

SIM Budget Summary, Grant Year 2/Implementation Year 1

SIM Component/Project Area	Projected Expenditure	Primary Driver	Metric
Establish Infrastructure	\$921,082.00	Maintain multi-stakeholder coalition to sustain transformation	DCHI Staffed and funded; DCHI board and programmatic committees meeting on a regular basis
Clinical	\$3,970,000.00	Focus on care coordination for high risk adults/elderly and children that is person-centered and team based; Develop a strategy to promote integration of primary care and behavioral health	Vendors launched by Q1 2016 with 50% of PCPs participating by Q4 2016; Identification of care coordination resource needs by Q3 2015; Credentialing strategy complete by Q2 of 2016, elements of strategy in place by Q1 2017; curriculum available by Q4 2016 with 50% of providers participating by Q4 2017; Capacity planning complete by Q4 2016; Convene advisory group by Q4 2015, begin executing elements of strategy by Q3 2016
Health IT	\$1,700,000.00	Engage patients in their health; Focus on care coordination for high risk adults/elderly and children that is person-centered and team-based	Materials launched in Q3 2016; Community health record available to individuals by Q3 2016; Convene workgroup by Q1 2016, tools available by Q4 2016, tools adopted by Q4 2017; Vendors launched by Q1 2016 with 50% of PCPs participating by Q4 2016; Identification of care coordination resource needs by Q3 2015; Credentialing strategy complete by Q2 of 2016, elements of strategy in place by Q1 2017; curriculum available by Q4 2016 with 50% of providers participating by Q4 2017; Capacity planning complete by Q4 2016; Convene advisory group by Q4 2015, begin executing elements of strategy by Q3 2016
Payment	\$990,000.00	Introduce outcomes-based payment models across all payers with consistency on non-price terms, linked to a common scorecard	Common scorecard available statewide by Q2 2016; Value-based payment models available across at least 3 payers statewide by January 2017; 20% of providers in at least one model by 2016, 40% by 2017, and 60% by 2018; QHP standards updated to align with SIM at Q4 2016, Q4 2017, and Q4 2018
Population Health	\$2,400,000.00	Launch Healthy Neighborhoods to improve integration among community organizations and care delivery system; Develop plan for improving population health	First Healthy Neighborhood launched in 2016, next two Neighborhoods by early 2017, next five Neighborhoods by 2018; Scorecard on DCHI website by mid-2016; Plan developed (complete)
Workforce	\$950,000.00	Focus on care coordination for high risk adults/elderly and children that is person-centered and team based; Engage providers in shaping transformation	Vendors launched by Q1 2016 with 50% of PCPs participating by Q4 2016; Identification of care coordination resource needs by Q3 2015; Credentialing strategy complete by Q2 of 2016, elements of strategy in place by Q1 2017; curriculum available by Q4 2016 with 50% of providers participating by Q4 2017; Capacity planning complete by Q4 2016; Convene advisory group by Q4 2015, begin executing elements of strategy by Q3 2016; 2-4 meetings annually for 2016, 2017, 2018; Measurement approach in place by Q3 2016
Patient and Consumer	\$600,000.00	Engage patients in their health	Materials launched in Q3 2016; Community health record available to individuals by Q3 2016; Convene workgroup by Q1 2016, tools available by Q4 2016, tools adopted by Q4 2017
Total*	\$11,531,082.00		

* Note: This total does not include anticipated Year 1 carryover funds. If carryover funds are not approved by CMMI, budget adjustments may be requested.