

Appendix A

Integrated Health Partnerships (IHP) Program Application Template

Thank you for your interest in applying to become an Integrated Health Partnership (IHP). Please read the Request for Proposal (RFP) fully, including this application, before filling out this application.

This application will be used for the following purposes:

1. Determine eligibility to participate in IHP program
2. Determine eligibility for Track 1 or Track 2 within the IHP program
3. Facilitate targeted and efficient negotiation discussions with Applicant IHPs following the proposal review process
4. Assist the Department of Human Services (DHS) in planning initiatives for Medicaid and IHP in 2027 and beyond

Instructions

This application template alone does not represent the entire IHP application package. Please see Section 3 of the RFP for additional requirements. The full IHP application package is due on **Wednesday, August 26, 2026 by 11:59 pm Central Time** and must be submitted electronically to Jackie Sias at Jackie.Sias@state.mn.us, cc IHP.Admin.DHS@state.mn.us in order to be considered for the program. Late Proposals will not be considered and will not be opened. **Faxed, mailed, or hand delivered Proposals will not be accepted.**

Proposals must be submitted via e-mail to Jackie Sias at Jackie.Sias@state.mn.us, cc IHP.Admin.DHS@state.mn.us with each of the following sections clearly identified with its own heading, in addition to the requirements noted in Section 3 of the IHP RFP.

- I. Cover Sheet
- II. Background Information & Organizational Structure
- III. Leadership & Management
- IV. Financial Plan & Experience with Risk Sharing
- V. Clinical Care Model
- VI. Quality Measurement
- VII. Population Health
- VIII. Community Partnerships

Submissions of evidence and non-written supporting material must be labeled with the name of Applicant IHP, section header, and question number that the document pertains to in order to be considered complete.

Please see Section 4.6 of the RFP for additional proposal submission requirements.

Accountable Care Partnership(s) information must be included on the IHP RFP Application for Track 2 Applicant IHPs. Please note, the IHP's ACP arrangement must be a part of the IHP's Population Health Demonstration which is described in detail in Appendix E.

Applicant IHPs must complete the Population Health Demonstration (Appendix E) in full and submit it with the IHP Program Application (Appendix A).

I. Cover Sheet

A. Applicant IHP Organization Information:

1. Organization Name (including doing business as (DBA), if applicable)
2. Year Organization was Formed
3. Organization Taxpayer Identification Number (TIN)/Employer Identification Number (EIN)
4. Street Address (physical address must be included, not a PO Box)
5. City
6. State
7. Zip Code
8. Website, If Applicable
9. Phone Number

Organization Name	
Year Organization was Formed	
Organization Taxpayer Identification Number (TIN)/Employer Identification Number (EIN)	
Street Address (Not PO Box)	
City, State, Zip Code	
Website (If Applicable)	
Phone Number	

B. Financial Entity for Applicant IHP:

1. Name of Financial Entity
2. SWIFT Vendor ID of Applicant IHP *(Note: Will be used to generate a contract once negotiations have been finalized. If you have questions regarding obtaining a SWIFT Vendor ID #, please contact the Minnesota Department of Management and Budget (MMB) at 651-201-8106.)*

Name of Financial Entity	
SWIFT Vendor ID of Applicant IHP	

C. Information Privacy and Security Contact for Applicant IHP:

1. Name of Contact for information privacy and security questions.

First and Last Name	
Title/Position	
Email Address	
Phone Number (Direct Phone #)	

D. Contact Information *(Note: All of the contact sections (1-5) are required to be completed.)*

1. Primary Application Contact *(Note: Will be contacted for next steps following RFP review)*

First and Last Name	
Title/Position	
Email Address	
Phone Number (Direct Phone #)	

2. Secondary Application Contact

First and Last Name	
Title/Position	
Email Address	
Phone Number (Direct Phone #)	

3. IHP Executive Contact

First and Last Name	
Title/Position	
Email Address	
Phone Number (Direct Phone #)	

4. MN-ITs Primary Administrator (PA) for the IHP data

(Note: Will be used to access data and reports via the MN-ITs mailbox and IHP portal. If you have questions regarding setting up a primary and secondary administrator, please contact the Minnesota Health Care Programs (MHCP) Provider Resource Center at 651-431-2700 or 1-800-366-5411, option 2.)

First and Last Name	
Title/Position	
Email Address	
Phone Number (Direct Phone #)	

5. MN-ITs Secondary Primary Administrator (PPA) for the IHP data

First and Last Name	
Title/Position	
Email Address	
Phone Number (Direct Phone #)	

E. Track

1. Track Applying For (Either Track 1 or Track 2)

- Track 1
- Track 2

2. (Optional) Explanation if track selected deviates from population requirements articulated in RFP.

II. Background Information & Organizational Structure

A. Type of Applicant Organization:

- Medical group practice;

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- Network of individual practices (e.g., Individual Practice Association (IPA));
- Hospital system;
- Integrated delivery system;
- Partnership of hospital system(s) and medical practices; or
- Other, please describe.

- B. Participants in the program are required to, or have an integrated partner entity who, provides Primary Care Services. Primary Care Services include, but are not limited to:
- Age and situationally appropriate medical screening (e.g., Child and Teen check-up)
 - Prevention services (e.g., programs to address pre-diabetes, vaccinations for age)
 - Preventative medical examinations)
 - Primary Care visits for acute condition (e.g., sick visits)
 - Primary Care visits for management of chronic conditions
 - Coordination of primary specialty care

Does the Applicant IHP currently provide Primary Care Services?

- Yes No

Does the Applicant IHP currently have at least one partner entity that provides Primary Care Services to their patient population?

- Yes No

If **yes** to the above question, please provide information on the partner entity, including the nature of the partnership, scope and method of the Primary Care service delivery, and other relevant details.

If **no to both of the questions immediately above**, please provide a detailed narrative explanation as to how the Applicant IHP will fulfill the requirement to either directly provide, or have a partner entity that provides, Primary Care Services.

- C. Please provide an executive summary describing the Applicant IHP, including the following information about the Applicant IHP:
1. Composition (number of hospitals, number of Skilled Nursing Facilities (SNFs), types of providers/suppliers (primary care and types of specialists)), and a description of how the composition ensures that the Applicant IHP can provide or coordinate the full scope of health care services, including primary care;
 2. A map of the geographic service area noting clinic locations and where most of the patients reside;
 3. If the service area encompasses urban, suburban and/or rural locations;
 4. If the area includes underserved beneficiaries;
 5. What health disparities are present in the community;

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- 6. The history of the Applicant IHP organization and its major member organizations in terms of prior business relationships (if any) and collaboration between members on care improvement or cost containment efforts (if any); and
 - 7. Any other applicable narrative describing the IHP.
- D. Please provide a narrative explanation of why the Applicant IHP would like to participate in the IHP program and how the program would benefit from having the Applicant IHP participate.
- E. If selected to be an IHP, how will your system modify its care delivery model or otherwise modify its care delivery activities to better support Medicaid beneficiaries?
- F. If the applicant organization is a current IHP (or has been an IHP previously), please describe what your organization would build on or do differently, if selected to continue in the IHP Program?
- G. If the applicant organization is a current IHP (or has been an IHP previously), what are some lessons learned as an IHP that your organization would work to improve or do differently?
- H. Please provide a list of the names of clinics and locations that are participating in the applicant IHP. Please indicate if the locations are any of the following:
- Critical Access Hospital (CAH)
 - Other Rural Hospital
 - Rural Health Clinics
 - Federally Qualified Health Center (FQHC)
 - Other Community Health Centers
 - Skilled Nursing Facility (SNF)
 - Inpatient Rehabilitation Facility (IRF)
 - Home Health Agency (HHA)
 - Other Post-Acute Care Facility
 - Cancer Or Specialty Hospitals
 - Psychiatric Hospital or Other Mental Or Behavioral Health Facility
 - Hospitals Receiving Disproportionate Share Payments or Uncompensated Care Payments From Medicaid
 - Community-Based Service Providers
 - Local Public Health or Social Service Organizations
 - Other (Please Specify)

Name	Street Address	City	State	Zip Code	Type

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- I. The IHP program uses a billing National Provider Identifier (NPI) based method to determine the providers that are submitting IHP patient claims, for the purposes of attribution. Option 1, the All-In Roster with annual attestation, is considered our default method and is strongly encouraged. Please indicate which ONE of the two options below that the Applicant IHP will be using.

- All-In Roster (annual attestation); **or**
 Billing and Treating Provider Roster (quarterly updates and attestation).

If you choose the Billing and Treating Provider Roster option, please additionally provide an explanation on why this method would be best suited for your IHP structure (for example, your medical group uses a consolidated NPI across all of your clinical sites, and only a portion of your clinical sites will be participating in the IHP program).

- J. Using the fields and format described in Appendix A-2: Roster Submission Process and the provided template in Appendix A-3: IHP Roster Submission Template, **submit an Excel spreadsheet (not a PDF)** with your Proposal and Application identifying all the proposed IHP participants/NPIs that will constitute the Applicant IHP. All-In Roster is on tab 1, the Billing and Treating Provider Roster is on tab 2. Appendix A-3 will be available at IHP Overview Site: <https://mn.gov/dhs/partners-and-providers/grants-rfps/integrated-health-partnerships/> and Grants Page: <https://mn.gov/dhs/partners-and-providers/grants-rfps/open-rfps/#/list/appld/1/filterType//filterValue//page/1/sort/Date/order/descending>

- K. Data Analysis

1. Participation in the IHP program allows an IHP to receive claims data on attributed patients and access to a performance dashboard for various cost, care management, and quality metrics. Does the Applicant IHP have a current data analytics structure that will make use of this data?

Yes No

- a. If **yes**, please describe your future strategy for more effective care coordination and patient management using IHP data.
b. If **no**, please describe the plan for data analysis that will be in place at the time of the start of the contract if selected.

III. Leadership & Management

- A. Leadership Team

1. Please provide an organizational chart for the Applicant IHP. The organizational chart should depict the legal structure, composition of the IHP (all of the TINs and organizations composing the IHP) and any relevant committees.

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2. Please describe the contractual and employment relationships between and among the Applicant IHP and proposed participants, as well as any contractual and employment relationships with other partners or entities that will provide services to the IHP. If participating entities are not owned by the principal IHP entity, please submit:
 - a. A sample draft contract/amendment/addendum/Memorandum of Understanding (MOU) representing the current or proposed relationship between an IHP and participants by the start of the contract, during the IHP contract period; and
 - b. A description of the process used to obtain agreement from IHP participants.

3. Does the applicant organization have a leadership team specific to and focused on the IHP?

Yes No

 - a. If **Yes**; please complete the table below with information specific to the Applicant IHP’s proposed leadership team. If specific individuals have not yet been identified, please note that in the Leadership Team Member column and provide the anticipated date by which the individual will be identified.

Leadership Team Member	Title and Role

- b. If **No**; please describe how your organization will make decisions related to the IHP’s operations.

B. Legal Entity & Governing Body

1. Please complete the table below for the Applicant IHP’s proposed governing body:

Name	Title	Expertise	Voting Power (Y/N)	MHCP (Y/N)	Member	Consumer Advocate (Y/N)

Please describe how responsibilities and accountability will be shared across the leadership team and governing body structure in the Applicant IHP.

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Please also describe the leadership team and governing body's ability and/or authority to allocated resources. If applicable, please provide a copy of relevant governing documents, such as bylaws, MOUs, or partnership agreements.

2. Please describe how the governing body will ensure that the interests of patients, their families, their communities, and providers will be represented adequately.
3. Please describe how the governing body sets the strategic direction for the IHP in the following areas:
 - I. Population health
 - II. Practice core components, including quality improvement
 - III. Data sharing
 - IV. Quality measurement
 - V. Health equity

C. Minnesota Health Care Program (MHCP) Member Representation

1. If selected to be an IHP, how will your organization include MHCP members in decision-making processes and bodies?
2. If the Applicant IHP does not include a MHCP member on the governing body in Section B(1) above, how will your organization ensure MHCP members will have meaningful representation in IHP-related governance?.
3. If selected to be an IHP, how will your organization gather meaningful feedback and incorporate the perspective, priorities, and goals of MHCP members into your IHP's activities?

D. Compliance and Fraud Prevention

1. Please provide a description of the Applicant IHP organization's established program integrity functions and activities to reduce the incidence of fraud, waste, and abuse.

IV. Financial Plan & Experience with Risk Sharing

A. Please indicate the intended IHP Track.

1. Please provide evidence that the Applicant IHP meets the minimum requirements for the intended IHP Track. Please reference the IHP RFP Section 5, Responder Eligibility and Participation Requirements, and Section 6, Model Design Elements, in the response.

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2. Please list any questions or concerns you have regarding meeting the requirements for the intended IHP Track.

B. Risk Sharing Experience

1. Is the Applicant IHP or any of its proposed participants currently participating in other value-based or accountable care initiatives? Include both public (e.g., Medicaid and Medicare) and private payer (e.g., commercial, self-insured) arrangements.

Yes No

2. Please list the initiatives, length of participation, and include a short description if the initiative is not a public initiative. Initiatives must include financial accountability, evaluation of patient experiences of care, and substantial quality performance incentives.

Initiatives	Length of Participation	Short Description of Initiative	Financial Accountability Evaluation of Patient Experiences of Care	Substantial Quality Performance Incentives

3. Please describe the Applicant IHP’s performance under prior or current value-based or accountable care initiatives aside from IHP, if any.
4. Please describe the history of collaboration among major stakeholders in the community being served and commitment from relevant community stakeholders to achieve seamless care. Include specific examples, if any.

C. Financial plan if selected as IHP

1. What is the business model for your organization as you transition from financial incentives of Fee-for-Service (FFS) to those of outcomes-based contracts?
2. How has this been formed by your experience to date with risk-based and/or outcomes-based contracts?
3. Please describe how Applicant IHP intends to fund ongoing IHP activity. Indicate how the funding plan supports the triple aim of better health, better health care, and lower per-capita costs, and how it ties individual providers into the overall outcomes-based revenue strategy.
4. Please describe how the Applicant IHP intends to use the population-based payment from participation in the IHP program.

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5. Please confirm that the Applicant IHP is financially sound and able to provide the services under this RFP. This can take the form of recent financial documentation. Acceptable forms of documentation include: internal audits, Financial 990's, or other independently verified financial documentation (only one copy of the financial documentation is needed; see Sections 2 and 3).
6. (If Track 1 Applicant) Please describe why the Applicant IHP is unable to take on financial risk for the total cost of care of attributed MHCP beneficiaries.
7. (If Track 2 Applicant) Please describe how the Applicant IHP intends to use shared-savings payments received from the IHP program (if any). Include a description of how shared-savings will be distributed among IHP Participants, providers, subcontractors, or other affiliates.
8. (If Track 2 Applicant) Please describe how the Applicant IHP plans to ensure payment to the State in the event of shared-losses.
9. (If Track 2 Applicant) Please describe the Applicant IHP's established process(es) to allocate and distribute shared-losses among IHP Participants, providers, subcontractors, or other affiliates in a potential shared losses situation.

V. Clinical Care Model

A. Provider Engagement

1. If selected, how will your organization educate all relevant and/or front-line clinical staff and providers on the organization's participation in the IHP Program and the various requirements of participation?
2. How will you promote and ensure the IHP's, and other associated partners' providers are delivering services that are culturally appropriate for the communities you serve? Please include details as to how you identify the culture and cultural needs of the community you serve, and how you capture and track provider cultural competency training including frequency of trainings, the population the trainings focus on, areas for improvement, and how gaps in trainings are addressed.
3. How is your organization working to diversify its providers to meet your patients' cultural and linguistic needs and preferences?
4. How is the Applicant IHP ensuring the organization's providers are reflective of the communities served by the Minnesota Health Care Programs (MHCP)?

B. Member Engagement

1. Please describe the existing or planned approach the Applicant IHP will use to engage with its attributed IHP population.

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2. Please describe the Applicant IHP’s existing or planned approach for evaluating member satisfaction in addition to the IHP patient-centered care quality metrics, and how the IHP intends to use such information to improve its care management and care coordination processes.
3. How does the Applicant IHP identify, establish and maintain processes that are culturally and linguistically responsive to the needs of the community served?
4. How do you engage the community in this? How do you ensure that these processes support the integration and coordination of an individual patient’s overall care?
5. Describe the current state of Applicant’s outreach activities for members in regard to Child and Teen Check-ups (C&TC). This description must include responses to the following:
 - a. The initiatives in place for encouraging members to complete timely well-child visits in accordance with the C&TC periodicity schedule.
 - b. The mechanisms used for tracking that referrals are followed up on properly and timely to ensure successful outcomes for C&TC utilization.
 - c. The outreach methods used for contacting members who do not complete their C&TC visits.
 - d. The systems used for measuring the rate of completion for C&TC visits.
 - e. How the Applicant IHP will use the C&TC outreach payment from the State for C&TC outreach efforts.
 - f. If the Applicant is seeking an exemption to the C&TC outreach responsibilities, as described in Section 5.4 of the IHP RFP, please provide an explanation as to why the applicant organization is unable or unwilling to provide C&TC outreach.

C. Care Coordination

1. Does the Applicant IHP contain clinics that are any of the following?
 - Health Care Home (HCH)
 - NCQA Patient-Centered Medical Home (PCMH) Recognition

Yes No

If **yes**, please list the clinics and date of certification/recognition.

Clinic Name	Date of <i>Initial</i> Certification/Recognition	Current Certification Level (and Date Achieved)	Date of <i>Most Recent</i> Recertification

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2. For any participating clinics that are not certified or recognized under the models listed in Question 1 above, please refer to Appendix B1: Example IHP Health System Characteristics and assess whether participating clinics do or intend to reflect the characteristics listed.

Yes – Applicant IHP confirms participant sites that do not have NCQA PCMH recognition of HCH certification meet the characteristics and have the capabilities as described in Appendix B1: Example Health System Characteristics.

No If you selected ‘No’ above, provide a narrative description of the characteristics or capabilities not met, at which sites, and estimate the proportion of patient volume who receive care at these sites.

3. Please describe the Applicant IHP’s plan to achieve better health, better care, and lower cost through integrated and coordinated care interventions. Please address the following in your narrative:

- a. The Applicant IHP’s use of interdisciplinary care teams to coordinate care for patients;
- b. The Applicant IHP’s process for identifying patients that would benefit from further coordination or other support;
- c. The Applicant IHP’s strategies for improving beneficiary access to care;
- d. The Applicant IHP’s development and use of population health management tools; and
- e. Additional specific care interventions and tools.

D. Health IT Capability and Integration into Care Coordination

1. Does any of the Applicant IHP’s participating clinics have existing arrangements for exchanging Admission, Discharge, Transfer or Continuity of Care Document (CCD) messages with providers that are outside their system?

Yes No

2. If **yes**, please describe the current level of implementation. For example, do any of the IHP’s clinics participate in DHS’s Encounter Alert System (EAS)?

3. Please select one of the following categories that best reflects the Electronic Health Record (EHR)/Health Information Exchange (HIE) system functionality of the majority of ambulatory practices in the Applicant IHP:

Paper chart based;

Desktop access to clinical information, unstructured data, multiple data sources, intra-office/informal messaging;

- Beginning of a clinical data repository (CDR) with orders and results, computers may be at point of care, access to results from outside facilities;
 - Electronic messaging, computers have replaced the paper chart, clinical documentation and clinical decision support;
 - Computerized physician order entry (CPOE), use of structured data for accessibility in electronic medical record (EMR) and internal and external sharing of data; or
 - Health Information Exchange (HIE) capable, sharing of data between the EMR and community based EHR, business and clinical intelligence.
4. Please select one of the following categories that best reflects the functionality of the majority of providers' EMR/HIT systems in the Applicant IHP:
- Some clinical automation exists; however, systems allowing laboratory, pharmacy, and/or radiology services to be automated are not installed;
 - Systems allowing laboratory, pharmacy, and radiology to be automated are installed;
 - Computerized practitioner/physician order entry (CPOE) installed and available. If one patient service area has implemented CPOE and completed previous stages, this stage has been achieved;
 - The closed loop medication administration environment implemented in at least one patient care service area. Electronic medication administration record (eMAR) system is implemented and integrated with CPOE and pharmacy;
 - Full physician documentation/charting (structured templates) implemented for at least one patient care service area; and
 - Hospital has paperless EMR environment. Clinical information can be readily shared via Continuity of Care (CCD) electronic transactions with all entities within health information exchange networks (i.e., other hospitals, ambulatory clinics, sub-acute environments, employers, payers, and patients).
5. Please describe the Applicant IHP's and proposed participants' ability to use EHR data and electronic tools to understand patient risk, risk stratify, and use this information for decision-making.
6. Please describe how the Applicant IHP uses telehealth for care delivery. How does your organization consider the unique needs of its population when designing care delivery processes (e.g., those who are less technology savvy, those who do not have access to technology)?
7. Please describe how the Applicant IHP will effectively utilize health information technology (HIT) to coordinate care and engage patients.

VI. Quality Measurement

Responders must demonstrate established processes to monitor and ensure high quality of care. IHPs are also expected to participate in quality measurement activities as required by the State and engage in quality improvement activities as an entity.

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- A. Does the Applicant IHP currently participate in quality programs, including but not limited to CMS’s Merit-based Incentive Payment System (MIPS) or Minnesota’s Statewide Quality Reporting and Measurement System programs (SQRMS)? *Please note, if the applicant participated in the IHP program previously, it is appropriate to identify measures that the IHP tracked as a part of that work.*

Yes No

If **No**; please explain why the IHP is not currently participating in any state or federal programs.

If **Yes**; please use the template below to identify quality programs and measures reported for these programs.

Quality Program	Measure Title	Data Collection Method(s)*	Method of Data Submission

*Types of Data Collection Methods: Administrative - claims, encounters, vital records, and registries; Hybrid - a combination of administrative data and medical records; Medical records – paper or electronic.

- B. Does the Applicant IHP monitor other quality measures that are **not** part of any state or federal quality programs?

Yes No

If **No**; please explain why the IHP is not monitoring any additional measures.

If **Yes**; please use the template below to provide measure titles, measure steward organizations, and the method of data submission.

Measure Title	Measure Steward Organization	Data Collection Method(s)*

*Types of Data Collection Methods: Administrative - claims, encounters, vital records, and registries; Hybrid - a combination of administrative data and medical records; Medical records – paper or electronic.

- C. Please indicate how the Applicant IHP monitors quality performance and areas for improvement by responding to the questions below.

1. How does the Applicant IHP identify quality measurement areas for improvement?

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2. How does the Applicant IHP evaluate progress?
 3. What *steps* does the Applicant IHP take to improve quality performance based on its evaluation of progress (noted in question 2) on quality measurement areas needing improvement (noted in question 1)?
 4. What are your current areas of primary focus and why?
- D. Does the Applicant IHP have or intend to have a Quality Improvement committee that includes members from each of its partners and contracted entities?
- Yes No

If **no**, please explain why.

If **yes**, please describe the committee and address the aspects below.

1. Inclusion of Medicaid recipients;
 2. Regularity of meetings and the process for decision making, planning, and completion of activities;
 3. How the committee determines areas of focus; and
 4. Extent to which the committee addresses system level improvements.
- E. (If Track 2 Applicant) Please indicate which measures the Applicant IHP would like to focus on in the following three quality domains. Please note that questions and number of measures may vary by domain. More details about these domains can be found in Section 7.3 of the RFP. *Applicant IHPs must identify measures here, but should the Applicant move into the contract negotiation phase, the State and the IHP will have an opportunity to discuss the measures in more detail and finalize measure selection. Additionally, under the bonus points option, IHPs can work on a total of two additional measures in the domains below, but those measures cannot be in the same domain. If the IHP wishes to focus on a bonus measure(s) they must identify the measure(s) in the appropriate domain(s) below. Responses on those measures would be in addition to the required measures in the domain. For example, if the IHP wants to focus on a bonus measure in the Quality Improvement Domain, they would answer the questions for the three required measures, as well as identifying the requested bonus measure and responding to the questions for that measure.*
1. **Quality Improvement Domain**, which focuses efforts specifically on quality improvement for the selected measures. Please identify **three measures** for focus in the Quality Improvement Domain and address the questions below for **each** measure selected. If the same response is applicable for more than one measure, please list the individual measures and answer one set of questions. (See Appendix F2 - 'Quality Improvement Domain' for the list of measures.)
 - a) Name of Quality Improvement Domain measure.

- b) Why did the Applicant IHP select this measure?
 - c) How is this measure important for the Applicant IHP's population?
 - d) Does the Applicant IHP have any initial plans for improving quality for this measure? If yes, what are they? If no, how will the IHP develop a plan for working on this measure?
2. **Closing Gaps Domain**, which focuses on reducing and eliminating disparities in care when looking at care for the MHCP population compared to the commercial population. Please identify **two measures** for focus in the Closing Gaps Domain and address the questions below for **each** measure selected. If the same response is applicable for both measures, please list the individual measures and answer one set of questions. (See Appendix F2 - 'Closing Gaps Domain' for the list of measures.)
- a) Name of Closing Gaps Domain measure.
 - b) Why did the Applicant IHP select this measure?
 - c) How is this measure important for the Applicant IHP's population?
 - d) Does the Applicant IHP have any initial plans for reducing and eliminating disparities in care for this measure? If yes, what are they? If no, how will the IHP develop a plan for working on this measure?
3. **Equitable Care Domain** which focuses on addressing disparities in care for racial and ethnic groups. Please identify **one measure** for focus in the Equitable Care domain and address the questions below for **the selected** measure. (See Appendix F2 - 'Equitable Care Domain' for the list of measures.)
- a) Name of Equitable Care Domain measure.
 - b) Why did the Applicant IHP select this measure?
 - c) How is this measure important for the Applicant IHP's population?
 - d) What initial plans does the Applicant IHP have for addressing gaps in care?
 - e) Do you have plans for engaging different communities as you look at closing those gaps in care?
 Yes No

If **no**, please explain why.

If **yes**, please describe who you plan to engage and what that process will look like.

- f) Does the Applicant IHP have any activities underway aimed at closing gaps in care for different racial and ethnic groups?

Yes No

If **no**, please explain why.

If **yes**, please describe.

- g) Have you performed any community engagement to obtain input on those activities?

Yes No

If **no**, please explain why.

If **yes**, please describe who you engaged and what that process looked like.

VII. Population Health

Questions A-F below are aimed at collecting information on the IHP's understanding of the context that creates and affects the health of individuals and communities. For Applicant IHPs with a prior IHP contract, who propose continuing with the same equity intervention, please incorporate any new information learned over the course of the previous IHP contract as you respond to Questions A-F.

- A. What key health disparities does the Applicant IHP seek to address as a priority within its potential attributed IHP population or its Medicaid population (e.g., lower rates of well-care visits for Black, Indigenous, and other people of color (BIPOC), higher rate of diabetes among certain populations, people with higher instances of potentially preventable Emergency Department (ED) visits)?
- B. What is the prevalence of these issues in your patient population? Please also state the method by which the Applicant IHP arrived at the observation of the mentioned issues.
- C. What key population health, health related social need (HRSN), and/or social determinant of health (SDOH) issues does the Applicant IHP seek to address within its potential attributed population (e.g., homelessness, food insecurity, etc.)?
- D. What is the prevalence of these issues in your patient population?
- E. Please also state the method by which the Applicant IHP arrived at the observation of the mentioned issues (for example, specify any screening tools utilized, community health assessments, or other resources used).
- F. Does the Applicant IHP have, or is currently working towards, a structured process to identify and evaluate population health needs of the patients served?
 Yes No

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If **no**, please explain why.

If **yes**, please describe:

1. How the Applicant IHP uses this process to prioritize interventions across sectors served by IHP entities.
 2. If the Applicant IHPs and associated entities has a joint plan to address priority areas.
 3. If the Applicant IHP allocates or intends to allocate funding according to this structure.
- G. To further understand the IHP's efforts to address the issues identified in Questions A - F, Applicant IHPs must propose an existing, nascent, or potential intervention to address one or more health related social need. This proposal is non-binding and further details can be discussed with respondents selected to enter into contract negotiations. **Applicant IHPs must answer the questions in Appendix E: Population Health Demonstration Template (previously known as the Health Equity Measures Template), and submit, in WORD format, along with your application.** Please note, there is new guidance in Appendix E that Applicant IHPs should review closely.
- H. Applicant IHPs with a current contract should also address the following questions for the equity intervention¹ in their current contract. Responses should consider progress and learnings over the entire course of the intervention to date.
1. Provide a brief summary of the intervention.
 2. What were the Applicant IHP's two to four primary successes over the course of the intervention?
 3. What were the Applicant IHP's two to four primary lessons learned over the course of the intervention?
 4. What were the Applicant IHP's two to four primary challenges and how did you respond to them?
 5. Are there any things the Applicant IHP would have done differently with all of the knowledge it has now?
 6. Provide an assessment of the overall impact of the intervention. Based on the Applicant IHP's experience to date, how would the Applicant IHP assess its impact on the targeted population?

¹ This section of the contract will be referred to as the Population Health Demonstration for this RFP. The intent behind this section has not changed, but the title was updated to more closely align with the expectations for this portion of the IHP contract.

VIII. Community Partnerships

- A. Please describe the current state of Applicant IHP's initiatives, partnerships, and active efforts to engage community partners in care for patients. This description should include:
1. Any formal contracts/amendments/MOUs in place to establish community partnerships.
 2. Any informal partnerships or pilot arrangements to establish community partnerships.
 3. Coordination with local public health or other referring organizations.
 4. Applicant IHP's use of resource hubs or referral systems to link patients to community resources.
 5. Outcomes and/or evaluations of community partnerships on cost, quality, or patient outcomes (if any).
- B. Please describe the current state of Applicant IHP's initiatives, partnerships, and active efforts to address health related social needs in its patient population. Topics addressed may include but are not limited to:
- Housing/Housing Instability;
 - Utility Needs;
 - Food Insecurity;
 - Interpersonal Violence;
 - Transportation;
 - Family & Social Supports;
 - Education;
 - Employment & Income; and
 - Health Behaviors.
- C. Please describe the current state of Applicant IHP's process for screening for health related social needs.
- D. For each of the partnerships above, please respond to the following:
1. Please describe how the IHP is promoting sustainability of the community-based partners involved.
 2. Please use numbers to quantify where possible (financial, in-kind resources, data, infrastructure, etc.)
 3. Please describe the process you have in place with the community-based partner to generate feedback. Feel free to add attachments, documents, or agreements to substantiate the description.

Appendix A: IHP Application Template

4. What next steps, if any, do you plan to take to continue improve and augment this partnership?
- E. (If Track 2 Applicant) The Applicant IHP must enter into an Accountable Care Partnership (ACP) arrangement (see section 6.4 of the RFP, Payment in Track 1 and Payment in Track 2: Accountable Care Partnerships). Please complete the sections below.

1. Please list the partner(s) and the service(s) that will be provided.

Partner(s)	Service(s) that will be Provided	Goals of the Partnership

- a. What population is the ACP serving in relation to those attributed to IHP?
2. The Applicant IHP’s ACP arrangement must be a part of the IHP’s Population Health Demonstration which is described in detail in Appendix E. The Applicant IHP affirms the ACP arrangement meets this requirement and has clearly documented this in Appendix E:

Yes No

3. The Applicant IHP must provide a Letter of Support from the partner(s). The Letter of Support must be provided on the ACP’s company letter head with a current date and a signature from a corporate officer at the ACP, as well as a detailed description of the history of the ACP arrangement, the relationship the ACP has with the IHP, and the activities that will support the IHP’s and ACP’s collaboration.
4. If available at the time of proposal submission, please submit a copy of an executed legal agreement (i.e., Memorandum of Understanding (MOU), Business Associates Agreement (BAA), or a similar agreement) signed by both the ACP and the IHP for purposes of the IHP’s ACP arrangement. The legal agreement must include, at a minimum, the purpose of the arrangement, the terms of the relationship including the ACP and IHP roles and responsibilities, financial and in-kind support will be provided by the ACP and the IHP to accomplish the goals of the ACP

If the executed legal agreement is not available at the time of application, please include a detailed description of the anticipated components and timeline for ensuring this document will be submitted to DHS for consideration no later than December 1, 2026. If the Applicant IHP is selected for a contract, it must ensure that the legal document is submitted by December 1, 2026. The STATE will not execute IHP contracts without submission of this component.