
Colorado State Innovation Model (SIM) Practice Request for Application (RFA)



REQUEST FOR APPLICATION (RFA)

For questions related to the SIM practice request for application (RFA) please email simpracticeinfo@ucdenver.edu or call 303-724-8968.

SCHEDULE OF ACTIVITIES	TIMELINE <i>(All times are in local Colorado time)</i>
RFA published here: Practice Transformation Website	9/15/2015
FAQs published here: Practice RFA FAQs	9/15/2015 with weekly/as needed updates
Questions accepted through:	10/22/2015
Online deadline- applications must be completed by:	10/26/2015 11:59 pm MST

TABLE OF CONTENTS:

SECTION I: Program Overview & Eligibility

A. Colorado State Innovation Model (SIM) Background.....	3-4
B. Primary Care Practice (PCP) Definition	4-5
C. Applicant Eligibility.....	5
D. Advantages of SIM Participation.....	5-6
E. Expectations of SIM Participation.....	6
F. Overview of Technical Assistance & Funding Available.....	6-9

SECTION II: Milestones & Reporting Requirements

A. Milestones.....	9
B. Reporting Requirements.....	9-10

SECTION III: Practice Application

A. Practice Application Instructions.....	9-10
B. Practice Application.....	10-11

SECTION IV: Evaluation Process & Selection Criteria

A. Evaluation Overview	11
B. Application Evaluation Committee.....	11
C. Evaluation & Practice Selection Process.....	11-12

ATTACHMENTS:

A. SIM Clinical Quality Measures.....	13
B. SIM Practice Qualifications.....	14-15
C. SIM Practice Application Questions.....	16-21
D. SIM Application Review and Selection Process Plan - Flow Diagram.....	22

SECTION I. PROGRAM OVERVIEW & ELIGIBILITY

A. Colorado State Innovation Model (SIM) Background

The Colorado State Innovation Model (SIM) touches nearly every aspect of our health system, setting the stage for a sweeping transformation that will help us accelerate our progress toward the Triple Aim of lower costs, better care and improved population health. It will also allow us to reach our goal of becoming the healthiest state. Central to transforming the Colorado health system is the integration of behavioral health and primary care. There is strong evidence that treating physical health, mental health and substance use disorders together will help us take aim at the ever-increasing burden of chronic health issues.

Over a four period, February 2015 through January 2019, the State of Colorado will receive up to \$65 million from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI) under the State Innovation Model (SIM) program to implement and test its State Health Care Innovation Plan. Colorado's plan, entitled "The Colorado Framework," creates a system of clinic-based and public health supports to spur innovation. The state will improve the health of Coloradans by: (1) providing access to integrated primary care and behavioral health services in coordinated community systems; (2) applying value-based payment structures; (3) expanding information technology efforts, including telehealth; and (4) finalizing a statewide plan to improve population health. CMMI funding will assist Colorado in integrating physical and behavioral health care in more than 400 primary care practices and community mental health centers comprised of approximately 1,600 primary care providers. In addition, the state will work to establish a partnership between public health, behavioral health and primary care sectors. For more information visit the Colorado SIM website at: www.ColoradoSIM.org

The SIM program includes practice transformation support provided by multiple practice transformation organizations (PTOs) across Colorado to 400 primary care practices (PCPs) over a three year period. Practice transformation is defined by CMS as a process that results in observable and measureable changes to practice behavior (www.cms.gov). The Colorado SIM approach includes in-office facilitation, clinical health information technology advisor (CHITA) support, reporting and reviewing cost and quality measures quarterly and participation in two collaborative learning sessions per year. Colorado SIM will use a Building Block framework adapted from the Bodenheimer "10 Building Blocks of high performing primary care" that includes: engaged leadership, data-driven improvement, patient empanelment, team-based care, patient and family engagement, population health, continuity of care, prompt access to care, comprehensive care management and care coordination and integration of primary care and behavioral health.

There will be three cohorts of practices selected for inclusion in SIM practice transformation over a three year period:

- Cohort 1: 100 practices beginning in February 2016; two years of practice transformation support
- Cohort 2: 150 practices beginning in February 2017; two years of practice transformation support
- Cohort 3: 150 practices beginning in February 2018; one year of practice transformation support

The University of Colorado (hereafter referred to as the University) is issuing this request for application (RFA) from PCPs in Colorado that wish to participate in the practice

transformation element of the SIM initiative, being referred to as the SIM Practice Transformation Program. The information that follows describes benefits to practice participation, expectations of practices that participate, practice eligibility, required and preferred characteristics for inclusion in the program, the application process, the review and selection process and timelines for practice selection.

Working together collaboratively has been a premise of practice transformation work conducted in Colorado since its inception years ago. The University of Colorado considers it a privilege to assist the SIM Office in helping lead efforts towards increasing quality of care and integration of primary care and behavioral health, as well as decreasing costs through the development and testing of state-led, multi-payer health care payment and delivery models aimed at improving health system performance. The University of Colorado is dedicated to continuing its work in conjunction with our many partners across the state and expanding them to include new ones with the focus of improving health care. By taking advantage of existing capacities while offering support to fill gaps around practice transformation and clinical health information technology within practices, health systems, quality improvement organizations, and many others, collective knowledge and expertise can be effectively leveraged to meet shared goals. This RFA document and the corresponding application provide an opportunity for primary care practices in Colorado to further transform their organizations while working towards the shared SIM goal of, *Improving the health of Coloradans by providing access to integrated physical and behavioral health care services in coordinated systems, with value-based payment structures, for 80% of Colorado residents by 2019.*

B. Primary Care Practice (PCP) Definition

While inclusivity is an integral aspect of SIM, there are certain project components required for this portion of the project, one of which includes the primary focus of engaging primary care practices. For the purposes of this RFA, the following definitions were recommended by the multi-stakeholder SIM Practice Transformation Workgroup and was approved by the SIM Office.

1. Practice: For purposes of this RFA, a practice is defined as a “practice site, or physical location.” A practice may have one tax identification number (TIN) that includes multiple providers in several locations, but for purposes of the SIM Practice Transformation Program, a “practice” is being defined as one physical location. For example, a practice with one TIN may have five locations; for this RFA, those would be considered five practices, and each practice must submit its own RFA response.
2. Primary Care: As defined by the Institute of Medicine (IOM), primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.
 - a. An applicant primary care practice must be capable of providing a majority of its patients’ comprehensive primary, preventive, chronic, and urgent care.
 - b. “Non-traditional” practices that provide a full range of primary care services and otherwise meet the requirements can be considered. This could include school-based clinics, local public health clinics, practices providing primary care services to specified groups of patients (such as women’s health clinics), and others.
 - c. Applicant practices that are not clearly traditional primary care practices but feel they provide primary care services will be considered on a case-by-case basis. In addition to completing this RFA, “non-traditional” practices may be required to provide additional information (such as billing information) to

substantiate that they provide comprehensive primary care services. If practice eligibility remains unclear after review of a practice's completed application, participation recommendations will be proposed by the selection committee convened by the University with final decisions made by the SIM Office.

C. Applicant Eligibility

To be eligible for consideration for inclusion in the SIM Practice Transformation Program:

1. Practices must meet the definition of primary care above.
2. Practice sites must be physically located in Colorado.
3. Individual practice sites must complete and submit the application in its entirety before the posted deadline of October 26, 2015 11:59 pm MST.
4. Systems or other sponsoring organizations are not allowed to complete applications on the behalf of practice sites.

D. Advantages of SIM Participation

In addition to monetary compensation and technical assistance, there are many other benefits to practices participating in the SIM Practice Transformation Program, some of which are listed below.

1. The SIM framework for advanced primary care is gaining traction in Colorado as a basis for aligned payment reform and practice transformation. Practices participating in SIM will receive a great deal of support in adopting the elements of the framework and will have a head start in preparation for the new practice and payment models.
2. Revised payments from the health plans and payment reform as a part of SIM are still being planned, and specific details can't be provided at the time of the release of this RFA. See page 7 for more information.
3. Behavioral health screening, treatment and care coordination are essential components to achieving Patient Centered Medical Home (PCMH) recognition.
4. Business consulting expertise provided through the SIM Practice Transformation Program will help practices prepare for value-based budgeting as they move from fee for service to value-based payments, bundled payments and shared savings.
5. Clinical health information technology (HIT) advisors and other HIT resources will be provided to help practices optimize their electronic health records (EHRs), create registry functionality, and generate better data to manage patient care including gaps in care, risk stratification, management of cost of care, care management and care coordination.
6. Practices will gain access to peer-to-peer learning and sharing so they aren't struggling on their own and reinventing what others have already figured out.
7. SIM practices will have access to "SIM Practice Transformation Fund" dollars to help offset some of the costs of participating in SIM - learning sessions, data submission, and evaluation - as well as small grants to support innovation and infrastructure building to support behavioral health integration.
8. Continuing Medical Education (CME) credits and Part IV Maintenance of Certification (MOC) credit toward Board recertification requirements will be available, based on participation of individual clinicians in project activities and the quality improvement process.
9. Patient care will be improved. Integrated behavioral health care produces significant positive results for patients, including decreases in patient depression levels, improvement in quality of life, decreased stress and lower rates of hospitalization.
10. Integrated behavioral health services may improve patient and provider satisfaction by reducing access barriers, improving communication and enabling providers to impact how physical and behavioral health issues interplay to diminish overall health.

11. Patients may be more successful in adhering to medical regimens like diet and smoking cessation when behavioral health specialists are available in the primary care setting.
12. Practices and clinicians will receive recognition as SIM participants from the SIM Office.

E. Expectations of SIM Participation

Expectations for practices that participate in SIM include:

1. Forming a cross-functional SIM implementation team with representation from various roles within the practice. Understanding this will vary in size and make-up among practices, for most practices this will include a provider, office administrator, clinical support, and front desk staff. Depending on the practice it may also include a behavioral health professional and/or a care manager.
2. Allocating time for the SIM implementation team to meet with the practice facilitator approximately twice a month for approximately one hour each time.
3. Allocating time as needed to work with a Clinical Health Information Technology Advisor (CHITA) to assist with practice data reporting and review of a data quality plan.
4. Collecting, reporting and reviewing measures.
 - a. Measures that will be collected, reported and reviewed are outlined in Attachment A.
 - b. Practices participating in SIM will be required to have an electronic health record (EHR) and must be able to submit a core set of measures on a quarterly basis.
 - c. Practices will be encouraged to implement an automated quality reporting mechanism using discreet patient-level data elements currently under development by the SIM Office.
5. Participating in two regional collaborative learning sessions annually. In a spirit of fostering a true peer-to-peer learning community, practice representatives may be asked to share insights through presentations and panel discussions at these sessions.
6. Participating in the evaluation process, which includes completing the baseline and end of project assessments, periodic completion of the Practice Monitor survey and potentially key informant interviews with the evaluation organization with which SIM contracts. Other requirements may be specified by the evaluation organization.

F. Overview of Technical Assistance & Funding Available

1. Technical Assistance:
 - a. Overview
 - i. Practices will be provided with a practice facilitator, a CHITA, and connected with a Regional Health Connector (RHC) to deliver a comprehensive, personalized package of in-office support that will allow practices to successfully realize SIM program goals and connect them to community and state resources. The practice facilitator and CHITA will be provided by one or more practice transformation organizations selected by a rigorous procurement process to ensure that practices benefit from highly skilled personnel. The RHC will be deployed through local organizations selected for their existing, trusted relationships in the regions they will serve.
 - b. Practice Facilitator role
 - i. Implement an ongoing change and quality improvement process through improvement teams
 - ii. Focus on changes involved in behavioral/primary care integration and

- practice transformation
 - iii. Keep the practice team on task
 - iv. Identify and solve problems
 - v. Instill sound quality improvement techniques
 - vi. Coordinate transformation resources
 - c. Clinical Health Information Technology Advisor (CHITA) role
 - i. Build practice data capacity
 - ii. Identify current HIT resources
 - iii. Assist with workflow for data collection, reporting, validation and analysis
 - iv. Use that data to guide improvement priorities
 - v. Link practices with technical assistance available through various SIM and non-SIM HIT projects
 - d. Regional Health Connector (RHC) role
 - i. Local agents connected to state and regional transformation and community health resources
 - ii. Assist practices in assessing their current status and connecting to appropriate practice transformation resources and programs
 - iii. Assist in the connection of practices to local public health and other community health resources
 - iv. Function as a connector in the community
 - v. Build ongoing supportive relationships with practices that will last beyond the two years of active practice facilitation and CHITA support
 - e. Other activities included in SIM technical assistance
 - i. A baseline assessment to help practices identify strengths and opportunities for improvement
 - ii. Facilitated development of an improvement plan with measurable goals and timelines
 - iii. Practice facilitation to implement the improvement plan using rapid cycle improvement methodology
 - iv. Developing and implementing a data quality plan that includes reporting and reviewing cost and quality measures at least quarterly
 - v. Participation in two peer to peer collaborative learning sessions per year
 - vi. Business Consultation provided to help practices adopt alternative payment models
 - 2. Funding Available:
 - A. SIM Practice Transformation Fund
 - i. The SIM Practice Transformation Fund will be allocated to participating SIM practices based on:
 - 1. Practice participation in and achievement of key aspects of practice transformation and the evaluation process
 - a. Up to \$5,000 per practice, to help offset the cost of participation:
 - i. Participation in collaborative learning sessions as a minimum of two participants for each learning session: \$500 per learning session, \$2,000 total for practices with two years of support; \$1,000 for practices participating in the last cohort with one year of support.
 - ii. Quarterly reporting of required measures: \$2,000 total for each practice divided into two payments of \$1,000, with the first payment disbursed after provision of half of the total expected quarterly reports and the second payment disbursed after receipt of all expected quarterly reports.

- iii. Participation in the assessments and evaluation activities: initial payment for baseline assessment \$500 and final payment based on participation in ongoing and final evaluation assessments \$500 - \$1,000 total for each practice.
- b. Small grants program
 - i. A practice may receive additional funds under the small grants program based on need and innovation, with preference given to practices serving underserved populations and any practices receiving less funding under an alternative payment reform model. The amount of funding that will be available for practices for successful applications has not yet been determined.
 - ii. Payments to individual practices under the small grants method will be disbursed based on achievement of the following milestones:
 - 1) Submission of an approved Project Plan and budget (50% of total grant award)
 - 2) Submission of standardized progress and financial reports halfway through the approved project period demonstrating adequate progress based on the approved Project Plan (25% of total grant award)
 - 3) Submission of standardized final progress and financial reports demonstrating adequate progress based on the approved Project Plan at the end of the approved project period (25% of total grant award)

B. Payer Funding

- i. As outlined in the [Colorado Multi-Payer FAQ Collaboration Document](#) (9-2015), Colorado payers, both public and private, are working together to develop a framework for achieving whole person care through comprehensive practice transformation. Using this framework, payers will be expanding value-based payments within their own networks to practices engaged in transformation activities and meeting specific milestones.
- ii. The multi-payer framework for both payment and practice transformation is gaining a great deal of traction across programs and payers and is helping greatly with alignment of programs and transformation support and targets across the state.
- iii. It is anticipated that practices that participate in Colorado SIM and persist in advancing through components of the model will greatly improve the likelihood of receiving enhanced funding from both private and public payers.
- iv. The payment structures for SIM are still evolving at the time of this RFA. Due to uncertainties regarding the final payment framework and structure for SIM, selection for practice transformation support DOES NOT guarantee any additional value-based payments from payers at this time.
- v. Practices that are offered the opportunity to participate in the SIM transformation activities may choose whether or not to participate at that time, when it is expected there will be additional information available about payer compensation.

SECTION II. MILESTONES & REPORTING REQUIREMENTS

A. Milestones

1. Overview:

- a. The Colorado SIM Milestones are intended as benchmarks that guide and measure where participating practices are in their transformation journey. The SIM Milestones build off of the Center for Medicare and Medicaid Innovation Center's Comprehensive Primary Care Initiative (CPCI) milestones and Transforming Clinical Practice Initiative (TCPI) activities. Additional milestones were added to advance SIM's focus of promoting behavioral health integration within comprehensive primary care settings. While the milestones are important guides to the SIM transformation process, flexibility and adaptation will be necessary for individual practice and community situations. The milestones will be adapted and used with practices based on individual practice characteristics, including the payments and other resources available to the practice. The Colorado SIM Milestones are not application criteria or rigid targets, but rather serve as a roadmap for where practices will be headed based on their participation in SIM.

Practices will engage in SIM having already incorporated various aspects of transformation, and with a commitment to improving behavioral health, but with varying resources and local environments. The milestones are organized into phases rather than project years to allow practices to have varying degrees of sophistication at baseline and to move through the phases at an individually appropriate pace. The phases will assist practices, practice facilitators and technical assistance providers to identify, prioritize and sequence transformation activities.

The Colorado SIM Milestones use the definitions and functional guidelines common to both the Agency for Healthcare Research and Quality (AHRQ) [Lexicon for Behavioral Health and Primary Care Integration](#) and the Substance Abuse Mental Services Health Administration (SAMSHA) [Standard Framework for Levels of Integrated Healthcare](#). Both approach integration as a continuum of services beginning with coordinated care and advancing towards fully merged and integrated practices. Behavioral health services include the spectrum of services used to diagnose, prevent and manage substance abuse, health behavior aspects of disease, and prevention and mental health. Neither framework requires embedded behavioral health professionals to achieve the early stages of integration.

For more detailed information you can click here for the [SIM Practice Milestones](#). Please note that these are continuing to evolve and that there will be both an Implementation Guide and web-based support, as well as other resources to go along with the milestones.

B. Reporting Requirements

1. Clinical Quality Measures:

- a. Participating practices are required to submit clinical quality measures quarterly.
- b. Based on their patient demographics, practices will be asked to select either the child and adolescent core measure set or the family and adult core measure set.

- c. The SIM Practice Reporting Measures are listed in detail in Attachment A.
- 2. Evaluation Data:
 - a. Participating practices are required to participate in the evaluation process that involves completing a baseline assessment (one practice survey per practice) which includes basic information about the practice, such as specialty, number of clinicians and staff, patient demographics, quality improvement experience, engagement in patient centered medical home activities, etc.
 - b. Practice Monitor:
 - i. Designed to assess competency on elements of the 10 building blocks of high performing primary care
 - ii. Completed every six months by the SIM Implementation Team in conjunction with the practice
 - c. Site Visits:
 - i. Qualitative data collection may occur through on-site visits from an evaluator and may include key informant interviews, focus groups and observation
 - ii. Collaboration may be requested from the practice in identifying patients and families for patient and family experience surveys
 - d. Surveys:
 - i. Clinician and Staff Experience Survey and Practice Culture Assessment - completed at baseline and the end of the project by all members of the practice
 - ii. Practice Transformation Organization (PTO) Satisfaction Survey - proposed to be completed by practice after 6, 12, and (if applicable) 24 months of support
 - e. Final Assessment:
 - i. At the end of the project a final assessment will be required of the practice. This will primarily consist of the elements detailed above, but additional evaluation elements may be determined by the evaluator.
- 3. Practice Transformation Fund Reporting, if applicable:
 - a. Progress Report, including:
 - i. Narrative describing progress, successes, challenges, barriers, solutions
 - ii. Accounting of the funds expended as of the reporting cycle

SECTION III. PRACTICE APPLICATION

A. Practice Application Instructions

The SIM Practice Request for Application (RFA) can be accessed [HERE](#) or through a link found on the www.ucdenver.edu/practicetransformation website on the 'For Practices' tab. A document outlining the questions within the application can also be found in Attachment B of this document. Please note that to be considered eligible, all practices must complete the online application by the deadline date of October 26, 2015 11:59 pm MST. Hard copy applications will NOT be accepted.

For additional information, questions or concerns email SIMpracticeinfo@ucdenver.edu, call 303-724- 8968 or visit the [Practice Transformation Website](#).

B. Practice Application

As noted above, the SIM Practice Request for Application (RFA) can be accessed electronically through a link found on the [Practice Transformation Website](#).

SECTION IV. EVALUATION PROCESS & SELECTION CRITERIA

A. Evaluation Overview

The University will conduct a comprehensive, thorough, complete and impartial evaluation of each practice application received. Failure of a practice to provide any required information and/or failure to follow the response format set forth in Section III, B. Practice Application may result in the disqualification of the application.

All applications submitted in response to this RFA will be reviewed by an Application Evaluation Committee for responsiveness. Practices will be required to meet the basic eligibility criteria outlined in "SIM Practice Qualifications" which can be found in Attachment B. Practices will be ranked based on meeting the required and preferred characteristics as well as application responses. Additional characteristics of qualified practices will then be reviewed in order to ensure a balanced mix of practices to provide a diverse cohort that reflects a variance in geographic distribution, practice size, practice ownership structure, urban/rural locations, and varying points on the behavioral health integration continuum. Total points will be tabulated and applicants scored, ranked and a comprehensive list shared with the SIM Office, which will make the final determination of practice selection in Cohort 1.

B. Application Evaluation Committee

The Application Evaluation Committee will be a multi-stakeholder review panel convened by the University for the purpose of making a recommendation to the SIM Office regarding practices for Cohort 1 of the SIM Practice Transformation Program. The Application Evaluation Committee will be comprised of subject matter experts that meet identified characteristics to ensure the integrity of the application evaluation process. The University will adhere to the following guiding principles: assuring that there is no conflict of interest among the reviewers regarding which practices are selected (including having anyone with conflicts recuse themselves from discussions of specific practices), facilitating the independent review of applications, requiring the evaluation be based strictly on the content of the application and ensuring the fair and impartial treatment of all applicants. The size of the Application Evaluation Committee will be dictated by the number of practice responses received, but will be composed of between fifteen and twenty-five members.

C. Evaluation & Practice Selection Process

Practices must complete an online application to be considered for engagement in State Innovation Model (SIM) practice transformation activities. Applications will be screened using the published eligibility criteria, the degree to which they meet the required and preferred practice characteristics, and the recommendations for the variety of practice types for the first cohort. Practices will be expected to meet the eligibility criteria and required elements listed under the "SIM Practice Qualifications" in Attachment B. Preferred elements will help determine which practices will be most likely to achieve SIM goals and to prioritize the ranking of practices for suggested inclusion in Cohort 1.

The first level of review will be conducted by University staff to determine if a practice meets the eligibility criteria, including being a primary care practice in Colorado, as defined by the Institute of Medicine and adopted by the SIM program. "Non-traditional" primary care practices that otherwise meet the requirements will be reviewed by a panel convened by the University and the SIM Office to determine if they meet the definition of primary care.

University staff will review the eligible practices to determine if they have demonstrated that they meet the required characteristics listed in Attachment B and record how many of the objective required elements the practice has met.

Recommendations regarding the ranking and mix of practices for the first SIM cohort, to be provided to the SIM Office for final decision, will be determined at an in-person meeting of the panel of reviewers and will be informed by the following process:

1. Each application will be assigned to a primary and secondary reviewer.
2. Accompanying each application assigned to a reviewer will be a reviewer scoring sheet that identifies the required elements that have been met, the targeted practice characteristics (specialty, organizational type, geography, etc.), and a scoring section where the reviewers will assign points for degree to which he/she believes the practice meets the required and preferred elements. The total points is the "reviewer score," which will be used to inform the recommendation for the practice.
3. The primary reviewer will present the case at the in-person meeting, and then the secondary reviewer will present any discrepancies in his/her assessment of the practice.
4. The group will then vote on assigning a practice to one of four categories:
 - a. Strongly recommend
 - b. Recommend
 - c. Acceptable with some concerns
 - d. Recommend practice reapplies for a subsequent cohort
5. The panel of reviewers will then review the practices in the "strongly recommend" and "recommend" categories to achieve diversity of geography, size, ownership, specialty, etc. If there aren't approximately 100 practices or sufficient diversity, the review panel will consider practices in the "Acceptable with some concerns" category until they have consensus that the recommended practices will be able to meet the SIM goal of a diverse cohort of practices capable of improving the health of Coloradans by integrating behavioral health into primary care.
6. The reviewer score will be used to break ties when there are decisions about which practices should be included on the recommended list.

The SIM Office will make the final determination of which practices are included in Cohort 1, based on the recommendations developed through this process, the recommendations of the payers, and other related criteria. See Attachment D for a flow diagram illustrating the process, titled "SIM Application Review and Selection Process Plan- Flow Diagram".

Year 1 Clinical Claims Reporting for Practice Cohort 1

Measure Condition	Citation	Data Source
Breast Cancer Screening	NQF 0031	Claims
Colorectal Screening	NQF 0034	Claims
Depression Screening	NQF 0418 Adolescents & Adults or NQF 1401 Maternal Depression Screening	Reported by practice
SUD Screening	NQF Composite 2597	Reported by practice
Flu	NQF 0041	Reported by practice
Asthma	NQF 0036	Reported by practice
Obesity	NQF 0421 Adult or NQF 0024 Children/Adolescents	Reported by practice
Depression Screening	NQF 0418	Reported by practice
Maternal Depression	NQF 1401	Reported by practice
Developmental Screening	NQF 1448	Reported by practice
Anxiety	SHAPE	Reported by practice
Hypertension	NQF 0018	Partial claims (diagnosis only) + Reported by practice
Tobacco	NQF 0028	Reported by practice
Diabetes: Comprehensive care	NQF 0059	Partial claims (diagnosis and if hba1c occurred) + Reported by practice
Diabetes: Blood pressure management	NQF 0061	Reported by practice
Diabetes: LDL management & control	NQF 0064	Reported by practices
Safety	NQF 0101	Reported by practices
IVD	NQF 0075	Reported by practice

- = Core measures for Family Medicine/Internal Medicine practices
- = Core measures for all practices
- = Core measures for Pediatric practices
- = Optional measures

*Family Medicine and Internal Medicine practices must choose at least one optional measure to report on in addition to core measure set.



ATTACHMENT B: SIM Practice Qualifications

Practices must fill out an online application to be considered for engagement in State Innovation Model (SIM) practice transformation activities. Applications will be screened using the proposed eligibility criteria, recommendations from the payers, and the recommendations for the practice types for the first cohort. Practices will be expected to meet the eligibility criteria and all of the required elements listed under "Practice Requirements and Preferences". In the case of having more than 100 eligible practices interested in participating in Cohort 1, preferred elements will be used to help determine which practices will be most likely to achieve SIM goals.

Practice Eligibility

1. Practice sites must be physically located in Colorado.
2. Individual practice sites must complete and submit the application in its entirety before the posted deadline date of October 26, 2015 11:59 pm MST.
3. Systems or other sponsoring organizations are not allowed to complete applications on the behalf of practice sites.
4. As defined by the Institute of Medicine, primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.
5. An applicant primary care practice must be capable of providing a majority of their patients' comprehensive primary, preventive, chronic, and urgent care.
6. "Non-traditional" practices that provide a full range of primary care services and otherwise meet the requirements can be considered. This could include school-based clinics, local public health clinics, practices providing primary care services to specified groups of patients (such as women's health clinics), and others.
7. Applicant practices that are not clearly traditional primary care practices but feel they provide primary care services will be considered on a case-by-case basis and may be required to provide additional information (such as billing information) to substantiate that they provide comprehensive primary care services. Decisions on eligibility in such cases will be made by a committee convened by the University of Colorado and the SIM Office.

Practice Requirements and Preferences

Leadership and Practice Engagement

a) Requirements

- 1) System and practice leadership support the intention to move toward increasingly integrated models of care.
- 2) Agreement to commit to two years of practice transformation, attend learning sessions, submit clinical quality measures, meet milestones, participate in a learning community for practices, and participate in ongoing evaluation.
- 3) Applicants must attest to the informed support of the clinical and administrative leaders of the practice. For practices that are part of systems, they must also attest to having the support of appropriately positioned clinical and administrative/business leadership to participate.

Fiscal

a) Required

- 1) Experience preparing annual budget.
- 2) Attested ability and willingness to pilot Alternative Payment Models (APMs) such as PMPM payments, global/bundled payments, shared savings programs, etc. Note this is

not meant to rule out federally qualified health centers or rural health centers that have their own unique payment models.

- 3) Attested ability to account for the use of any funding from SIM such as the practice transformation fund.

b) Preferred

- 1) Documented experience with APM's.
- 2) Description of how the practice will be able to financially support an integrated model of care through payer, institutional, or other forms of financial support.

Practice Transformation

a) Required

- 1) Some documented experience with team-based care and quality improvement.
- 2) Some documented experience using data to make improvements.
- 3) Attested willingness to establish regular (at least every other week) quality improvement team meetings.
- 4) Some experience in using data for population management.
- 5) PCMH, Medical Home Index (MHI), or similar certification; if not, practice will complete an assessment to determine level of implementation of comprehensive primary care elements.

b) Preferred

- 1) Experience working with practice coaches/practice facilitators.
- 2) Practice priorities aligned with coordinating behavioral health and with SIM clinical quality measures.
- 3) Experience in improving care coordination within the medical neighborhood.
- 4) Practices along the continuum of behavioral integration and practice transformation that otherwise meet the basic practice requirements.

Technology

a) Required

- 1) Utilizing an Electronic Health Record (EHR).
- 2) Attestation to Meaningful Use (MU) Stage 1 or key elements of MU criteria:
 - i. Maintain up-to-date demographics, medications, problem list of current and active diagnoses, etc.,
 - ii. Capability to extract data from EHR to report on clinical quality measures,
 - iii. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically, and
 - iv. Protect electronic health information.
- 3) Commitment to reporting SIM clinical quality measures quarterly.

b) Preferred

- 1) Established connection to a health information exchange (HIE).
- 2) Ability to securely export patient-level data elements from the EHR to a clinical data repository/warehouse.
- 3) Using an EHR version that is on the HIE preferred list for its relative ease of optimization and data reporting.

ATTACHMENT C:

Practice Application Questions

Instructions: Please have a lead clinician and/or practice manager complete the application.

	Domain	Item	Item Response Options
1.	None	NOTE: for purposes of this application, each practice "location/site" is considered one "practice"; each location/site must complete an application.	
2.	None	Date	MM/DD/YYYY
3.	Demographics	Practice Name	
4.	Demographics	Organization name, if applicable	
5.	Demographics	Practice address 1	
6.	Demographics	Practice address 2	
7.	Demographics	City	
8.	Demographics	State	CO Yes...1 CO
9.	Demographics	IF 7 IS NO - What state	Open comment
10.	Demographics	ZIP	
11.	Demographics	Website, if applicable	
12.	Demographics	Lead Medical Provider	
13.	Demographics	E-mail for Lead Medical Provider	
14.	Demographics	Lead HIT Contact	
15.	Demographics	E-mail for Lead HIT Contact	
16.	Demographics	Lead contact for communication regarding the SIM Program	
17.	Eligibility	Which of the following describes your practice type	Family Medicine1 General Internal Medicine2 Primary Pediatrics 3 Nurse-led Primary Care Practice4 Other5
18.	Eligibility	If "other," please describe how your practice meets the Institute of Medicine definition of "primary care" primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. An applicant primary care practice must be capable of providing a majority of their patients' comprehensive primary, preventive, chronic, and urgent care.	Please describe - open comment
19.	Target	How would you describe your community	Urban....1 Suburban...2 Rural3
	Target	In which region is your practice located	Eastern Plains ...1 Northern Colorado Weld, Larimer ...2 Metro Denver ---- 3 Southern Colorado (Colorado Springs/Pueblo)...4 San Luis Valley ...5 Central Mountains6 Northwest Colorado7 Western Slope- Mesa, Delta, Montrose, Gunnison8 Four Corners9

21.	Target	Please provide the <u>number (not FTE)</u> of practice members for each of the following:	Physicians____ Nurse Practitioners/Advanced Practice Nurses____ Physician Assistants____ Psychologists____ Certified Nurse Midwives____ Licensed Clinical Social Workers____ Care Managers____ Other Behavioral Clinicians____
22.	Target	Please provide the <u>total number</u> of other practice staff members (front and back office, any others) in your practices	Total staff members____
23.	Target	Which of the following describes your practice's ownership?	(Choose all that apply) Private solo or group practice.....1 Freestanding urgent care center.....2 Hospital owned.....3 Health system owned.....4 Industrial outpatient facility.....5 Mental health center6 Non-federal government clinic (e.g., state, county, city)7 Federally Qualified Health Center or Look-Alike.....8 Rural Health Clinic.....9 Indian Health Service.....10 Institutional setting (school-based, prison)11 Academic health center /residency clinic.....12 Health maintenance organization (e.g., Kaiser).....13 Federal (Military, VA, Department of Defense) .14 Public Health Service.....15 Other16
24.	Target	If other, please specify	Please specify - open comment
25.	Target	Please estimate the total number of patient visits per year at this practice.	Provide number of visits ____
26.	Target	Which of these age groups make up a meaningful (by your definition) part of your patient population?	Check all that apply: 0-17 ____ 18-64 ____ 65+ _____
27.	Target	Please give an estimated percentage of your patients in the following payer categories: (should add to 100%)	Medicare_____ Medicaid_____ CHIP_____ Employer or self-insured or commercial____ No insurance_____ Other_____
28.	Target	If other, please specify	If 32. Other ≠ 0% Please specify
29.	Target	Do you serve an underserved area or population based on the following criteria?	Check all that apply: Federally Qualified Health Center or Look-Alike.....1 Rural Health Clinic.....2 Indian Health Service.....3 Colorado Indigent Care Program.....4 Health Profession Shortage Area.....5 Other.....6 Explain_____
30.	HIT	Does your practice have internet access	Yes...1 No....2
31.	HIT	Does your practice use an electronic health record (EHR) system or electronic medical record (EMR) system? Do not include billing record systems.	Yes, all electronic.....1 Yes, part paper and part electronic2 No.....3 (SKIP TO Prac_new EHR)

32.	HIT	What is the name of your current EHR/EMR system? (choose one)	All Scripts.....1 AdvancedMD.....2 Amazing charts.....3 Athenahealth.....4 Care360.....5 Cerner.....6 eClinicalWorks.....7 e-MDs.....8 EPIC.....9 GE/Centricity.....10 Greenway Medical.....11 McKesson/Practice Partner.....12 NextGen.....13 Practice Fusion.....14 Sage/Vitera.....15 SOAPware.....16 Other.....17
33.	HIT	If other, please specify	Open comment
34.	HIT	Is your current system certified to meet Meaningful Use as defined by Health and Human Services / ONC?	Yes... No... 2 Don't know... 3
35.	HIT	Have your providers participated in meaningful use	Yes... No... 2 Don't know... 3
36.	HIT	If yes, what stage	MU Stage 1 ___ MU Stage 2 ___
37.	HIT	{If no or don't know to 35 and 36} - Are you able to perform the following functions	(Please mark all that apply) Does your EHR have the capability to: Maintain up-to-date demographics Medications Problem list of current & active diagnoses Extract data from EHR to report on clinical quality measures Exchange key clinical information among clinicians Protect electronic health information
38.	HIT	Is your practice connected to an HIE	Yes.....1 No.....2
39.	HIT	If, yes which one	Which HIE: CORHIO1 QHN.....2 Other.....3 Specify_____
40.	HIT	Do you report quality measures to any groups outside your practices (such as value-based modifier programs, PQRS, or local QI projects with quality measure reporting)	Yes.....1 No.....2
41.	HIT	Do you share any patient health information (e.g., lab results, imaging reports, problem lists, medication lists) electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs?	Yes.....1 No.....2

42.	HIT	Please indicate if your practice has generated any of the following clinical quality measures (from your EHR dashboard, custom EHR reports, standalone registry, or other reporting tools) in the last 6 months:	Mark all that apply: Breast Cancer Screening Colorectal Screening Depression Screening Substance Use Disorder Screening Flu immunization Asthma Obesity Depression Screening Maternal Depression Developmental Screening Anxiety Hypertension Tobacco Diabetes: Comprehensive Diabetes: Blood Pressure Diabetes: LDL Management Safety Ischemic Vascular Disease
43.	HIT	Does your practice plan to install a new EHR/EMR system within the next 18 months?	Yes.....1 No.....2 Maybe.....3 Unknown....4
44.	HIT	Does your practice use a registry (either included in or separate from you EHR) to track patients with specific conditions?	Yes.....1 No.....2 (SKIP TO Prac_qual_report)
45.	HIT	Select the conditions for which your practice uses a registry. (Check all that apply)	Ischemic vascular disease1 = yes, 2 = no Hypertension1 = yes, 2 = no High cholesterol1 = yes, 2 = no Diabetes....1 = yes, 2 = no Asthma1 = yes, 2 = no Other1 = yes, 2 = no
46.	HIT	If other, please specify	
47.	Transformation	During meetings in your practice, how often – if ever – are registry data or clinical quality measures discussed?	Never.....1 Infrequently.....2 Often.....3
48.	Transformation	If often, please specify how frequently and in what venue (such as provider meetings, partner meetings, staff meetings, QI team meetings)	Please specify –open comment
49.	Transformation	At present or within the past 24 months, has your group participated in any Quality Improvement programs with practice facilitation?	Yes....1 No.....2
50.	Transformation	If yes - Please briefly describe the program or programs and name of the organization(s) that provided practice facilitation. In your description, please describe the areas you worked on.	Open comment
51.	Transformation	Is your practice recognized as a PCMH	Yes ... 1 No2
52.	Transformation	If yes, through which organization	Select all that apply NCQA 1 URAC2 AAAHC.....3 Joint Commission ...4 Colorado Medicaid5 Other.....6
53.	Transformation	If yes, – what level (if appropriate)	11 22 33 Other.....4
54.	Transformation	If other, describe	Please specify – open comment
55.	Transformation	If yes on Q 65 (PCMH Recognition), when	MM/DD/YYYY

56.	Transformation	If not recognized by a national organization or Colorado Medicaid, please complete the Abbreviated SIM Practice Monitor	Insert Instructions and questions from the Abbreviated SIM Practice Monitor
57.	Transformation	How does your practice currently address the behavioral health needs of your patients	Refer to a community mental health center1 Refer to an independent provider....2 Co-located behavioral health professional less than 20 hours a week ...3 Co-located behavioral health professional more than 20 hours a week ...4 Integrated full time behavioral health professional available for warm hand offs and collaborative care5
58.	Transformation	Has your practice employed a behavioral health professional	Yes, currently1 Yes, in the past, but not currently.....2 No.....3
59.	Transformation	If yes, currently, please describe the role of the BH Professional in your practice and how the PH professional functioned at your clinic.	Open text
60.	Transformation	If yes, in the past, describe their role and functions and why they are no longer there.	Open text
61.	Transformation	If you have co-located, contracted or employed behavioral health professionals in your clinic, please describe how behavioral health professionals and physical health providers communicate and document the care each provides. Are there mechanisms in place to collaborate on care?	Open comment, 500 word limit
62.	Fiscal	Does your practice prepare an annual budget?	Yes...1 No....2
63.	Fiscal	Has your practice participated in non-fee-for-service payments from a Payer in the last 24 months (i.e. shared savings, PMPM, global payments?	Yes1 No.....2
64.	Fiscal	If yes, please describe	If yes, please describe Open comment
65.	Fiscal	Does your practice have existing payments or mechanisms for supporting behavioral health integration?	Yes, No. If yes, please describe
66.	Fiscal	Practice attests to having the ability and interest in participating in alternative payment models such as per member per month (PMPM), bundled payment, global payment, and/or shared savings	Agree....1 Disagree...2
67.	Fiscal	Practice attests to the ability and willingness to account for funding from SIM such as the Practice Transformation Fund.	Agree....1 Disagree...2
68.	Leadership	Please tell us why you wish to participate in SIM Practice Transformation Activities	Open Comment
69.	Leadership	Practice attests that both practice leadership and system leadership, if applicable, support the intention toward moving increasingly to integrated primary care and behavioral health.	Agree...1 Disagree...2
70.	Leadership	By signing this application to be considered for participation in SIM, we commit to two years of practice transformation, attend learning sessions, submit quality measures, meet milestones, participate in a learning community for practices and participate in on-going evaluation	Agree....1 Disagree...2

90.	Leadership	By signing this application, we affirm that the application was completed by the staff and/or providers at practice site with approval of the organization, if a part of an organization	<i>Agree1</i> <i>Disagree...2</i>
91	Leadership	Who completed this application?	<i>Name and role in practice.</i> <i>Give spaces for multiple people</i>

**ATTACHMENT D:
SIM Application Review & Selection Process Plan - Flow Diagram**

