

Amount	Purpose	Relevant Bill Section
\$4,500,000	<p>Moving from planning to implementation of transformation work with hospitals, Designated Agencies, primary care organizations, and other community-based care providers, which would include instituting changes such as:</p> <ul style="list-style-type: none"> • Service line modifications including collaboration/affiliation analysis • Operational efficiency analysis including administrative simplification • Staffing analysis • Access improvements such as transportation, telehealth, and ensuring providers can work at the top of their license <p>This work would also include financial assessments that would review a hospital's financial vulnerability, assess current patient volumes, review a hospital's operations and readiness for change, and evaluate the hospital's history of previous interventions. The vendor would then create a financial model to show the hospital's margins under the current reimbursement system compared to an alternative payment model to ensure a complete understanding and inform planning congruent with state goals. This includes analysis of new and expanded inpatient and outpatient service lines to meet local needs and keep healthcare services available locally, examining the suspension and closure of existing service lines, assessing the closure of low-volume procedures, and the ability to consider the impact of expanding telehealth support.</p>	Section 8
\$250,000	To support development of quality and access measures, targets, and monitoring strategies for the Statewide Plan, including the Total Cost of Care targets and spending targets in Section 8	Section 8
\$250,000	To support development of alternative payment models for Medicaid, and to assist in the development and expansion of alternative payment models for commercial payers and services.	Sections 2 and 3