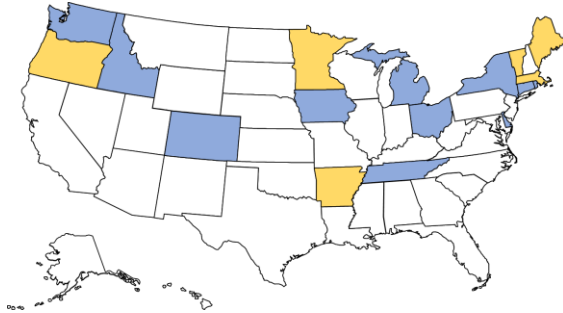


State Innovation Models: A Summary

To inform future model development, CMS examined findings from mixed methods evaluation reports for six Round 1 (2013-2018) and 11 Round 2 (2015-2020) SIM Model Test states. SIM states were charged with testing innovative value-based payment (VBP) health care models across multiple payers to achieve broad transformation in their health care systems, improve population health, and engage a wide range of relevant stakeholders. We summarize findings across implementation and impact for both rounds and model types to expand the evidence base for state-led VBP models.



Round 1 2013-2018 \$33-\$45 million per state \$250 million total awarded	Round 2 2015-2020 \$20-\$99 million per state \$620 million total awarded
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PRIOR STATE ACTIONS ENABLED SUCCESS IN SIM OUTCOMES

- Most states used prior experience in Medicaid VBPs (n=14), state legislation (n=13), CMS waivers and state plan amendments (SPAs) (n=12), and/or managed care organization (MCO) contracting (n=9) to develop and expand new payment and delivery models during SIM:
 - Fourteen states expanded or supported Patient Centered Medical Homes (PCMH) or Health Home models;
 - Seven states expanded prior Accountable Care Organizations (ACO) models;
 - Five states created behavioral health models and fifteen states integrated behavioral health into primary care;
 - Three states created episodes of care (EOC) models.
- Nine states **achieved multi-payer involvement**, and ten states **reached over 50 percent of their Medicaid populations**.
- Thirteen states used legislation, CMS waivers, and/or MCO contracting to **sustain VBP models after SIM funding ended**.

	State	State activities to enable SIM Initiative				Outcomes from SIM Initiative		
		History of Medicaid VBPs	State Legislation	CMS Waiver/ SPA	MCO contracting	Multi-payer Involvement	Reached >50% of Medicaid	SIM Model Was Sustained
Round 1	Arkansas							
	Maine							
	Massachusetts							
	Minnesota							
	Oregon							
	Vermont							
Round 2	Colorado							
	Connecticut							
	Delaware							
	Idaho							
	Iowa							
	Michigan							
	New York							
	Ohio							
	Rhode Island							
	Tennessee							
	Washington							

STATES BROADLY SUPPORTED TRANSFORMATION IN HEALTH CARE

SIM states used several implementation strategies, such as leveraging Medicaid managed care and employee health insurance contracts; convening commercial payers, providers, and relevant stakeholders; building consensus on quality measurement alignment; and robust health IT investment. States supported practice transformation through peer-to-peer learning & technical assistance and use of community health workers & care coordinators to enable team-based, comprehensive primary care and behavioral health integration. A few states focused on social determinants of health.

SIM VALUE-BASED PAYMENT MODELS IMPACTED OUTCOMES

VBP models in SIM reduced total spending in 8 models, often accompanied by reductions in inpatient admissions (7 models), emergency department (ED) visits (10 models), or readmissions (4 models). A few models increased spending (5 models) or utilization measures (7 models) or had no significant changes in spending or utilization (2 models). Estimates yielded outcomes similar to Innovation Center models implemented for Medicare populations.

				Total Spending	Inpatient Admissions	ED Visits	Readmissions
PCMH	Round 1	Medicaid	Arkansas				--
			Massachusetts				--
			Oregon				--
	Round 2	Medicaid	Arkansas				
			Connecticut				
			Delaware				
			Idaho				
		Michigan	--				
		Ohio					
		Rhode Island				--	
Commercial	New York						
	Rhode Island				--		
ACO	Round 1	Medicaid	Maine				
			Minnesota				
			Vermont				
		Commercial	Minnesota				
	Oregon						
Round 2	Commercial	Washington					
BHI	Round 1	Medicaid	Maine				
	Round 2	Medicaid	Colorado				
			Tennessee				
			Washington				--
		Commercial	Colorado				
Medicare	Colorado						

Legend: Improvement at p_≤0.1 (green) Unfavorable at p_≤0.1 (orange) No change at p_≤0.1 (grey) Not available (white)

KEY TAKEAWAYS

State readiness to implement VBP models in SIM varied and impacted their ultimate success and sustainability. Most of the states reached over 50% of Medicaid beneficiaries in VBPs and achieved multi-payer involvement. SIM states were able to transform health care broadly, as noticed by providers, beneficiaries, and stakeholders. States are a key partner in health reform in their ability to create models addressing their unique health care context and through their various authorities.