

Health Care Innovation Awards



ROUND TWO

***Webinar 7:
Application Road
Map***

July 18, 2013

Agenda

- **Overview**
- Application Package
- Helpful Hints

Innovation Awards Round Two Goals

Engage innovators from the field to:

- Identify new payment and service delivery models that result in better care and lower costs for Medicare, Medicaid, and CHIP enrollees
- Test models in Four Innovation Categories
- Develop a clear pathway to new Medicare, Medicaid, and CHIP payment models

Agenda

- Overview

- **Application Package**

- Helpful Hints

The Application Package

Application Narrative – 50 page limit

- Cover letter
- Project abstract
- Project narrative
- Budget narrative

Standard Forms

- SF-424: Official Application for Federal Assistance
- SF 424A: Budget Information Non-Construction
- SF 424B: Assurances-Non-Construction Programs
- SF LLL: Disclosure of Lobbying Activities
- Project/Performance Site Location form
- Project Abstract Summary

Note: The 50-page limit does not apply to the standard forms.

Supplementary Materials

- Financial plan
- Operational plan
- Executive overview
- Actuarial review
 - Actuarial review required for applicants requesting more than \$10 million
 - Chief Financial Officer and Authorizing Official required for all applicants

Note: There is 50-page limit for supplementary materials.

Cover Letter

Title of proposal

Principal contact person

Amount of funding request

Project Narrative

What is the project narrative?

- This section allows the applicant the opportunity to describe in detail the model for service delivery and payment.

Project Narrative

- The application must address how the applicant will implement the cooperative agreement model and meet the objectives of the Health Care Innovation Award Round Two initiative.
- It consists of required “operations elements” for the entire application package.
- The application must be organized by the headings as outlined in the Funding Opportunity Announcement.

The Importance of the Project Narrative

- It is your opportunity to describe and explain the model you are proposing.
- It demonstrates the model's potential, making a case for its selection.
- It demonstrates your organization's capacity to successfully implement the model.

Section One: Design

- Model goals and targeting
- Comprehensive description of the model and supporting evidence base
- Participant recruitment and enrollment
- Education and outreach
- Community integration
- Targeting Medicaid and CHIP populations
- Multipayer engagement

Key Points for Design Narrative

- Clear description of model aims and expected outcomes; reference the Innovation Category and priority areas impacted
- Detailed overview of how the mechanics of the service delivery and payment models align with aims
- End to end plan for patient recruitment throughout the grant period
- Emphasize engagement of other payers and key partners

Section Two: Organizational Capacity

- Describe the guiding principles of the organization and past track record.
- Demonstrate an understanding of the needs of the community or population that the applicant seeks to target.
- Provide a description of the governance, organizational, and structural functions that will be in place.
- Demonstrate the financial strength and stability to operate the model after the completion of the 3-year cooperative agreement period.

Section Three:

Return On Investment

- A percentage reduction in Per-Beneficiary-Per- Year total cost of care
- Strong return on investment to CMS over the 3-year period as shown by the data in the financial template
- Meaningful annualized model run-rate savings

Section Three:

Return On Investment

- Financial plan
- Model sustainability plan
- Actuarial review (Actuarial review required for applicants requesting more than \$10 million; Chief Financial Officer and Authorizing Official required for all applicants)

ROI Narrative Should Match the Financial Plan

Total Proposed Model Costs	Baseline	Yr 1	Yr 2	Yr 3	3-Yr	%
Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Fringe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Total Direct	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Total Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Total Program Costs Budget	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Estimate Total Proposed Model Costs by	Baseline	Yr 1	Yr 2	Yr 3	3-Yr	%
Direct Patient Care Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Payment To Providers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Initial Development Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Ongoing Operational Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Other Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Total Budget (must match row 42)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
*Definition of Time Periods:						
Baseline Year- 4/1/2013-3/31/2014*						
Year 1- 4/1/2014-3/31/2015						
Year 2- 4/1/2015-3/31/2016						
Year 3- 4/1/2016-3/31/2017						
* No Federal Funding						

PROPOSED MODEL SAVINGS*				
% Change to Total Cost of Care	Yr 1	Yr 2	Yr 3	
Medicare FFS	#DIV/0!	#DIV/0!	#DIV/0!	
Medicaid/CHIP	#DIV/0!	#DIV/0!	#DIV/0!	
Dually Eligible	#DIV/0!	#DIV/0!	#DIV/0!	
Other Non-CMS Target Participants	#DIV/0!	#DIV/0!	#DIV/0!	
Estimated PBPM OR PMPM Total Cost of Care After Savings	Yr 1	Yr 2	Yr 3	
Medicare FFS	\$0.00	\$0.00	\$0.00	
Medicaid/CHIP	\$0.00	\$0.00	\$0.00	
Dually Eligible	\$0.00	\$0.00	\$0.00	
Other Non-CMS Target Participants	\$0.00	\$0.00	\$0.00	
Estimated Total Cost of Care Expenditures After Savings	Yr 1	Yr 2	Yr 3	3-Yr
Medicare FFS	\$0.00	\$0.00	\$0.00	\$0.00
Medicaid/CHIP	\$0.00	\$0.00	\$0.00	\$0.00
Dually Eligible	\$0.00	\$0.00	\$0.00	\$0.00
Other Non-CMS Target Participants	\$0.00	\$0.00	\$0.00	\$0.00
PBPM or PMPM Savings	Yr 1	Yr 2	Yr 3	
Medicare FFS	\$0.00	\$0.00	\$0.00	
Medicaid/CHIP	\$0.00	\$0.00	\$0.00	
Dually Eligible	\$0.00	\$0.00	\$0.00	
Other Non-CMS Target Participants	\$0.00	\$0.00	\$0.00	
Total Gross Cost of Care Savings	Yr 1	Yr 2	Yr 3	3-Yr
Medicare FFS	\$0.00	\$0.00	\$0.00	\$0.00
Medicaid/CHIP	\$0.00	\$0.00	\$0.00	\$0.00
Dually Eligible	\$0.00	\$0.00	\$0.00	\$0.00
Other Non-CMS Target Participants	\$0.00	\$0.00	\$0.00	\$0.00
Total Gross Savings- All Target Participants	\$0.00	\$0.00	\$0.00	\$0.00
Total Gross Savings- CMS Participants	\$0.00	\$0.00	\$0.00	\$0.00
Net Savings for Target Participants	Yr 1	Yr 2	Yr 3	3-Yr
Before Deducting In-Kind Costs	\$0.00	\$0.00	\$0.00	\$0.00
After Deducting In-Kind Costs	\$0.00	\$0.00	\$0.00	\$0.00
Net Savings for CMS Beneficiaries	Yr 1	Yr 2	Yr 3	3-Yr
Before Deducting In-Kind Costs	\$0.00	\$0.00	\$0.00	\$0.00
After Deducting In-Kind Costs	\$0.00	\$0.00	\$0.00	\$0.00

ROI should reconcile with net savings in the financial plan.



Section Four: Monitoring, Reporting, and Evaluation

4.1 Reporting and Evaluation

- Include description of plan for collecting and producing data and analysis
- Self-monitoring plan
- CMS will conduct rigorous evaluation of model
- This section should be consistent with operational plan

Section Five: Funding And Sustainability

5.1 Budget Narrative

- This must include a yearly breakdown of costs for the 3-year model period.
- The application must include detailed descriptions and breakdowns of expenses in personnel, fringe benefits, contractual costs (including subcontracts), equipment, supplies, travel, and indirect costs.
- An organizational chart must be included, as well as a staffing plan.

Live Poll

Application Documents

The following documents must be uploaded in grants.gov for a complete application:

- Standard forms
- Letters of support and participation from major stakeholders
- Cover letter
- Project Abstract
- Project Narrative
- Budget and Budget Narrative
- Financial Plan
- Operation Plan
- Actuarial Review
- Executive Overview

Supplementary Materials

hcia2-application_guide-061313_master[1].pdf - Adobe Reader

File Edit View Window Help

Tools Sign Comment

Upload **FIRST** required form here.

Add Mandatory Other Attachment Delete Mandatory Other Attachment

To add more "Other Attachment" attachments, please use the attachment buttons below.

Add Optional Other Attachment Delete Optional Other Attachment View Other Attachments

Upload **ALL OTHER** required forms here.

Required Supplemental Forms

- Letter(s) of support and participation from major stakeholders – Scanned Adobe file(s) (.pdf)
- Financial Plan* – Excel file (.xls or .xlsx)
- Operational Plan* – Word file (.doc or .docx)
- Executive Overview* – Word file (.doc or .docx)
- Actuarial Review* – Signed, scanned Adobe file (.pdf)

8.50 x 11.35 in

Click on Sign to add text and place signature on a PDF File.

Executive Overview

The Executive Overview is one of the supplementary materials. Previous webinars covered the other supplementary materials.

- This summary document provides a specific snapshot:
 - Contact Information
 - Specific Summaries on Key Project Areas
 - Payment Model Information
 - Target Population
 - Key Partner Information; Controlling Interests
 - Data Needs and Capabilities
 - Other Federal Grant Information

Executive Overview

hcia2-executiveoverview-061313_master[1].docx - Microsoft Word

File Home Insert Page Layout References Mailings Review View SecureZIP

 **CMS**
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

Health Care Innovations Awards- Round Two (HCIA) Executive Overview

Please complete all fields unless directed otherwise.

Organization Contact Information

Letter of Intent Confirmation Number

Organization Name

Street Address

City State Zip Code

Organization TIN Organization NPI Number

Page: 1 of 12 Words: 2,729 110%

Microsoft WORD form has embedded drop downs for fields as noted (such as “Select” or “Choose an Item”)

Award Selection Criteria

HHS staff external to the Innovation Center and other outside experts will review eligible applications

- Design of Project (25 points)
- Organizational Capacity & Management Plan (25 points)
- Return on Investment (20 points)
- Budget, Budget Narrative, & Model Sustainability (20 points)
- Monitoring & Reporting (10 points)

Further Selection Considerations

The CMS Approving Official will use results of the objective review to make final award decisions, taking into consideration factors including, but not limited to:

- Reasonableness of the estimated cost to the government and anticipated results
- Inclusion of Medicaid and CHIP populations in the service model design
- Results of any actuarial reviews
- Extent of participation by multiple payers during the performance period
- Whether proposal promotes interoperability and exchange of secure, privacy-protected health information across disparate organizations, providers, and stakeholders, in alignment with Meaningful Use requirements

Refer to page 35 in the FOA for a full list of selection considerations

Agenda

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- **Helpful Hints**

Key Dates

Date	Description
June 14, 2013	Application templates and user materials were available at http://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/Round-2.html
June 28, 2013	Letters of Intent were due by 3:00 PM EDT
August 15, 2013	Application due by 3:00 PM EDT
Early 2014	Anticipated award announcements

Helpful Hints

- ✓ Closely review the Funding Opportunity Announcement.
- ✓ Use consistency in messages and submission of data.

Helpful Hints

- ✓ Applications received late or that fail to meet the eligibility requirements or do not include the required forms will not be reviewed!
- ✓ In order to be fair to all applicants, the application must be submitted by the deadline.

What can get your application excluded?

- Omitting a cover letter with the application.
- Exceeding the 50-page limit for the application.
- Exceeding the 50-page limit for the supplementary materials.
- Forgetting to register with the System for Award Management.
- Omitting a required form.

Note: This is not a comprehensive list. Consult the FOA and the grants.gov website for application requirements.

Other Tips

- All applicants must register for a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNs) number.
- The Authorized Organization Representative must register with [grants.gov](https://www.grants.gov) for a username and password.
- If any of the forms are missing, the application will be disqualified.

Future Webinar

- The Office of Grants & Acquisition Management/Grants.gov will be hosting a webinar on the technical aspects of the application process on July 24.
- To sign up for this webinar, visit innovation.cms.gov.

Live Poll

Error-free submission must be made by 3:00 p.m. EDT on August 15, 2013

- Submit early to have time to address any unforeseen issues and to view your application in grants.gov.

Thank you!

- Questions?
- For more information, visit www.innovation.cms.gov.