

MA DSRIP TA marketplace

Model CP MA DSRIP TA APPLICATION

1. Is your organization an ACO or a CP? *

- ACO
 - CP
-

2. Which TA Card is supporting this TA project? *

- Year One
 - Year Two
 - Year One and Two Combined
-

3. Please identify the person in your ACO or CP who is directly accountable for the progress and successful completion of the requested TA: *

| | |
|---------------|---------------------|
| Name: | Jane Doe |
| Title: | CP Program Director |
| Organization: | CP #1 |
| Email: | (email) |
| Phone number: | (phone) |

4. Please describe your proposed TA project, including the goals of the project and the objectives to be achieved through the use of TA Card funding. Please also provide any other details that would help your TA Vendor help you achieve your TA project goals. (Max: 2-3 paragraphs): *

Our CP would like to leverage our care management system and the technology developed by our partner ACO(s) to pilot interoperability with the ACO EHR to collect A1c information for our members with Diabetes. We think that this project will require us to adapt our care management system and create an additional data field to record this information. We will also need to use this project to work with our partner ACO(s) to develop the link/feed to obtain the data from the ACO EHR and develop a process through which this information can be exchanged. We would also like to have reporting or flags in our care management system which will identify if a member has not received an A1c reading in more than 6 months, and a flag to notify a member's care coordinator with the results of a recent A1c as that data is transmitted to our system.

The goals of our TA project are to:

- Ensure that our members with Diabetes have an A1c reading at least every 6 months, and notify a care coordinator when a member has not had a reading within that period
 - Reduce the percent of our member population who have "poor Diabetes control," an A1c of over 9%.
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5. Please identify the Competency Area(s) the requested TA is intended to strengthen: *

■ Core Competency 1: Respect, understand, and engage MassHealth members

■ Core Competency 2: Honor, enlist, and develop provider and care team insights and capabilities

■ Core Competency 3: Access, apply, and exchange data across all entities involved in MassHealth member wellness and care

Core Competency 4: Develop and implement financial models that promote provider and staff buy-in and advance the achievement of quality benchmarks, appropriate utilization of care, and long-term organizational sustainability

Core Competency 5: Provide coordinated care and/or complex care management that is highly responsive to MassHealth member needs and preferences

Core Competency 6: Actively develop and maintain a foundation of, and disseminate up-to-date knowledge in, all areas relevant to building and running a high performing, sustainable MassHealth ACO or CP

6. Please explain how the requested TA will strengthen your ACO/CP within your identified Competency Area(s). (Max: 3 paragraphs): *

The primary goal of this project is to enhance information exchange between ACOs/MCOs and CPs, which aligns with the goals in Competency Area #3.

We expect that the data exchange created by this project will address a gap in care management for complex members, by transmitting to the CP crucial medical information that the CP can use to help coordinate with the ACO or MCO to ensure that members have the tools and connection with the medical system that they need to improve their A1c control. This aligns with the goals in Competency Area #5.

7. If there is overlap between the requested TA and the work supported by DSRIP Participation Plan funds, please explain how the requested TA is not duplicative of other DSRIP-supported efforts. (Max: 3 paragraphs) If there is no overlap, please write “not applicable.” *

DSRIP funds supported the development of our care management system for the purpose of tracking and reporting CP supports. This TA project leverages our previous investments and builds additional capabilities.

8. Please describe how the proposed TA project will advance the goals outlined in your DSRIP Participation Plan. If your proposed TA project does not align with your DSRIP Participation Plan goals, please provide a brief rationale. (Max: 2 paragraphs)

This TA project lays the groundwork for our ability to develop a quality initiative program focusing on process and outcome measures for our members with Diabetes. The development of a quality initiative program is one of the requirements in our Participation Plan.

9. Please identify the TA Vendor(s) that you would like to engage. MassHealth and Abt (The Managing Vendor) will match you with a TA Vendor based on your identified TA Vendor preference, TA vendor capacity, and TA needs. MassHealth will honor an ACO's or CP's first priority vendor selection to the greatest extent possible. *

| | |
|-------------------|----------|
| First preference | Vendor 2 |
| Second preference | Vendor 1 |
| Third preference | Vendor 3 |

10. From which TA Domain did you select your TA Vendor(s)? *

Health Information Technology/Health Information Exchange (HIT/HIE)

11. Please explain your TA Vendor preference (e.g., existing relationship with this vendor, aware of their subject matter expertise, etc). If you do not have a TA Vendor preference, please write "not applicable." *

[TA Vendor] has an established reputation and other contractors have noted their strength in assisting behavioral health and social services organizations leverage member data. We have also had a brief phone conversation with [TA Vendor] regarding the proposed TA project, and they have identified action steps that we believe meet the broad outlines of the work plan we envisioned.

12. Please identify the anticipated start and end date of the proposed project, as well as the related estimated cost. Please note that the estimated cost should not exceed the CP's currently available TA Card funding.

Start Date

September 2018

Estimated Cost

N/A (unknown)

End Date

July 2019

13. Is the project described in this application the initial phase of a multi-year project that the ACO will continue in subsequent TA Program years? *

Yes

No

Unknown – Please explain:

14. ACOs and CPs will receive an allocation of TA funding (i.e. a new TA Card) in each of the five years of the 1115 waiver. Please briefly describe 3-4 potential TA projects that your ACO or CP might wish to undertake using your TA allocation in future years. This information will help us ensure that we engage a complement of TA Vendors with the capacity to meet upcoming ACO and CP TA priorities. It will also give us a better sense of ACOs' and CPs' overall planning related to their use of TA funds.

Please note that TA funding allocation amounts will vary from year to year for individual ACOs and CPs. *

In year 2 we would like to engage a TA vendor to help us extend the application of the interoperability developed in this project to collect data on our members with hypertension by collecting blood pressure reading results to ensure members have their blood pressure taken regularly, and to monitor our members with hypertension.

We hope to use additional TA support in years 3 and 4 to identify and analyze the challenges and opportunities of transitioning to value-based payments. We hope to develop models for financial forecasting and identifying measurable success metrics identification in advance of taking on financial risk.



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