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 fully, including this application, before filling out this application.

This application will be used for the following purposes:
1. Eligibility to participate in IHP program
2. Eligibility for Track 1 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 2020 and beyond

Instructions

This application template alone does not represent the entire IHP application package. Please see Section 4 of the RFP for additional requirements. The full IHP application package is due on Monday, September 28th, 2020 by 4:00 pm Central Time to Mathew Spaan in order to be considered for the program.

Proposals must be submitted via e-mail with each of the following sections clearly identified with its own heading, in addition to the requirements noted in Sections 3 and 4 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. Population Health
8. Community Partnerships

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.
Appendix A: IHP Application Template

I. Cover Sheet

A. Applicant IHP Organization Information:
   1. Organization Name
   2. Organization TIN/EIN
   3. Street Address
   4. City
   5. State
   6. Zip Code
   7. Website, If Applicable

B. Financial Entity for Applicant IHP:
   1. Name of Financial Entity
   2. 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):
   1. Primary Application Contact (Note: Will be contacted for next steps following RFP review)
   2. Secondary Application contact
   3. IHP Executive Contact
   4. Please note which of the contacts will be the Primary Administrator for the IHP data.

II. Background Information & Organizational Structure

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

B. 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. A map of the geographic service area noting clinic locations and 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.

C. Please provide a narrative explanation of why the Applicant IHP would like to participate in the IHP program.

D. If selected to be an IHP, how will your system modify its care delivery model or otherwise modify its care delivery activities to better support Medicaid beneficiaries?

E. Based on your answers to the questions above, how does the composition of the applicant IHP affect your structure and operations as you move towards a structure that supports value-based payments?

F. Please provide a list of the names of clinics and locations that are participating in the applicant IHP. Please indicate if the locations are any of the following:
   - 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)
   - 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)

G. The IHP program uses a billing NPI-based method to determine the providers that are submitting IHP patient claims, for the purposes of attribution. Option 1, the All-In Roster with annual attestation, is strongly encouraged. Please indicate which ONE of the two options below that the Applicant IHP will be using.
   - All-In Roster (annual attestation); or
   - Billing and Treating Provider Roster (quarterly updates and attestation).

H. Using the fields and format described in, Appendix A-2: Roster Submission Process and the provided template in Appendix A-3: IHP Roster Submission Template, submit an Excel
Appendix A: IHP Application Template

spreadsheet (not a PDF) with your Proposal and Application identifying all the proposed IHP participants/NPIs that will constitute the Applicant IHP. All-In Roster is on tab 1, the Billing and Treating Provider Roster is on tab 2. Appendix A-3 is available at IHP Overview Site and Grants Page.

I. Data Analysis

1. Participation in the IHP program allows an IHP to receive claims data on attributed patients and access to a performance dashboard for various cost, care management, and quality metrics. Does the Applicant IHP have a current data analytics structure that will make use of this data?
   a. If yes, please describe your future strategy for more effective care coordination and patient management using IHP data.
   b. If no, please describe the plan for data analysis if selected.

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; 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.

   
<table>
<thead>
<tr>
<th>Leadership Team Member</th>
<th>Position/Role</th>
</tr>
</thead>
</table>

   b. No; please describe how your organization will make decisions related to the IHP’s operations.

B. Legal Entity & Governing Body
Appendix A: IHP Application Template

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Expertise</th>
<th>Beneficiary (Y/N)</th>
<th>Consumer Advocate (Y/N)</th>
</tr>
</thead>
</table>

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. If applicable, please provide a copy of relevant governing documents, such as bylaws, MOUs, or partnership agreements.

2. Please describe how the governing body will ensure that the interests of patients, their families and providers will be represented adequately. Specifically describe how the interests of Medicaid beneficiaries and consumer advocates are integrated into the IHP’s decision-making.

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 intent to apply for IHP Track 1 model.

1. Please provide evidence that the Applicant IHP meets the minimum requirements for the Track 1 model. Please reference RFP Section 5. Responder Eligibility and Participation Requirements, and Section 6, Model Design Elements, in the response.

2. Please list any questions or concerns you have regarding meeting the requirements for the IHP Track 1 model.

B. Risk Sharing Experience

1. 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. Initiatives must include financial accountability, evaluation of patient experiences of care, and substantial quality performance incentives.

2. Please describe the Applicant IHP’s performance under prior or current value-based or accountable care initiatives aside from IHP, if any.
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. What is the business model for your organization as you transition from financial incentives of FFS to those of outcomes-based contracts? How has this been formed by your experience to date with risk-based and/or outcomes-based contracts?

2. 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.

3. Please describe how the Applicant IHP intends to use the population-based payment from participation in the IHP program.

4. Please confirm that the Applicant IHP is financially sound and able to provide the services under this RFP. This can take the form of recent 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 Sections 3 and 4).

V. Clinical Care Model

A. Provider Engagement

1. If selected, how will you educate front-line clinical providers on the system’s participation in IHP?

B. Beneficiary Engagement

1. Please describe the existing or planned approach, if any, that the Applicant IHP will use to engage 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.

C. 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/recogniton.
   • Health Care Home
Appendix A: IHP Application Template

- NCQA ACO Accreditation
- NCQA PCMH Recognition

2. For any participating clinics that are not certified or recognized under the models listed in Question 1 above, please refer to Appendix B-1: Example IHP Health System Characteristics, and confirm that the Applicant IHP does or intends to reflect the characteristics listed.

3. Does any of the Applicant IHP’s participating clinics have existing arrangements for exchanging Admission, Discharge, Transfer or CCD messages with providers that are outside their system? If yes, please describe the current level of implementation. For example, do any of the IHP’s clinics participate in DHS’s Encounter Alert System?

The following questions in the Clinical Care Model section only need to be completed for IHPs that do not have at least 50% of clinics that are certified/recognized as Health Care Homes.

D. 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:
   - Paper chart based;
   - Desktop access to clinical information, unstructured data, multiple data sources, intra-office/informal messaging;
   - Beginning of a clinical data repository (CDR) with orders and results, computers may be at point of care, access to results from outside facilities;
   - Electronic messaging, computers have replaced the paper chart, clinical documentation and clinical decision support;
   - Computerized physician order entry (CPOE), use of structured data for accessibility in electronic medical record (EMR) and internal and external sharing of data; or
   - 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:
Appendix A: IHP Application Template

a. Some clinical automation exists; however systems allowing laboratory, pharmacy, and/or radiology services to be automated are not installed;
b. Systems allowing laboratory, pharmacy, and radiology to be automated are installed;
c. 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;
d. 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;
e. Full physician documentation/charting (structured templates) implemented for at least one patient care service area; and
f. 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.

VI. Quality Measurement

Responders must demonstrate established processes to monitor and ensure high quality of care. IHPs are also expected to participate in quality measurement activities as required by the State and engage in quality improvement activities as an entity.

A. Does the Applicant IHP 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)?
   • Yes; please use the template below to identify quality programs and measures reported for these programs.
   • No.

<table>
<thead>
<tr>
<th>Quality Program</th>
<th>Measure Title</th>
<th>Data Collection Method(s)*</th>
<th>Method of Data Submission</th>
</tr>
</thead>
</table>

*Types of Data Collection Methods: Administrative - claims, encounters, vital records, and registries; Hybrid - a combination of administrative data and medical records; Medical records – paper or electronic.

B. Does the Applicant IHP monitor other quality measures that are not part of any state or federal quality programs?
   • Yes; please use the template below to provide measure titles, measure steward organizations, and the method of data submission.
   • No.
Appendix A: IHP Application Template

<table>
<thead>
<tr>
<th>Measure Title</th>
<th>Measure Steward Organization</th>
<th>Data Collection Method(s)*</th>
<th>Alerting Exchange</th>
</tr>
</thead>
</table>

*Types of Data Collection Methods: Administrative - claims, encounters, vital records, and registries; Hybrid - a combination of administrative data and medical records; Medical records – paper or electronic.

The following question in the Quality Measurement section only need to be completed for IHPs that do not have at least 50% of clinics that are certified/recognized as Health Care Homes.

C. 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.

1. Inclusion of Medicaid recipients;

2. Regularity of meetings and the process for decision making, planning, and completion of activities; and

3. Extent to which the committee addresses system level improvements.

VII. Population Health

A. What key health disparities does the Applicant IHP seek to address as a priority within its potential attributed IHP population or its Medicaid population (i.e. higher rate of diabetes among certain populations, certain populations that have potentially preventable ED visits)? What is the prevalence of these issues in your patient population? Please also state the method by which the Applicant IHP arrived at the observation of the mentioned issues.

B. What key health equity issues does the Applicant IHP seek to address within its potential attributed population (i.e. homelessness, food insecurity, etc.)? What is the prevalence of these issues in your patient population? Please also state the method by which the Applicant IHP arrived at the observation of the mentioned issues (for example, specify any screening tools utilized, community health assessments, or other resources used).

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:

1. How the Applicant IHP uses this process to prioritize interventions across sectors served by IHP entities.

2. If the Applicant IHPs and associated entities has a joint plan to address priority areas.

3. If the Applicant IHP allocates or intends to allocate funding according to this structure.

D. Questions A-C above are aimed at collecting information on the IHP’s understanding of the context that creates and affects the health of individuals and communities. To further understand the IHP’s efforts to address these issues, DHS requests that Applicant IHPs
propose an existing, nascent, or potential intervention to address social determinants of health. This proposal is non-binding and further details can be discussed with respondents selected to enter into contract negotiations. Please answer the questions in Appendix E: Health Equity Measures Template, and submit along with your application.

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:

1. Any formal contracts/amendments/MOUs in place to establish community partnerships.
2. Any informal partnerships or pilot arrangements to establish community partnerships.
3. Coordination with local public health or other referring organizations.
4. Applicant IHP’s use of resource hubs or referral systems to link patients to community resources.
5. 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. For each of the partnerships above, please respond to the following:

1. Please describe how the IHP is promoting sustainability of the community based partners involved. Please use numbers to quantify where possible (financial, in-kind resources, data, infrastructure, etc.)

2. Please describe the process you have in place with the community based partner to generate feedback. Feel free to add attachments, documents, or agreements to substantiate the description.
3. What next steps, if any, do you plan to take to continue improve and augment this partnership?