



Health Care Innovations Awards-Round Two

Application Submission Guidance

DO NOT UPLOAD WITH GRANT APPLICATION

The following information is being made available to provide additional guidance on the application submission process. Please note:

- This document provides guidance on some, but not all elements of the application. Applicants should review the Funding Opportunity Announcement (FOA) and must submit **all** information listed in the FOA. In the event of a conflict between this guidance and the FOA, the FOA controls.
- For technical questions on the application process through the grants.gov website (e.g., uploading documents), please contact **800-518-4726** or **support@grants.gov**. Note: Please ask for a ticket number when speaking with a Grants.gov representative. The ticket number is not needed for the application, but it may be necessary should you need additional assistance in submitting your application.
- For programmatic questions or assistance on the supplemental forms, please email **InnovationAwards@cms.hhs.gov**. Note: CMS may not respond in a timely manner on all issues. Please use our Frequently Asked Questions on our website at <http://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/Round-2.html>
- All applications must be submitted electronically through Grants.gov by 3:00 pm Eastern Daylight Time on August 15, 2013.

To submit an application via Grants.gov, you will need the following:

- Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN).
- Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and free. To obtain a DUNS number, access the following website: <http://www.dnb.com/> or call 1-866-705-5711. This number should be entered in the block 8c (on the Form SF-424, Application for Federal Assistance). The organization name and address entered in block 8a and 8d should be exactly as given for the DUNS number.
- Registration in the System for Award Management (SAM) database at <http://www.sam.gov/>. (Note: SAM replaces the former Central Contractor Registration (CCR) database.)

- Authorized Organizational Representative. The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with Grants.gov for a username and password. AORs must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password. Please visit: http://grants.gov/applicants/get_registered.jsp. AORs must wait at least one business day after registration in SAM before entering their profiles in Grants.gov. When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz point-of-contact (POC) will receive an email notification. The email address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz point of contact (E-Biz POC) with the AOR copied on the correspondence. The E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications. The AOR and the DUNS must match. If your organization has more than one DUNS number, be sure you have the correct AOR for your application.

HCIA Application Content Checklist

- HHS strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov>.
- Letter of Intent must be received through <http://cmsgov.force.com/HCIAR2/LOIMainFormHCIA> by 6/28/2013 at 3pm Eastern Daylight Time to be eligible to apply.
- Review the entire FOA for all application requirements thoroughly.
- **In addition to the cover letter, abstract, standard forms and narrative explained in the FOA the following supplemental forms are required in the specified formats below:**
 - Letters of support and participation from major stakeholders- Upload as signed and scanned Adobe file (.pdf)
 - Financial Plan* – Upload as Excel file (.xls or .xlsx)
 - Operational Plan* – Upload as Word Document (.doc or .docx)
 - Executive Overview*–Upload as Word Document (.doc or .docx)
 - Actuarial Review*– Upload as signed and scanned Adobe file (.pdf) (This will include three required attestations on the application. One attestation for actuaries is **ONLY** required for those requesting \$10 million or more for the three year funding period).

*Indicates supplemental material available on or about June 14, 2013 at both <http://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/Round-2.html> and <http://www.grants.gov/>. See Figure 1 on the following page on where to upload these materials within the grants.gov application.

Figure 1 - Only one file may be uploaded in the “Add Mandatory Other Attachment” section. Please upload one of the required supplemental forms in this section. All other required supplemental forms should be uploaded in the “Add Optional Other Attachment” section.

Other Attachment File(s)

* Mandatory Other Attachment Filename:

Upload FIRST required form here. 

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

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)



Instructions for completing the required supplemental forms

Financial Plan (Please upload as .xls or xlsx)

Please follow the guidelines below regarding how to complete the Excel template used for the Financial Plan. The financial plan consists of two separate worksheets as described below. Please complete blue shaded cells with your own data in these; all other cells will calculate automatically.

Note- For purposes of completing the financial plan the following time periods are recommended:

Definition of Time Periods:	
Baseline Year- 4/1/2013-3/31/2014	This is the pre-award year to assess cost of care prior to implementation. It does not include any federal funding as part of the program.
Year 1- 4/1/2014-3/31/2015	First year of the performance period
Year 2- 4/1/2015-3/31/2016	Second year of the performance period
Year 3- 4/1/2016-3/31/2017	Third year of the performance period

Step 1- Complete the Worksheet called “Savings Analysis- Combined”. This sheet requests a detailed description of the costs of the population by typical service categories to understand the drivers of cost in your population with a forecast on how each of these drivers may be impacted by the proposed model. Please complete blue shaded cells with your own data; all other cells will calculate automatically. Note, in filling out the tables by categories of service an applicant does not need to focus on specific codes. Rather, a reasonable grouping of services expenditures that fit into the category heading will suffice for purposes of the application. **Please make sure the numbers reflected on this plan are consistent with and are supported by your application narrative (Section 3- Return on Investment);** specifically your narrative should provide the underlying assumptions for the savings projections by category in the financial template, as well as the logic for those assumptions. For each category of forecasted medical spending, clearly describe the drivers of change, including volume, price, mix, any additional factors identified, as well as the assumptions underlying those forecasted drivers.

Step 2- Complete the Worksheet called “Financial Plan Summary’. This sheet is a summary of your budget relative to the forecasted savings. Please complete blue shaded cells with your own data; all other cells are locked and will calculate automatically. Please be consistent with your federal budget proposed on the SF-424a and elsewhere in your budget narrative. Please estimate in-kind costs to the best of your ability.

Step 3- Save and Upload to Grants.gov in Excel format (see Figure 1 above)

This financial plan should be completed and uploaded into Grants.gov in the third section regarding supplemental forms in its native Excel format. For maximal performance we suggest using Excel 2010 or higher.



This Excel template is pre-loaded with calculations and references to other cells. Changes to these formulas may result in erroneous calculations that may adversely impact your application.

Resources for Cost Estimates Required in the Financial Plan: The following publically available resources may be of assistance in creating your cost model.

1. CMS Data Navigator- Easy menu tool to find CMS data
<https://dnav.cms.gov/>
2. CMS has released aggregated Medicare fee-for-service data at the state (and hospital referral region) level Available data include: –Demographics and disease prevalence –Spending and utilization (by service category) –Quality (readmissions, ED visits, avoidable hospitalizations, hospital compare) This data, including cost estimates by geography for Medicare can be found at the following site:
<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/index.html>
3. For private insurer information, the AHRQ Medical Expenditure Panel information <http://meps.ahrq.gov/mepsweb> may be useful.
4. An additional source for CMS data: <http://www.resdac.org/cms-data>

Financial Plan Definitions

General Term in Financial Plan	Definition
HCIA Grant Funds	The SF 424 a is the standard grants budget form that should match the financial plan.
In-Kind Costs	Costs provided by the applicant that are not reimbursed by CMS.
Total Program Costs	Comprehensive costs (both grant and in-kind) of the application.
Direct Patient Care Costs	Costs specific to clinical care of patients.
Payment Model or Incentive Costs	Costs related to the payment model.
Initial Development Costs	Start-up costs related to a new innovation that would not occur if model is scaled further.
Ongoing Implementation Costs	Maintenance of business costs related to ongoing operations.
Target Participant Counts	# of Patients expected to receive services as part of the project.
CMS Beneficiaries	Patients enrolled in Medicare, Medicaid, CHIP or dually eligible.
Other Non-CMS Target Participants	Patients in other insurance besides Medicare, Medicaid or CHIP.
Percentage Change to Total Cost of Care	The reduction or increase in total cost of care due to the intervention.
Total Cost of Care (PBPM)	The Per Beneficiary Per Month total cost of care for the beneficiary per month; For non-CMS beneficiaries the term Per Member Per Month

General Term in Financial Plan	Definition
	(PMPM) is used.
Target Expenditures Impacted	The absolute dollar amount expected in total across all patients.
Estimated PBPM Total Cost of Care After Savings Applied	The Per Beneficiary Per Month total cost of care for the patient after savings applied for the proposed model.
Estimated Total Cost of Care Expenditures After Savings Applied	The absolute dollar amount expected in total across all patients after savings applied for the programs.
Total Gross Cost of Care Savings	The absolute dollar amount difference between the pre-program and after program cost of care across all patients.
Total Net Cost of Care Savings	The Gross savings adjusted for the grant amount and/or In-Kind Costs as specified.

Cost Category Definition Guidance

The following resources are to provide guidance when determining how to bucket costs. They are not exhaustive but provide good insight into cost categories that impact most CMS beneficiaries. For Programmatic benefit overviews please see the following links:

Medicaid: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Benefits/Medicare-Benefits.html>

Medicare: <http://www.medicare.gov/navigation/medicare-basics/medicare-benefits/medicare-benefits-overview.aspx>

CHIP: <http://www.medicare.gov/medicare-chip-program-information/by-topics/childrens-health-insurance-program-chip/chip-benefits.html>

<u>Category</u>	<u>Primary resource</u>	<u>Secondary resource</u>
Inpatient Hospital	http://www.medicare.gov/coverage/hospital-care-inpatient.html	
Outpatient Hospital	http://www.medicare.gov/coverage/outpatient-hospital-services.html	
Emergency Services	http://www.medicare.gov/coverage/emergency-dept-services.html	
Professional Primary Care	http://www.aafp.org/online/en/home/policy/policies/p/primarycare.html	http://www.medicare.gov/coverage/preventive-visit-and-yearly-wellness-exams.html
Professional Specialty Care	http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads/taxonomy.pdf	
Diagnostic Imaging/X-Ray	http://www.medicare.gov/coverage/diagnostic-tests-x-rays-and-clinical-lab-services.html	
Laboratory Services	http://www.medicare.gov/coverage/clinical-lab-services.html	

Durable Medical Equipment/Prosthetics	http://www.medicare.gov/coverage/durable-medical-equipment-coverage.html	
Dialysis Procedures	http://www.medicare.gov/coverage/dialysis-services-and-supplies.html	
Skilled Nursing Facility	http://www.medicare.gov/coverage/skilled-nursing-facility-care.html	http://www.medicare.gov/coverage/skilled-nursing-facility-care.html
Long Term care Hospital/ Post-Acute care	http://www.medicare.gov/coverage/long-term-care-hospitals.html	http://www.medicare.gov/coverage/skilled-nursing-facility-care.html
Home Health	http://www.medicare.gov/coverage/home-health-services.html	
Hospice	http://www.medicare.gov/coverage/hospice-and-respite-care.html	
Vision	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Vision_Services_FactSheet_ICN907165.pdf	
Dental	http://www.medicare.gov/coverage/dental-services.html	http://www.medicare.gov/coverage/skilled-nursing-facility-care.html
Ambulance	http://www.medicare.gov/coverage/ambulance-services.html	
Transportation	http://www.medicare.gov/coverage/transportation.html	
Other (Capture costs for non-RX services not otherwise specified) - COVERED	Defined by Applicant	
Other (Capture costs for non-RX services not otherwise specified) - NOT COVERED	Defined by Applicant	
Prescription Drugs (Outpatient)/Part D Drugs	http://www.medicare.gov/part-d/	http://www.medicare.gov/coverage/skilled-nursing-facility-care.html
Professionally administered Prescription Drugs/ Part B Drugs	http://www.medicare.gov/coverage/prescription-drugs-outpatient-limited-coverage.html	



Operational Plan (Please upload as .doc or .docx)

This Word template provides an overview of the planned operations that will result in implementation within the first six months of the award. Please complete the template tables and text fields as directed. Please be mindful of the impact of customization and length to printing and page limits. However additional columns and tables may be added as needed.

Please view our web site at <http://innovation.cms.gov/> for reference materials that will be helpful for your application:

- 1) A CMS How-to-Guide entitled “Defining and Using Aims and Drivers for Improvement” that can be used to inform your construction of a driver diagram required in the Operational Plan.
- 2) CMS has developed a list of “Recommended Awardee Self-Monitoring Measures” that can be used to select standardized measures for your operational plan. Please refer to the specified source (such as National Quality Foundation) to receive more details on these calculations.

Additional webinars and online resources will be available through our website in the future.

Executive Overview (Please upload as a .doc or docx)

This fillable WORD form is a summary of selected key variables that best describe your project that will assist reviewers in their process. Please complete all fields using the appropriate drop down boxes. Text boxes will expand as text is added; however, please follow the guidelines for length and number of words listed for each field. Some fields on the form are designed as drop-down boxes. To select your choice, please click on the field for the particular question and the list will appear. Click the value that best answers the question, and the answer will then auto-populate.

Actuarial Review (Please upload as .pdf)

Please obtain written signatures on this printed Word document, scan as .pdf, and upload with application where indicated.

This form consists of three separate attestations:

Section 1) Authorizing Official Attestation of the Application

Section 2) Chief Financial Officer Attestation of the Financial Plan

Section 3) Actuarial Certification of the Financial Plan (**ONLY** required for applications over \$10 million in total federal funds for the three year performance period)