State of West Virginia

State Innovation Model Design: Stakeholder Engagement Plan

1 Purpose

The purpose of this Stakeholder Engagement Plan is to outline an approach and methodology for involving stakeholders in development of an aligned and coordinated SIM Model consisting of the core elements described below for the State of West Virginia. This health care model will be developed as part of the State Innovation Model (SIM) Design – Round 2 funding opportunity through the Centers for Medicare and Medicaid Services (CMS). The SIM model will be a comprehensive, integrated health care management plan for West Virginians. Therefore, a tailored and targeted approach to stakeholder engagement will be critical to ensuring that all individuals and groups who will be impacted by the model, once implemented, have the opportunity to contribute to the planning of the model.

2 Background and Methodology

West Virginia is one of 21 states included in the Round 2 funding for SIM Design activities. During the model design phase, the state must produce a detailed and fully developed proposal that is capable of creating statewide health transformation for the preponderance of care within the state.

The state model must include nine core elements:

- **Plan for improving population health**

Will integrate population health strategies with public health officials and health care delivery systems for all populations

- **Health care delivery system transformation plan**

Care will be coordinated across all providers and settings

- **Payment and/or service delivery method**

Will include state's Medicaid population, state employee population, and/or commercial payers'

- **Leveraging regulatory authority**

Develop regulatory approaches to improve effectiveness, efficiency, and appropriate mix of health care work force

- **Health Information Technology**

Describe governance, policy, infrastructure, and technical assistance related to the provision of health information technology within the health care delivery system

- **Stakeholder engagement**

Demonstrate key stakeholder input and commitment to the state's model

- **Quality measure alignment**

Align quality measures across all payers in the state

- **Monitoring and evaluation plan**

Provide quantifiable measures for regularly monitoring the impact of model

- **Alignment with state and federal innovation**

Align model with CMS, HHS, federal and external initiatives

3 Stakeholder Engagement Goals

The goal of stakeholder engagement for the SIM is to develop and sustain partnerships and communication methods that will ensure all SIM stakeholders have the opportunity to take part in the model development, review model materials when available, and provide feedback for modifications, as

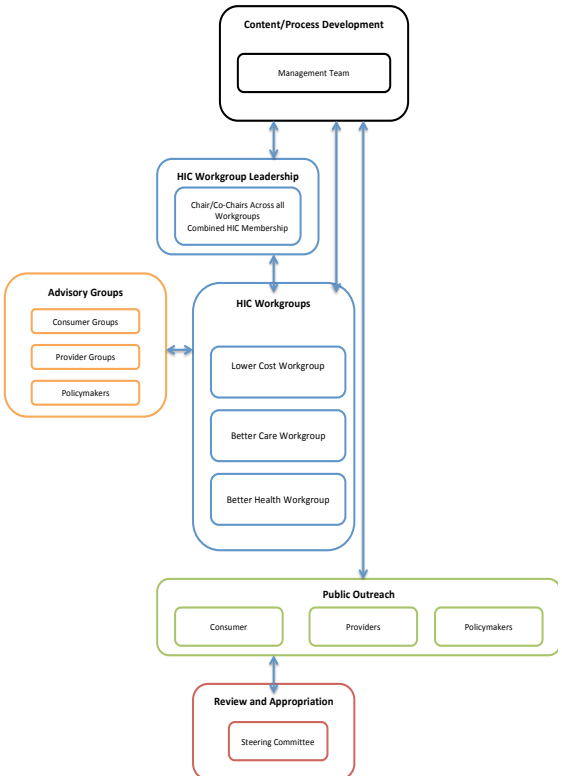
needed and when ready, on all model elements prior to final model approval. We will use an inclusive and transparent engagement approach that will strive to achieve the following engagement aims:

- Identify and engage a broad range of SIM stakeholders in a variety of levels in the model development process;
- Explain the purpose and future planning related to the SIM;
- Identify and expand upon the potential implications of the SIM related to health care quality, delivery, and cost in WV;
- Identify and expand upon the potential implications of the SIM related to the use of Health Information Technology (HIT), data stewardship, governance and exchange;
- Compare, contrast, and finalize health care processes, programs, and policies that are viewed as most appropriate for the SIM from the majority of stakeholders;
- Employ cohesive outreach tools and messages across stakeholders and allow for refinements tailored to each stakeholder's expertise; and
- Link SIM engagement efforts to related planning efforts throughout the state, where appropriate.

4 SIM PROJECT STAKEHOLDERS

The SIM Project will incorporate multiple stakeholders who contribute to and utilize the health care system within the state. Stakeholder input will be solicited and gathered at several points in the engagement process. Individuals in administrative, mid-level, and frontline positions will represent stakeholder groups and organizations as well. Figure 1 summarizes the type and nature of SIM Project stakeholders.

Figure 1. SIM Project Stakeholder Types



Project Management Team

The project management team consists of individuals who represent the Governor's Office, the Cabinet Secretary of the West Virginia Department of Health and Human Resources, the Bureau for Public Health, West Virginia Health Improvement Institute, West Virginia School of Osteopathic Medicine, and West Virginia University. Collectively, these individuals contributed to the original SIM proposal and have been charged with managing the SIM model design phase.

WV Health Innovation Collaborative

WV plans to utilize the framework of *the Collaborative,* and related activities, to facilitate the model design process. Under the direction of the Secretary of the West Virginia Department of Health and Human Resources (WVDHHR), the *Collaborative* includes three workgroups: *Better Health, Better Care,* and *Lower Cost*. Through these workgroups, more than 120 public and private stakeholders have conducted needs assessments and preliminary data gathering that will be needed for planning the model design. Commercial payers, providers, and other stakeholders involved in the

Collaborative participate monthly in meetings as a whole and for each workgroup. These meetings are face-to-face in Charleston, WV. The WVDHHR Cabinet Secretary, Karen Bowling, coordinates the larger *Collaborative* meetings; members of the Secretary's Office or representatives of the workgroup (HIC Workgroup Leadership in figure) lead the individual workgroup meetings on a monthly basis. Additionally, 151 health providers and other stakeholders are connected and contribute to the state planning and discussion through the *Collaborative* listserv. The *Collaborative* framework and composition will assure that representatives from multiple components of state government, state payers, providers, and representatives of stakeholder groups who are involved directly with the *Collaborative* actively contribute to the development of a model that is aligned with CMS' focus of value-based health care delivery and the population health needs of the state. Thus, the Collaborative will serve as the central hub for most of the stakeholder engagement efforts in this SIM project.

Advisory Groups

Individual representatives from an array of consumer, provider, policymaker, and payer groups may already serve as Collaborative workgroup members. However, if they are not currently part of the Collaborative, they will be invited to participate in discussions about the model during the initial planning stage but will also continue to advise in other phases of the process as needed. Examples of these groups may include individuals from the West Virginians for Affordable Healthcare group, the Hospital Association, WV Academy of Family Physicians, AARP, and other groups representing these stakeholder types.

Public Outreach Groups

Public outreach groups include the same type of stakeholders that are embedded throughout the engagement model but specifically focus on individuals working on the frontline of an agency or organization, individual providers who manage their own practice, or individual consumers who utilize the current health care system in the state.

Steering Committee

Chaired by Secretary Bowling, this committee will be composed of eleven individuals who are administrators and/or defined representatives of key decision-making partners within the state. These individuals represent the consumer, provider, policymaker, and payer groups outlined in other levels of the engagement process (see Table 1 for composition).

5 STAKEHOLDER ROLES IN SIM DESIGN PROCESS

Each stakeholder in the SIM engagement process will have particular roles and responsibilities contributing to the success of the model design process. Table 1 provides an introductory listing of stakeholders (individuals and groups) that will be expanded in more detail over time. Stakeholder roles and responsibilities with regard to the stakeholder engagement process are defined.

Table 1. SIM Stakeholders – Their Roles and Examples of Partners Within Each Group

Stakeholder	Role	Represented Entities	Expected Deliverable
Management Team	**Work closely with remaining stakeholders to:** • establish initial parameters of the model and coordinate workgroup assignment and assessment, • coordinate deliverables and reporting requirements, and link workgroups to appropriate TA.	(Samples, Sullivan, Dolly) WV DHHR, (Palas) Tiger Morton Catastrophic Illness Commission, (Coben, Baus, Pollard) WVU School of Public Health, (Cottrell, King, Fitzpatrick) WVU School of Medicine, (Ruseski) WVU Bureau of Finance, (Hassen) WV School of Osteopathic Medicine, (Campbell) WV Health Improvement Institute	• Guidance for strengthening engagement process • Development of goals and targets • Strategic planning • Group facilitation and organization •
HIC Workgroup Leadership	**Work closely with management team and Steering Committee to:** • facilitate workgroup discussions and activities related to model development, • summarize workgroup decisions in report form and identify additional expertise, as needed, • represent workgroup activities when discussing final elements with Steering Committee.	(Williams) Bureau for Public Health-Better Health, (Hassen) WVSOM – Better Care, (Cottrell) WVU SOM-Better Health, (Woodrum) WVU SPH-Better Health, (Sullivan) WVDHHR-Better Care, (Samples) WVDHHR-Lower Cost, (Wiseman) WVDHHR-Lower Cost	• Workgroup facilitation • Model element discussion notes and summary • Workgroup representation to Steering Committee review
HIC Workgroups	**Work closely with management team and Steering Committee to:** • review existing resources within the state that could address the needs of the model element assigned to develop, • compare and contrast options applicable to model element assigned, • identify additional expertise and other resources (e.g., data) needed to define model element		• Model element discussion and summary report • Develop of goals and targets • Incorporation of stakeholder engagement into final draft
Lower Cost		See membership listing (Appendix A)*	
Better Care		See membership listing (Appendix A)*	
Better Health		See membership listing (Appendix A)*	
Advisory Groups	**Work with the HIC workgroups to:** • identify resources that might be needed to successfully complete the element assigned, • recommend potential examples, approaches, materials, and programs to consider	(Maclean) WV University Health System, (Burdick) Cabell Huntington, (Becker) Marshall University and Medicaid Medical Director, (Breinig-Director) State Medical Association, (Drennan-Director) State Behavioral Health Providers Association, (Cline) Managed Care Organizations, (Haugen, VP Financial Policy) WV Hospital Association, (Foster) WV for Affordable Health Care, (Boggs-VP) State Chamber of Commerce, (Johnson-President) WV Primary Care Association, (Wright) Bureau for Public Health, (Wiesendanger CEO) WVMI, (Rubin-President) WV Osteopathic Medical Association, (Pitrolo-Director) WV Health Care Authority, (TBN) WV Rural Health Association	• Business case for providers to join PCMH • Standards/measures/rules development • Subject matter expertise • Policy recommendations for proposed health system reforms • Input on current health care landscape • Feedback on SIM design and implementation plans
Special Focus Experts	**Work closely with the HIC workgroup members to:** • focus on particular model elements that are not represented by the HIC workgroups or require significantly more support from experts in particular fields to address	(Dolly) DHHR -State HIT plan, (Weikle-COO) WVHIN, (Roberts-President) State Chambers of Commerce	• Subject matter expertise • Policy recommendations for proposed health system reforms • Input on the current health care landscape • Identification of existing resources • Standards/measures/rules development
Public Outreach	**Work closely with the planning, management, workgroups, and steering committee members to:**		
Consumers	• provide feedback on model elements through the course of the model development phase	(Shenk) WVFACT, AARP, (Seffrin-CEO) Cancer Society, (Jividen-Quality Improvement Manager) Hospital Association, West Virginians for Affordable Healthcare, (Cummings) WV Human Rights Commission, (Tieman) Claude W. Benedum Foundation, (Hickman) State Social Workers, WV Health Care Association	• Feedback on SIM design and implementation plans • Clinical expertise and standards development • Development of goals and targets • Identification of existing resources
Providers	• provide feedback specific to the: perceived usefulness, potential impact, feasibility, cost, legality, and general satisfaction of model elements by responding to surveys, participating in focus groups, attending town hall presentations, and posting additional comments and concerns in public forums and web posts.	(Parker-Chair) WV Academy of Family Physicians, (Gregory-VP) WV Hospital Association, (Snider-President-Elect) WV Primary Care Association, (McCarthy) Bureau for Public Health, (Berg-Chief Medical Officer) WVMI, (Taylor-President-Elect) State	

		Medical Association, (Milton-President-Elect) WV Osteopathic Medical Association, (Rhodes, Plymale) Rural Health Association, WV Dental Association, (Iarossi-Deputy Commissioner) Bureau for Behavioral Health and Health Facilities, (Jenkins-Director) Lily's Place, (Chambers) Health Care Authority, WV Nursing Association, (Mace) state and local health agencies, (Miller-President) Association of County Health Departments, (Hand) WVU & (Sawhney) MU Schools of Public Health, Individual primary care centers, Nurse Practitioners, (Kelly-President) WV Behavioral Health Providers Association, WV Chapter of American Academy of Pediatrics, WV Chapter of American College of Physicians	
Policymakers and Payers Health Care Training Programs		Bureau for Medical Services, (DeRienzo) PEIA, Highmark, (TBN) Medicaid MCO's, (Foster, Stollings, Ellington-Chair of Health Committee, Takubo-Vice-Chair of Senate Health) state senators, (TBN) WV Alliance for Creative Health Solutions (Walker) WV Higher Education Policy Commission, (xx) State Council Community and Technical College System of WV, (Marsh) WVU medical school, (Shapiro) MU medical school, (Hulsey) WVU Nursing, (Prewitt) MU Nursing, (Mandich) WVU Allied health training programs, (Lyter – President) WV Association of Licensing Boards, (Boisvert VP for Academic Affairs and Dean) WV School of Osteopathic Medicine	
Steering Committee	**Work closely with management teams, and the HIC Leadership to:** • Identify and define elements of the state model that will be discussed (and developed) in more detail by various workgroups and experts; • Identify particular questions, procedural definitions, resources, and other issues that workgroups should address in their work on a particular model element; • Review all summative reports regarding HIC workgroup activities and model element decisions; • Review and consider additional stakeholder involvement in workgroup activities, as needed and outline any missed opportunities for additional input; • Review comments collected through the public outreach efforts to determine if any additional considerations are needed for particular model elements; and • Identify additional questions that would need to be addressed for the particular model element OR finalize and appropriate model element for design process.	(Bowling) Secretary of Health- Chair, (Beane) Commissioner BMS, (Gupta) Commissioner BPH, (Carte) CHIP, (Cheatham) PEIA, (Early) Highmark, (Riley) Insurance Commissioners, (Pitrolo) WV Health Care Authority, (Letnaunchyn) WV Hospital Association, (Bryant) West Virginians for Affordable Health Care Consumer, (Becker) Independent practitioner and Medical Director, Medicaid	• MOA/RFP creation • Development of goals and targets • Policy recommendations for proposed health system reforms • Identification of existing resources • Final report approval • Subject matter expertise

* Membership open to public; increasing to include new stakeholder groups such as employers, self-insured payers, and other state agencies including: housing, vocational services, and transportation.

6 STAKEHOLDER ENGAGEMENT PLAN

The SIM Project stakeholder engagement plan consists of five phases: 1) planning and set-up; 2) development and draft component; 3) public outreach review and input; 4) modification process and final component; and 5) final review and appropriation. These phases will be implemented for each model element, or aspect of the state model that will be developed in the SIM Project. Specific activities within each phase are outlined below. Figure 2 provides further detail about the timeline.

Planning and Set-Up

- Identifying model element and timeline
- Outline general framework model needed to set parameters and focus
- Define workgroup(s) or advising groups who will address model element
- Develop charge particular questions and characteristics of focus
- Develop potential individuals and groups who may have expertise for particular model element
- Finalize charge document and procedures
    - Examples from other states
    - List of programs within the state (where applicable)
    - Data related to the charge
- Provide ongoing support for group(s) working on the model element
- Identify project management team member who will be responsible for the model element and will work closely with group leaders to facilitate future meetings (the number and length of the meetings will vary based on the desire of the groups)

Development and Draft Component

- Group receives charge, list of available experts, any samples from other models, and data/other resources from within the state to support state-specific work/decisions
- Meeting agenda, minutes, and decisional approach will be documented by a member of the management team to ensure stakeholder involvement during the discussion process
- More than one workgroup meeting will be scheduled at varying times to ensure that most of the workgroup is able to contribute to the discussions. All minutes and information will be posted on the SIM Project website for workgroup members (especially those who are unable to attend a meeting) to review and provide comment.
- Workgroup will outline initial approach and identify any additional information that will be needed to complete the charge
- Workgroup will outline additional expertise that is needed (pull from other workgroups, and advisory groups)
- Project management team member who is responsible for model element will co-facilitate the meetings/discussions with the named Chairs of the workgroup and the engagement consultants (to be named)
- Draft summative document for public consumption and feedback by noted deadline

Public Outreach Review and Input

- Identify project team management members and consultant(s) to help facilitate the public sessions
- Each summative document (from earlier group development) will follow CMS deliverable timeline and will include:
    - Short SIM background and purpose
    - Purpose of summative document
    - Particular charge and process
    - Model element plan (details about model approach)
    - Summary and next steps

- The summative document (or components of the document) will be circulated for public consumption using the following approaches:
    - Town halls
    - Focus groups
    - On-line surveys
    - Written form via email, listservs, and websites
- Logistics will be determined by consultant and/or facilitator for each model element
- Each venue will provide a means of reporting questions and modifications as needed/desired
- All feedback will be gathered by the project management team/consultant(s) and given to workgroup for additional consideration

Modification Process and Final Component

- At least one week prior to deliverable deadline, each workgroup will review the summary points from the public outreach phase of the engagement process
- Members will identify any modifications and/or clarifications that are needed to the document
- A final report will be developed

Final Review and Acceptance

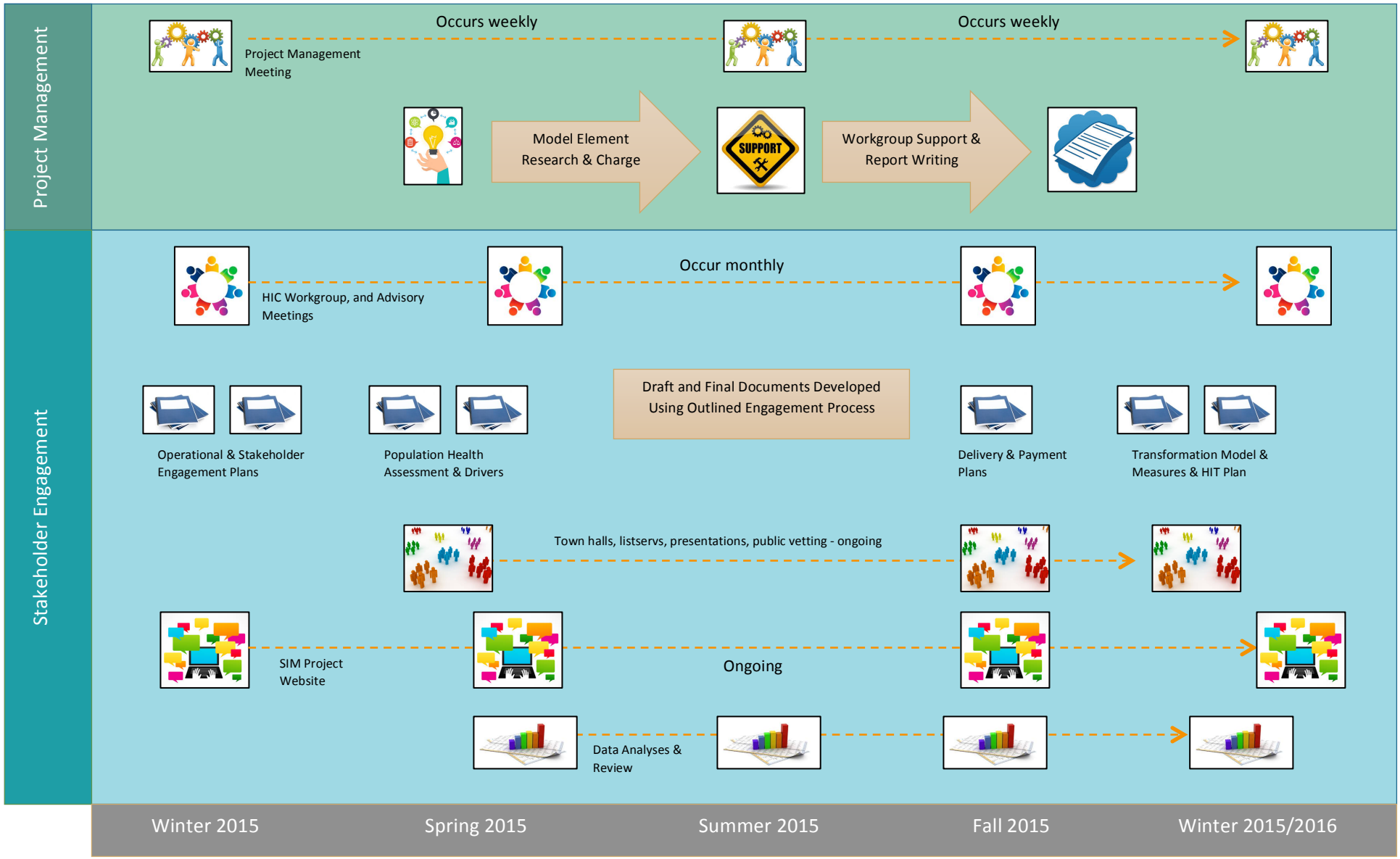
- To make final approval and acceptance of each model element, Steering Committee members will receive the following documents:
    - The original charge summary
    - Attendance records (individuals involved in workgroup discussions)
    - Draft of summative document
    - Summary of public outreach comments
    - Final summative document
- The Steering Committee will discuss and consider the following questions based on the information they receive:
    - Were all stakeholder individuals/groups represented in most or all of the group discussions about the model element? If not, who/what groups need to have input?
    - What are the strengths, areas of improvement, gaps in the summative document that should be addressed prior to model finalization?
    - Were these areas identified in the public outreach phase? What additional issues were raised during this phase?
    - Were the gaps, areas of improvement, etc. resolved in the final summative document?
    - Next steps – can this model element be finalized or does it need more work? What additional work is needed?
- If more work is needed, the specific needs are shared with the group leadership to facilitate additional discussions. Depending on the nature of the additional needs, the document may go to the project management team for clarification in writing, formatting, or other easily modified steps. If additional work is more fundamental, the document may go back to the workgroups with additional instruction to involve essential stakeholders in the process. Consultants may be called into help facilitate this process as well.
- If the document is finalized and accepted, it will go to the Project Management Team to format and incorporate it into the larger deliverable document (e.g., Value-Based Transformation Plan).

Sustainable Engagement

- The engagement process outlined above will be repeated for each model element in the model design phase with the following considerations:

- The stakeholders included in the model development, modification, and approval phases will be tailored to the particular expertise of that model element (stakeholder list will be modified over time as new information is captured from engagement activities);
- Stakeholder engagement summaries (e.g., minutes, transcripts) will be reviewed at each phase and used to modify the engagement process as needed;
- 1:1 meetings may be used to supplement the stakeholder engagement process as needed, depending on the particulars of the model element and stakeholder needs (e.g., initial meetings with payers on their individual plans).

Figure 2. SIM Project Stakeholder Engagement Plan



7 Communication Plan

An essential element of the SIM Project stakeholder engagement plan is how we plan to approach our stakeholders with various SIM messages about the project. Figure 3 visually represents the "tiered engagement approach" we will implement in this project. As noted on page 2 of this plan, individual groups and organizations will be represented by various levels (administration, mid-level, and frontline) of employees in different points throughout the engagement process. Key levels may be introduced at the development stage; other stakeholder levels may be asked to provide critical feedback during the public outreach sessions.

Figure 3. SIM Project Stakeholder Level of Engagement and Targeted Communication Audiences

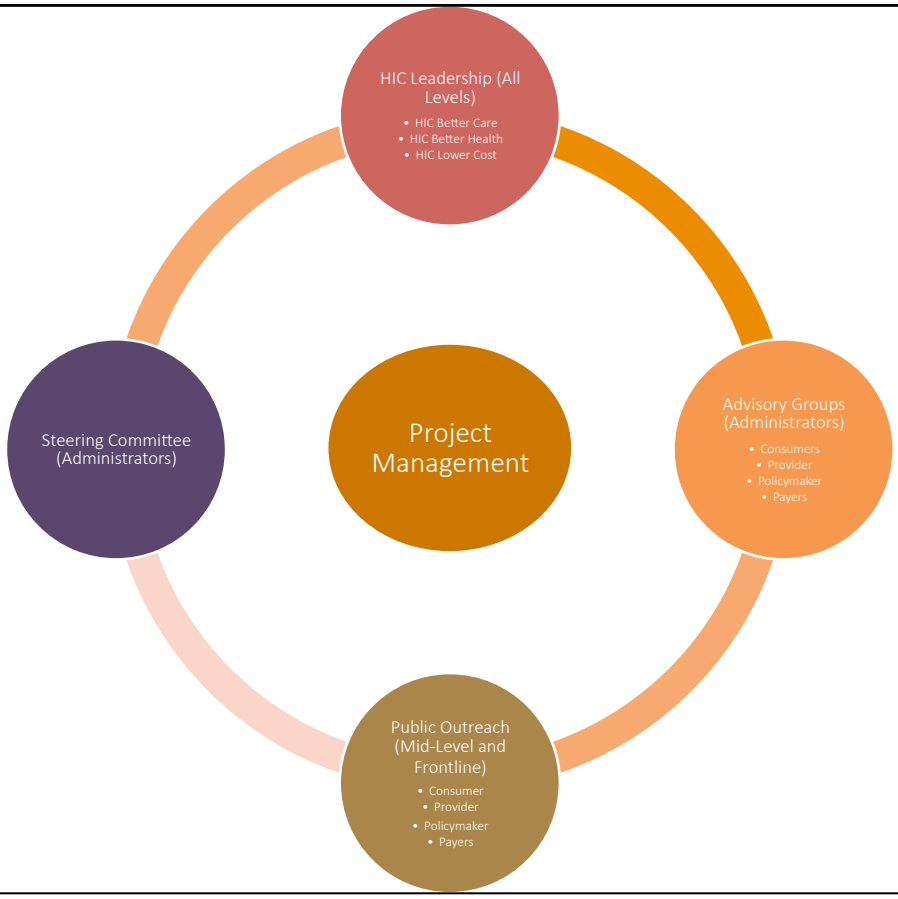


Table 2 (Appendix B) provides a preliminary view of how we conceptualize the need to tailor messages about the SIM Project to our various stakeholders at varying times throughout the project period. This communication plan will be detailed as the project progresses and as the particular nature of the engagement process is tested and modified (as needed). However, our initial planning for the communication messages/stakeholder group will incorporate guidance from Round Two Model Test Awardees[1] as shown in Table 2.[1]

[1] Memorandum to SIM Round Two Model Test Awardees from CHCS regarding stakeholder engagement strategies from SIM awardees

Table 2. Specific SIM Engagement and Messaging Guidance

GROUPS TO ENGAGE	TYPES OF ENGAGEMENT	CONTRIBUTION/MESSAGING
Payers, insurance carriers	HIC workgroup participation Private meetings Surveys Strategic planning sessions	Input on model participation and alignment Discussion of standards, measures Subject matter expertise Model recommendations for reimbursement and infrastructure MOU creation
Consumers	Public outreach sessions/town halls Webinars/presentations Community advisory council presentations SIM website postings Texting/social media	Feedback on current health care system Goals and targets desired Particular services and payment system options
Health care providers - frontline	HIC workgroup participation Focus groups Private meetings Surveys Site visits/"listening tours" Strategic planning sessions Town halls	Policy recommendations for model Feedback on health care delivery model and implementation plan Provider training and resources feedback Current needs in existing model Options for efficient transformation Subject matter expertise
Health care systems – mid-level	Private meetings Conference calls HIC workgroup participation Strategic planning sessions Electronic communication Presentations at existing meetings	
Health care systems – administrators	Private meetings Conference calls HIC workgroup participation Strategic planning sessions Electronic communication	Policy recommendations for appropriate health system reform Infrastructure support and collaborative input for successful model Training needs Subject matter expertise MOU creation
Health care member organizations	Private meetings Conference calls HIC workgroup participation Strategic planning sessions Electronic communication Presentations at existing meetings	Feedback on current model and needs Input on new goals and targets Subject matter expertise Policy recommendations
Advocacy groups	Public and community meetings/town halls Community advisory boards HIC workgroup participation Website postings	Feedback on current model and needs Input on new model and needs Subject matter expertise Policy recommendations for health care reform
Elected Officials	Private meetings Strategic planning sessions Written literature/drafts	Feedback on current health care system Infrastructure needs and identification of other resources that could be used for new model Develop goals and targets
State/Local government agencies	Conference calls HIC workgroup participation Presentation at existing meetings	MOA/RFP creation Feedback on current health care system Define standards, measures, and rules of development Policy recommendations of health care reform
Other statewide and local health entities	Public and community meetings/ town halls Private meetings Conference calls Written communication Webinars Website postings Presentations at existing meetings HIC workgroup participation	Feedback on current health care system Identify existing resources and strengths that could be applied to new model Develop goals and targets for new model Identify standards, measures, and rules of development

8 SUSTAINING STAKEHOLDER ENGAGEMENT AND CONSULTANT PARTNERS

For the SIM Project, stakeholder engagement is not conceptualized as a static process occurring within a vacuum. Rather, our stakeholder engagement will continue throughout the entire SIM project period and be modified, as needed, to maximize the impact of stakeholder involvement. All points of stakeholder engagement will be recorded and summarized so that common themes of concerns, strengths, and recommended modifications to the model can be captured for additional discussion and development. Process evaluations will also be used to ensure the engagement process is appropriate and efficient for facilitating discussions about the model and collecting representative groups of stakeholders. The SIM Project Management Team and contractual partners (stakeholder engagement consultants to be named) will be responsible for implementing the stakeholder plan. The HIC workgroups have individuals who have already been named as chairs of the group and have facilitated meetings in the past. These individuals will work closely with the project management team and the engagement consultants to facilitate the workgroup meetings as well as the public outreach sessions. The engagement consultants will facilitate the Steering Committee meetings with Secretary Bowling (Chair). The project management team and the engagement consultants will work closely together to outline a stakeholder engagement implementation plan that would have additional logistics (specific activities, timelines, and reporting schedule) mapped to the engagement elements outlined in this initial plan. Particular project management team members (Collaborative Coordinator, SIM Project Manager) will design initial communications to stakeholder groups for additional development from the management team, Steering Committee, and other stakeholders throughout the process.

APPENDIX A

Health Innovation Collaborative (HIC) Workgroup Membership

Better Care Workgroup

Alan Ducatman	WVU, Health Sciences Center
Amanda McCarty	WVDHHR, BPH
Anne Williams	WVDHHR, BPH
Arnold Hassen	WVSOM
Ashley Hicks	Higher Education Policy Commission
Barbara Wessels	Wellpoint
Bethany Hall	WV Medical Institute
Betsy Thornton	DHHR, Epidemiology & Health Promotion
Brad Young	CAMC
Byron Calhoun	CAMC
Chris Budig	WV Telehealth Alliance
Chris Clark	GOHELP
Chris Zinn	Hospice Council of WV
Christena Ross	CAMC
Christine DeRienzo	PEIA
Crystal Welch	WV Medical Institute
Dan Christy	DHHR, BPH
Dan Mace	DHHR, BPH
Dana King	WVU Health Care
David Rapp	Wheeling Hospital
Dick Wittberg	Marshall University
Drema Mace	Logan Health Department
Erin Snyder	Center on Budget and Policy
Gary Murdock	WVU Health Care
Georgia Narsavage	WVU, Health Sciences Center
Hersha Arnold Brown	American Cancer Society
Idania Blankenship	WVU Health Care
Jamie Jeffrey	CAMC
Jason Roush	WVDHHR, Oral Health Program
Jean Kranz	WV Health Improvement Institute
Jeff Wiseman	WVDHHR, Secretary's Office
Jennifer Boyd	WV Primary Care Association
Jeremiah Samples	WVDHHR, Secretary's Office
Jerry Roueche	Consultant
Jim Kranz	WV Hospital Association
John Yauch	WVDHHR, BPH
Karen Fitzpatrick	WVU Health Care
Kathleen Stoll	Families USA
Kristi Williams Dumas	Federal Bureau of Prisons
Linnet McCann	Thomas Hospital
Michelle Chappell	American Cancer Society
Nancy Cipoletti	WV Bureau of Senior Services
Nancy Exline	DHHR, Bureau for Children and Families
Nancy J. Sullivan	WVDHHR, Secretary's Office
Nancy Tyler	WV Nurses Assoc. & Home Care Assoc.
Pam King	WV Insurance Commission
Paul Kaplan	Highmark
Phil Shimer	TSG Solutions
Renate Pore	WV Center on Budget and Policy
Rocco Fucillo	WVU
Sara Murray	Lilly' Place
Shannon Parker	WV Primary Care Association
Stephanie Moore	WVDHHR, PBH
Suzanne Evans	Westbrook Health Services
Taya Williams	DHHR, BPH
Ted Cheatham	PEIA
Terri Giles	West Virginian's for Affordable Health Care
Tim Hazelett	Cabell County Local Health Department
Tony M. Leach	DHHR, BPH
Tony Martinelli	Wheeling Hospital
Twila Neil	PEIA
Valerie Jividen	WV Hospital Association

Better Health Workgroup

Amanda McCarty	WVDHHR, BPH
Amy Weintraub	WV Free
Anne Williams	WVDHHR, BPH
April Vestal	WVU, Health Sciences Center
Arnold Hassen	WVSO
Barb Baxter	WVDHHR, BCSE
Barbara Wessels	Wellpoint
Bethany Hall	WV Medical Institute
Betsy Thornton	DHHR, Epidemiology & Health Promotion
Byron Calhoun	CAMC
Chris Clark	GOHELP
Chris Zinn	Hospice Council of WV
Christina Mullins	WVDHHR, Maternal, Child and Family Health
Christine DeRienzo	PEIA
Cindy Hanna	CAMC
Cindy Kittle	WV Hospital Association
Dan Mace	WVDHHR, BPH
David Judd	Marshall University
Dick Wittberg	Marshall University
Erin Snyder	WV Center on Budget and Policy
Helen Matheny	Blanchette Rockefeller Neurosciences Institute
James B. Becker	WVDHHR BMS & Marshall University
Jamie Jeffrey	CAMC
Janine Breyel	WVU, Health Sciences Center
Jason Roush	WVDHHR, Oral Health Program
Jean Kranz	WV Health Improvement Institute
Jeff Coben	WVU, Health Sciences Center
Jeff Wiseman	WVDHHR, Secretary's Office
Jeremiah Samples	WVDHHR, Secretary's Office
Jerry Roueche	Consultant
Jessica Wright	WVDHHR, BPH
Jim Nemitz	WVSOM
John Yauch	WVDHHR, BPH
Judy Crabtree	CAMC
Julie Palas	Tiger Morton Catastrophic Illness
Kenneth J. Devlin	WVDHHR, BMS
Lauri Andress	WVU, Health Sciences Center
Leslie Cottrell	WVU, Health Sciences Center
Lisa Lee-Ranson	WVDHHR, BPH
Lorenzo Pence	WVSOM
Louise Reese	WV Primary Care Association
Martha Walker	Consumer
Michael Adelman	WVSOM
Nancy J. Sullivan	WVDHHR, Secretary's Office
Perry Bryant	West Virginian's for Affordable Health Care
Rev. Ron English	Consumer
Robert E. Roswall	WV Bureau for Senior Services
Rocco Fucillo	WVU, Health Sciences Center
Sarah Woodrum	WVU, Health Sciences Center
Stephanie Moore	WVDHHR, BPH
Taya Williams	WVDHHR, BPH
Ted Cheatham	PEIA
Terri Giles	West Virginian's for Affordable Health Care
Tim Hazelett	Cabell County Local Health Department
Tony Gregory	Wv Hospital Association
Wayne Miller	WVSOM
William Neal	WVU, Health Sciences Center

Lower Cost Workgroup

Amanda McCarty	WVDHHR, BPH
Angie Settle	WV Health Right
Anne Williams	WVDHHR, BPH
Arnold Hassen	WVSOM
Barbara Wessels	Wellpoint
Becky Carter	WVDHHR, BMS
Bethany Hall	WV Medical Institute
Betsy Thornton	DHHR, Epidemiology & Health Promotion
Bob Whitler	CAMC
Brenda Harper	Wellpoint
Brent Tomblin	CAMC
Carol Haugen	WV Hospital Association
Carrie Brainard	Wirt County Health Department
Chip Sovick	Fitch & Associates
Chris Budig	WV Telehealth Alliance
Chris Clark	GOHELP
Christine DeRienzo	PEIA
Dan Mace	WVDHHR, BPH
Daniel Foster	CAMC
David Campbell	WV Community Health Network
Debrin Jenkins	WV Rural Health Association
Dick Wittberg	Marshall University
Donna Sands	Highmark
Ellen Potter	WV Insurance Commission
Erin Snyder	WV Center on Budget and Policy
Eugenie Taylor	WV Chamber of Commerce
Fred Earley	HIghmark
Gerry Stover	WV Academy of Family Physicians
Jane Cline	Spilman Law
Janelle Graves	WV Primary Care Association
Jason Landers	Highmark
Jason Roush	WVDHHR, Oral Health Program
Jean Kranz	WV Health Improvement Institute
Jeff Wiseman	WVDHHR, Secretary's Office
Jennifer Gibson	Wood County Committee on Aging
Jeremiah Samples	WVDHHR, Secretary's Office
Jerry Roueche	Consultant
John Earles	Logan Healthcare Foundation
John Law	Kanawha-Charleston Health Department
John Moore	Bowles, Rice
John Wiesendanger	WV Medical Institute
Joylynn Fix	WV Insurance Commission
Kathleen Stoll	Families USA
Kristi Walker	Community Care of WV
Larry Malone	Governor's Office
Laura Boone	Higher Education Policy Commission
Lisa Lee-Ranson	DHHR, BPH
Martha Cook Carter	Family Care of WV
Mary jane Pickens	Spilman Law
Michelle Coon	Aetna
Misty Enos	Center for Organ Recovery & Education
Nancy Tyler	WV Nurses Assoc. & Home Care Assoc.
Pam King	WV Insurance Commission
Paul Kaplan	Highmark
Penney Hall	WVDHHR, BMS
Perry Bryant	West Virginians for Affordable Health Care
Phil Shimer	TSG Solutions
Phil Weikle	WV Health Information Network
Rahul Gupta	WVDHHR, BPH
Renate Pore	WV Center on Budget and Policy
Rocco Fucillo	WVU
Sarah Chouinard	Community Care of WV
Sharon Carte	WV CHIP
Sherri Ferrell	WV Primary Care Association
Stacey Shamblin	WV CHIP
Susan Stuart	Center for Organ Recovery & Education
Taya Williams	WVDHHR, BPH
Ted Cheatham	PEIA
Terri Giles	West Virginians for Affordable Health Care
Toby Wagoner	WVDHHR, BPH
Tony Atkins	WVDHHR, BMS
Tony Gregory	WV Hospital Association
William G. MacLean	WVU, Health Sciences Center

Appendix B

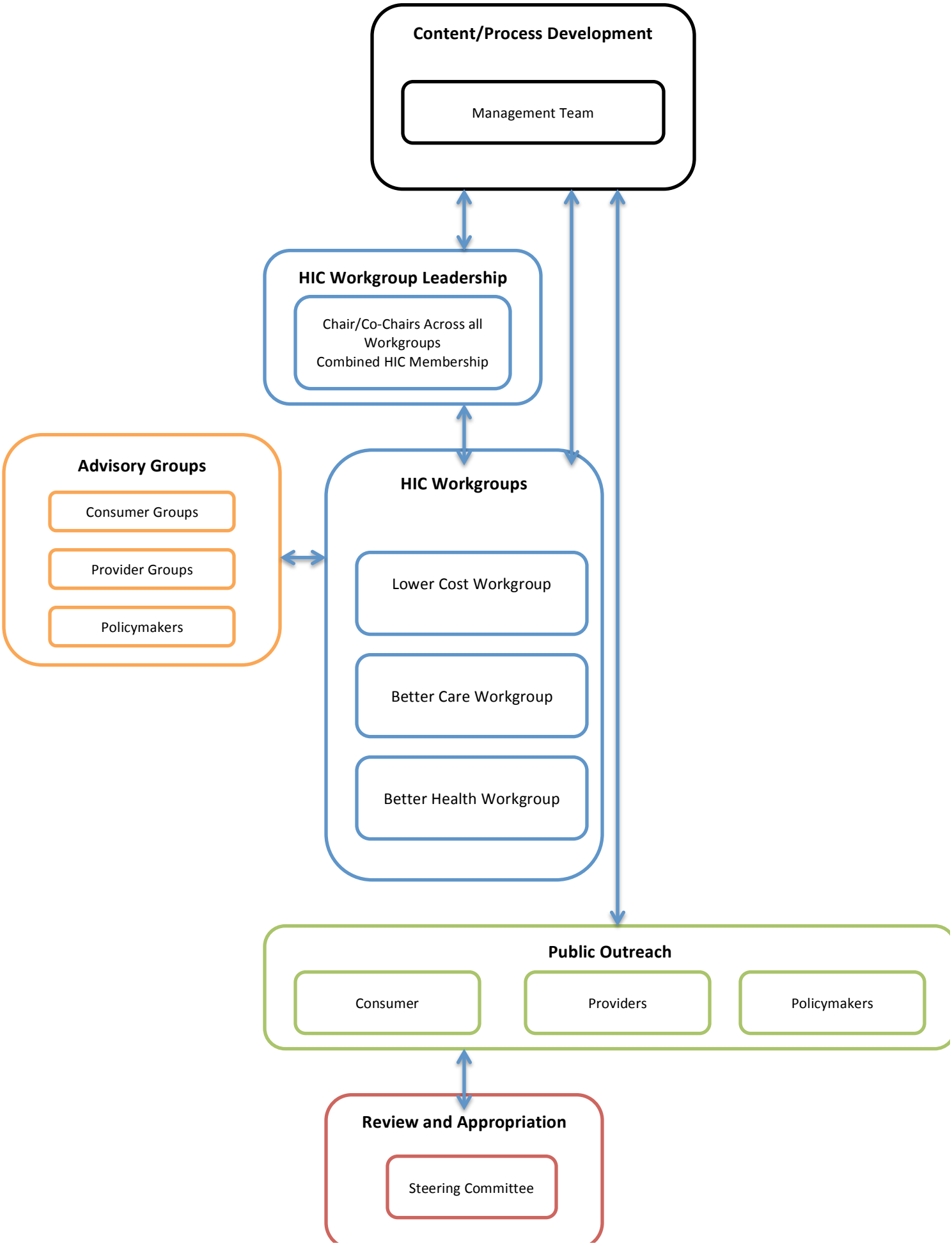
Period Highlight: 5

STRATEGIC COMMUNICATION PLAN

AUDIENCE (WHO)	MESSAGE (WHAT)	INTENT (WHY)	MEDIA (HOW)	FREQUENCY	PERSON(S) RESPONSIBLE	PROJECT MONTH FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Project Management Team	Weekly Reports	To update on project progress	Written, email	Weekly	Admin Assistant	X	X	X	X	X	X	X	X	X	X	X
Project Management Team	Operational Plan Draft	To provide initial review of organizational elements	Written	Once	Coben	X										
Project Management Team	Operational Plan Final	To provide final description of SIM organization	Shared documents	As needed	Coben	X										
Project Management Team	Stakeholder Engagement Draft	To provide initial review of engagement plan	Written	Once	Cottrell & Sullivan		X									
Project Management Team	Stakeholder Engagement Final	To update and finalize engagement plans	Shared documents	As needed	Cottrell & Sullivan		X									
Project Management Team	CMS Communication	To communicate all CMS messages about SIM-related activities	Email	As needed	Project Manager	X	X	X	X	X	X	X	X	X	X	X
Project Management Team	Management Planning Documents	To review planning activities and obtain feedback	Written, email	As needed	Project Manager	X	X	X	X	X	X	X	X	X	X	X
HIC Leadership	SIM Deliverable descriptions and timeline	To provide an overview of SIM project deliverables, their role in the model design process, and timeline	Shared documents	As needed	Coben	X	X									
HIC Leadership	SIM Operational Plan Final	To recognize management support and contacts	HIC website, written	As needed	Coben	X	X									
HIC Leadership	SIM Stakeholder Engagement Plan Final	To identify, help facilitate, and implement final plan	HIC website, written	As needed	Cottrell & Sullivan		X	X								
HIC Leadership	Individual workgroup assignments	To review assigned model elements to workgroups for development	Written, email, in person	Monthly	Hassen, Sullivan, Cottrell		X	X								
HIC Leadership	SIM workgroup charge booklet	To outline charge, potential partners, specific questions that need to be addressed, and support for work on element	Written, email	Each meeting	Project Management Team			X	X	X	X	X	X	X		
HIC Leadership	Facilitator Training	To develop skills that will be necessary to facilitate workgroup discussions about model elements	In person	Once	Project Management Team			X	X							
HIC Workgroup(s)	SIM Deliverable descriptions and timeline	To provide an overview of SIM project deliverables, their role in the model design process, and timeline	Shared documents	As needed	Coben	X	X									
HIC Workgroup(s)	SIM Operational Plan Final	To recognize management support and contacts	HIC website, written	As needed	Coben	X	X									
HIC Workgroup(s)	SIM Stakeholder Engagement Plan Final	To identify, help facilitate, and implement final plan	HIC website, written	As needed	Cottrell & Sullivan		X	X								
HIC Workgroup(s)	Individual workgroup charge booklet	To review assigned model elements to workgroups for development	Written, email	Each meeting	Hassen, Sullivan, Cottrell		X	X								
HIC Workgroup(s)	Weekly Management and Coordinator Check Ins	To report, and receive, weekly updates about overarching SIM activities, charge status updates, and supportive needs	Email, Phone	Weekly	Project Manager			X	X	X	X	X	X	X	X	
HIC Workgroup(s)	Area Expert Listing	To review lists of available experts organized by area of expertise for various SIM workgroup tasks and discussions	Written	As needed	Admin Assistant			X	X	X						
HIC Workgroup(s)	Summary Report Sample	To review sample of report structure, content, and review criteria that will be needed for the draft and final model element documents	Written	As needed	Project Manager			X								
HIC Workgroup(s)	Public outreach feedback	To review, discuss, and identify next steps in response to public feedback/reaction to draft document	Written	Once	Project Management Team			X	X	X	X	X	X	X		
HIC Workgroup(s)	Steering Committee Feedback	To review, discuss, and identify next steps in response to Steering Committee feedback/reaction for final document	Written	Once	Collaborative Coordinator				X	X	X	X	X	X		
Advisory group(s)*	SIM Stakeholder Engagement Plan Final	To identify, help facilitate, and implement final plan	HIC website, written	As needed	Cottrell & Sullivan		X	X								
Advisory group(s)	Individual workgroup charge booklet	To review assigned model elements to workgroups for development	Written, email	As needed	Project Management Team		X	X								
Advisory group(s)	Workgroup composition and contact information	To identify membership of workgroups in a particular area, their contact information, and best forms of reaching the group with feedback or interest being included	Written, email	Once	Project Management Team		X	X	X	X	X	X	X			
Advisory group(s)	Weekly Management and Coordinator Check Ins	To report, and receive, weekly updates about overarching SIM activities, charge status updates, and supportive needs	Email, Phone	Weekly	Project Manager			X	X	X	X	X	X	X	X	
Advisory group(s)	Area Expert Listing	To review lists of available experts organized by area of expertise for various SIM workgroup tasks and discussions	Written	Once	Admin Assistant			X								
Public outreach group(s)*	SIM Project background and purpose	To describe and discuss SIM project, it's purpose and how it started	Signs, printing, written	Once	Project Management Team				X							
Public outreach group(s)	SIM Project timeline and deliverables	To identify expected deliverables and estimated time drafts and final documents will be available	Signs, printing, written	Once	Project Management Team				X							
Public outreach group(s)	SIM model elements and details	To identify and describe the particular elements of the overall SIM model and identify the particular details being defined through the SIM process	Signs, printing, written	Once	HIC Workgroup Leadership				X	X	X	X				
Public outreach group(s)	Proposed health care model element(s)	To identify the particular model elements related to the health care services and delivery process	Signs, printing, written	Once	HIC Workgroup Leadership					X	X	X				
Public outreach group(s)	Strengths and needs related to proposed model	To review a quick glance of the model elements being proposed in terms of their strengths, costs and changes to the current system, and needs (fiscal and otherwise)	Signs, printing, written	Once	HIC Workgroup Leadership					X	X	X	X	X		
Public outreach group(s)	Feedback and modification process	To identify and utilize the feedback system(s)/venues and understand how the feedback will be considered for the final model	Written, Email, HIC website	Two weeks	Project Management Team					X	X	X	X	X	X	

Public outreach group(s)	Public outreach events and agendas	To recognize engagement events as scheduled, their format, and what will be presented/discussed in each event	Social media, emails, community signage, listservs	Two weeks prior to each event	Project Management Team				X	X	X	X	X	X	X	
Steering Committee	Individual workgroup charge booklet	To review and consider the draft document within the context of the SIM project	Written	Once	Hassen, Sullivan, Cottrell				X	X	X	X	X	X	X	
Steering Committee	Workgroup attendance information and activities	To identify who was involved in the development process and the extent to his/her involvement	Written	Once	HIC Workgroup Leadership					X	X	X	X	X	X	
Steering Committee	Draft model elements	To review initial draft model elements in response to charge	Written	Once	HIC Workgroup Leadership					X	X	X	X	X	X	
Steering Committee	Public outreach feedback and modifications	To review public feedback to the draft model and modifications made in response to feedback	Written	Once	Project Management Team					X	X	X	X	X	X	
Steering Committee	Final draft	To review, approve, and appropriate or return final draft for inclusion in model or additional work	Written	Once	HIC Workgroup Leadership					X	X	X	X	X	X	X
Secretary Bowling	CMS Communication	To receive updated information about CMS requirements, opportunities, and support	Email, Phone	As needed	Project Manager	X	X	X	X	X	X	X	X	X	X	X
Governor Tomlin	Model Draft	To review final model for state as a whole, appropriate, and/or recommend additional work	Written	Once	Coben & Bowling									X	X	X

Note.*Groups include: administrators representing consumer, provider, policymaker, and payer stakeholder groups


Content/Process Development
Management Team
HIC Workgroup Leadership
Chair/Co-Chairs Across all Workgroups
Combined HIC Membership
Advisory Groups
Consumer Groups
Provider Groups
Policymakers
HIC Workgroups
Lower Cost Workgroup
Better Care Workgroup
Better Health Workgroup
Public Outreach
Consumer
Providers
Policymakers
Review and Appropriation
Steering Committee