

***Administration on Aging
Affordable Care Act Training
The Health Care Innovation Challenge
December 8, 2011
1:00 - 2:00 pm Eastern***

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question and answer session of today's conference.

At that time you may press star 1 to ask a question. I would like to inform all participants that today's conference is being recorded. If you have any objections you may disconnect at this time.

I would now like to turn the conference over to Ms. Marisa Scala-Foley. Ma'am you may begin.

Thank you so much, Jennifer. Good afternoon, everyone. Good morning to those of you who may be on the West Coast.

As Jennifer mentioned my name is Marisa Scala-Foley. I work in the Office of Policy, Analysis and Development at the Administration on Aging.

Thank you so much for joining us for this month's Webinar. Actually our last Webinar for calendar year 2011, but it's our latest in a series of Webinars that have been focused on opportunities for the aging network within the Patient

Protection and Affordable Care Act, also known as the Affordable Care Act or the ACA.

This Webinar series is designed to provide the aging network with the tools that you need to participate in ACA related efforts such as the one we're going to talk about today, the Health Care Innovation Challenge.

On November 14 Secretary Sibelius announced the Health Care Innovation Challenge from the Centers for Medicare & Medicaid Services', or CMS' Innovation Center.

The Health Care Innovation Challenge is a new initiative that is designed to test creative ways to deliver high quality care and reduce costs across the country.

The challenge will award up to \$1 billion in total grants to applicants who will implement the most compelling ideas to deliver on the three part aim of better health, improved care, and lower cost to people who are enrolled in Medicare, Medicaid, and CHIP, particularly those with the highest health care needs.

Today's Webinar is designed to give you the opportunity to hear more about the funding opportunity announcement directly from the Innovation Center staff who have joined us and who I will introduce in a minute or two and ask any questions you may have.

Please note though CMS cannot answer questions about whether a specific program idea that you may have is fundable.

They can however provide clarification on the Funding Opportunity Announcement also known as the FOA and the provisions therein.

So a couple of housekeeping announcements before I introduce our speakers, first, if you have not yet done so please use the link that was included in the email confirmations and the reminders that you received to get onto WebEx so that you can not only follow along with the slides as we go through them but also ask your questions when you have them to chat.

If you don't have access to the link that we emailed you, you can also go to the WebEx Web site at www.webex.com. Again that's www.webex.com.

Click on the Attend a Meeting button at the top of the page and then enter our meeting number which is 669423353. Again that meeting number is 669423353.

If you have any problems getting into WebEx please call WebEx's technical support at 1-866-569-3239. Again that's 1-866-569-3239 for WebEx technical support.

And as (Jennifer) mentioned all of you, all participants are in listen-only mode, however we do welcome your questions throughout the course of the Webinar.

There are two ways that you can ask your questions. We will take the majority of our questions through the Chat function in WebEx which makes it really important for you to logon to the Web site so that you can in fact asked those questions.

You can enter your questions and we will sort through them and answer them as best we can when we take a break for questions after our speakers present.

In addition in the final the last five minutes or so of the Webinar we'll offer you a chance to ask your questions through the audio line.

When that time comes (Jennifer) will give you instructions as to how to cue up to ask you questions.

And as always if there are - we anticipate that there will probably be a lot of questions. If there are any questions that we can't answer and that you'd like us to follow-up on please you can email them to us at affordablecareact@aoa.hhs.gov.

Again that's affordablecareact@aoa.hhs.gov. But please do use the Chat function to ask your questions through the - during the course of the Webinar.

Finally as (Jennifer) also mention we are recording this Webinar. We will post the recording, the slides, and a transcript of the Webinar on the AOA Web site as soon as possible hopefully by the end of next week.

So with that I think we're done with our housekeeping announcements. So we are thrilled to have with us today two people who are working directly on the Health Care Innovation Challenge and who have been doing a lot of presenting on this I know over the course of the past couple of weeks.

So we are thrilled to have with us, I'll introduce them one at a time. First is Dorothy Frost Teeter who is a Senior Advisor for Policy and Programs with the Center for Medicare and Medicaid Innovation.

Ms. Teeter has over 25 years of experience working as a Senior Health Care Executive, Public Health Leader, Hospital Administrator, Consultant, Health Policy Advisor and speaker on issues related to quality, health information

technology, financing, and improving population health in public health and health care services delivery settings.

Prior to her position with CM - with the Innovation Center she served in roles both as Interim Director and Health Officer and as Chief of Health Operations for public health in Seattle in King County.

Also joining us today is Erica Tibbals who is a Health Information Specialist with the Center for Medicare and Medicaid Innovation.

She is part of the Learning and Diffusion and Population Health Models Groups where she is responsible for advising and supporting the development of new models being tested by the Innovation Center.

She previous - she has also worked for Strategic Healthcare, a health care consulting firm in Washington DC as a legislative fellow before joining the Innovation Center.

So we are thrilled to have both Dorothy and Erica with us. And with that I will turn things over to them so that we can begin the substance of this Webinar.
Dorothy and Erica?

Dorothy Frost Teeter: Thanks so much for that kind introduction and we are - both Erica and I are really excited to be here today.

We are absolutely thrilled to be able to get the word out about this challenge from the Innovation Center. And so even though we've been out on the road talking about it a lot we don't ever tire of getting the word out.

And we're really looking forward to your questions today to make sure we can answer as many as we can.

So I'm going to just go through a series of slides about this challenge and talk through kind of what we're hoping to achieve with the challenge awards. And then maybe after we've done all of the slides we can go back and take questions.

So just to start a little tiny bit about the Innovation Center, we're about a year old now in November of last year is when the Innovation Center was up and running or getting started up.

And just the mission statement I think for the center is really important and is we're hoping to have the spirit of this - these themes throughout all the work we do and including this new Innovation Challenge.

So I am going to read this just because I just like the way it sounds and it'll set us a nice framework I think going forward.

So the mission statement is for the center to be a constructive and trustworthy partner in identifying, testing and spreading new models of care and payment that continuously improve health and health care for all Americans.

So just keep that in mind as we're going through because I think the idea of the identification testing and spread of new models is what we're after here.

So all what we're really looking forward to are those new ideas that are coming in from the applicants for this challenge and which ones offer us the best opportunity to transform care for all Americans.

These are future system. Again we are, the Innovation Center's very forward-looking. We are beginning - wanting to push the envelope from what we are today out to the future.

And we all know and I know specially people in this audience understands the importance of care coordination, the importance of linking across the health system and the community between a health system and a mental health system, a health system – health care system and a public health system.

And the coordination of care or cross facilities and across entities is really important. We - patient that really needs to be at the center in terms of just not only is what we're doing for them affordable but also can they get the right care at the right place at the right time.

You know, I think the issue of being supportive of the clinical practice teams is extremely important because if we can't think of new and better ways to support them and delivering high quality across effective care we're not going to get too far.

But at the same time if or not connecting out into the community for all of our patients and populations live and work for most of every day we're also not going to be successful.

So really we are looking into this challenge grant as something that is really focused on populations of care or populations where we deliver care across settings in innovative ways.

And so far in the Innovation Center we have been - we have set out several initiatives that have been a little bit more informed before they're out so

we've creative the strategies and then offered people challenge to come in and offered to help us work on those.

This initiative is very exciting because we've known as we've been doing that there's a whole lot of work that's really out in the field that we want to be able to capture and build on and spread those good ideas.

So this Innovation Challenge of \$1 billion is really to work towards what's been happening that's originated in this field.

It's an open solicitation so we are - while we have some core parameters of what we're aiming to do.

So we also are really, really interested in those top-notch high quality ideas that can come in that we can both learn from, test, and then spread to others.

So in this case I think on this slide that we just put up now one of the key constructs within this challenge is I like to use the word speed.

We don't have time to be taking five or ten years to test an idea and see what happens. And we all know the average time it takes to give a new evidence based practice from idea into current line practice can be up to 15 years in the health care system and maybe longer. We don't have that kind of time.

So this challenge is really focused in addition to the ideas on the ability to accelerate system transformation.

And so the models that need to be put in that will be successful applicants will have a really practical and coherent description of how they can be rapidly deployed within six months of award.

We also know that the current system, the way they're constructed are not going to get us all the way there. We know we need new workforce models we - and to help us do that.

We may need cross system conversations and structures that can help people learn more rapidly across settings. And so again, the focus on new infrastructure and speed to delivery is very important.

While the speed and the efficiency with which we do things on these grants is important, the three part aim of better health care, better health and reduced cost through improvement are really what - whenever we've been confused internally as we're starting to write the solicitation we would step back and go is this solicitation focusing at - all applicants on those three aims of better health care, better health, reduce costs?

We absolutely expect that every one of the applicants that describes what they want to do is able to focus on all these for their population that they're focusing on.

And of course the way that that's described it's not only through the idea but actually also through the successful description of an operational plan and implementation that shows how whatever's being done will drive the three part aim, outcomes, and in addition do that in a rapid and effective way.

So I mentioned earlier we have \$1 billion - sorry. I mentioned earlier that we have \$1 billion in support of this initiative.

And that is, you know, that's enough we believe to actually have enough things funded that we can do the testing and the scaling that we think is important.

Again these proposals need to be able to demonstrate how they're going to improve care with the infrastructure and the health care workforce that I mentioned.

In addition - and we will talk a little more about this, the concept of sustainability is really important.

So these proposals that come in also need to be able to demonstrate within the three years and how they think that their idea, how they plan to have their idea be sustained into the future.

You'll also notice on this slide that important that we do have focus on high cost and high risk populations including, you know, multiple chronic conditions, mental health, substance abuse, poor health status due to social economic or environmental factors, the frail elderly.

Those populations where - which in fact require that more innovative approach to do a really good job of meeting their needs and to do it in an effective way.

The infrastructure support I can - I have the advantage now of having listened to some of the questions that have been coming in around infrastructure.

Really important just like workforce is important that a lot of what we are able to achieve will require things like the implementation of clinical registries or the implementation of medication reconciliations, the things that support

clinical practice and the transitions of care across settings. That kind of infrastructure just to support the care team is important in care coordination.

Additionally because of the interest in the Innovation Center and its actual mission to spread and replicate good ideas, the infrastructure around improvement networks or communities collaboratives is also examples of infrastructure that we'll be looking at funding.

So in - on the workforce side there is a special emphasis on this in this innovation challenge.

We know that there are more innovative ways to deliver the services and the care models that we need to do that.

So we are - and we know that we in health care that we need to continue to push the envelope on, you know, highest best use of folks that are in the system now in it and in addition figuring out new kinds of health professionals and new kinds of workers that can do a better job of helping us achieve that triple aim.

So workforce is - it's about 15 - it is 15 points in the weighting criteria. We are very, very interested in those new models that employ and deploy a new kind of workforce.

I'm not going to spend a lot of time on the speed to implementation because I think we've already talked about that.

The one thing I'll notice on this, we'll make a note on this is that training programs as well if relative to workforce are eligible to be funded but they

need to be brief and intensive programs that are connected to the delivery model that's being tested.

Again I'm going to spend a little bit more time on this sustainability concept here. Because again we are interested in the Innovation Center about being able to come up with ways through for the future benefit design or payment approaches, come up with ways that pay for the new models of care if that makes some sense.

We really need people to be thinking through what their sustainability model is. So it could be new payment or design approaches for CMS to consider in the future.

It could be that the sustainability model is a multi-payer approach or a public private partnership that goes forward even beyond the three years.

It could be that there are ideas that, such as the ACOs that are out there right now or different combinations of mental health, public health, and Health Care systems that are sustainable because they can achieve that triple aim.

So we will be looking very carefully at the sustainability pathway that's described in the applications that come in.

We have had several questions about the selection process itself for these awards. Members of the Innovation Center staff itself cannot be on the review panel. It's very important that this be objective. But the review panels will be staffed by a non-innovation center contractor.

And will - the panels themselves will include others non-Innovation Center government and nongovernment leaders.

We are anticipating that there'll be several panelists that will review each qualifying application and that the review will be strictly based on the selection criteria scoring methodology that's in the FOA - in the Funding Opportunity Announcement.

You can see here that these are the selection criteria themselves that are going to be used. And in the more longer FOA or funding opportunity announcement there's more detail on this in terms of what we're looking for in each bucket.

And by the way we will have two more Webinars, most likely both of them next week that will go into more detail about some - how you measure for some of this.

But suffice it to say we're looking for this balance of domains in terms of a criteria. And then within the FOA therefore specific language that you can find actually on Page 26 you can see there on what exactly we're looking for.

This is another question that we've gotten and so I'm able to talk a little bit more about this today.

Just every successful awardee will be assigned - or grantee at that point I guess will be assigned an Innovation Center Project Officer.

And the - that project officer I like to think of as kind of account executive for that project. And that person's job is to be a troubleshooter, a supporter, if there is, you know, questions just really to be there as that person's consultant on the overall project.

And in the process of doing that also that project officer is equally accountable for making sure that what was in a grant solicitation or what the award was for is being carried out completely and the funding is going towards what we all agree, making sure that there are regular reports that will be coming in.

There is an emphasis in here on quality improvement and quarterly reports on performance. So the project officer really making sure of that as well as being that sort single point of contact for the independent evaluation activities that each grantee will also be expected to participate in.

And then finally the project officer will be the one that make sure that the funding from year one to year two, and year two to year three it makes the recommendation for continued funding.

The evaluation plan itself I think again we're going to - performance is both by I think self-evaluation here is not quite what we mean. Well it is carried out by individual grantees but it's really about continuous quality improvement evaluation of processes that people, grantees agreed to carry out.

And then the evaluation contractor will also be monitoring the same - measuring the same things. And these again, you can see the triple aim goals of better care and better health and lower cost and in addition the operational performance of the expected speedy and implementation of the model as well as the work force concept itself.

I mentioned the project officer support which is the individualized support from the innovation center for each specific grantee.

In addition -- and I think this is going to be really exciting -- we've set aside significant support resources within the Innovation Center to create shared learning activities and not only will award - these grantees be expected to participate, I think it's going to be a huge benefit.

They'll be exciting learning opportunities whether it's in conferences, Webinars, peer networks of innovators just to learn from each other.

And then as - if there's some fantastic idea that's a breakthrough, (faster) than anybody thought about a great idea we'll be able to accelerate those ideas throughout the country.

So this will be, I think, a really exciting part of this overall initiative challenge as well.

Okay again since this has been out we've gotten lots of questions about eligibility. Again I think, you know, there are two different things. There are eligible ideas and then there are eligible applicants.

The eligible applicants as it states in the opportunity announcement include all those groups that you see on your screen.

And you'll see the Asterisk there that states are not eligible to apply as awardees. We are operating with states in some other arenas and aware of the needs of states but there's no - they're not - for this particular challenge they're not eligible to apply.

So as people understood that they kept, you know, there's lots of questions so I just thought I'd take this opportunity to say again yes, for profit organizations; yes, not for profit organizations are eligible.

Lots of questions about whether we can have - people can have - submit more than one application from the same entity? The answer there is yes.

And conversely if one entity does submit more than one application they also could be awarded more than one grant award. Local governments as well are able to apply.

We had a couple of other questions that I might as well as just take right now. One is this question about whether if there are limitations on the ability of participants of existing Innovation Center initiatives or demonstrations to apply for and receive awards from the Innovation Challenge?

This has been posted now on our Web site but maybe I'll just read it to you so you can hear it. I'm going to read this just straight from the FAQ from the Web site.

So all participants in existing Innovation Center initiatives or demonstrations are eligible to apply however, the Innovation Center will not award grants to participants in existing center initiatives or demonstrations that if all they're trying to do is propose expanded funding for existing ideas.

The purpose of the challenge is to support innovation ideas beyond those that have already been funded so it's really important concept there.

So they - an existing participant in another program then can submit an innovative proposal that's in keeping with this challenge. And it would be evaluated according to the criteria we've just gone over. So we won't be paying twice for something that's already in place.

I'm not going to read out this award information because I think you can all read it except to point out that required box with a Letter of Intent due December 19, 2011, again the LOI, the Letter of Intent is required.

If you put in an idea at the Letter of Intent and then decide later you want to tweak it, change it, whatever that's fine. We just need to have a Letter of Intent from the organization that they're intending to apply. If that's not in there we will not be considering the application.

Erica Tibbals: All right thank you Dorothy. This is Erica. Just to clarify on the Letter of Intent we've been receiving questions.

If your organization is interested in submitting multiple ideas or multiple proposals to the Health Care Innovation Challenge we do ask that you submit one Letter of Intent per each application you intend on submitting.

Another point of clarification, the letters of intent are mandatory but they are nonbinding. Again they're due this coming - a week from Monday, December 19.

However CMS will not be conducting any prescreening or initial cuts or offering formal invitations to apply to the actual cooperative agreements.

Anyone who submits the Letter of Intent by the deadline is eligible to submit a full application.

Applications can be submitted online at grants.gov. You can see on your screen more information on how to submit an application on grants.gov.

Also as a reminder in order to submit an application on grants.gov all applicants are required to have a Dun & Bradstreet Data Universal Numbering System, a DUNS number and also a central contractor registration number.

These numbers are not required for the submission of Letters of Intent. But in order to actually completed application on grants.gov your organization must have these numbers in place.

We recommend that if you do not already have these numbers that you start that process right away. It can take up to several weeks.

More information and technical support about submitting an application on grants.gov can be found on the grants.gov Web site. At this time we'll go ahead and turn it over to questions.

Marisa Scala-Foley: Okay a couple of - thank you so much, Dorothy and Erica. A couple things before we get to questions.

First of all, we have included as we do with all of our Webinars resources that you can find online that may be helpful as you start to think about a potential Letter of Intent and proposal for the Health Care Innovation Challenge.

On the slide you're seeing on the screen right now we've got links to the general Innovation Center Web site as well as specific links to different materials related to the challenge including their fact sheet, the link to the Funding Opportunity Announcement and the link to frequently asked questions the current list of frequently asked questions.

We've also included a couple of links to the Affordable Care Act related to the Affordable Care Act that you can certainly access.

And finally before we start taking questions through chat I just wanted to let you know that our next training will likely focus on care transitions and long term care.

That was originally what we had scheduled for this month. But then we sort of bump it to next month due to the importance of this announcement about the Health Care Innovation Challenge.

I think, Erica, you wanted to go back to Slide Number 23. Did you have something you wanted to say on that?

Erica Tibbals: Yes. Before we lead into the question and answer period I just wanted to highlight some resources that the Innovation Center has on the Health Care Innovation Challenge in addition to the AOA resources.

Just a reminder our Web site is innovation.cms.gov. And you can find the Funding Opportunity Announcement instructions on how to submit a Letter of Intent in Frequently Asked Questions on our Web site.

In addition as Dorothy mention we will be having two additional Webinars next week next Tuesday, December 13 and next Thursday, December 15 at 2:00 pm.

Those Webinars will go more in-depth on how to put together a budget and financial plan, discussions around measures, more information about developing and articulating a path to sustainability and go a little more in depth on the three part aim.

More information about those Webinars can be found on our Web site. In addition you can also view the slides and presentations of the two Webinars that we've posted this last Tuesday and on November 17. So we encourage folks to take a look at those resources that are already available.

Further you can see our email address. If you have specific questions that have not been addressed in the Frequently Asked Questions or that we don't get to on today's Webinar we encourage you to submit your questions via email to innovationchallenge@cms.hhs.gov.

And just a reminder as we head into the question and answer period because this is a free and open solicitation we're not able to respond to individual ideas or proposals.

We ask that the applicant organizations take a look at the Funding Opportunity Announcement of Frequently Asked Questions. And ultimately it's the responsibility of the organization to determine whether or not they are appropriate to apply. And it's in their organization's best interest to follow through with applying for this funding opportunity.

On that note I think we can go ahead and take questions from the audience.

Marisa Scala-Foley: Okay, great. And just one additional reminder, as we said at the beginning of this call, CMS staff can't respond to questions about individual program ideas but they can answer questions and provide clarification about the Funding Opportunity Announcement.

So with that we've gotten a lot of questions in via Chat. So bear with me as we sort through them.

One of the first questions that we've actually gotten from several people is whether - if you could explain some of the differences between this Innovation Challenge and the Section 3026 Community Based Care Transition Program Awards? Erica and Dorothy?

Dorothy Frost Teeter: Yes, thank you. This is Dorothy.

Marisa Scala-Foley: Sorry.

Dorothy Frost Teeter: I was just thinking about that question. We're not really prepared to talk specifically about the Care Transition Initiative because I don't have it right in front of me.

But we can certainly send a link to what the definitions or what the requirements are for that. So I'm not sure I can sort of do a compare and contrast between the two next.

Marisa Scala-Foley: Okay.

Erica Tibbals: Just as a reminder folks can find more information about the Community Care Transitions Program on the Web site, on the CMS Web site.

Again just to reiterate this is at - this specific funding opportunity is not intended to supplant or replace any existing CMS program.

So we encourage any organizations that are interested in the two programs or potentially participating in a Community Care Transitions Program to take a look at our funding opportunity announcement and decide what the most appropriate course of action is for their particular organization.

And also I believe that Community Care Transitions Program has their own email contact and question and answers or frequently asked questions available on the CMS Web site as well.

Marisa Scala-Foley: And we've done any several Webinars over the course of this past year all of which - on Care Transitions and Section 3026 and the Community-Based Care Transition Program.

Those can all be found on the AOA Web site if you go to www.aoa.gov and click on our Health Reform and the Aging Network button on the right-hand side of your screen you can get access to all of those Webinars where you can get more information about Section 3026 and that program.

Another question that we've gotten is if participants in other CMS demonstrations such as the bundled payment demonstration and pioneer ACO are able to apply for this challenge?

Dorothy Frost Teeter: Yes, I think I answered that during the actual slide presentation. I think the answer is yes but we're not - we will not be doing is just adding more funding to a current idea.

So it has to be a novel idea that's not already being done with one of those other programs. But we do not have any limitations on the organizations themselves submitting a proposal for the Innovation Challenge as long again as it's really focused on the goals of this challenge and it does not have an overlap or duplication of what they're doing in another program.

Marisa Scala-Foley: Okay, so we had a couple of questions related. And we know - while we know that states themselves can't apply for the challenge can state agencies be

part of an application submitted by a community based provider or another eligible entity? Could they be part of the application say as a subcontractor?

Dorothy Frost Teeter: Yes, so a couple different questions there. One is I'm going to just start with what states can do which is they are able to partner with other applicants to facilitate the design and implementation of a challenge proposal and also to help coordinate the implementation and operation.

You know, state personnel can obviously be on advisory groups for any of these but they cannot be directly funded to this either directly or indirectly.

So that role as the convener or as pulling people together that's, you know, fine encouraged if it makes the most sense for whatever the idea is. But that role cannot be funded, the state cannot be funded for carrying out that role.

Marisa Scala-Foley: Okay, thank you for that clarification.

Dorothy Frost Teeter: Erica, did you want to add a little bit more to that?

Erica Tibbals: Sure. And just to clarify by what we mean as states - and I believe we published a frequently asked question on our Web site about this as well.

So by state we mean the actual entity of the state itself or any state agency. We did initially say that state instrumentalities were ineligible to apply.

That actually is not an accurate statement. And we've recently published an updated frequently asked question about that.

Organizations that are run by the state such as state run hospitals or state universities are eligible to apply.

However as Dorothy said, any state agency themselves is not eligible to be an awardee or to receive any funding. That role as a facilitator convener is a great opportunity for states to engage in this initiative.

Marisa Scala-Foley: Okay. We received another question and this is really particular to the aging network. We have several states, for example Delaware and Wyoming that are single planning and service area states.

That is where the state unit on aging basically also serves as area agencies on aging or the local aging network. In such a situation might a state unit on aging be eligible to apply?

Dorothy Frost Teeter: So again I think the answer is no because we're trying to draw that clear line around the roles of states and what they can and cannot receive funding for.

So, you know, again just reminding people that they can partner, they can play that partnership role in terms of facilitation but related to funding as a direct funder or subcontractor there's no process to this grant for them to receive funding for the role that they would play.

Marisa Scala-Foley: Okay, thank you. Another question that we received, if an organization wants to submit multiple applications for different innovations do they need to submit a corresponding number of letters of intent or can it all be done under a single Letter of Intent?

Erica Tibbals: I think we addressed that question earlier in the presentation. But we expect an organization to submit one Letter of Intent per each application they intend on submitting.

We will be cross-walking those Letters of Intent with the actual application submitted. If there are changes to nuances in the program between the Letters of Intent and application that's all right but we need to have one Letter of Intent for each particular project an organization is planning on submitting as a proposal.

Marisa Scala-Foley: Okay, we've gotten several questions related to round two. So I just if you could maybe - or a potential round two of founding. If you could just clarify the circumstances under which, you know, round two may actually happen and if there are any dates associated with that round two yet?

Erica Tibbals: Right. So just to clarify there is an opportunity potentially for the Health Care Innovation Challenge to release a second opportunity to apply for funding.

However, in the Funding Opportunity Announcement the second round is contingent on whether not there is funding available meaning it's entirely possible if we received enough qualified applicants and proposals that we could award all of the funds in this first round of awards.

However, if organizations are interested in applying for the second round of awards they do not need to submit a Letter of Intent by the December 19 deadline.

We will be announcing the second round of awards we anticipate in the spring of 2012. And it will have with it its own set of deadlines and instructions for submitting a Letter of Intent and application. And more information about that will be made available on our Web site at later in 2012.

Marisa Scala-Foley: Okay, I'm just scrolling through some of the questions just to see if there's anything else that we need to answer right now.

If you could clarify one more time how much of the - what the funding limits for the awards are?

Erica Tibbals: So we publish in the Funding Opportunity Announcement that we expect to make awards ranging from \$1 million to \$30 million.

However, that is just an amount that we expect. We will consider proposals requesting funding either less than \$1 million or greater than \$30 million.

Each proposal will be considered based on its own individual merits and be judged according to the criteria in the Funding Opportunity Announcement.

Marisa Scala-Foley: Okay, terrific. We got a question and from Adam who asks if Medicare Advantage beneficiaries can serve - can be a target population under this program?

Dorothy Frost Teeter: Yes, the target populations for the Innovation Challenge as we mentioned is Medicare, Medicaid and/or CHIP so all of those populations including the fee for service and managed care programs that cover those individuals.

Again we - this is really important nuance here. We encourage managed care organizations to propose innovative interventions.

However these funds from the - this challenge cannot be used to supplant or enhance payment for services existing or managed care plans that are currently being paid for.

So again we're very - we want everyone to come up with innovative ideas and submit them because that's the whole focus.

But we cannot be using CMS dollars to supplant or enhance payment to something that's already been paid for under an existing arrangement.

Marisa Scala-Foley: Okay, we got a question from Ella who asks if there is a required cash or in kind match for funding provided through this - through the challenge?

Erica Tibbals: As stated as in the Funding Opportunity Announcement there is no explicit match. There's no explicit requirement for any sort of in kind funding contribution or match.

More information can be found in the Funding Opportunity Announcement. I'll let Dorothy talk a little bit to how that could play into the sustainability piece...

Dorothy Frost Teeter: Yes.

Erica Tibbals: ...of the application.

Dorothy Frost Teeter: Thanks. I was just going to add that there is again there's - this is not a requirement but if applicants are thinking through how they think they're going to be able to, you know, either make this the most robust proposal possible by including some in kind resources and/or if they're thinking forward to the sustainability for some more that the organizations - organization or organizations are committed from their own in kind resources of whatever kind to support this initiative that's absolutely fine. But it is not required.

Erica Tibbals: However as a reminder any awards funding received through this opportunity cannot be used to match any other federal funds...

Dorothy Frost Teeter: Yes.

Erica Tibbals: ...or any state funding and is not intended to supplant any state or federal funding in other programs.

Marisa Scala-Foley: Okay, so I'm scrolling through just to see if there's any - do you have - Cora asks,-- you mentioned that there is up to \$1 billion in funding, do you have any idea approximately how many awards you anticipate making?

Dorothy Frost Teeter: You know, at this point we don't because we - we'll have a little better idea at least on December 19 what the range of ideas are.

But we're trying to speak a balance in the portfolio as a whole in terms of the types of ideas, who is - which populations, et cetera.

And, you know, obviously we - we'll - we probably - we would not be doing, you know, all one for \$1 million. That's much more difficult to administer and just not, probably not administratively possible nor would we be looking only to do things at the top end because then you're going to miss some of the ideas from - that are great ideas but probably don't require as much funding.

So I can tell you more than that right now. We'll be looking for balance and in terms of what we get in as ideas to come up with the final answer to that.

Marisa Scala-Foley: Okay, so a couple questions we've gotten from different people related to partnerships and this challenge.

And first question has to do with if there is any requirement for applicants to partner with others in their community and, you know, really is there any sort of benefit to establishing those partnerships?

I know this was addressed really well in your Webinar on Tuesday but maybe you could provide a little bit of clarification on that right now?

Dorothy Frost Teeter: Yes, thanks for that question. Again we are not putting any bounds one way or the other on anybody's ideas or applications.

But just if you're thinking through the triple aim of better care, better cost and better health, the question needs to be asked is who are the partners?

Can you as an entity fulfill that entire set of performance measures and hit all three aims individually by yourself and/or is it going to be more likely that you're going to be able to get those performance measures achieved with partners?

So I think I would encourage people to think through partnership ideas and yet they are not required. It has to do with your idea and what - how you think you can best achieve it and then does your application reflect what your approach is?

Erica Tibbals: And just to piggyback on what Dorothy said and emphasize there is no requirement for partners. But in our Webinar too we talked a little bit more about ways in which you could partner and advantages of partnering.

And another thing this innovation - this funding opportunity we'd like to fund smaller innovative ideas.

But partnerships are a great way if you have a very small funding or a small request, less than \$1 million perhaps, and you're looking to take that initiative to a broader audience potentially finding a regional partner or expanding that really good idea to a broader population is a good opportunity to look for partnerships and increase the reach and impact of your proposal.

And again we encourage folks to take a look on the Innovation Center Web site and revisit those slides and presentations that we presented earlier this week.

We talk a little bit more about partnerships and also about structuring the ideas and putting together a proposal for this application in general.

Dorothy Frost Teeter: And just one more thing to add, I think we are - CMS as a whole and the Innovation Center in particular is interested in those public-private partnerships and multi-payer approaches that probably can speak to sustainability over the long term in a fairly powerful way.

Marisa Scala-Foley: Okay. We got a question in from Christina. who asks that they would like to partner with other entities in their state. Is there any way that they can find out who else might be applying? Is there anyone sort of serving that in that sort of convener function?

Dorothy Frost Teeter: You know, I - we often wish we could play that matchmaker function or the networking function.

We just simply cannot play that role. So I would suggest that anybody within a state or region or a county does that outreach themselves to find out who - what else is going on. You know, we just simply can't play that role.

As much as we might love to and I think, you know, post award the grantees we can certainly provide lots of networking opportunities amongst them afterwards and - but during this process and this time we cannot do that.

Marisa Scala-Foley: Okay. I think we actually have gotten through all the questions that I think we can answer through Chat.

So I think we'd like to take the last few minutes that we have together and open the lines up for questions. Jennifer, can you give people instructions as to how they can queue up?

Coordinator: If you like to ask a question please press star 1 And record your name clearly. Your name will be required to introduce your question.

To withdraw your request you may press star 2. Once again to ask a question please press star 1 and record your name.

Our first question comes from Pearl Rickless. Ma'am, your line is open.

Pearl Rickless: I would like to know if a program is presented if there's sort of a minimum of number of people that it should have an impact on?

Dorothy Frost Teeter: Yes. That's a good question and it's one that we've been asked before. You know, I think there is no limit. There's no guidance around that.

I think what is helpful to think through is your measurement plan and the denominator or the size of that population that you're focusing on that, you know, to see what kind of information you're going to be able to glean.

So probably a population of two is really not a good idea but we don't have any specific guidance for you in that area.

Except just think again impact. And, you know, we're going to be really interested in what we can learn from all these initiatives.

So perhaps a larger, slightly larger population, not like 1 million people obviously is going to be more helpful.

Pearl Rickless: Thank you.

Coordinator: Our next question comes from Megan Florio. Ma'am, your line is open.

Megan Florio: Hi. Something that was mentioned in the teleconference yesterday which was not really discuss today is if Health Care reform does get repealed will that have any impact on the funding and all these programs?

Dorothy Frost Teeter: I don't believe that this was mentioned at all on our Webinar yesterday and I also - so that gets into the area of conjecture.

And we're operating under the assumption that this funding is there and will continue to be there.

Megan Florio: Thank you.

Coordinator: Next question comes from Harry Tiener. Sir, your line is open.

Harry Tiener: Good morning from Anchorage. My question is, is kind of along the same lines as Pearl's earlier.

We are - we will be working with the seven tribes in Prince William Sound and lower Cook Inlet so a large portion of our project cost is related to travel.

So my question is is there a limit that would be considered for lack of a better term, a cost per client, per patient cost that's acceptable or not acceptable?

Erica Tibbals: So thank you. There's no specific, you know, per member cost or expenditure per person threshold.

Each - that'll be considered relative to all of the other criteria, how they're met, the benefit that's being provided.

There's no specific threshold. It's really sort of up to the applicant to make a case as to why whatever you intend to do and how you intend to spend those funds is a good use of funds.

So we'll be considering the application in its totality. We won't be looking at the individual amount spent per person.

And also we will be hosting two Webinars next week. And one of those Webinars, I believe the Webinar on Tuesday, December 15 - 13th excuse me, will talk more in detail about putting together the budget plans and the financial piece of this application. So that might be of interest to you.

Harry Tiener: Thank you.

Dorothy Frost Teeter: Maybe I'll add one more piece to this which is these are cooperative agreements so that there will be an opportunity for those for whom there are going to be awards to negotiate some of that if one budget line looks a little

out of whack or whatever or there are questions about it. There will be an opportunity to talk that through the specifics at that point.

Coordinator: Our next question comes from Peter Wood. Sir your line is open.

(Peter Wood): Yes. We would be working with a Medicare Advantage Program and adding a new innovative position to their care team. Would this be considered an enhancement and therefore not be eligible?

Erica Tibbals: So unfortunately we're not able to comment or provide feedback on individual proposals or ideas.

As we mentioned earlier Medicare Advantage plans are encouraged to apply however they need to take a look at, you know, what services it is they are providing.

There's more guidance in the Frequently Asked Questions and in the Funding Opportunity Announcement. But I'm sorry we're not able to provide feedback on that specific question.

Peter Wood: Okay. Thank you.

Coordinator: Our next question comes from Beverly Roder. Ma'am, your line is open.

Beverly Roder: Yes. You said that there's - you've talked about how the funding could be spent. But if you were going to integrate something into practices and stuff and you incentivized them or would that be a way - would that be possible to do that?

Dorothy Frost Teeter: Yes, thanks for that question. Again because we are interested ultimately in new payment options and opportunities that's certainly something that would be interested in the relationship between those incentives and improved achievement of the triple aim.

Beverly Roder: Thank you.

Marisa Scala-Foley: Okay I think, Jennifer, we are about out of time at this point. So we need to close things out.

First of all, I want to thank Dorothy and Erica for their time both in preparing for this Webinar and being here with us today.

You really provided us with a lot of food for thought. And I think they're going to be a lot of people are having a lot of meetings in the next couple of weeks to talk about way - models that they might be able to propose for this challenge.

And thank you all to our audience for such stimulating questions.

If you think of any additional questions, first I would encourage you again to visit the Innovation Center Web site at innovations.cms.gov. And they have a Frequently Asked Questions document there so many of your questions might be able to be answered by looking at that.

If there are - if you have other questions that are answered as part of the FAQs or if you have suggestions for future Webinar topics for us here at AOA we will invite you to email them to us at affordablecareact@aoa.hhs.gov.

We want this Webinar series to be as useful to you as possible so we very much welcome your suggestions.

Again, many thanks to Dorothy and Erica for a terrific presentation and for a great Q&A session.

And to all of you, happy holidays and we look forward to having you with us on future Webinars. Thank you so much.

Dorothy Frost Teeter: Thank you.

Erica Tibbals: Thanks.

Coordinator: That concludes today's conference. Thank you for your participation. You may disconnect at this time.

END