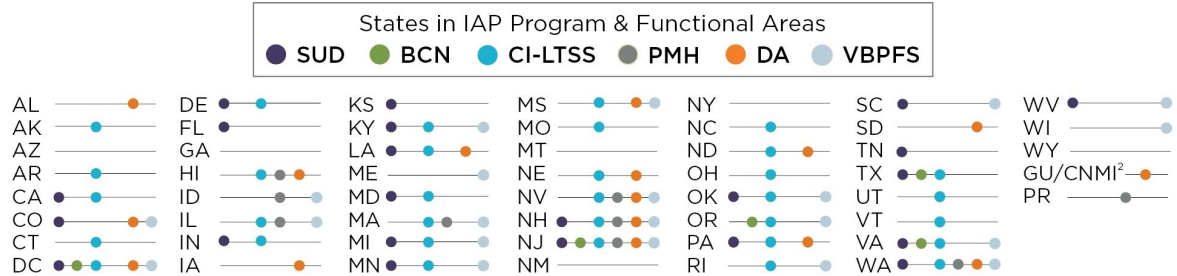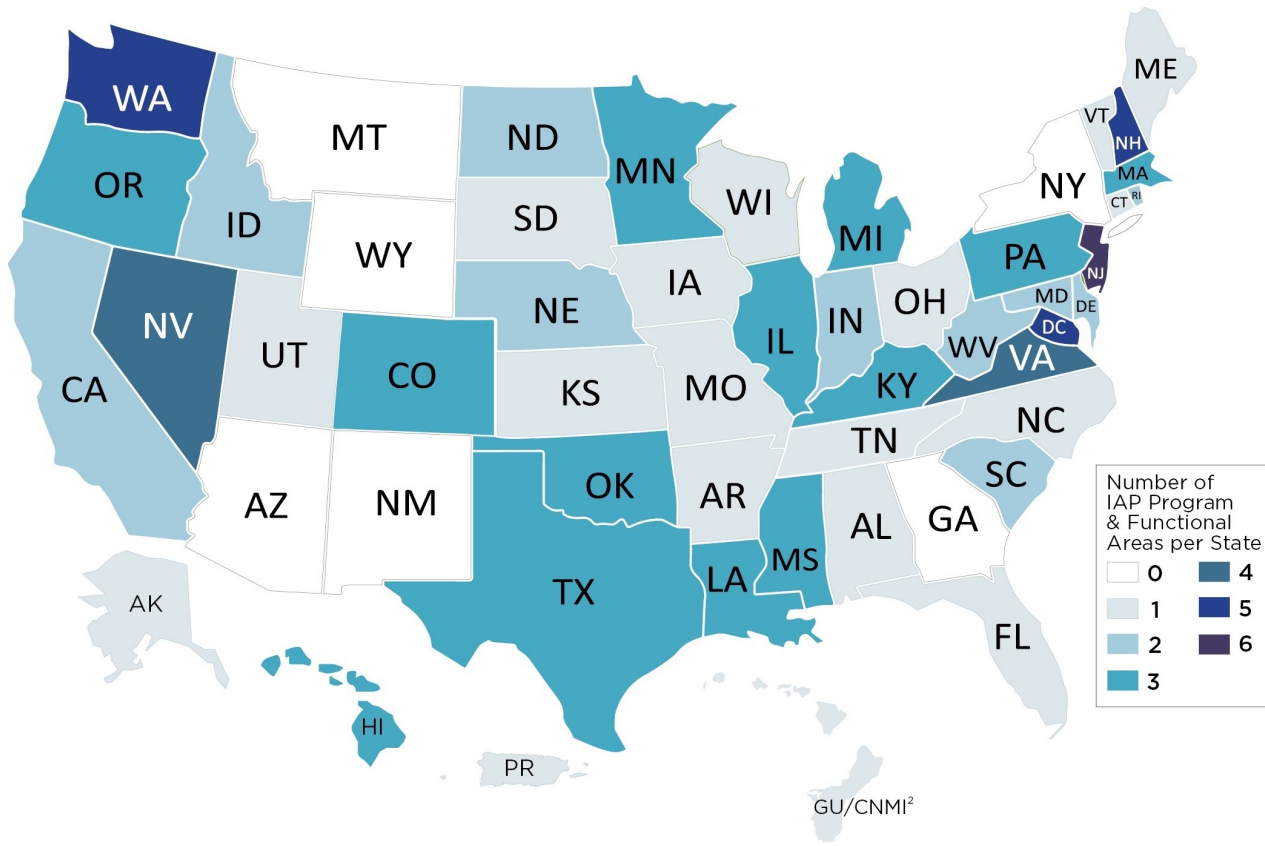## MODEL OVERVIEW

In July 2014, CMS launched the Medicaid Innovation Accelerator Program (IAP) model to support states' ongoing delivery system and payment reforms through targeted technical assistance, tool development, and cross-state learning opportunities.

IAP offered technical assistance in four program and two functional areas: reducing substance use disorders (SUD); improving care for Medicaid beneficiaries with complex care needs & high costs (BCN); promoting community integration through long-term services and supports (CI-LTSS); supporting physical & mental health integration (PMH); data analytics (DA), and value-based payment & financial simulations (VBPFS).

Number of IAP Program & Functional Areas per State

0	4
1	5
2	6
3	

GU/CNMI[2]

States in IAP Program & Functional Areas
● SUD ● BCN ● CI-LTSS ● PMH ● DA ● VBPFS

This document summarizes the evaluation report prepared by an independent contractor. To learn more about IAP and to download the full evaluation report, visit: https://innovation.cms.gov/innovation-models/miap

FINDINGS

KNOWLEDGE AND SKILLS

- States applied new knowledge gained through the IAP to activities such as analyzing Medicaid data, developing value-based payment methodologies, and developing Section 1115 Demonstration waiver applications.

- States in several tracks learned how to develop driver diagrams and action plans to help define project goals and communicate about project measures with stakeholders.

- Several states used financial modeling tools to analyze the impacts of a payment withhold arrangement to assist with value-based payment designs.

- Many of the data dashboards initially created for internal staff planning purposes have since grown to public dashboards for stakeholder use.

RELATIONSHIPS

- In many cases, state participants were able to sustain the relationships they built through the IAP both within and across agencies in a single state, as well as across states.

IMPLEMENTATION CHALLENGES

- The effectiveness of technical assistance in implementing change was challenged by local and state factors such as shifts in state budgets, staffing turnover, and limited access to key decision-makers

KEY TAKEAWAYS

The IAP has been successful in helping state Medicaid agencies plan, design and implement Medicaid-focused delivery system reforms. Despite challenges, state participants gained actionable knowledge and skills through their participation and have used them to build lasting relationships across states and state agencies as they pursue state delivery system reforms.