships)? If so, please list the potential partner(s) and the services that will be provided.
- a. Please also provide a **Letter of Support** from the potential partner(s).
- D. (If Yes to Question C) If the Applicant IHP intends to enter into any Accountable Care Partnerships, please submit a copy of any executed or sample contract, memorandum of understanding, and/or other mutually agreed upon documentation, outlining the terms of the partnership agreement. Also include any additional information necessary to describe the scope of the proposed Accountable Care Partnership between an IHP and other partners or entities that will provide services to the IHP. If applicable, this documentation should include a description of any shared revenue, service payment, or sustainability plans in place within the partnership.