



SIM

State Innovation Model

*SIM celebrates one year
of practice implementation.*

INNOVATE

INTEGRATE

TRANSFORM

WHAT IS COLORADO SIM?

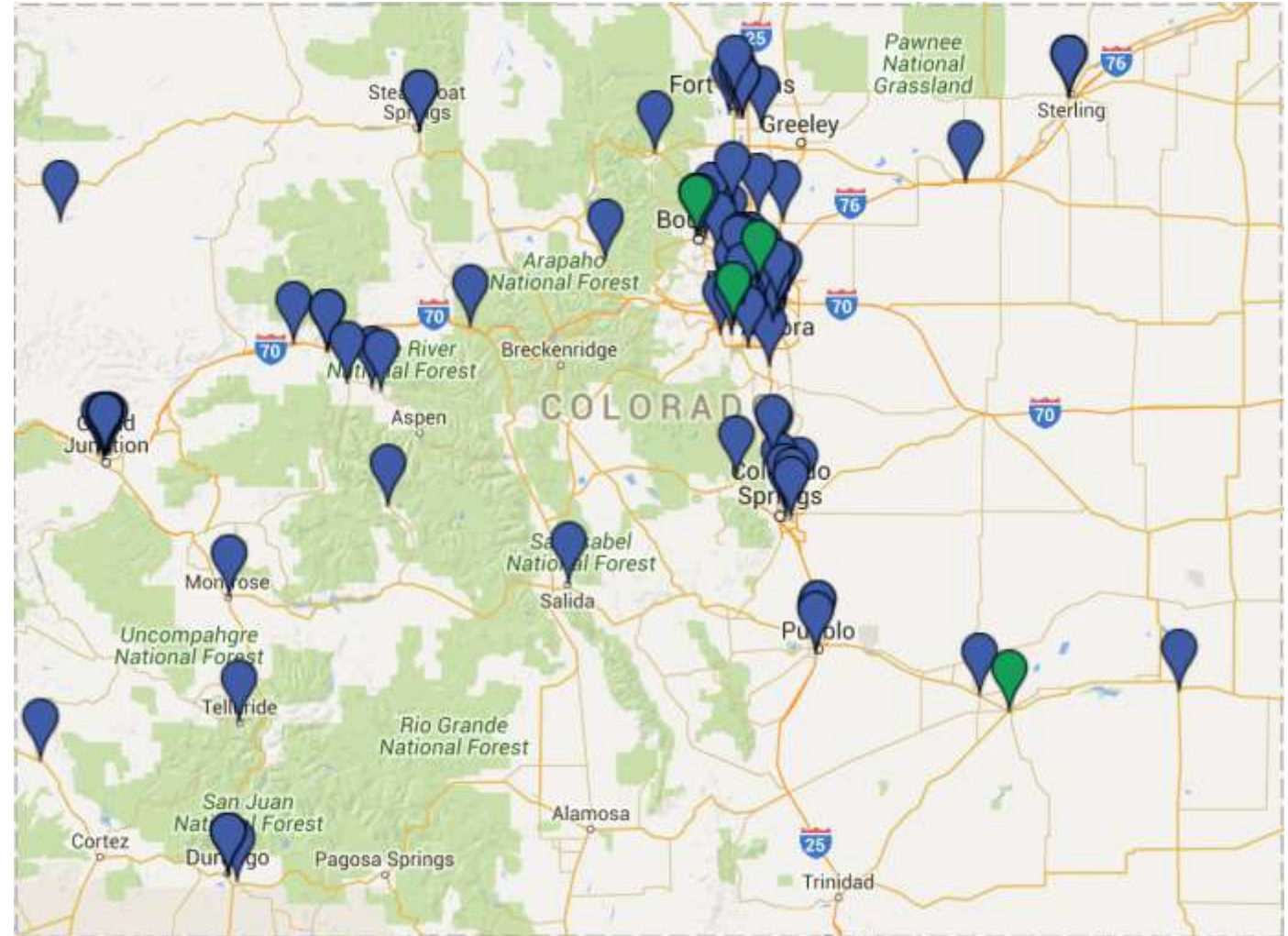


- The Colorado State Innovation Model (SIM), funded by the Centers for Medicare & Medicaid Services, helps practices integrate behavioral health and primary care and test alternative payment models.
- It was one of 11 states selected for SIM model test awards and the only state to focus on integrated care with public and private payers as its primary goal.

Improve the health of Coloradans by providing access to integrated physical and behavioral healthcare services in coordinated systems with value-based payment structures for 80% of Colorado residents by 2019.

PRACTICE TYPES IN COHORT 1

- Rural: 33
- Pediatrics Only: 22
 - Mixed Pediatrics : 8
- CPC Practices: 32
- School Based Health Centers: 3
- Residency Programs: 7
- FQHCs or Look-Alikes: 11
- Average Medicaid %: 31%
- Average Medicare %: 14%
- Annual Patient Visits (All): 626,856
- Total Providers: 909



Mental illness and substance abuse annually cost employers an estimated \$80 to \$100 billion in indirect costs.¹

Source: www.workplacementalhealth.org

[1] Finch, R. A. & Phillips, K. (2005). An employer's guide to behavioral health services. Washington, DC: National Business Group on Health/Center for Prevention and Health Services. Available from: www.businessgrouphealth.org/publications/index.cfm

When employees receive effective treatment for mental illnesses, the result is *lower* total medical costs, *increased* productivity, *lower* absenteeism and *decreased* disability costs.

Source: <http://www.workplacementalhealth.org/Business-Case.aspx>

SELF-INSURED EMPLOYERS



Updated Self-Insurance Table (from CO State Profile)		
% of employers self-insuring, 2015		
	Colorado	United States
Total	43.2%	39.0%
Firms with less than 50 employees	11.4%	14.0%
Firms with 50 or more employees	70.9%	62.6%
% of workers in self-insured plans, 2015		
Total	60.5%	60.0%
Firms with less than 50 employees	5.7%	11.8%
Firms with 50 or more employees	70.7%	68.9%
Data Sources and Notes:		

Medical Expenditure Panel Survey - Insurance Component. These data only include firms that offer health insurance. The Medical Expenditure Panel Survey—Insurance Component (MEPS-IC), sponsored by the AHRQ, samples private and public sector employers from the Business Register, a list of business establishments maintained by the Census Bureau. Summary reports with detailed state-level tables for private sector employers are released in July of each year following the survey year.

**80% of Coloradans
have Access to Integrated Care**

Payment Reform

Development and implementation of value-based payment models that incentive integration and improve quality of care.

Practice Transformation

Support for practices as they accept new payment models and integrate behavioral and physical healthcare.

Population Health

Engaging communities in prevention, education, and improving access to integrated care.

HIT

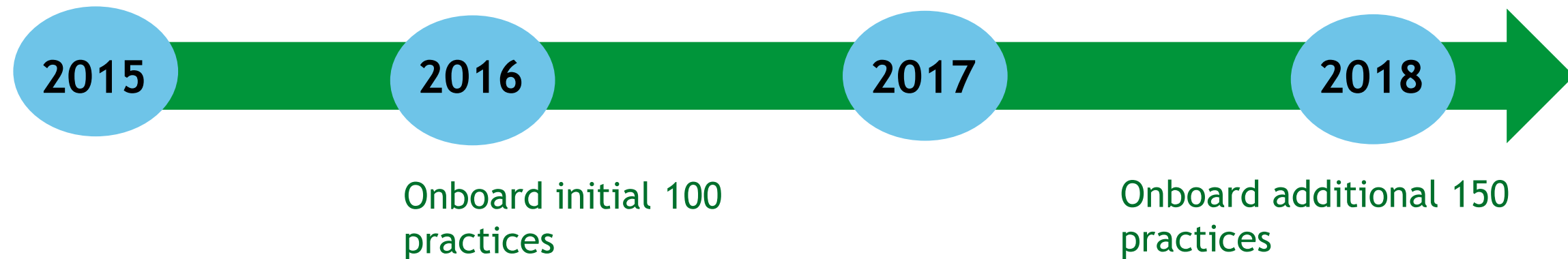
Secure and efficient use of technology across health and non-health sectors in order to advance integration and improving health.

TRANSFORMATION

- **Primary Care Practices:** Integration of physical and behavioral healthcare in 400 primary care practice sites and four bidirectional health homes during the four-year award period.

Ramp-up, including
practice assessment tool
and IT infrastructure

Onboard additional
150 practices



- **Bidirectional Health Homes:** Integration of primary care into four community mental health centers with a focus on serving individuals with severe mental illness who do not already have a regular source of primary care.

Grants

SIM practices can apply for competitive small grants of up to \$40,000 to offset initial costs of integration

Alternative Payment Models

SIM practices will be supported with value-based payments from at least one of seven payers that signed the MOU

Achievement-Based Payments

SIM practices are eligible to receive achievement-based payments of up to \$13,000.



SIM Primary Care Practices



RHC CHITA PF

Practice coaches

SIM practices are matched with practice transformation organizations that provides them with a practice facilitator and/or a clinical health information technology advisor as well as other technical assistance.

RHCs

SIM practices are matched with a regional health connector, who connects them with community resources

Business Consultation

Practices receive resources and assistance to improve business processes and succeed in alternative payment models

KEY

RHC = Regional Health Connector
CHITA = Clinical HIT Advisor
PF = Practice Facilitator

- SIM helps providers test alternative payment models and effectively negotiate value-based contracts.
- SIM is expected to save or avoid \$126.6 million in healthcare costs and have a 1.95 return-on-investment by the end of the program.
- SIM expands access to care through telehealth by giving 52 providers access to broadband.
- SIM is creating a HIT solution for effective data sharing between providers.
- 7 insurance companies support the SIM initiative.

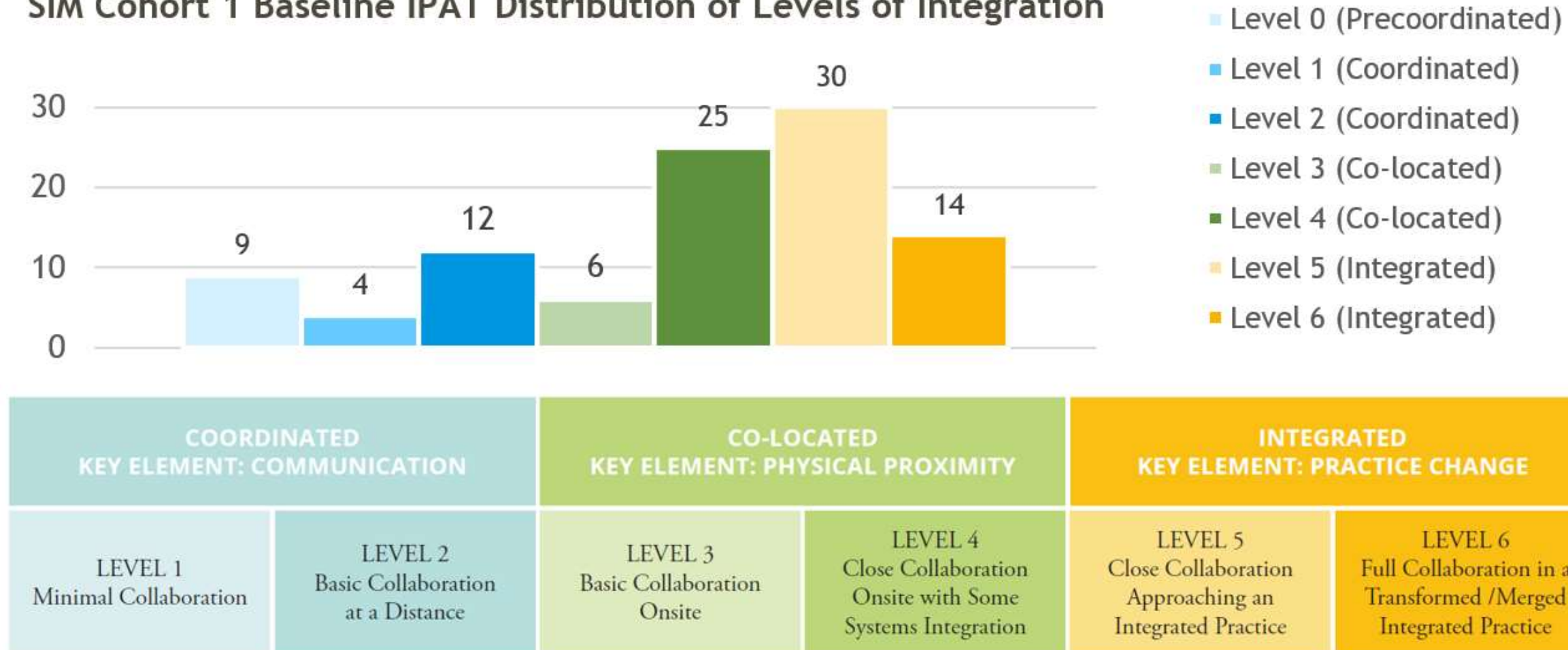
7 health insurance companies in Colorado signed a memorandum of understanding with the SIM Office, in which they committed to work collaboratively to transform the way integrated care is delivered and supported in SIM practice sites within these networks.

These payers are collaborating to:

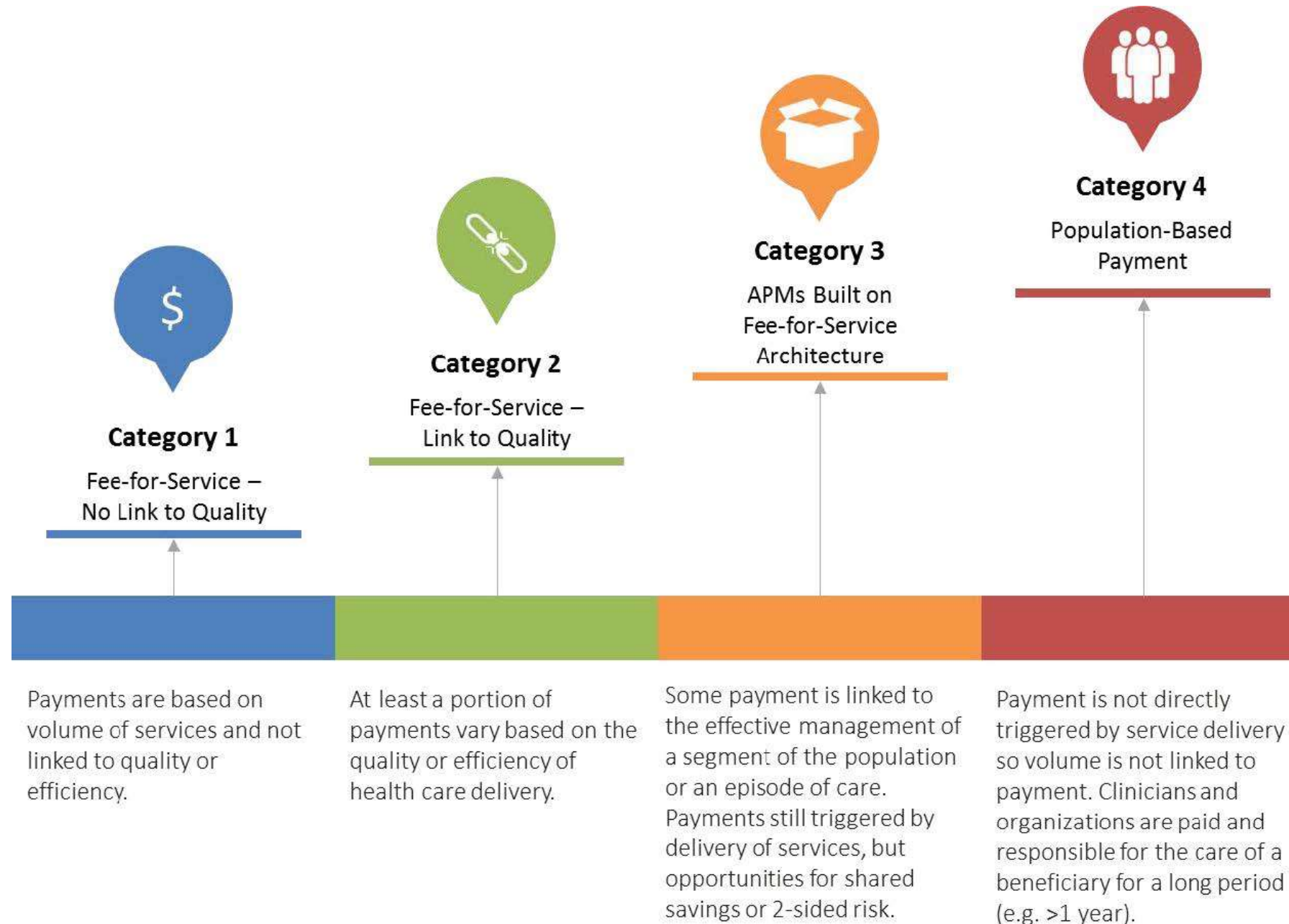
- Support the delivery and coordination of integrated care that improves population health, increases quality and reduces costs
- Increase providers' abilities to manage whole-person care
- Develop infrastructure to support integration
- Encourage practice sites to evolve towards higher-levels of integration with support from alternative payment models

SIM COHORT 1 BASELINE STATUS: BEHAVIORAL HEALTH INTEGRATION (FROM IPAT)

SIM Cohort 1 Baseline IPAT Distribution of Levels of Integration



ALTERNATIVE PAYMENT MODEL FRAMEWORK



SIM PAYER FRAMEWORK

Payer	HCPLAN Framework Level	SIM Model
Anthem Blue Cross Blue Shield	3	Enhanced Personal Healthcare (EPHC) or looking at individual provider's fee schedule if EPHC is not available in their geography.
Cigna	3	PMPM with Share Savings Opportunity
Colorado Choice Health Plans	3	Per Member per Month Care Management Fee/ Shared Net Savings
Colorado Medicaid (Colorado Department of Health Care Policy and Financing)	2	Accountable Care Collaborative Behavioral Health Integration Program
Kaiser Permanente	3	Fee for Service, Fee for Service - Link to Quality & Value & Population Based Payments - MOU with Colorado Permanente Medical Group
Rocky Mountain Health Plans	3 and 4	Enhanced Fee-For-Service with shared savings/upside arrangements; Population Based Payments; Enhanced Global Payments
UnitedHealthcare of Colorado	2	Accountable Care Collaborative: Primary Care Physician Initiative/Behavioral Health Integration Program (PCPi/BHI)

The application for cohort 2 opened Feb. 15: <http://bit.ly/simapplication> with key changes made to the initiative based on feedback from cohort 1 practices and stakeholders.

We hope to recruit 150 practices and welcome your support.



SIM

State Innovation Model

THANK YOU!



COLORADO
Office of the Governor
Gov. John Hickenlooper

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