
Medicaid Frequently Asked Questions: The Innovation Accelerator Program (IAP)

July 2014

Q: What is the Medicaid Innovation Accelerator Program (IAP)?

A: The Centers for Medicare & Medicaid Services (CMS) is launching a new collaborative initiative called the Medicaid Innovation Accelerator Program (IAP). The IAP is a new joint technical assistance program from CMS' Center for Medicaid and CHIP Services (CMCS) and the Center for Medicare and Medicaid Innovation (Innovation Center) working closely with the Medicare-Medicaid Coordination Office (MMCO), the Center for Medicare and other key federal centers and agencies.

The goal of the IAP is to improve care and health for Medicaid beneficiaries, and, through these improvements, to reduce costs for the Medicaid program and, by extension, the health system generally. The IAP will be an important new component of CMS's wide ranging efforts to support system-wide payment and delivery system reform innovation, and will be a vehicle for working work closely with states, consumer groups, and the health care provider community on these critical issues in Medicaid.

This initiative is an extension of the model development and testing work that occurs under Affordable Care Act's Section 3021. The IAP will support state efforts in accelerating innovation in Medicaid by offering new tools and guidance, technical resources such as data analytics, metrics development and rapid cycle evaluation that states can use to advance their work. The IAP is not a grant opportunity for states, although IAP can complement the work supported by other grant funds (such as funding for the Innovation Center's State Innovation Models (SIM) initiative).

Q: On which areas will CMS be focusing the work of the IAP?

A: The IAP will develop technical resources to support innovation through 4 key functions:

- **Identify and advance new models:** The IAP will investigate, develop, and disseminate information and tools (such as financial modeling to design payment strategies that strengthen incentives to achieve higher value) to help implement promising models of care targeting the needs of Medicaid beneficiaries. IAP will select target activities based on three criteria. First, the IAP will target areas of critical need, as defined by high spending, high disease burden, and/or high disparities among the Medicaid population. Second, it will target promising interventions that have improved care and/or reduced costs, either for other payers or in Medicaid but on a smaller scale. Third, the IAP will

complement and support ongoing related work at the state and federal level in order to improve efficiency and maximize impact.

- **Data analytics:** Ensuring real-time data-based approaches is at the core of successful and sustainable delivery system reforms. The IAP will help states leverage new emerging data sources (such as Medicare data) and as the new Transformed Medicaid Statistical Information System (T-MSIS) and the Medicaid and CHIP performance indicators, along other data sources, to promote targets for intervention, identify best practices and maximize efficiencies.
- **Improved quality measurement:** The IAP will support alignment and integration of quality measurement across health care programs and initiatives to provide a more accurate and valid picture of quality to support and drive innovation within Medicaid and across payers.
- **State-to-state learning, rapid-cycle improvement, and Federal evaluation:** The IAP will advance effective, efficient, and timely dissemination of best practices in driving delivery system innovation, including vigorous support of rapid cycle improvement efforts. CMS is also committed to providing better coordinated communication with states on cross-cutting issues and ensuring that the IAP work is coordinated with related activities, including, but not limited to, the SIM initiative and the duals demonstrations. By improving alignment across our state communication channels, CMS can maximize the impact of the variety of initiatives underway and enhance state to state learning.

Q: How will CMS work with states in order to provide these new technical capabilities?

A: The IAP is a state technical assistance project that will be focused on data analytics, model development and financial modeling, metrics development and rapid cycle evaluation. The IAP will focus primarily on a set of Medicaid program priorities that will be finalized with the benefit of state, consumer, provider and health plan input. CMS, working closely with small groups of volunteer states, will develop technical capabilities and tools that will then be diffused across states to advance their technical work and support their Medicaid service delivery and payment reform initiatives.

CMS will solicit input about how best to identify volunteer states for early tool development. Among considerations will be state interest, emerging efforts and resources in place at the state level, and a commitment to supporting evaluation and learning diffusion. In addition, CMS will coordinate its technical assistance resources across CMS components to maximize impact, avoid duplication of effort, and ensure open and consistent communication with states. The goal is to bring the best possible value for the investment that IAP represents. CMS will also be working in close coordination with the National Governors Association, the National Association of Medicaid Directors, and experts in the field to leverage our collective capabilities toward Medicaid innovation acceleration.

Q: Given that this initiative ties together work from various CMS components, how will CMS ensure that coordinated and consistent communication with states and other stakeholders is occurring?

A: As a complement to the IAP, we will establish a “coordinated point of contact” for states across CMS to ensure efficiency and consistency in communication with states, particularly where multiple CMS components are involved in introducing, developing and processing state proposals, and in monitoring state progress and supporting improvements and learning diffusion.

In order to achieve this enhanced, cross-agency coordination, we will be working closely with our partners to leverage the successes of existing processes such as the Medicaid State Operations and Technical Assistance (SOTA) structure that is operated by CMCS, the state-facing communications structures established by MMCO on dually eligible initiatives, and processes in place within the Innovation Center on SIM initiatives. Under this coordination, CMS intends to:

- Make it easier to identify the appropriate CMS contact person (or entry point) for a state question/request;
- Provide clarifications as needed about CMS’s expectations and/or the steps in the process, particularly when multiple initiatives and grants are involved;
- Reduce the occurrence of multiple calls with CMS, and eliminate redundancies in circulating documents and providing briefings where the same topics are discussed with CMS.
- Decrease the overall amount of time spent from the beginning to the end of a process.

To kick off the coordinated point of contact initiative, we will work with our partners to identify a few states that already have several cross-cutting initiatives underway (e.g. a SIM project, a Medicare-Medicaid integrated care initiative, as well as an 1115 demonstration proposal under development) to test this improved approach with us. We anticipate that the process will evolve over time and we will be actively soliciting feedback from states and stakeholders on a regular basis.

Q: Describe how the IAP is a partnership between CMS and the National Governors Association (NGA).

A: The NGA Health Care Sustainability Task Force recommendations call for improvements to Medicaid data analytics, quality metric development, service delivery model development, rapid cycle evaluation, learning diffusion, and stronger coordination across CMS components to improve communication and efficiency in our collective efforts to advance innovation. The IAP will capitalize on the shared goals of advancing delivery system and payment reform and augmenting and streamlining communications between states and the federal government. Through this partnership, CMS and NGA will be working together to ensure that states have a broad and effective complement of technical assistance and also the necessary policy and

operational support to achieve their transformation goals. We will work in close collaboration to identify opportunities for discussions and feedback as well as information sharing as the work progresses.

Q: How will CMS seek consultation from states and other stakeholders on how IAP resources will be applied to state Medicaid innovation efforts?

A: CMS will be consulting with states, experts, consumers, providers and health plans on program priorities to which IAP resources will be applied and how best to deploy these new technical resources. To that end, CMS is exploring holding several meetings across the country in late summer to brief stakeholders and get input. As IAP resources are added in this first year, CMS will also work with small groups of volunteer states to develop IAP tools and activities. CMS will also provide enhanced peer-to-peer learning opportunities, including through webinars and providing access to artifacts developed under the IAP to support Medicaid innovation. CMS has established a mailbox to support initial and ongoing feedback and suggestions from states and other stakeholders on IAP and progress in the field on Medicaid delivery system and payment reform. The goal is to provide continuous feedback loop for improvement and advancement. The mailbox for providing suggestions and asking questions about this work is MedicaidIAP@cms.hhs.gov.

Q: How can states get involved in IAP?

A: We have many avenues for working with states, and states are welcome to contact CMS regarding their interest by sending an email to MedicaidIAP@cms.hhs.gov. We will be offering new resources to states through multiple channels. Because the IAP is not a formal grant program for states, there is no specific limit on the number of states that can benefit from the IAP or the new resources it makes available to states; rather, IAP resources will be deployed in the function areas discussed above and in targeted Medicaid program priority areas. We will establish the Medicaid program priority areas through a data-driven process and will seek consultation with states, experts, consumers, providers and health plans to finalize the priorities. Program priorities will focus on service delivery opportunities that have evidence of improving care, are associated with high cost and high variability across states, and where Medicaid can adapt and deploy efforts already underway by other payers to maximize impact.

We will share more information about the resources that will be available through the IAP in the coming weeks and months. We have also established a landing page on the Medicaid.gov website that will house the body of work related to IAP. That page and the existing set of guidance and other policy information regarding delivery system and payment reform is available at <http://www.medicaid.gov/State-Resource-Center/Innovation-Accelerator-Program/innovation-accelerator-program.html>.

Q: What is the difference between the State Innovation Models (SIM) and IAP?

A: The main difference between SIM and the IAP is that SIM funds state health care innovation plans through cooperative agreements with states. The IAP will support states' transformation

efforts through technical assistance. IAP resources will be available to both SIM and non-SIM states.

In addition, SIM focuses on broader transformation initiatives including population health and health care delivery transformation. SIM works with states on developing multipayer payment and delivery models which include Medicaid; while the IAP focuses specifically on Medicaid transformation. Given the Medicaid expansion, the significant role Medicaid plays in the broader health care system, and states' interest and challenges in transforming some parts of their Medicaid delivery and payment systems, the IAP will offer additional resources on Medicaid for SIM and non-SIM states in order to advance the design, testing and evaluation of delivery system innovations in Medicaid.