

COMMUNITY HEALTH CENTER GROWTH AND SUSTAINABILITY
STATE PROFILES

WEST VIRGINIA



CONTENTS

Overview 2

CHC Scale 3

CHC Financial Status 6

Primary Care Need 9

Primary Care Transformation 10

Medicaid and Health Insurance Landscape 11

OVERVIEW

Market Share & Growth

- As of 2014, there were 28 CHCs operating 240 permanent clinical service delivery sites throughout the state of West Virginia. This includes 101 school based health center sites. 21 CHCs operate school based health centers. The Primary Care Association representing CHCs is the West Virginia Primary Care Association.^{1 2}
- West Virginia's CHCs provided 1,431,112 visits to 382,182 patients in 2012.³
- The number of people served by CHCs increased by an average of 2.5% annually over the last three years for which full data is available (through 2012), compared to 4.1% average annual growth experienced by CHCs nationwide.³
- CHCs serve approximately 27.4% of Virginia's Medicaid population (US: 16%) and 21.1% of its overall population (US: 7%). West Virginia CHCs serve 42.9% of individuals with incomes <200% FPL individuals, compared with 15.9% nationally.³
- Medicaid enrollment, currently at 363,000 is projected to grow by an additional 130,000 people by 2022 (36% growth) per the Urban Institute; the uninsured rate is projected to decrease from 20% to 5%.^{3 4}

Policy & Reimbursement

- West Virginia spends slightly less than \$6,100 per Medicaid enrollee annually– the 20th highest in the nation.⁷
- Medicaid reimbursement of CHCs is not on cost-based, and uses an Alternative Payment Methodology (APM) that provides interim reimbursements with annual reconciled reimbursement adjustments based on Medicare cost reports.⁵
- A successful lawsuit by CHCs is compelling West Virginia to determine and established a PPS rate and retroactively compensate CHCs to October 2012.⁶
- West Virginia has implemented a Medicaid expansion.⁸ Over 150,000 have been enrolled in Medicaid, far exceeding projections.
- West Virginia's health insurance exchange is run as a partnership between state regulators and the federal government exchange.⁹
- Through the first enrollment period, individuals who have selected health plans through the existing exchange reached a total of 19,856, against a goal of 24,000.¹⁰

CHC SCALE

West Virginia CHCs Compared to CHCs Nationwide

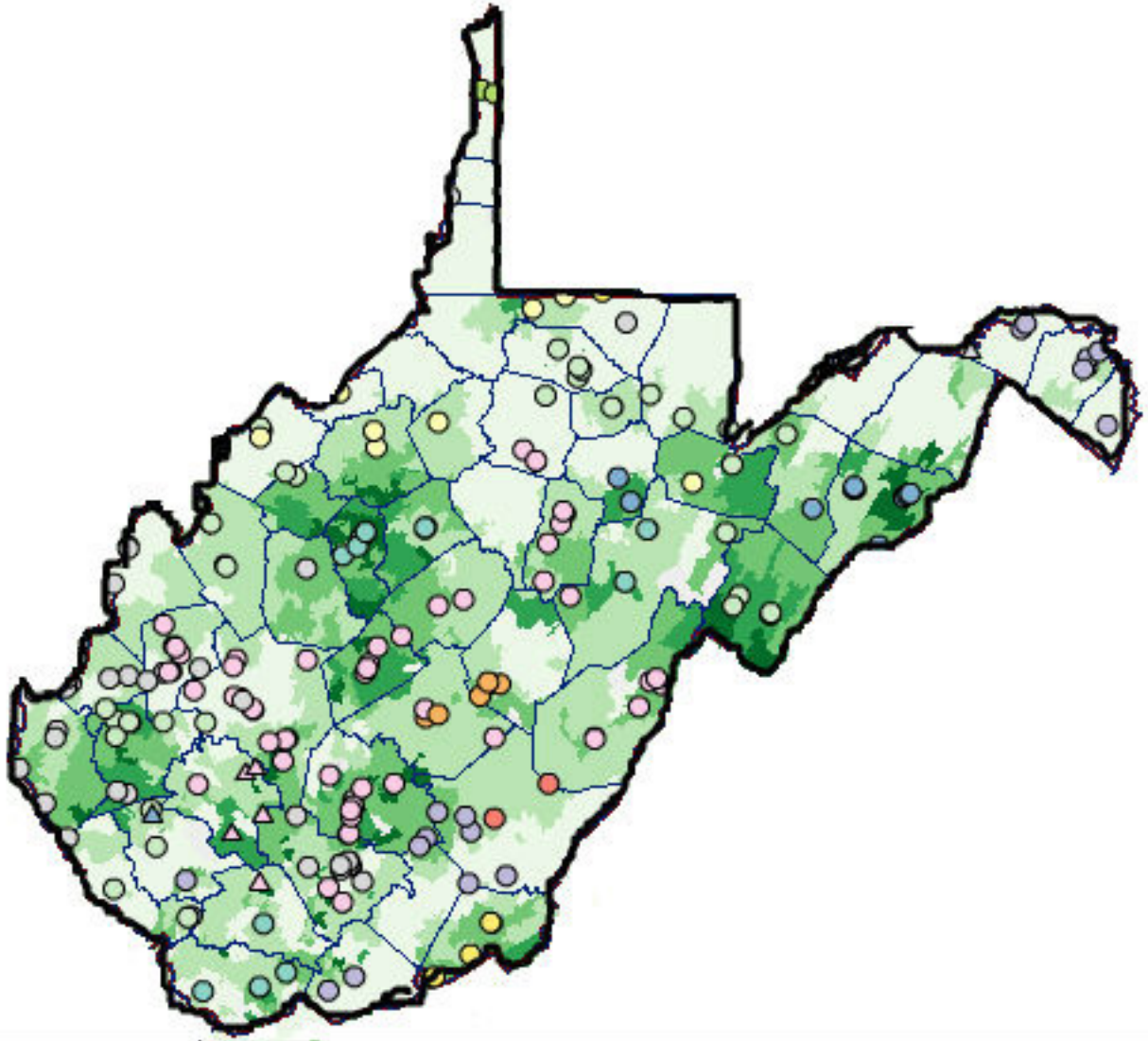
- Greater proportion of state population served
- Greater proportion of Medicaid enrollees served
- Fewer patient visits per CHC, reflecting rural makeup
- Significantly lower proportion of dental and mental health visits
- Lower than average annual growth rate

| | WV | US |
|--|-----------|------------|
| Population Served (2012) | | |
| Total patients served by CHCs | 382,182 | 21,102,391 |
| % of population served by CHCs | 21.1% | 6.8% |
| % of under 200% FPL served by CHCs | 42.9% | 15.9% |
| % of Medicaid Enrollees Served | 27.4% | 16.4% |
| CHC Characteristics and Volume | | |
| Number of CHCs (2014) | 29 | 1284 |
| Total CHC Service Delivery Sites (2014) | 185 | 9509 |
| Average Sites per CHC (2014) | 6.4 | 7.4 |
| Annual Visits (Total) (2012) | 1,431,112 | 83,766,153 |
| Annual Visits per CHC (2012) | 53,004 | 69,922 |
| Annual Visits Per Patient (2012) | 3.74 | 3.97 |
| Visit Mix (% of Annual Visits by Service Type) (2012) | | |
| Medical | 85.7% | 73.6% |
| Dental | 4.9% | 12.8% |
| Mental Health | 3.9% | 7.5% |
| Case Management/Enabling | 5.5% | 6.2% |
| Compound Annual Growth Rate (2010-2012) | | |
| Total Patients | 2.5% | 4.1% |
| Total Annual Visits | 3.2% | 4.3% |
| Medical | 2.9% | 3.5% |
| Dental | 6.6% | 7.6% |
| Mental Health | 11.1% | 9.6% |
| Case Management/Enabling | 1.3% | 1.6% |

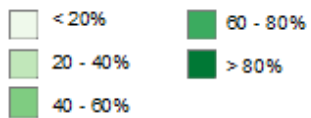
Note: All CHCs are Federally Qualified Health Centers receiving Section 330 grants. Lookalikes not included.

Source: UDS Summary Data 2010-2012, 2014

Share of Population Served by West Virginia CHCs ¹¹



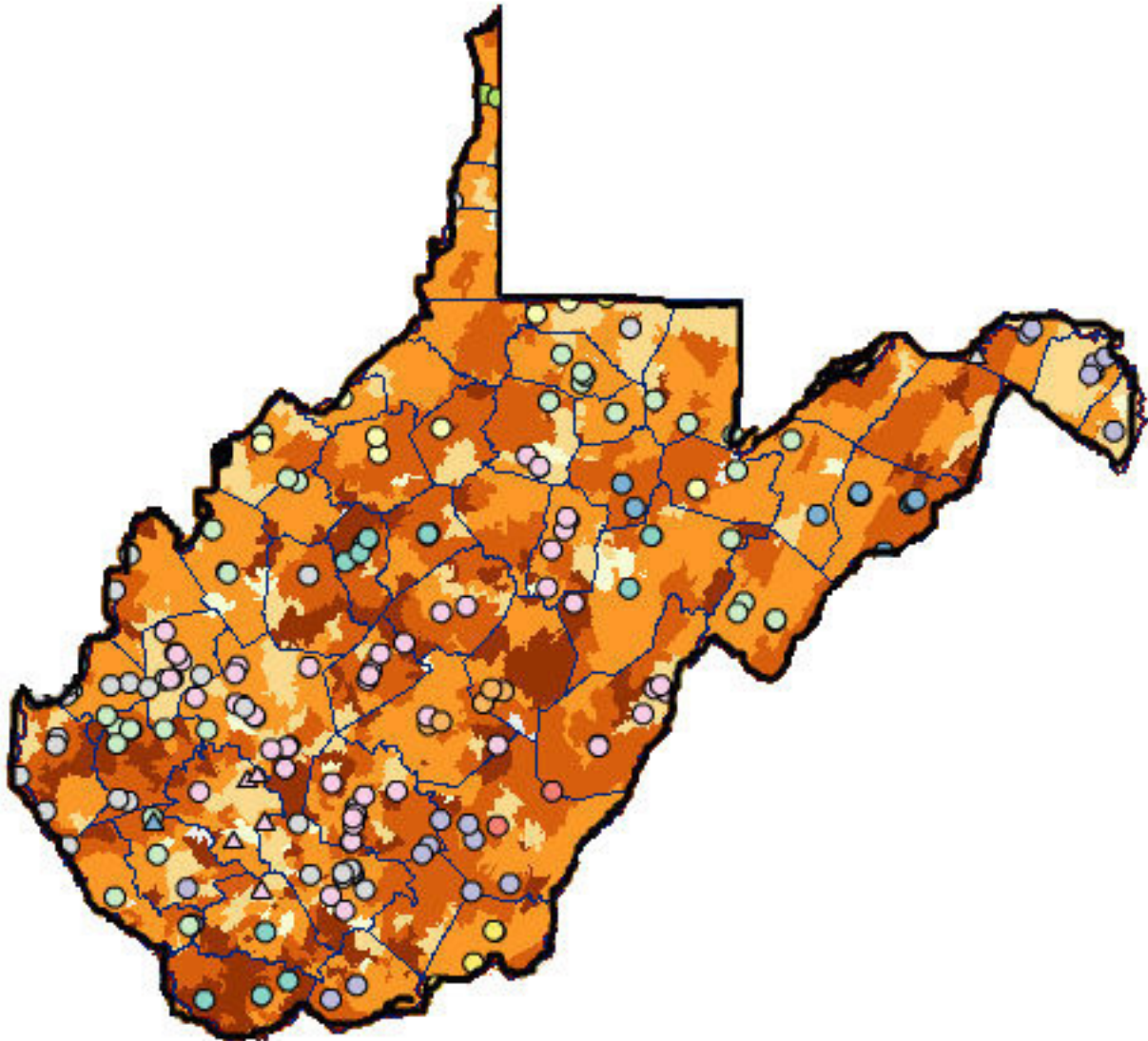
% of Total Population Served by CHCs



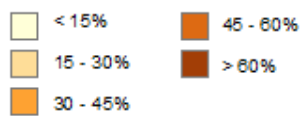
Colored circles represent CHC locations.
Unique color for each CHC network.

Source: UDS Mapper 2014

West Virginia Low Income Population ¹¹



% of Low-income (Pop below 200% FPL)



Colored circles represent CHC locations.
Unique color for each CHC network.

Source: UDS Mapper 2014

CHC FINANCIAL STATUS

West Virginia CHCs Compared to CHCs Nationwide, 2012

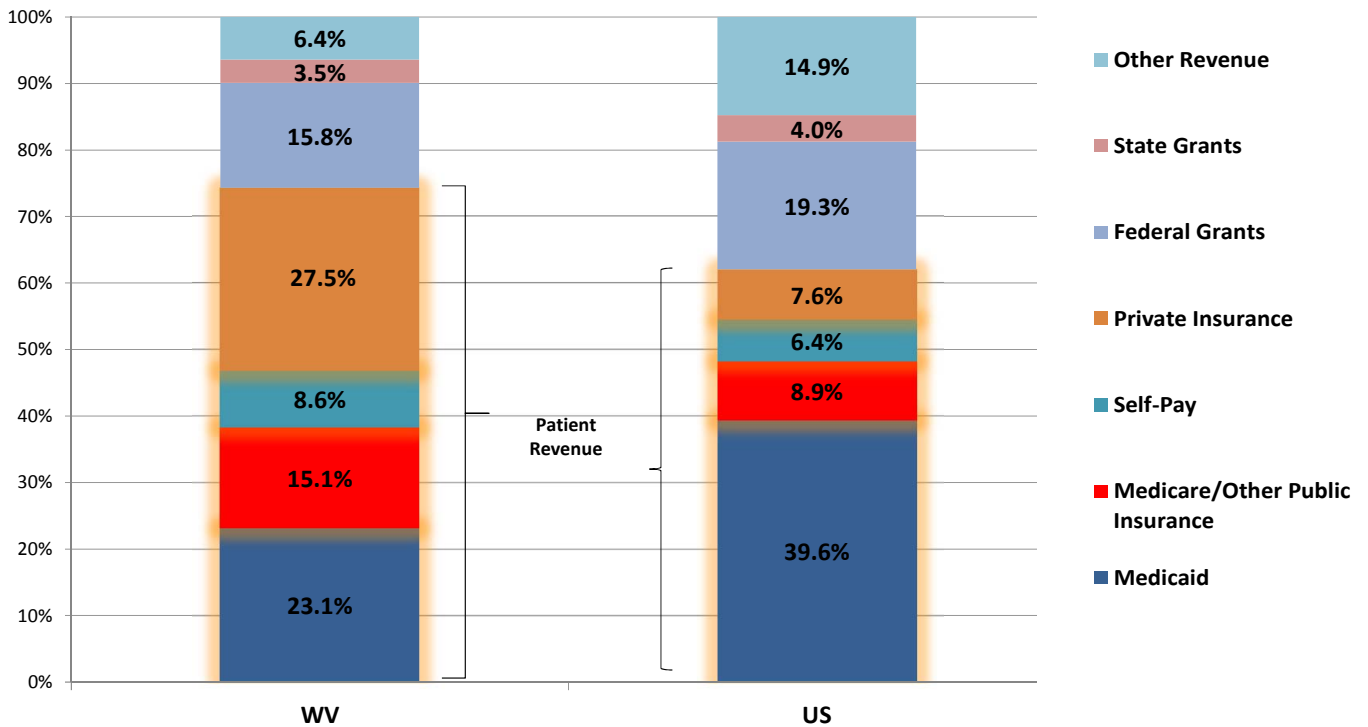
- Greater proportion of revenue from patient services
- Revenue mix fits the model of those CHCs, largely rural, that serve a broader mix of the population than is typical for CHCs, with below-average patient revenues from Medicaid and much higher proportion of revenues from private insurance and Medicare
- Slightly lower reliance on federal grants

| | WV | US |
|---------------------------------|-------|-------|
| CHC Revenue Mix | | |
| Patient Revenue | 74.3% | 62.9% |
| Medicaid | 23.1% | 39.6% |
| Medicare/Other Public Insurance | 15.1% | 8.9% |
| Self-Pay | 8.6% | 6.4% |
| Private Insurance | 27.5% | 7.6% |
| Federal Grants | 15.8% | 19.3% |
| State Grants | 3.5% | 4.0% |
| Other Revenue | 6.4% | 14.9% |

Note: All CHCs are Federally Qualified Health Centers receiving Section 330 grants. Lookalikes not included.

Source: UDS Summary Data 2010-2012, 2014

Overall CHC Revenue Mix 2012



Source: UDS Summary Data 2012

CHC FINANCIAL STATUS

West Virginia CHCs as a Group, 2009-2011

- Median Total Assets increased by 39%
- Unrestricted Net Assets grew by 46%
- Median Days Cash on Hand decreased by 5%, from 39 to 37 days, but remained above the 30-day benchmark

| WV Financial Performance 2009- 2011 | | | | | |
|--|-----------------------|-------------|-------------|----------|-----------|
| | Statewide CHC Medians | | | % Change | Benchmark |
| | 2009 | 2010 | 2011 | | |
| Growth | | | | | |
| Total Assets (\$) | \$2,496,144 | \$3,027,911 | \$3,474,466 | 39% | N/A |
| Total Revenues (\$) | \$4,481,122 | \$6,227,305 | \$6,192,738 | 38% | N/A |
| Profitability | | | | | |
| Total Margin (%) | 1.47% | 2.56% | 3.55% | 142% | N/A |
| Unrestricted Net Assets (\$) | \$1,343,565 | \$1,468,825 | \$1,963,057 | 46% | N/A |
| Liquidity | | | | | |
| Days Cash on Hand | 39.38 | 42.97 | 37.5 | -5% | >30 Days |
| Days in Accounts Receivable | 32.52 | 28.79 | 30.09 | -7% | <60 Days |

Note: CHC 990s have limitations, and certain indicators could not be accurately analyzed as a result. For a more complete picture of CHC financials, audited financial statements should be consulted.

Sources: UDS Summary Data 2009-2011 and CHC Form 990s

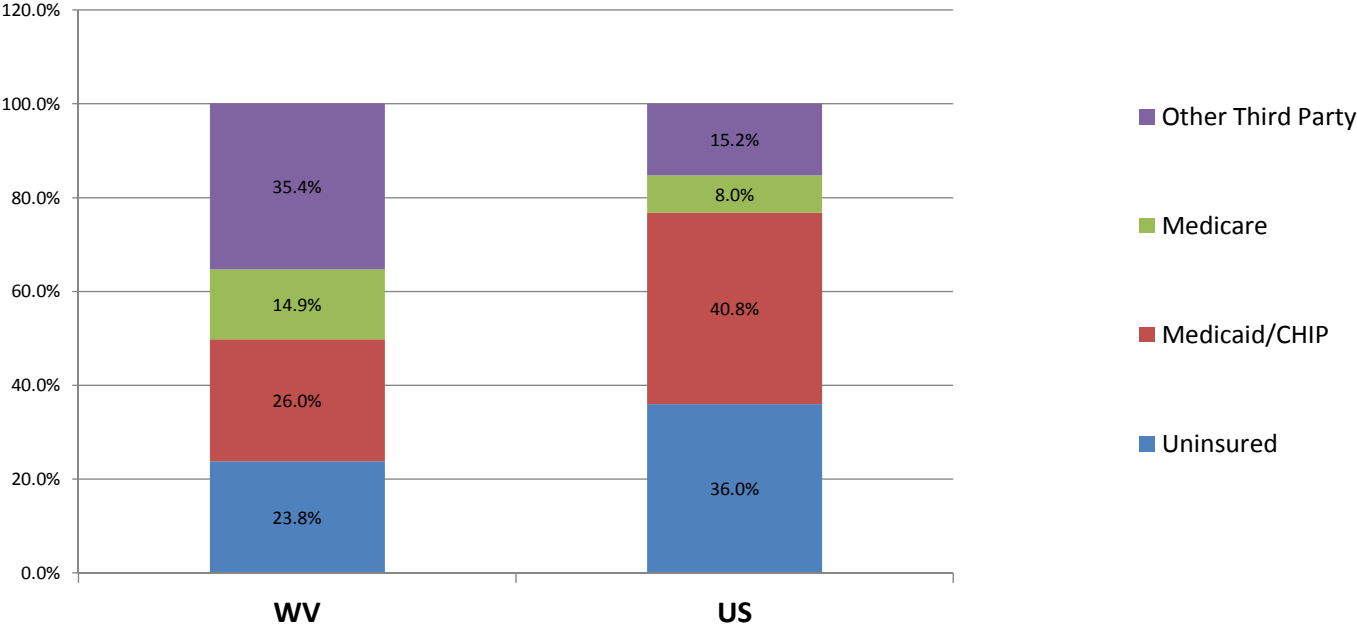
West Virginia CHCs Visit Mix Compared to CHCs Nationwide ¹²

- Much lower proportion of patients living at or near poverty level than national averages
- Much lower proportion of patients are uninsured
- Significantly higher portion of patients covered by Medicare and private insurance

| | WV | US |
|---|-----------|-----------|
| CHC Visit Mix - 2012 | | |
| <u>Income Status</u> | | |
| Patients at or below 200% poverty level | 83.7% | 92.6% |
| Patients at or below 100% poverty level | 49.9% | 71.9% |
| <u>Coverage Status</u> | | |
| Uninsured | 23.8% | 36.0% |
| Medicaid/CHIP | 26.0% | 40.8% |
| Medicare | 14.9% | 8.0% |
| Other Third Party | 35.4% | 15.2% |

Source: UDS Summary Data 2012

Visit Mix by Payer - 2012



Source: UDS Summary Data 2012

PRIMARY CARE NEED

Statewide Primary Care & Prevention Clinical Indicators

- Worse than national average on most primary care & prevention indicators
- Significantly worse than national average in prevalence of diabetes and rate of deaths from diabetes and heart disease
- Significantly lower proportion of woman who gave birth with late/no prenatal care, although low birth weight babies slightly exceed average
- Ranked #46 in America's Health Rankings®

Statewide Primary Care Shortage & Workforce Indicators

- Much lower proportion of population is underserved for primary care
- Population underserved for dental is slightly below national average

| | WV | US |
|--|---------|------------|
| Primary Care & Prevention Clinical Indicators | | |
| % births to women with late/no prenatal care | 2.7% | 5.3% |
| % low birthweights | 9.2% | 8.1% |
| % adults diagnosed with diabetes | 12.2% | 9.3% |
| Adult diabetes deaths per 100,000 | 32.9 | 20.8 |
| Adult heart disease deaths per 100,000 | 211.2 | 179.1 |
| Avoidable Hospitalizations per 1,000 | 99.1 | 66.6 |
| America's Health Ranking (United Health Foundation) | 46 | NA |
| Primary Care Shortage and Workforce Indicators | | |
| Estimated underserved population for primary care | 60,355 | 35,057,608 |
| <i>% of total population</i> | 3.3% | 11.3% |
| Estimated PCPs needed to achieve target PCP:Population | 21 | 7067 |
| Estimated underserved population for dental | 140,919 | 31,707,007 |
| <i>% of total population</i> | 7.8% | 10.2% |
| Estimated dental providers needed to achieve target Practitioner:Population ratio | 31 | 6531 |

Source: Kaiser State Health Facts 2012

PRIMARY CARE TRANSFORMATION

Patient Centered Medical Home ^{3 13 14}

- 61% of West Virginia CHCs have achieved PCMH recognition or certification as of 7/31/14, as compared to 58% nationally.
- The West Virginia Bureau of Medical Services (Medicaid) has actively partnered with the multi-stakeholder West Virginia Health Improvement Institute (WVHII) to promote medical home development.
- Recently, West Virginia completed a two-year Medical Home Performance Incentive Pilot; three payers, including Medicaid managed care, funded technical assistance to support NCQA Patient-Centered Medical Home recognition. Participating practices were eligible to receive shared savings.
- West Virginia has received a planning grant from CMS to health homes for Medicaid enrollees with chronic conditions.

Electronic Health Record Adoption ¹⁵

- A higher percentage West Virginia CHC sites use EHRs than CHC sites nationally (93% in West Virginia compared to 88% in the U.S.)
- West Virginia performs lower than national average in all 12 EHR functionality categories.
- With a HRSA grant, the West Virginia PCA is developing a data repository to help health centers link to the WV Health Information Network to enable health information exchange.

MEDICAID AND HEALTH INSURANCE LANDSCAPE

Medicaid Policies – Highlights

- Slightly above national average in per-enrollee Medicaid spending.
- Expanded Medicaid coverage to parents, childless adults, and children, and increased provider payments.

| | WV | US |
|---|--------------|------------|
| Medicaid Policies | | |
| Medicaid Payments Per Enrollee | \$6,099 | \$5,563 |
| Federal Medical Assistance Percentage (FMAP) | 72.0% | 50.0% |
| Health Insurance & Medicaid Expansion | | |
| Implementing Medicaid Expansion | Implementing | |
| Health Insurance Exchange | Partnership | |
| Total Uninsured | 273,000 | 53,277,000 |
| <i>% of Uninsured Individuals (all ages)</i> | 15.1% | 17.2% |
| Medicaid Enrollment Pre-ACA | 363,000 | 52,410,000 |
| <i>% of Total Population</i> | 20.0% | 16.9% |
| Additional Enrollment with ACA but no Medicaid Expansion | 13,000 | 5,659,000 |
| Additional Enrollment with ACA and Medicaid Expansion | 130,000 | 21,280,000 |
| <i>% Growth in Medicaid Enrollment from ACA + Expansion</i> | 35.8% | 40.6% |
| Estimated Number Remaining Uninsured After ACA | 89,000 | 27,930,000 |
| <i>Estimated % Uninsured After ACA (2020)</i> | 4.9% | 8.7% |

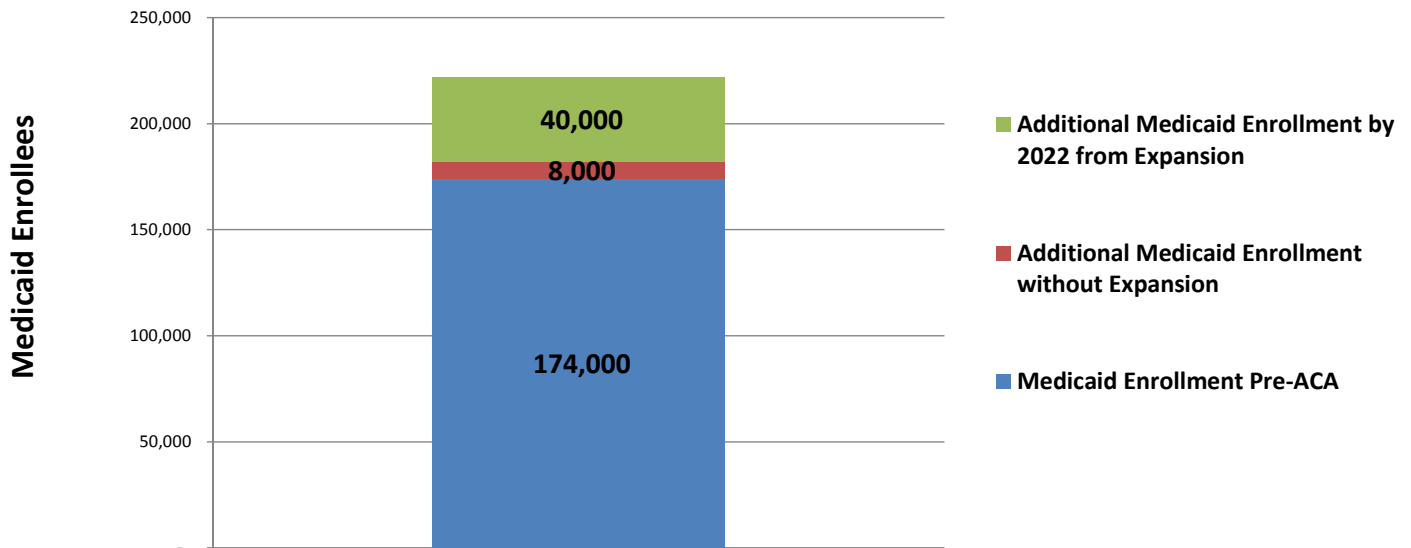
Source: Kaiser State Health Facts 2012, Urban Institute HIPSM 2012

MEDICAID AND HEALTH INSURANCE LANDSCAPE

Health Insurance & Medicaid Expansion – Highlights

- West Virginia is implementing Medicaid expansion.
- West Virginia has a partnership with the federal government to administer the state’s health insurance exchange.
- Growth in Medicaid Enrollment projected at 36% by 2020.
- Proportion of residents who are uninsured expected to decline from 20% to 5% over the next decade.

IMPACT OF MEDICAID EXPANSION



Source: Kaiser State Health Facts 2012

MEDICAID AND HEALTH INSURANCE LANDSCAPE

West Virginia Medicaid Spending

West Virginia spends just under \$6,100 per Medicaid enrollee annually – the 20th highest in the nation for all health care services provided. ⁷ In FY 2012, West Virginia spent nearly \$2.8 billion on its Medicaid program. ¹⁶

53% of spending was classified as acute care services, which includes payments to CHCs, 44% was for utilization of Long-Term Care needs, and 3% was categorized as Disproportionate Share payments. ¹⁷ While one-third of Medicaid beneficiaries are elderly and/or people with disabilities, two-thirds of all spending pays for services for this population. ¹⁶

To offset West Virginia’s relatively low-income population, the state has one of the highest Federal Medical Assistance Percentage in FY2013: 72%. ¹⁸ Under this formula, for every dollar the state spends on Medicaid, it receives roughly \$3 from the federal government. ¹⁹

Medicaid Coverage & Administration

The Bureau for Medical Services is the designated single state agency responsible for the administration of the State’s Medicaid program. ^{20 21}

The Medicaid Managed care program is known as the Mountain Health Trust program. While the program originally excluded services for behavioral health, personal care, pediatric dentistry and non-emergency medical transportation, under the Medicaid expansion, those services will now be included. ^{20 21 22}

West Virginia initiated a risk-based managed care program for certain groups of Medicaid recipients in September 1996. Under this program, the Bureau has contracts with four MCO’s for the provision of medically necessary services currently provided by the State, ²¹ including one formed by the CHCs and the West Virginia Primary Care Association.

With the Medicaid expansion under the ACA, West Virginia now has the following eligibility limits:

- Has expanded eligibility to parents and childless adults
- Up to 138% FPL for parents and childless adults ²³
- Up to 305% FPL family income for children through the CHIP program ²⁴
- Up to 163% FPL for pregnant woman ²⁵

Medicaid and CHIP Income Eligibility Limits as % of FPL

| | Children Ages 0-19 | Pregnant Woman | Parents of Dependent Children | Non-Disabled Adults |
|------|-----------------------|----------------|----------------------------------|---------------------|
| 2013 | 250% | 185% | 181% | N/A |
| 2014 | 266% | 258% | 138% | 138% |

*There is some variability in eligibility limits for children in 2013 under Medicaid based on age; however, the eligibility level chosen reflects the year’s CHIP eligibility and/or highest eligibility level under Medicaid.

Source: Kaiser State Health Facts 2012

MEDICAID AND HEALTH INSURANCE LANDSCAPE

The Medicaid program requires premiums from some individuals within certain income brackets; co-payments are also required for some services and prescription drugs, but only at nominal prices.²⁶

Beginning in 2014, there were new cost-sharing regulations put into place for Medicaid recipients. Individual co-pays ranged from \$0 to \$8 per outpatient visit dollars depending on a beneficiaries financial status.²⁷

As of 2011, 51% of the state’s Medicaid Population was enrolled within one of the MCO’s operating in the state.²⁸ Under the expansion, the state has also streamlined financial eligibility determination process through the use of the modified adjusted gross income (MAGI) and electronic data sources.²⁷

West Virginia CHC Reimbursement Policies

West Virginia Medicaid reimbursement for CHCs is not on cost-based, and uses an Alternative Payment Methodology (APM) that provides interim reimbursements with annual reconciled reimbursement adjustments based on Medicare cost reports.²⁹ West Virginia devotes about \$8.6 million in funding to CHCs for indigent care.³⁰

As of 2011, West Virginia Medicaid had yet to establish guidelines for CHCs on how to request a scope of service rate adjustment.¹³

The state’s CHCs brought a lawsuit against the West Virginia Bureau of Medical Services (BMS) regarding the calculation of their reimbursement rates, which they argued had resulted in lower revenues, service cuts, and severe financial stress on its health centers. The lawsuit was successful, and is compelling West Virginia to determine and established a PPS rate and retroactively compensate CHCs to October 2012.³¹

West Virginia defines a billable encounter as a face-to-face visit with a specific set of provider types. CHCs can bill for more than one encounter per patient per day (one medical, one dental and one behavioral health) and the state deducts copays from CHC payments.⁵ Dental service providers operate under a markedly different reimbursement methodology than primary care physicians. West Virginia limits Medicaid coverage for dentistry to trauma care including surgery and emergency treatment for the relief of pain and infection.³²

The categories of providers eligible to generate a reimbursable PPS encounter for a face-to-face visit are: MD/DO, NP, PA, LCSW, PhD level psychologist, DMD or a dental hygienist.⁵

Primary Providers Eligible for Reimbursement

| State | MD | DMD | NP | Psychologist | Other |
|-------|-----|-----|-----|--------------|-------|
| RI | Yes | Yes | Yes | Yes | DO |

Secondary Providers Eligible for Reimbursement

| State | RN | LCSW | Physical Therapist | Dental Hygienist | Nutritionist |
|-------|----|------|--------------------|------------------|--------------|
| RI | No | Yes | No | Yes | No |

Source: Update on the Status of the FQHC Medicaid Prospective Payment System in the States. NACHC, 2011

Collaboration with CMS ³³

Several West Virginia CHCs are participating in the “FQHC Advanced Primary Care Demonstration” and will receive funding to demonstrate how the patient-centered medical home (PCMH) model improves quality of care, promotes better health and lowers costs. There are 5 grantees and 13 total health center sites participating in the demonstration in West Virginia.

Notes

1. Data Portal - Health Care Services Delivery Sites. Health Resources and Services Administration [Accessed: Apr. 2014] <http://datawarehouse.hrsa.gov/DataPortal/Default.aspx?rpt=HS>
2. West Virginia Primary Care Association. [Accessed: Apr. 2014] <http://www.wvpc.org/>
3. 2012 Health Center Data – West Virginia Program Grantee Data. Health Resources and Services Administration. [Accessed: Apr. 2014]. <http://bphc.hrsa.gov/uds/datacenter.aspx?state=WV&year=2012>
4. Urban Institute Analysis, HIPSM 2012, <http://www.urban.org/UploadedPDF/412707-The-Cost-and-Coverage-Implications-of-the-ACA-Medicaid-Expansion.pdf>
5. E.A. Hawse Health Center, et al. v. Bureau of Medical Services, Department of Health and Human Resources, State of West Virginia. United States District Court for Southern District of West Virginia, Charleston Division. Sept. 2011. <https://docs.google.com/gview?url=http://docs.justia.com/cases/federal/district-courts/west-virginia/wvsdce/2:2011cv00062/67261/76/0.pdf?1317314476&chrome=true>
6. Interview with Louise Reese, WVPCA CEO, 9/19/14
7. Medicaid Payments per Enrollee, FY 2010. Henry J. Kaiser Family Foundation. [Accessed: Apr. 2014] <http://kff.org/medicaid/state-indicator/medicaid-payments-per-enrollee/>
8. State Health Facts: Status of State Action on the Medicaid Expansion Decision. Henry J. Kaiser Family Foundation. Jun. 2014. <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>
9. State Decisions for Creating Health Insurance Marketplaces, 2014. Henry J. Kaiser Family Foundation. Jan. 2014. <http://kff.org/health-reform/slide/state-decisions-for-creating-health-insurance-exchanges/>
10. Health Exchange Enrollment Ended with a Surge. New York Times. May, 2014. http://www.nytimes.com/interactive/2014/01/13/us/state-healthcare-enrollment.html?_r=0
11. UDS Data Mapper. [Accessed: May 2014] <http://www.udsmapper.org/>
12. 2012 Health Center Data. Health Resource Service Administration. [Accessed: Apr. 2014]. <http://bphc.hrsa.gov/uds/datacenter.aspx?state=WV&year=%25=yr%25>
13. National Academy for State Health Policy. Apr. 2014. <http://nashp.org/med-home-states/west-virginia>
14. Building Infrastructure to Promote Primary Care Transformation: Lessons from a Four State Learning Community. National Academy for State Health Policy. Sept. 2013.
15. 2012 Electronic Health Record (EHR) Information. Health Resource Service Administration. [Accessed: Apr. 2014]. <http://bphc.hrsa.gov/uds/datacenter.aspx?q=tehr&year=2012&state=WV>
16. Total Medicaid Spending. Henry J. Kaiser Family Foundation. Sep. 2013. <http://kff.org/medicaid/state-indicator/total-medicaid-spending/>
17. Distribution of Medicaid Spending by Service. Henry J. Kaiser Family Foundation. Sep. 2013. <http://kff.org/medicaid/state-indicator/distribution-of-medicaid-spending-by-service/>
18. Federal Register - Volume 76, No. 230. Nov. 2011. <http://www.gpo.gov/fdsys/pkg/FR-2011-11-30/pdf/2011-30860.pdf>
19. West Virginia: Medicaid Made Simple. West Virginia Center on Policy and Budget. Sept. 2011. http://www.wvpolicy.org/downloads/WVCBP_Medicaid_Made_Simple101211.pdf
20. West Virginia Bureau for Medical Services. West Virginia Department of Health and Human Resources. [Accessed: Apr. 2011]. <http://www.dhhr.wv.gov/bms/AboutUs/Pages/default.aspx>
21. Mountain Health Trust. West Virginia Bureau for Medical Services. [Accessed: Apr. 2014]. <http://www.dhhr.wv.gov/bms/mco/pages/default.aspx>
22. Nancy Atkins, Commissioner for the West Virginia Bureau of Medical Services. Enroll WV: The Changing Face of Medicaid. May 2013. http://www.dhhr.wv.gov/bms/Documents/EnrollWVConference_Medicaid_NVA_20130513.zip
23. Adult Income Eligibility Limits at Application as a Percent of FPL. Jan. 2013. Henry J. Kaiser Family Foundation. <http://kff.org/medicaid/state-indicator/income-eligibility-low-income-adults/>
24. Income Eligibility Limits for Children's Regular Medicaid and Children's CHIP-funded Medicaid as a Percent of FPL. Jan. 2013. Henry J. Kaiser Family Foundation. <http://kff.org/medicaid/state-indicator/income-eligibility-fpl-medicaid/>
25. Income Eligibility Limits for Pregnant Women as a percent of FPL. Jan. 2013. Henry J. Kaiser Family Foundation. <http://kff.org/medicaid/state-indicator/income-eligibility-fpl-pregnant-women/>

26. Getting into Gear for 2014: Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP, 2012–2013. Kaiser Commission on Medicaid and the Uninsured. Jan. 2013. <http://kaiserfamilyfoundation.files.wordpress.com/2013/05/8401.pdf>
27. New Co-Pay Information Slides. West Virginia Bureau for Medical Services. Dec. 2013. <http://www.dhhr.wv.gov/bms/news/Pages/New-Co-Pay-Information-Slides.aspx>
28. Medicaid Managed Care Enrollment Report. Centers for Medicare and Medicaid Services. Jul. 2011. <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/2011-Medicaid-MC-Enrollment-Report.pdf>
29. E.A. Hawse Health Center, et al. v. Bureau of Medical Services, Department of Health and Human Resources, State of West Virginia. United States District Court for Southern District of West Virginia, Charleston Division. Sept. 2011. <https://docs.google.com/gview?url=http://docs.justia.com/cases/federal/district-courts/west-virginia/wvsdce/2:2011cv00062/67261/76/0.pdf?1317314476&chrome=true>
30. Other Revenues - Table 9E - 2012 West Virginia Data. Health Resources and Services Administration [Accessed: Apr. 2014] <http://bphc.hrsa.gov/uds/datacenter.aspx?q=t9e&year=2012&state=VT>
31. Interview with Louise Reese, WVPCA CEO, 9/19/14
32. Medicaid Benefits: Dental Services. Henry J. Kaiser Family Foundation. [Accessed: Jun. 2014: <http://kff.org/medicaid/state-indicator/dental-services/>
33. The CMS Innovation Center. Centers for Medicare and Medicaid Services. [Accessed: Apr. 2014] <http://innovation.cms.gov/>