

(1) **Population Health Plan. State Health Burden.** In 2008, eight of the 10 leading causes of death in West Virginia (WV) were chronic diseases; these eight causes accounted for 15,257 deaths, 70.8% of the total 21,551 deaths in the state in that year. Heart disease and cancer were most prevalent. Chronic diseases represented five of the 10 leading causes of premature death in WV. These causes included cancer, heart disease, diabetes, and stroke¹. These health indicators are disproportionately associated with lower education, income, and unemployment. However, even the college-educated population in WV was less healthy than the matched peer group at a national level (33.1% compared to 19.0%)². WV ranks 49th among the 50 states based on median household income (WV median = \$37,994) and has experienced a rise in unemployment rate.

Thirteen behavioral risk factors monitored in the 2009 BRFSS survey were identified as chronic diseases or chronic conditions themselves or contributors to chronic disease. WV ranked highest among the 54 participants in five of the 13 selected risk factors and conditions: current smoking, sedentary behavior, hypertension, ever been told you have angina or coronary heart disease, and ever been told you had a heart attack. WV was second in diabetes prevalence and third in poor nutrition and arthritis. More than 25% (371,702) of the adult population in WV reports two or more of these chronic conditions; 6.0% (23,851) of WV children report two or more chronic conditions. The collective cost of these conditions totaled \$2.3 billion in 2003. In 2012, findings from the WV State Health Profile and the State Public Health System Assessment defined obesity, prescription drug use, substance use, sedentary lifestyle, and poor nutritional habits as key problematic risk factors for the state³. Noted barriers

¹ WVDHHR. Bureau for Public Health. Advocating for chronic disease management and prevention 2011

² Robert Wood Johnson Foundation Commission to Build a Healthier America. Adult Health Status: A snapshot of West Virginia. Accessed online at <http://www.commissiononhealth.org>

³ WVDHHR. Bureau for Public Health. 2012 West Virginia State Public Health System Assessment.

to health care included lack of access to mental health, dental care, long term care, and health care specialists. Other barriers included transportation and a lack of follow up for health care services and case management.

Vulnerable Populations.

Table 1 illustrates the distribution of two subgroups of the WV population that experience multiple chronic conditions and have the greatest impact on the health

Coverage Groups	# WV	Tier 1 (N)	Tier 2 (N)
Medicare	220,750	61,737	98,714
Dual Eligible	59,906	19,812	32,728
Medicaid	313,301	15,665	136,817
CHIP	25,136	1,256	3,254
PEIA/Com.	927,640	38,336	278,292
Uninsured	280,417	10,284	84,125
Total	1,827,150	147,090	633,930

care system. Tier 1 targets the highest cost beneficiaries; Tier 2 is comprised of the larger segment of the respective coverage groups with chronic conditions or other “modifiable” conditions that result in avoidable costs or utilization of health care services. The target of this model design is to focus on these tiers as high cost and impactable populations and then generalize to a broader patient population.

Current State Efforts. Efforts have been made to overcome the isolation of services as technology and training have become more accessible, including: legislation for an All Payer Claims database, comprehensive state health plans (Health Care Authority, Bureau of Public Health), collaborative projects among Academic Health Centers, and development of the WV Health Information Network (WVHIN). The WVDHHR, home to the Bureau for Public Health, the Bureau for Behavioral Health and Health Facilities and the Bureau for Medical Services, takes an active, integrated approach to improving the health and well-being of the state.

More than 20 percent of the population receives care at one of the 260 Federally Qualified Healthcare Centers (FQHC) clinical sites that include school based centers. The WV Regional Health Information Extension Center (WVRHITEC) provides support to physician practices with adoption of health information technology. The WVHIN, a public/private partnership established in 2006 by the Legislature, supports a fully interoperable statewide network to facilitate public and private use of health care information in the state. The WV Health Improvement Institute (WVHII) is a non-profit organization that serves as a statewide alliance among multiple stakeholders focusing on improving the health of all West Virginians.

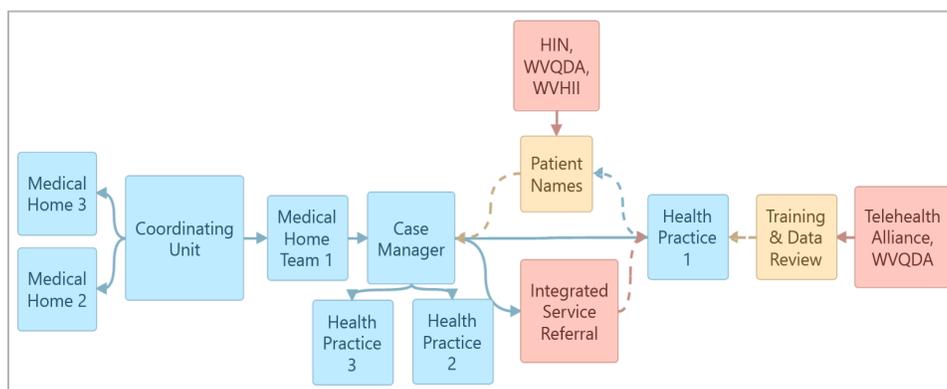
Communication among all of these public and private stakeholders has improved considerably with the development of the *WV Health Innovation Collaborative (the Collaborative)*. *The Collaborative* has provided individual agencies, providers, and other stakeholders the opportunity to present their individual programs, success stories, metrics, and outcomes. These discussions have led to increased collaborations, thoughtful planning about common resources, additional training, and shared quality measures that had not taken place prior. All of these public and private partners are part of the effort to develop and champion our model design.

(2) Health Care Delivery System Transformation Plan. The WV design team intends to build upon the ongoing engagement of health providers and other stakeholders who have contributed to the pilots, demonstrations and evaluations of key concepts and attributes that will shape and inform the strategy. These collaborative efforts have identified, through validated models of other states and stakeholders, research, and field experiences in WV, common core attributes and objectives that would drive the

design strategy. Specifically, stakeholders involved in *the Collaborative* and other initiatives will design a model that is: 1) highly effective and efficient; 2) targets the primary care system and encourages effective, patient-centered care; 3) emphasizes value; 4) is integrated at the state level to share resources such as training, expertise, devices and problem solve challenges as they arise; 5) is evidence-based; and 6) regionally-coordinated but community-based as needed to combat the rural, underserved setting while providing flexibility to providers based on local needs. While these model characteristics have been deemed to be requirements of a final model; some have been difficult to implement. The model design team will ensure the challenges that have made implementation difficult will be assessed, potential solutions identified, and that all stakeholders will have the opportunity to assess the final implementation plan. The model design team has also invited members (see Dobson support letter) of the Community Care of North Carolina (CCNC) to serve as advisors in this process given their experience with practice-based models.

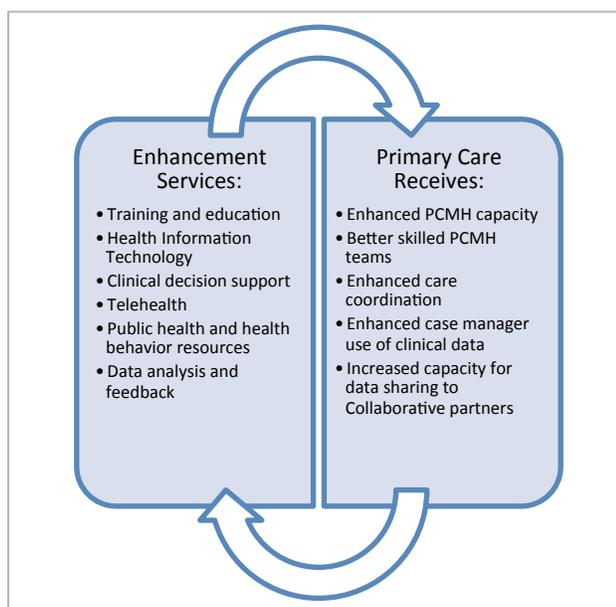
Expanding the PCMH Model Structure. Previous discussions about the state approach for building an integrated health care model have focused on establishing a system of primary care medical homes (PCMHs) to better respond to our underserved populations (see figure at right).

Historically, the PCMH is overseen by a single strategy director and includes several



practices. Each medical home team has a case manager who coordinates the care of the high utilizers within that particular medical home. The case manager directly communicates with patients and refers them to multi-disciplinary services as needs are identified. All referrals and transitional care would be electronically available to the provider. While the standard PCMH is a valid approach, we believe that we must expand upon this model given our previous experiences and context (see figure below).

Members of *the Collaborative* have identified the following expansion strategies: 1) reorganizing and training professionals within the system; 2) creating regionally coordinated PCMHs that use health information technology and digital health information; 3) using HIT, telehealth, remote monitoring and assistive technology; 4) paying providers for value; 5) integrating workplace wellness and personal responsibility; 6) utilizing population health coordination for high cost patients; and 7) engaging public health and health education resources. The PCMH



premise and the expansion strategies will be key considerations in this process.

Plan Goals, Objectives, and Targets. The preliminary goals, objectives, and supported interventions (see pages 6-7) are based on results from population health and health care system needs assessments conducted in 2012 and planning efforts of the *Collaborative* and other stakeholder groups.

<p>Goal 1: Comprehensive Primary Care & Primary Care Medical Homes (PCMHs): Increase number of PCMHs that are accountable for meeting large majority of patients needs including prevention, wellness, acute care, and chronic care Objectives: Promote team-based, patient-centered care; Emphasize full array of medical, social, behavioral, and oral health as well as cultural, environmental, and socioeconomic factors</p>	
Intervention(s)	Targeted Outcomes
<ul style="list-style-type: none"> • Provide professional training on team-based, patient-centered care. Provide expertise (if not available) on other aspects of health, cultural, environmental, and socioeconomic factors • Provide access to telehealth system to provide training, additional expertise, and other communication. Educate patients on comprehensive health in the workplace and refer to effective programs/services in the area. 	95% of all targeted citizens will be associated with a medical home in next five years.
<p>Goal 2: Coordinated Care: Increase number of PCMHs that will coordinate care across all elements of the broader health care system, including specialty care, hospitals, home health care, and community services. Objectives: Focus coordinated care particularly in transitional periods of care; Support coordination efforts among providers</p>	
Intervention(s)	Targeted Outcomes
<ul style="list-style-type: none"> • Facilitate stakeholder engagement in PCMH formation and planning. Provide access to national guidance and experts on PCMHs • Utilize telehealth infrastructure to provide additional services. Use existing health information technology examples to increase awareness and use of HIT to improve care coordination within and across provider groups to build efficient PCMHs 	80% of all care utilizes the coordinated care model within next five years
<p>Goal 3: Accessible Services: Increase patient accessibility to services (i.e., shorter waiting times, enhanced in-person hours, 24-hour access to care team member, alternative communication methods); Decreased ER visits for chronic care. Objectives: Encourage accessible services; Support expanded primary care access</p>	
Intervention(s)	Targeted Outcomes
<ul style="list-style-type: none"> • Reinforce accessible services through reimbursement and other means. Provide education related to inappropriate use of ER visits through PCMHs. Provide e-consult access to specialists through existing telehealth. Provide access to additional public health and programmatic information using non-visit methods. 	95% of patients (Tier 1 and 2) will have a PCMH and personal health management plan within next five years

<p>Goal 4: Quality and Safety: Improve consistency of defined care quality and specific quality outcomes within PCMHs Objectives: Promote quality improvement among individual providers and larger PCMHs; Identify best practices for improving care quality</p>	
Intervention(s)	Targeted Outcomes
<ul style="list-style-type: none"> • Continue to engage providers, payers, and other stakeholders to establish consistent quality measures, reimbursement for quality care. Provide on-going training and access to evidence-based medicine and clinical decision-support tools • Utilize HIT to identify performance measures, modify improvement goals, measure and respond to patient experiences and satisfaction 	<p>Finalize quality measures identified by the <i>Collaborative</i>; Outline a process for expanding these measures to align with population health improvement plan</p>
<p>Goal 5: Integrated Care and Use of HIT: Advance evidence-informed clinical decision making using electronic health record (EHR) decision support, shared decision making tools, and provider quality and cost data at the point-of-care; Improve consumer-directed care decisions. Objectives: Encourage care coordination across settings using health information exchange tools and data availability to care teams (claims and clinical data) to assist in measuring utilization, outcomes, cost and effectiveness of clinical interventions; Promote use of population-based data to understand practice sub-populations, panel, and individual risk, and to inform care coordination</p>	
Intervention(s)	Targeted Outcomes
<ul style="list-style-type: none"> • Engage the <i>Collaborative</i> and other stakeholders to outline a standardized approach to clinical information exchange to accelerate providers' use of direct messaging and secure communication. Provide regular trainings and other educational means to increase awareness of existing HIT methods and frameworks. • Utilize case examples to increase familiarity with practice models using HIT. Provide direct assistance to providers to establish and use information. 	<p>Promote effective adoption and use of HIT by 90% of health care providers within five years</p> <p>Use patient portals and personal health records by 50% of high risk patients within five years</p>
<p>Goal 6: Use of Data to Drive Improvement: Establish coordinated care among providers, patients, and payers to create common data measurements and scorecards that reflects the provider's ability to meet measures of health status, quality of care, and consumer experience. Objectives: Encourage use of data to track performance for quality, care experience, equity, and cost measures.</p>	
Intervention(s)	Targeted Outcomes
<ul style="list-style-type: none"> • Facilitate the use of data across payers in order to be able to track a provider's true performance for entire patient panel. Provide regular training opportunities on data-driven process. 	<p>Identify and outline process and outcome data widely available for use within five years</p>

(3) Payment and/or Service Delivery Model. The design team will continue to work with representatives of Medicaid, CHIP, Public Employee Insurance and participating commercial and managed care payers through *the Collaborative* and other initiatives to coordinate the alignment of payment models with the health care transformation plan. Our intention is to encourage the phased progression from the current fee-for-service and cost-based reimbursement model to a value-based compensation arrangement. The design team acknowledges that the lesson from the other states and pilot program is that the progression is different for each practice provider and is dependent upon the development of interdependent skills for the functioning of care teams, care coordination, patient engagement, use of HIT and data and population health management capacity. Rather than “one size fits all” , the model will accommodate these differences, design a continuum of readiness and capacity to embrace and accomplish the required transition in the model of care, and reward participation and progression based upon clear and attainable goals and objectives tied to the overall transformation plan. The technical resources budgeted in the model design plan will assist team members, payers and stakeholders in refining the plan and transitioning into implementation. The target of the model design is to start with high cost and impactable populations based upon claims analysis and then spread to a broader patient population. This is consistent with the approach taken by the WV Medicaid program in launching the health homes project and by PEIA and Highmark WV in implementing and incentivizing PCMH models.

4) Leveraging Regulatory Authority. The success of health care reform hinges on the

existence of a value-based, outcomes-based bundled payment system. A report⁴ by CCRC Actuaries anticipated that under the ACA, the number of uninsured in WV would be reduced from 246,000 individuals to 76,000 individuals by 2016. A nearly doubled expansion enrollment into the State's Medicaid program in 2014 compared to projections only further highlight the magnitude of ensuring sufficient provider coverage. WV leverages the federal Health Insurance Marketplace to promote the availability of coverage in the private market. Highmark BCBS, the dominant carrier in WV, was the only available carrier in the Marketplace for 2014. The State has worked to engage other carriers to participate, creating a unique partnership with the Kentucky Health Cooperative, who has submitted a letter of intent to provide options for plan year 2015, increasing the level of choice and promoting competition.

Within the effort of *the Collaborative*, a second work group has been developed to gain a better understanding of the *Choosing Wisely Initiative* and how best to incorporate those efforts into teachings within medical education programs. This work group includes private and public payers, state agencies, consumer advocates, academic institutions, and other stakeholders. One goal of the model design process will be to identify and incorporate resources (e.g., HIT) that would inform evidence-based payment reform. We will finalize and apply our All Payer Claims Database and shared quality measures and outcomes. We will also include patient and provider education, by which patients understand what questions they should ask their physician during routine visits, and providers offer services to patients that are of high value and quality, reducing medical costs along the way. The WVDHHR has also provided support to WVU on a separate but coordinated initiative entitled "*Wise Choices for Improving*

⁴ http://bewv.wvinsurance.gov/Portals/2/pdf/WV%20Final%20Report%2006_24_2013.pdf

Clinician Orders: a patient-centered initiative for a rural state,” that is currently being reviewed for grant funding. The WV HCA, also a participant in *the Collaborative*, regulates acute care hospital rates as well as the need for capital expenditures of covered services for health facilities through the rate review and certificate of need (CON) programs.

5) Health information Technology. WV has taken a leadership role in the implementation and spread of health information technology (HIT) to support innovation in health care. The WVHIN became operational in 2012 and now links eight hospitals, is implementing services to eighteen and executing agreements with eight more. This accounts for 73 percent of the hospital beds in the state. The WVHIN has implemented DIRECT secure messaging with over 800 providers and a unique on-line e-Directive, or “living-will” registry with the West Virginia Center for End-of-Life Care. Early adoption of Electronic Health Record (EHR) technologies resulted in EHR incentive payments of \$130 million to 44 hospitals and \$58 million to 2,280 eligible providers as of April 2014 from the Medicare and Medicaid programs. WV will leverage the infrastructure and analytic resources of a new Medicaid data warehouse with business intelligence tools; the WV Medical Institute, a Medicare Quality Improvement Organization (QIO); the schools of public health; and consultants to analyze multi-payer administrative and clinical data to inform the design process. A comprehensive state HIT plan will be developed through a structured project management process to harmonize the Medicaid state health information technology plan (SMHP), the WVHIN’s operational plan, the State Office of Technology strategic plan and those of providers to support the new SIM model.

(6) Stakeholder Engagement. 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 WVDHHR, the *Collaborative* includes three workgroups: *Better Health*, *Better Care*, and

Lower Cost.

Through these workgroups, more than 120 public and private stakeholders

The Collaborative Membership Representation
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Payers (Medicaid, Medicare, CHIP, PEIA, Highmark, WV Insurance); Health Providers (WVRHA, WVAFP, WVPCA, WVCCOA, Families USA, Family Care WV, WV Free, WVHA, individual health departments, individual hospital representations); Higher education institutions (HEPC, Marshall University, WV School of Osteopathic Medicine, WVU); Legal & Regulatory (individual law offices; WVPolicy); and Technology (WV Tele-Health; TSG Solutions).

(see table at right) 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 larger *Collaborative* meetings are coordinated by Secretary Bowling; the individual workgroup meetings are either led by members of the Secretary’s Office or representatives of the workgroup. 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* (e.g., professional schools in higher education and other training facilities, WVHII,

WVRHITEC) 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.

Stakeholders involved in related initiatives such as the WWHIN, the Provider-based research network (PBRN) of the West Virginia Clinical & Translational Science Institute (WVCTSI), the Health Quality Data Alliance (WVHQDA), and the Telehealth Alliance are represented by the *Collaborative* but will identify additional members who will participate in the model design process.

Stakeholders have the opportunity to engage in the model design process through direct and/or supportive processes. Direct involvement can take the form of participation in strategic planning, monitoring, assessment, and/or model review expertise/analyses. Stakeholders will also have the opportunity to engage through direct participation in focus groups and individual interviews proposed throughout the project period to review the progress that has been made and provide feedback. Finally, stakeholders may also participate indirectly by identifying peers who should be involved in the process in any capacity and/or share information about the process with others.

(7). Quality Measures Alignment. In an effort to enhance quality care for Medicaid managed care recipients, the state has identified a preliminary set of core health quality measure for adults and children and will base reimbursement to the managed care organizations upon performance. DHHR will assess each MCO's reported performance vs. targeted expectations for the year and will issue prorated reimbursement for performance. Through the *Collaborative*, stakeholders from both the public and private sector are reviewing state health statistics and available health care services, programs and providers to align quality measures throughout the state. In addition to developing

an inventory of existing initiatives, the work groups are also leveraging current projects with the National Academy of State Healthcare Policy and the National Governors Association to develop a compendium of best practices for improving population health and providing better care at lower costs. Developing a comprehensive care improvement plan tailored to meet the unique needs of our state and accelerate health transformation can be accomplished with the input and cooperation of all of our public and private stakeholders.

(8). Monitoring and Evaluation Plan. The Design Team has identified initial indices and means for monitoring our planning progress. As noted in the FOA, these indices will be enhanced with input from SIM, consultants, and feedback from stakeholders through the proposed period. Various forms of data exist from sources such as WVHIN and WVQDA. Aggregate data is available at the state-level from the Behavioral Risk Factor Surveillance Survey, the Youth Risk Behavior Surveillance Systems and other public health sources. In accordance with all HIPAA regulations, de-identified data will be collected and used for aggregate population studies. Identifiable data from payers' utilization, personal health information from electronic health and personal health records, and administrative resources such as care plans and pharmacy management will be used by caregivers to identify the targeted population and manage the care plan. The current stratification of chronic disease throughout the state requires the evaluation to target select populations in terms of improvements in outcomes, health care procedures, reimbursement plans, and cost/utilization. It will be necessary to create a discrete set of quality outcome and cost and utilization measures that will show measureable progress towards the achievement of project goal. *The Collaborative* has

started to develop standard quality measures for those health issues identified across the various age groups within WV. The design team will continue to work with members of *the Collaborative* to expand this process by developing outcome measures and model comparisons that map the population health indices and quality measures. Additional information about the model planning process will be obtained through thematic analyses from proposed focus group and individual interviews. Thematic analyses will identify strengths, weaknesses, feasibility reviews, challenges, and opportunities related to proposed model elements. Expert reviews of the model planning will also be considered and incorporated into the thematic analyses based on these indices.

(9). Alignment with State and Federal Innovation. The model design process will align with the CMS-identified characteristics of transformed health care delivery systems found in the FOA for this funding opportunity along with other national and state strategies including the three aims and six priority areas from the National Quality Strategy (NQS), the nine National Quality levers, and the shared priority areas of state programs including the HIT Incentive Program and Million Hearts. The table on page 15 provides information on how the model development team will move to align the model process to these and other priority areas. The team also acknowledges that these priorities and areas of focus also align with CMS, CDC, ONC and other federal partner priority areas supporting programs such as the HIT incentive program, meaningful use, and the Million Hearts program. The model design team will incorporate guidance provided to Medicaid Directors in a series of letters, including CMS SHO #13-007, which outlines a number of quality design considerations for Medicaid and CHIP programs.

Priority Area	Model Characteristic	Lever	Model Characteristic
Better Care	Make health care more patient-centered, reliable, accessible, & safe	Measurement & Feedback	Provide performance feedback to plans & providers
Healthy People/Healthy Communities	Improve health of population by supporting proven interventions; deliver higher-quality care.	Public Reporting	Compile & use outcome results, costs & patient experiences to inform decisions
Affordable Care	Reduce cost of quality health care	Learning & TA	Provide ongoing support & foster shared learning environments
Patient Safety	Make care safer by reducing harm caused in delivery of care	Certification, Accreditation, & Regulation	Adopt, align, & adhere to approaches to meet safety & quality standards
Patient & Family Engagement	Ensure each person is engaged as partners in care	Consumer Incentives	Encourage & assist consumers to adopt healthy behaviors
Care Coordination	Promote effective communication and care coordination	Payment	Reward & incentivize providers to deliver high-quality, patient-centered care & transition to value-based compensation; align these on phased/staged basis among all payers
Clinical Processes	Promote effective prevention & treatment practices for leading causes of mortality	HIT	Provide effective use of HIT and patient engagement through mobile & personal health HIT; create virtual community care teams
Population & Public Health	Work with communities to promote wide use of best practices	Innovation & Diffusion	Foster statewide approach to integrated health systems & medical neighborhoods; reward & incentivize innovation; create “health innovation” fellows program
Efficient Use of Healthcare Resources	Develop & spread new health care statewide	Workforce development	Invest in resources/programs to prepare professional; support continuous learning for providers; create virtual practice transformation support program

iii. Financial Analysis.

Medical and Service Costs Estimates for Target Populations. The targeted populations consists of Tier 1 Risk and Tier 2 Risk. Tier 1 is comprised of the highest cost beneficiaries across the major payers: Medicare; Dual Eligibles; Medicaid; CHIP; PEIA/Commerically Insured; and Uninsured and contains a total of 147,900 individuals. Tier 2 is comprised of 633,930 individuals with chronic conditions or other “modifiable circumstances that result in avoidable costs. The 2014 estimated total medical and other services costs are \$822 PMPM for the combined targeted populations. The total estimated costs for the combined total targeted populations are \$6.9 billion. These cost estimates are based on projected 2014 health care expenditures from CCRC Actuaries, LLC. The PMPM and total population costs are presented by payer group in the table below.

Coverage Groups:	Tier 1 N	Tier 2 N	Total N	Total Costs: PMPM	Total Costs
Medicare*	61,737	98,714	160,451	\$1,272	\$2,449,124,064
Dual Eligibles	19,812	32,728	52,540	\$2,405	\$1,516,304,400
Medicaid	15,665	136,817	152,482	\$586	\$1,072,253,424
CHIP	1,256	3,254	4,510	\$179	\$9,687,480
PEIA/Com. Insured	38,336	278,292	316,628	\$449	\$1,705,991,664
Uninsured	10,284	10,284	20,565	\$910	\$224,569,800
Total	147,090	633,930	707,176	\$822	\$6,977,930,832

*includes Medicare/PEIA beneficiaries

A. Anticipated Cost Savings from Interventions. The interventions described on page 7 are primarily aimed at increasing the number of PCMHs; increasing the number of citizens associated with a PCMH; and improving coordination of, access to, and quality

of care. Improved use of data and HIT are identified as pathways to achieving objectives of improved coordination of, access to and quality of care. Potential cost savings may be realized from reductions in inpatient costs from avoidable admission and readmissions, reduced ER visits, reductions in duplications of medical records, improved coordination and management of care, and improved patient management of care and monitoring of health outcomes. Estimates of some anticipated cost savings and improvements from the interventions are obtained using information from various sources, including similar interventions implemented in specific communities in West Virginia. These estimates are described in the table below.

Source: WVU Family Medicine PCMH Experience: Jan-Oct 2012 compared to Jan-Oct 2013	
Cost Area / Improvement for Targeted Populations	Estimated Savings
<ul style="list-style-type: none"> • Reduction in inpatient PMPM of \$4.27 applied to 95% of targeted population being associated with a PCMH in next five years • Reduction in readmission rate by 27% applied to Medicare targeted population resulting in 2,166 fewer readmissions • Reduction in ER Visits – 3% reduction • Reduction in inpatient admissions – 13.8% reduction 	<p>\$34 million reduction in inpatient costs</p> <p>\$26 million reduction in inpatient costs</p>
Source: CCRC Actuaries, LLC report <i>Health Care Financing in the State of West Virginia: An Analysis and Projection of the Current System and Potential Transformations</i>, prepared for WV Health Care Authority	
Intervention	Estimated Savings
<ul style="list-style-type: none"> • Savings in allowed insurance claims from statewide PCMH initiative in 2014 (2019) • Savings in allowed insurance claims from statewide e-prescribing pilot project of between 400 and 500 prescribers and 100 pharmacies with phased-in implementation in 2014 (2019) • Savings in allowed insurance claims of a statewide electronic medical records pilot project of between 400 and 500 physicians and 15 hospitals with phased-in implementation in 2014 (2019) 	<p>\$642 million (\$1,951 million)</p> <p>\$164 million (\$504 million)</p> <p>\$318 million (\$976 million)</p>
Source: PEIA Comprehensive Care Program (2013)	
Intervention	Estimated Savings
<ul style="list-style-type: none"> • Primary care and specialty care group risk-based global payment system – applied net savings in overall PMPM of \$11.10 to PEIA and commercially insured target population. 	<p>\$42 million reduction in total costs</p>

iv. Operational Plan. The proposed goals, objectives, and activities that make up the preliminary plan for the model design process are detailed in the project narrative on pages 6-7. Specifically within the proposed one-year planning period, we intend to finalize and offer a series of training to members of the design team, all stakeholders, and additional community representatives not currently involved in similar efforts. We will finalize a list of national speakers who will present topics on PCMHs, coordinated health care, integrated care services, health information technology and management, and quality measures and outcomes. We will also finalize all subcontractual service agreements with stakeholders who already provide training opportunities as well as telehealth services. These collaborations will provide early planning related to increasing awareness among stakeholder groups about these methods and ways to incorporate these methods into their practice. Additional contractual agreements will be finalized to provide needed reviews of the models over time. We will seek the advice of

our partners from Maine and North Carolina as we begin the design process and schedule subsequent meetings for advisors and other stakeholder groups (see on table on right).

Existing *Collaborative* meetings will be identified on a monthly basis for the

DATE	MILESTONE
9/1/14	Project Start
9/5/14	National Speakers Finalized
10/1/14	Consultant/Contractual Service Agreements Signed
10/15/14	Review final work plan with workgroups
10/15/14	Workgroup meetings: State Strengths/Challenges
11/15/14	Workgroup meeting: Identify needed expansions; new initiatives
12/15/14	Workgroup meetings: Quality measures & outcomes
1/5/15	Progress Report
1/5/15	Capture community feedback - 6 regions
1/15/15	Workgroup meetings: Mapping to Population Health
2/15/15	Workgroup meeting: Model Reviews
3/1/15	Community engagement: Model Selection
4/1/15	Review feedback from model selection and evaluation process
5/1/15	Progress Report
6/15/15	Model Selection Dissemination: Phase 1
7/30/15	Strategy Session: Planning
8/31/15	Public Sessions

planning process. These meetings will be spent identifying new strategies and finalizing these strategies for the model, reviewing existing strengths and challenges that have not been discussed or considered, finalizing shared quality measures and outcomes, aligning quality measures with population health outcomes, and reviewing model designs over the course of the project period. Opportunity for stakeholder feedback will be given during each of these meetings as well as through the *Collaborative* listserv. Additionally, community feedback will be sought through a series of focus group and individual interviews across six regions of the state. Reviews of model designs will be conducted by groups contracted to evaluate the fiscal, legal, engagement, and other characteristics of each model. Each review will be shared with the *Collaborative* and other stakeholders at each meeting for feedback. WVDHHR will facilitate the meetings with contribution from members of the design team.

Key Personnel. The model design team consists of 11 individuals (see table below and budget justification for background, roles, and responsibility). The design team will work closely with the Governor's Office, DHHR, and the three workgroups of *the Collaborative*. Other stakeholders including members of the WVHIN will be engaged in the process. Additional individuals will join the design team and assume responsibilities of project coordination, liaison positions, and community engagement. The design team and partners will coordinate contractual services from experts within and outside of WV who will provide expertise in their review of the planning and model design.

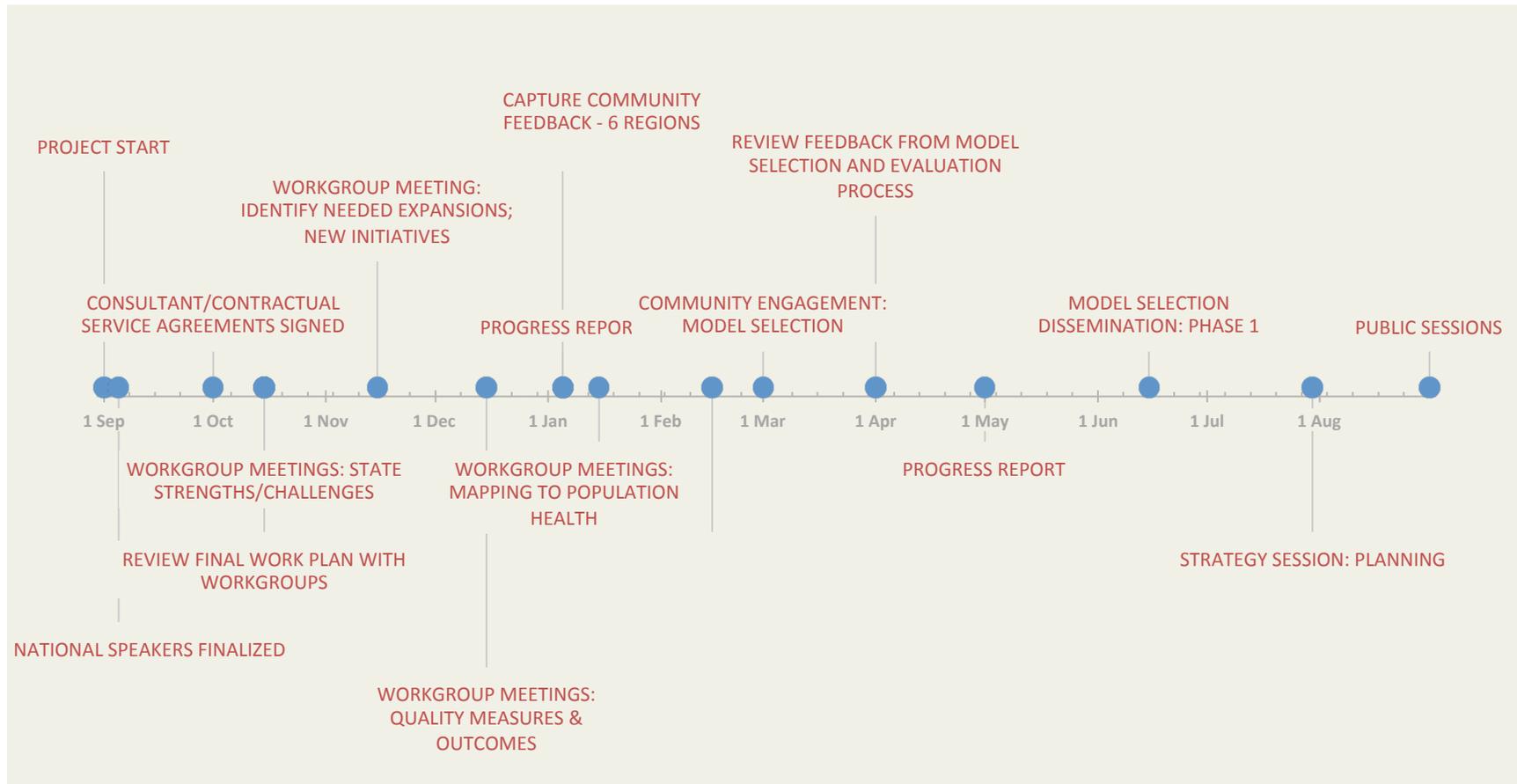
Team Member Background	Roles	Responsibility
Jeffrey Coben, MD Interim Dean of WVU School of Public Health; Professor – Emergency Medicine	PI	Work closely with other investigators, consultants, and stakeholders to complete the proposed design activities; oversee all aspects of the study and ensure tasks are completed as planned.
Lesley Cottrell, PhD Associate Professor of Pediatrics; Developmental Psychologist	Co-I	Work closely with Dr. Coben to help oversee all program activities; supervise program personnel and oversee evaluation activities.
Dana King, MD MS Professor & Chair of Family Medicine	Co-I	Work closely with Dr. Hassen in his role as the Director of the Practice-based research network and member of the WVQDA; will work closely with Drs. Hassen, Pollard, Baus, and Fitzpatrick on issues related to HIT, data extraction, and provider practice-based implementation.
Karen Fitzpatrick, MD Performance Improvement Medical Director	Specialist	Work closely with Drs. Hassen, King, Pollard, and Baus based on their existing collaboration with the WVQDA efforts; provide expertise working with health providers throughout the state to utilize existing health information systems to improve their practices.
Arnold Hassen, PhD Director of Medical Informatics, WVSOM	WVQDA PI	Oversee coordination of WVQDA activities, community outreach, quality measurements, extraction of data from HER
Cecil Pollard Director, Office of Health Services Research, WVU	Co-I	Work closely with Drs. Hassen, Fitzpatrick, Baus, and King on activities related to quality measurements, extraction of data from EHR, training providers on using HIT
Adam Baus Co-Director, Office of Health Services Research, WVU	Specialist	Work closely with Drs. Hassen, Fitzpatrick, Pollard, and King on activities related to quality measurements, extraction data from HER, training providers on using HIT
Dave Campbell Acting CEO, WVHII	Sub PI	Oversee subcontract activities related to data use, outcomes measurement, and strategic alignment to population health outcomes
Nancy Sullivan, MAJ Office of Secretary WVDHHR	DHHR Liaison	Serve as liaison with <i>the Collaborative</i> ; oversee <i>Collaborative</i> activities
Julie Palas Governor's Office	GoHELP Liaison	Serve as liaison with Governor's Office of Health Enhancement and Lifestyle Planning (GOHELP)
Jeff Workman, BA WVDHHR	Executive Asistant	Serve as liaison with Governor's Office on issues related to public insurance, financial model reviews

<p>Chris Clark, MBA, RRT Governor’s Office</p>	<p>GoHELP Liaison</p>	<p>Serve as liaison related to HIT, financial models, integrated model designs</p>
<p>Jeremiah Samples Public Insurance and Strategic Planning- WVDHHR</p>	<p>Insurance & Payer Liaison</p>	<p>Serve as liaison with the public insurance and strategic planning processes</p>
<p>Jane Ruseski, PhD Associate Director, Bureau of Business and Economic Research</p>	<p>Financial Analyst</p>	<p>Conduct financial analyses of models during the planning phase</p>

Governor’s Involvement in Model Design. The Governor’s involvement will be coordinated through Karen Bowling, his Cabinet Secretary for the WVDHHR. The Cabinet Secretary meets weekly with the Governor and will provide updates. The Governor has assured his full support and cooperation of state agencies in collaboration with our private sector partners. The Governor’s directives will be implemented through the project governance and management structures described below. The Secretary and design team will hire a project director who will be responsible for day-to-day management and coordination of staff and contractors working under the grant.

Assumptions, Risks, and Projected Strategies. Specific strategies incorporated into the model design are identified as solutions to some of the geographic challenges in the rural, WV setting. We anticipate risks associated with getting providers to use the HIT and other resources that would be embedded within the model. Our proposed educational resources and community engagement will be designed so that we also encourage and education providers on current resources first. We also anticipate some challenges with obtaining direct access to databases for the evidence-based practice component. We have successfully moved forward with this effort in the past six months through *the Collaborative* but expect to continue this work to increase the number and type of databases available to providers and other stakeholders involved in care.

Project Timeline.





**HOUSE OF DELEGATES
WEST VIRGINIA LEGISLATURE**

BUILDING 1, ROOM 215A - E
1900 KANAWHA BLVD., EAST
CHARLESTON, WV 25305-0470
PHONE (304) 340-3269

DON C. PERDUE, Chair
HEALTH AND HUMAN RESOURCES/
ASSISTANT MAJORITY WHIP
635 WHITE'S CREEK ROAD
PRICHARD, WV 25555
BUS. PHONE: (304) 272-9050
Email: Don.Perdue@WVHouse.gov

July 2, 2014

Committees:
Finance
Co-Chair
L.O.C.C.H.R.A.
Co-Chair
Joint Health

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support for the application for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). I support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state.

I also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

I look forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. I support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. I strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,

Delegate Don Perdue, Chair
Committee on Health & Human Resources
WV House of Delegates

cc: WVDHHR Cabinet Secretary Karen Bowling

RECEIVED
2014 JUL - 8 A 10: 35
OFFICE OF THE SECRETARY
WV DEPARTMENT OF HEALTH
AND HUMAN RESOURCES



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

Earl Ray Tomblin
Governor

Commissioner's Office
350 Capitol Street, Room 702
Charleston, West Virginia 25301-3712
Telephone: (304) 558-2971 Fax: (304) 558-1035

Karen L. Bowling
Cabinet Secretary

June 30, 2014

The Honorable Earl Ray Tomblin
Governor, State of West Virginia
State Capitol Building
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application (CMS-1G1-14-001)

Dear Governor Tomblin:

As the Commissioner for the West Virginia Bureau for Public Health, I am writing in support of the West Virginia University (WVU) School of Public Health's application for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI).

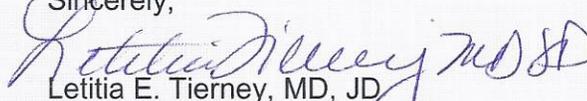
It is my understanding this application will request Model Design funding to develop a work plan to transform West Virginia's health care delivery system, improve the health of the population and reduce overall future health care costs in the State. We support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

The Bureau for Public Health looks forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance will provide critical support for collective efforts in coordinating and planning health improvement and transformation activities and assessing the needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/community engagement.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. The Bureau for Public Health strongly supports WVU's application and appreciates CMMI's consideration of their efforts.

Sincerely,


Letitia E. Tierney, MD, JD
Commissioner and State Health Officer
Bureau for Public Health

cc: Karen L. Bowling, WVDHHR Cabinet Secretary



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Earl Ray Tomblin
Governor

350 Capitol Street, Room 251
Charleston, West Virginia 25301-3706
Telephone: (304) 558-1700 Fax: (304) 558-1451

Karen Bowling
Cabinet Secretary

July 1, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

RE: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support on behalf of the Bureau for Medical Services for the application on behalf of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare and Medicaid Innovation (CMMI). We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

We look forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/community engagement.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Respectfully,

Nancy V. Atkins, MSN, APRN, WHNP-BC
Commissioner

NVA/slf

cc: WVDHHR Cabinet Secretary Karen Bowling



**STATE OF WEST VIRGINIA
BUREAU OF SENIOR SERVICES**

Earl Ray Tomblin
Governor

1900 Kanawha Boulevard East
Charleston, West Virginia 25305-0160
Telephone (304) 558-3317
FAX (304) 558-5609
www.wvseniorservices.gov

Robert E. Roswall
Commissioner

June 26, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support on behalf of [insert name of organization] for the application on behalf of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

We look forward to continuing working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively

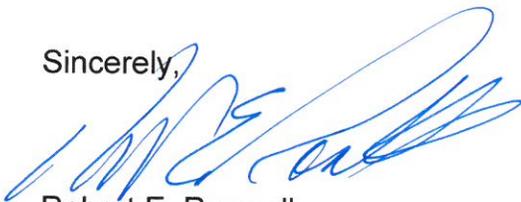
"Ensuring Well and Vital Seniors"

engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,



Robert E. Roswall
Commissioner

cc: WVDHHR Cabinet Secretary Karen Bowling

Bruce L. Berry, M.D.
Chair



Paul L. Hill, Ph.D.
Chancellor

Leading the Way:

Access. Success. Impact.

West Virginia Higher Education Policy Commission

1018 Kanawha Boulevard, East, Suite 700

Charleston, West Virginia 25301

www.hepc.wvnet.edu

June 26, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support on behalf of the Division of Health Sciences at the West Virginia Higher Education Policy Commission for the application on behalf of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our healthcare delivery, and reduce overall future healthcare costs in our state. We also support the expanded objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

The Commission acts as the policy coordinating body for higher education in West Virginia, and we are excited to work with diverse stakeholders from across the state to advance the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using healthcare resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, healthcare delivery transformation, healthcare workforce development, and patient/community engagement.

DIVISION of HEALTH SCIENCES
(304) 558-0530 phone • (304) 558-0532 fax

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,

A handwritten signature in black ink that reads "Robert B. Walker MD". The signature is written in a cursive style with a large initial 'R' and a distinct 'MD' at the end.

Robert B. Walker
Vice Chancellor for Health Sciences

July 1, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305
Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

As the newly appointed Dean of the School of Public Health at West Virginia University, I fully support this application on behalf of the State of West Virginia for the State Innovation Model Design – Round Two funding opportunity. This grant application represents the growing collaborative effort across the state to develop an integrated health model that will serve the citizens of West Virginia. At this time, I wish to extend my highest support for these efforts and the proposed development plan.

I understand that this application is the combined effort of the Governor's Office, the WV Department of Health and Human Resources, the WV Health Innovation Collaborative, and the School of Public Health at West Virginia University. I recognize, and value, the critical importance of this collaboration and our efforts to develop a model of integrated health care for the state. We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state.

I look forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. The School of Public Health supports the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

I commend the efforts of you and others who are working on this application and appreciate the opportunity to help advance the efforts of WV.

Sincerely-

A handwritten signature in blue ink, appearing to read "Gregory A. Hand". The signature is fluid and cursive, with the first name "Gregory" being the most prominent.

Dr. Gregory A. Hand, PhD, MPH
Dean, School of Public Health
West Virginia University

cc: WVDHHR Cabinet Secretary Karen Bowling

July 9, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: *CMMI State Innovation Model Design Grant Application*

Dear Governor Tomblin:

As the Dean of the School of Medicine at West Virginia University (WVU), I fully support the principles, goals, and approach outlined in the state's application for CMS support through the State Innovation Model Design – Round 2 funding opportunity. Representatives from the Department of Health and Human Resources (WVDHHR), the WV Health Improvement Collaborative, and other stakeholders have partnered to assess our resources and identify challenges that continue to block our goal of defining an integrated model of health care delivery in the state. At this time, I believe this grant application represents the work that we have accomplished and the natural next steps we must take to move toward a health care delivery system that is efficient, effective, and utilized by all West Virginians.

We recognize and value the opportunity to have a role and responsibility in this grant application and future testing of planning models. Faculty members from the School of Medicine have worked closely with our School of Public Health, DHHR, and the WV Health Improvement Collaborative. Specifically, two of our faculty members, Drs. Sarah Woodrum and Lesley Cottrell co-chair the Better Health Workgroup within the WV Collaborative and have greatly valued the progress that has been made in a short period of time. Based on past efforts, I have no doubt that the proposed activities and approach is feasible and will be completed successfully.

Finally, the WVU School of Medicine fully supports the goal of promoting patient-centered care that is coordinated across all care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately. Furthermore, we have a

OFFICE OF THE DEAN

PO Box 9100 | Robert C. Byrd Health Sciences Center
Morgantown, WV 26506-9100
ajross@hsc.wvu.edu
☎ 304.293.6607 ☒ 304.293.6627

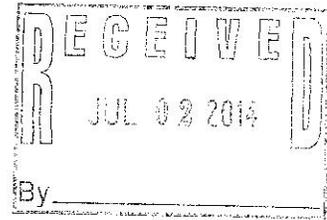
personal interest in improving the care and health of all WV citizens while lowering the costs associated with the care we provide. The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

Clearly, our institution values the role of this application and is committed to its success. I commend the efforts of you and others who are working on this application and appreciate the opportunity to help advance these efforts

Sincerely,

A handwritten signature in blue ink, appearing to read "Arthur J. Ross, III".

Arthur J. Ross, III, MD, MBA
Dean
Professor of Surgery and Pediatrics



June 30, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

As Chancellor of the Robert C. Byrd Health Sciences Center (HSC) at West Virginia University, I offer my full support for the State of West Virginia's application for the State Innovation Model Design – Round Two funding opportunity. I understand that this application is the combined effort of the Governor's Office, the WV Department of Health and Human Resources, the WV Health Innovation Collaborative, and the School of Public Health at West Virginia University. The HSC Chancellor's Office recognizes, and values, the critical importance of this collaboration and our efforts to develop a model of integrated health care for the state. Furthermore, we value the opportunity to participate in the WV Health Innovation Collaborative on a regular basis. We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state.

We look forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement. These efforts fully align with those of the HSC Chancellor's Office and the land-grant mission of West Virginia University.

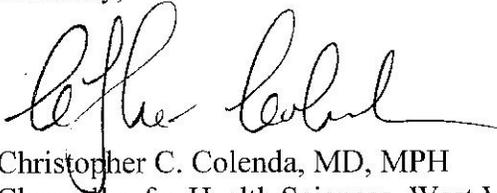
Chancellor for Health Sciences

Suite 1000, Health Sciences South
PO Box 9000
Morgantown, WV 26506-9000

Phone: 304-293-4511
Fax: 304-293-4973

I understand that West Virginia University faculty will work closely with your office and other stakeholders to develop and implement the proposed activities within this proposal. We appreciate the opportunity to work with you and engage in collaborative discussions in these next crucial steps. The HSC Chancellor's Office will fully support these efforts and offer our guidance as needed through this process. Please do not hesitate to reach out to me and others in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Colenda". The signature is fluid and cursive, with a long horizontal stroke at the end.

Christopher C. Colenda, MD, MPH
Chancellor for Health Sciences, West Virginia University
President and CEO, WV United Health System

cc: WVDHHR Cabinet Secretary Karen Bowling



School of Pharmacy

July 7, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305
Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

As the Dean of the WVU School of Pharmacy, I enthusiastically support this application on behalf of the State of West Virginia for the State Innovation Model Design – Round Two funding opportunity. This grant application represents the growing collaborative effort across the state to develop an integrated health model that will serve the citizens of West Virginia. The proposed activities and development planning, once awarded, will support the crucial next steps toward the realization of an integrated model in West Virginia. Given this and our readiness to complete the proposed activities, I extend my highest support for this application.

I understand that this application is the combined effort of the Governor's Office, the WV Department of Health and Human Resources, the WV Health Innovation Collaborative, and the School of Public Health at West Virginia University. Our collaborations throughout the state are increasing in number and strengthening with support from your office and personal investments from other stakeholders. I recognize, and value, the critical importance of the collaborations within this application and will do my part to support them in the future.

At WVU, we support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately. Furthermore, we have a personal interest in improving the care and health of our citizens while lowering the costs associated with the care we provide. For example, we have a Center for Healthy Practitioners in the School of Pharmacy that works to improve the health of students in the schools of Medicine, Dentistry and Pharmacy.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care

coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

I commend the efforts of you and others who are working on this application and appreciate the opportunity to help advance the efforts of WV.

Sincerely,

A handwritten signature in black ink that reads "Patricia A Chase". The signature is written in a cursive style with a long horizontal flourish at the end.

cc: WVDHHR Cabinet Secretary Karen Bowling

June 30, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support on behalf of the WVU Department of Family Medicine on behalf of West Virginia's application for State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). Many physicians in the department have worked to support the objective of developing a comprehensive plan to meet the objective of improving the health of West Virginians through collaboration and innovation. We support the collective efforts of your office and other engaged stakeholders to transform our health care delivery and reduce overall future health care costs through the CMMI Model Design program.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement. The state support is critical because none of the stakeholders can do this task alone.

We look forward to working with the diverse statewide group of participants to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engages patients and their families in managing their care and using health care resources appropriately. Our department's multidisciplinary experience in medical home care has been very positive and supportive of the model.

DEPARTMENT OF FAMILY MEDICINE

PO Box 9152 | Sleeth Family Medicine, Health Sciences Center
Morgantown, WV 26506-9152
☎ 304.598.6920 ■ 304.598.6921

The requested funding for the Model Design process is needed to advance the care delivery and payment transformation underway in West Virginia. On behalf of the WVU Department of Family Medicine, I strongly support the State's application and appreciate CMMI's consideration of our efforts.

A handwritten signature in black ink, appearing to read 'Dana E. King', written over a circular stamp or seal.

Dana E. King MD MS
Professor and Chair
Department of Family Medicine, West Virginia University School of Medicine
Morgantown, WV 26506

cc: WVDHHR Cabinet Secretary Karen Bowling

Department of Family & Community Health

July 1, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support on behalf of Marshall University School of Medicine for West Virginia's application for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMS). We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMS.

We look forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,



Richard Crespo, PhD
Professor

cc: WVDHHR Cabinet Secretary Karen Bowling

WE ARE... MARSHALL.



30 June 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support on behalf of the American Cancer Society for the application on behalf of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

We look forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,

A handwritten signature in cursive script that reads "Katherine Sharpe".

Katherine Sharpe, M.T.S.
Vice President, Health Systems
American Cancer Society
South Atlantic Division
250 Williams Street NW
Atlanta, GA 30303

cc: WVDHHR Cabinet Secretary Karen Bowling



**CAMC Health Education
and Research Institute**

July 1, 2014

ADMINISTRATION

3200 MacCorkle Ave. SE
Charleston, WV 25304
(304) 388-9900
Fax: (304) 388-9906

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support on behalf of CAMC Health Education and Research Institute, Inc. for the application on behalf of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

We look forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,

A handwritten signature in blue ink that reads "Sharon Hall".

Sharon Hall
President

cc: WVDHHR Cabinet Secretary Karen Bowling



July 18, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305
Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support on behalf of the West Virginia Health Quality Data Alliance (WVHQDA), a collaboration between West Virginia School of Osteopathic Medicine Center for Rural and Community Health (Center), WVU Office of Health Services Research and the WV Health Improvement Institute for the application on behalf of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). The WVHQDA has been an enthusiastic supporter of the efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

The WVHQDA has resources to identify health outcomes and quality data and assist in incorporating these into Electronic Health Records. We can retrieve data and analyze aggregated data that will help assess the impact of interventions. The WVHQDA has been an active partner in the WV Health Improvement Coalition and





has worked with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,

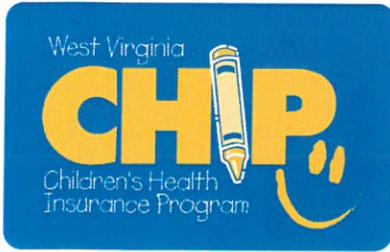
Arnold H. Hassen, Ph.D.

Executive Director, WVSOM Center for Rural and Community Health

Director of Medical Informatics

cc: WVDHHR Cabinet Secretary Karen Bowling





West Virginia Children's Health Insurance Program
2 Hale Street
Suite 101
Charleston, WV 25301
304-558-2732 voice / 304-558-2741 fax
Helpline 877-982-2447
www.chip.wv.gov

July 2, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

The West Virginia Children's Health Insurance Program (WVCHIP) is pleased to support the application on behalf of our State for State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). The collective efforts of your office has engaged a diverse group of stakeholders to improve the health of our population, transform our health care delivery, and reduce overall future health care costs in our state. We hope to participate in developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

We look forward to working with a statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We recognize the importance for children to receive their care in patient-centered medical homes coordinated across care settings and effectively engaging families in managing their care and using health care resources appropriately. WVCHIP has been a participant in a CMS Pediatric Quality Demonstration grant and this opportunity is essential to building on that effort toward a goal of better child population health.

The Model Design Assistance requested from CMS will provide critical support for our collective planning and assessment efforts necessary to transform our delivery system in areas such as health information technology, care coordination infrastructure, pediatric quality measurement, health care workforce development and patient/community engagement.

The requested funding for the Model Design process will leverage and advance the care delivery and payment transformation underway throughout West Virginia. We thank you for this exciting opportunity to support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,

A handwritten signature in blue ink, which appears to read "Sharon L. Carte". The signature is fluid and cursive, with a large initial "S" and "C".

Sharon L. Carte
Director

cc: WVDHHR Cabinet Secretary Karen Bowling
WV Department of Administration Cabinet Secretary Ross Taylor



July 9, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

RE: CMMI STATE INNOVATION MODEL DESIGN GRANT APPLICATION

Dear Governor Tomblin:

On behalf of the members of the West Virginia Hospital Association (WVHA), I am writing in support of this application on behalf of the State of West Virginia for the State Innovation Model Design – Round Two funding opportunity. This grant application represents the growing collaborative effort across the state to develop an integrated health model that will serve the citizens of West Virginia. The proposed activities and development planning, once awarded, will support the crucial next steps toward the realization of an integrated model in West Virginia. Given this and our readiness to complete the proposed activities, I extend my highest support for this application.

I understand that this application is the combined effort of the Governor's Office, the WV Department of Health and Human Resources, the WV Health Innovation Collaborative, and the School of Public Health at West Virginia University. Our collaborations throughout the state are increasing in number and strengthening with support from your office and personal investments from other stakeholders. I recognize, and value, the critical importance of the collaborations within this application and will do my part to support them in the future.

WVHA supports the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using healthcare resources appropriately. Furthermore, we have a personal interest in improving the care and health of our citizens while lowering the costs associated with the care we provide. The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, healthcare delivery transformation, healthcare workforce development and patient / community engagement.

I commend the efforts of you and others who are working on this application and appreciate the opportunity to help advance the efforts of West Virginia.

Sincerely,

A handwritten signature in blue ink, which appears to read "Joseph M. Letnaunchyn".

Joseph M. Letnaunchyn
President & CEO

cc: WVDHHR Cabinet Secretary Karen Bowling



Center for Organ Recovery & Education

A Pledge for Life

204 Sigma Drive • RIDC Park
Pittsburgh, PA 15238
(800) DONORS-7 or (800) 366-6777
Fax: (412) 963-3564
www.core.org

June, 27 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support on behalf of the Center for Organ Recovery & Education (CORE) for the application on behalf of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

We look forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement. The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,


Susan A. Stuart
President/CEO

cc: WVDHHR Cabinet Secretary Karen Bowling



July 1, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support on behalf of West Virginia School of Osteopathic Medicine Center for Rural and Community Health (Center) for the application on behalf of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). Our Center has been an enthusiastic supporter of the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

The Center has been an active partner in the WV Health Improvement Coalition and has worked with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.



The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,



Arnold H. Hassen, Ph.D.

Executive Director, WVSOM Center for Rural and Community Health

Director of Medical Informatics

cc: WVDHHR Cabinet Secretary Karen Bowling



July 1, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

The West Virginia Health Care Association supports this application on behalf of the State of West Virginia for the State Innovation Model Design – Round Two funding opportunity. This grant application represents the growing collaborative effort across the state to develop an integrated health model that will serve the citizens of West Virginia. The proposed activities and development planning, once awarded, will support the crucial next steps toward the realization of an integrated model in West Virginia. Given this and our readiness to complete the proposed activities, we extend our support for this application.

I understand that this application is the combined effort of the Governor's Office, the WV Department of Health and Human Resources, the WV Health Innovation Collaborative, and the School of Public Health at West Virginia University. We recognize, and value, the critical importance of the collaborations within this application and will do our part to support them in the future.

Furthermore, we support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately. We have a personal interest in improving the care and health of our citizens while lowering the costs associated with the care we provide. The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information

technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

We commend the efforts of you and others who are working on this application and appreciate the opportunity to help advance the efforts of WV.

Sincerely,

A handwritten signature in blue ink, appearing to read "Patrick D. Kelly". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Patrick D. Kelly, CEO

cc: WVDHHR Cabinet Secretary Karen Bowling



July 2, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

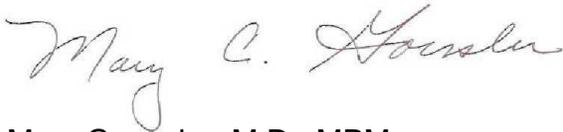
I am pleased to submit this letter of support on behalf of Highmark West Virginia for the application on behalf of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

We look forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,

A handwritten signature in cursive script that reads "Mary C. Goessler".

Mary Goessler, M.D., MPM
Medical Director
Highmark West Virginia, Provider Strategy & Integration

cc: WVDHHR Cabinet Secretary Karen Bowling



Hospice Council of West Virginia

1804 Rolling Hills Rd, Charleston WV 25314 www.hospicecouncilofwv.org

June 28th, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Blvd E
Charleston, WV 25305

Dear Governor Tomblin:

On behalf of the members of the Hospice Council of West Virginia, I would like to submit this letter of support for West Virginia's application for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). We support the collaboration of your office with the many stakeholders that are engaged to improve WV's population health by transforming our health delivery system and reducing future health care costs. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

As providers of end-of-life care in the state serving all 55 counties, we have seen the problems of poorly coordinated care, especially for those with chronic conditions. Sadly mainly of our patients endure multiple transitions and health care resources are used inappropriately before they are referred to hospice in their final weeks of life. We support the goal of better care coordination across all settings and believe that patient engagement is essential to ensure that patients receive the right care at the right time.

We look forward to working with all the many stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities that are underway in West Virginia. We need this support to coordinate, plan and assess our needs. The requested funding will help advance the care delivery and payment transformation underway in West Virginia.

We strongly support the State's application and appreciate CMMI's consideration of our work.

Sincerely,

Chris Zinn

Executive Director

Cc: WVDHHR Cabinet Secretary Karen Bowling



June 27, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

The West Virginia Primary Care Association fully supports this application on behalf of the State of West Virginia for the State Innovation Model Design – Round Two funding opportunity. This grant application represents the growing collaborative effort across the state to develop an integrated health model that will serve the citizens of West Virginia. The proposed activities and development planning, once awarded, will support the crucial next steps toward the realization of an integrated model in West Virginia. Given this and our readiness to complete the proposed activities, I extend my highest support for this application.

I understand that this application is the combined effort of the Governor's Office, the WV Department of Health and Human Resources, the WV Health Innovation Collaborative, and the School of Public Health at West Virginia University. Our collaborations throughout the state are increasing in number and strengthening with support from your office and personal investments from other stakeholders. I recognize, and value, the critical importance of the collaborations within this application and will do my part to support them in the future.

The West Virginia Primary Care Association and its members support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately. Furthermore, we have a personal interest in improving the care and health of our citizens while lowering the costs associated with the care we provide. The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

I commend the efforts of you and others who are working on this application and appreciate the opportunity to help advance the efforts of WV.

Sincerely,

Louise Reese
CEO

cc: WVDHHR Cabinet Secretary Karen Bowling



**Partners in Health
Network, Inc.**

405 Capitol St., Suite 505
Charleston, WV 25301-1783

Telephone 304-388-7385
Facsimile 304-388-7390

www.pihn.org

July 1, 2014

**Governor, Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305**

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support on behalf of the Partners in Health Network (PIHN) for the application on behalf of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). PIHN is the largest and oldest rural health network in West Virginia, with 29 members covering 17 counties in Southern and Central West Virginia. We are active participants in DHHR's Innovation Collaborative and have been very impressed with the leadership from the Department, as well as the commitment of all stakeholders to improve the health care delivery system in West Virginia. We will continue to support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

We look forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and health care delivery transformation. PIHN, in particular, plans to work with the Innovation Collaborative on initiatives to reduce inappropriate visits to the emergency department.

Page No. 2
July 1, 2014

We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,



**Robert Whitley,
Executive Director
Partners In Health Network, Inc.**

cc: Karen Bowling, WVDHHR Cabinet Secretary



West Virginians for Affordable Health Care

Perry Bryant
Executive Director

perrybryant@suddenlink.net
www.wvahc.org

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Partnership of
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Cabin Creek Clinic

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AARP West Virginia

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Kathleen Stoll
Families USA

Chris Zinn
Hospice Council of
West Virginia

Gary Zuckett
WV Citizen Action Group

July 2, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol Complex
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

On behalf of West Virginians for Affordable Health Care (WVAHC), I am submitting this letter of support for the application by the state of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). WVAHC is a non-partisan, non-profit organization that conducts public policy research, analysis and public education on health care reform issues. WVAHC represents the interest of consumers on health care reform issues.

WVAHC support the efforts of your office and engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. WVAHC also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

WVAHC looks forward to working with the statewide group of diverse stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. WVAHC supports the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

West Virginia is uniquely situated to adopt a multi-payer approach since we only have six significant payers in the state: Medicare, Medicaid, West Virginia Public Employees Insurance Agency, Highmark Blue Cross Blue Shield of West Virginia, The Health Plan and Coventry. Coordination among these six payers will be much easier than in other states where there is a plethora of payers.

The Model Design assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. WVAHC strongly supports the State's application and appreciate CMMI's consideration of this important effort.

Sincerely,

A handwritten signature in blue ink that reads "Perry Bryant". The signature is written in a cursive style with a large initial "P" and a long horizontal stroke extending to the right.

Perry Bryant

cc: WVDHHR Cabinet Secretary Karen Bowling

Westbrook Health Services

June 27, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

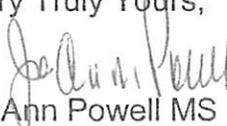
I am pleased to submit this letter of support on behalf of Westbrook Health Services, Inc. for the application on behalf of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

We look forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Very Truly Yours,


Jo Ann Powell MS
Executive Director, Westbrook Health Services, Inc.

cc: file, Kevin L. Trippett, Jolie Kerenick, WVDHHR Cabinet Secretary Karen Bowling

RECEIVED

2014 JUL -9 P 2:01

**OFFICE OF THE SECRETARY
WV DEPARTMENT OF HEALTH
AND HUMAN RESOURCES**



WEST VIRGINIA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR WEST VIRGINIA

June 30, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

As the Executive Vice President of the West Virginia Academy of Family Physicians, I fully support this application on behalf of the State of West Virginia for the State Innovation Model Design – Round Two funding opportunity. This grant application represents the growing collaborative effort across the state to develop an integrated health model that will serve the citizens of West Virginia. The proposed activities and development planning, once awarded, will support the crucial next steps toward the realization of an integrated model in West Virginia. Given this and our readiness to complete the proposed activities, I extend my highest support for this application.

I understand that this application is the combined effort of the Governor's Office, the WV Department of Health and Human Resources, the WV Health Innovation Collaborative, and the School of Public Health at West Virginia University. Our collaborations throughout the state are increasing in number and strengthening with support from your office and personal investments from other stakeholders. I recognize, and value, the critical importance of the collaborations within this application and will do my part to support them in the future.

At West Virginia Academy of Family Physicians, we support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately. Furthermore, we have a personal interest in improving the care and health of our citizens while lowering the costs associated with the care we provide. The Model Design Assistance requested from CMS will provide critical support for our collective

efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

I commend the efforts of you and others who are working on this application and appreciate the opportunity to help advance the efforts of WV.

Sincerely-

A handwritten signature in black ink, appearing to read "Gerry D. Stover", with a stylized flourish extending to the right.

Gerry D. Stover, MS
Executive Vice President

cc: WVDHHR Cabinet Secretary Karen Bowling



July 2, 2014

The Honorable Earl Ray Tomblin
Governor of the State of West Virginia
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support on behalf of the WV Association of Free Clinics (WVAFC) for the application on behalf of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

We look forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

1520 Washington Street, East Charleston, West Virginia 25311 304.414.5941

Beckley Health Right/Hinton Health Right; Eastern Panhandle Free Clinic; Ebenezer Medical Outreach;
Good Samaritan Clinic; Health Access; Mercer Charitable Clinic; Milan Puskar Health Right; Susan Dew Hoff Memorial Clinic;
West Virginia Health Right; Wheeling Health Right

Governor Earl Ray Tomblin
July 2, 2014
Page Two

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,

A handwritten signature in cursive script that reads "Patricia R. Pope". The signature is written in dark ink and is positioned below the word "Sincerely,".

Patricia Rouse Pope
Executive Director

cc: WVDHHR Cabinet Secretary Karen Bowling

Earl Ray Tomblin
Governor



James L. Pitrolo, Jr.
Chairman

Karen L. Bowling, Cabinet Secretary
West Virginia Department of
Health and Human Resources

Board Members
Sonia D. Chambers
Marilyn G. White

June 26, 2014

The Honorable Earl Ray Tomblin
Governor of West Virginia
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

The West Virginia Health Care Authority is pleased to submit this letter of support on behalf of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

We look forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,

A handwritten signature in blue ink, appearing to read "James L. Pitrolo, Jr.", is written over a circular blue stamp. The signature is fluid and cursive.

James L. Pitrolo, Jr.
Chair

cc: Karen Bowling, Cabinet Secretary, WVDHHR



Earl Ray Tomblin
Governor

Phil Weikle
Chief Operations Officer

Joe Letnaunchyn
Chair

June 27, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305
Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support on behalf of West Virginia Health Information Network for the application on behalf of West Virginia for the State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

We look forward to working with the diverse statewide group of stakeholders to support the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively

engaging patients and their families in managing their care and using health care resources appropriately.

The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

The requested funding for the Model Design process is needed to leverage and advance the care delivery and payment transformation underway throughout West Virginia. We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,

A handwritten signature in black ink, appearing to read "Phil Weikle". The signature is fluid and cursive, with the first name "Phil" and last name "Weikle" clearly distinguishable.

Phil Weikle, COO

cc: WVDHHR Cabinet Secretary Karen Bowling



3001 Chesterfield Place
Charleston, West Virginia 25304
Phone 304.346.9864
Toll Free 1.800.642.8686
Fax 304.346.9863
www.wvmi.org

June 26, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305
Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

On behalf of the West Virginia Medical Institute (WVMI), I am very pleased to support West Virginia's application for State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). We support the collective efforts of your office and other engaged stakeholders to improve the health of our population, transform our health care delivery and reduce overall future health care costs in our state. We also support the objective of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

As a non-profit organization dedicated to improving health, we look forward to coordinating with this diverse and impressive statewide group of stakeholders and supporting this important work. WVMI offers extensive experience in epidemiology and population health analytics, health information technology and physician practice transformation, including patient centered medical home expertise. Furthermore as West Virginia's Medicare Quality Improvement Organization (QIO), we understand and support the goal of patient-centered, coordinated care. We stand ready to apply our knowledge and experience to assist with this project and help achieve the federal government's three-part aim.



3001 Chesterfield Place
Charleston, West Virginia 25304
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The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

We strongly support the State's application and appreciate CMMI's consideration of our efforts.

Sincerely,

A handwritten signature in black ink that reads 'John C. Wiesendanger'. The signature is written in a cursive style with a large, looping 'J' and 'W'.

John C. Wiesendanger
Chief Executive Officer



June 26, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

As the West Virginia Rural Health Association Executive Director, I fully support this application on behalf of the State of West Virginia for the State Innovation Model Design – Round Two funding opportunity. This grant application represents the growing collaborative effort across the state to develop an integrated health model that will serve the citizens of West Virginia. The proposed activities and development planning, once awarded, will support the crucial next steps toward the realization of an integrated model in West Virginia. Given this and our readiness to complete the proposed activities, I extend my highest support for this application.

I understand that this application is the combined effort of the Governor's Office, the WV Department of Health and Human Resources, the WV Health Innovation Collaborative, and the School of Public Health at West Virginia University. Our collaborations throughout the state are increasing in number and strengthening with support from your office and personal investments from other stakeholders. I recognize, and value, the critical importance of the collaborations within this application and will do my part to support them in the future.

At the West Virginia Rural Health Association, we support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately. Furthermore, we have a personal interest in improving the care and health of our citizens while lowering the costs associated with the care we provide. The Model Design Assistance requested from CMS will provide critical support for our collective efforts to coordinate and plan our health improvement and transformation activities and assess our needs in areas such as health information technology, care coordination infrastructure, health care delivery transformation, health care workforce development and patient/ community engagement.

I commend the efforts of you and others who are working on this application and appreciate the opportunity to help advance the efforts of WV.

Sincerely



Debrin L. Jenkins, MS, LSW

WVRHA Executive Director

cc: WVDHHR Cabinet Secretary Karen Bowling



2300 Rexwoods Drive, Suite 200, Raleigh, NC 27607

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July 1, 2014

Governor Earl Ray Tomblin
Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Re: CMMI State Innovation Model Design Grant Application

Dear Governor Tomblin:

I am pleased to submit this letter of support on behalf of Community Care of North Carolina (CCNC) for the West Virginia's application for State Innovation Model Design Assistance through the Center for Medicare & Medicaid Innovation (CMMI). We support the collective efforts of your office and other engaged stakeholders to improve the health of your population, transform your health care delivery and reduce overall future health care costs in your state. We recognize the importance of developing a comprehensive plan to meet these objectives through the Model Design program supported by CMMI.

We have had the opportunity to work with your state through a NASHP initiative and several members of your Department of Health and Human Services have visited us to learn about our program. We look forward to the opportunity to provide additional technical support to your team in the development of the Model Design to coordinate the health improvement and innovation activities currently underway in West Virginia. We support the goal of promoting patient-centered care that is coordinated across care settings and effectively engaging patients and their families in managing their care and using health care resources appropriately.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Allen Dobson Jr.", written in a cursive style.

L. Allen Dobson Jr., MD
President and CEO
704-791-2696 (c)

cc: WVDHHR Cabinet Secretary Karen Bowling