Submission Process for Requests to Collaborate & Partner with IMI in Research & Quality Improvement Projects
Overview of the Institute

The Institute for Medicaid Innovation (IMI) was launched in August of 2015 with its first Board meeting held in April 2016 in Washington, D.C. Led by its founding executive director, Dr. Jennifer E. Moore, IMI is a 501(c)3 nonprofit entity focused on providing innovative solutions that address important clinical, research, and policy issues in Medicaid through multi-stakeholder engagement, research, data analysis, education, quality improvement initiatives, and dissemination and implementation activities. To remain relevant and responsive to the evolving needs of the Medicaid population, IMI seeks to understand what works well in the program, identify areas for improvement, and disseminate innovative initiatives and solutions to critical issues.

The mission of the Institute for Medicaid Innovation is to improve the lives of Medicaid enrollees through the development, implementation, and diffusion of innovative and evidence-based models of care that promote quality, value, equity and the engagement of patients, families, and communities.

The vision of the Institute for Medicaid Innovation is to provide independent, unbiased, nonpartisan information and analysis that informs Medicaid policy and improves the health of the nation.
Purpose of Submission & Review Process

To achieve its mission, the Institute for Medicaid Innovation independently secures grant and contract funding from foundations, private funders, and government entities. Additionally, the Institute frequently receives requests from other organizations (e.g., nonprofit advocacy organizations) and individuals (e.g., academic researchers) to collaborate and partner. The requests range from accepting funds to lead a project as the Primary Investigator (PI) or collaborating as a co-PI to partnering with organizations and individuals on projects in roles such as serving on National Advisory Boards.

Due to the large volume of requests that we receive, a formal process for accepting and reviewing requests has been established. The goal is to provide a systematic and objective approach to making decisions.
Institute Project Priorities

The Institute for Medicaid Innovation seeks to achieve the following through its projects:

- Promote person-centered, family, and community integrated care;
- Address disparities and social determinants of health to increase access and engagement while measuring its impact on health outcomes, cost, and the community;
- Increase the utilization of value-based care;
- Accelerate dissemination of innovative initiatives and evidence-based practices;
- Inform policy decisions at the local, state, and federal level;
- Facilitate collaboration and partnerships;
- Identify areas for improvement and develop innovative solutions.

The Institute for Medicaid Innovation priority topics for projects include:

- Behavioral health in children and adults (including mental health and substance abuse).
- Women’s health across the lifespan including reproductive, preconception, prenatal, postpartum, and menopausal care.
- Children with chronic conditions (e.g., asthma, diabetes, obesity) and complex health care needs.
- Oral health in children and adults (including pregnancy).
Eligibility

Proposals will be accepted from individuals and organizations representing the following entities:

- Academic and Non-Academic (non-profit) Clinical and Research Institutions
- Level I MHPA Partner Organizations
- Non-Profit Health Care Organizations
- Students and Fellows

Foundations, government entities, or private funders seeking to collaborate or partner with the Institute, should contact the Institute directly.

*Proposals are accepted on a bi-annual basis. The deadlines for submission are February 15th and November 15th. Letters of intent are due 30 days prior to the submission deadline. All letters and proposals should be sent to JMoore@MedicaidInnovation.org.*
Criteria for Evaluating Proposals

All proposals are screened to determine their appropriateness and relevance to the Institute’s mission and priorities. Incomplete submissions will not be considered. After careful screening by Institute staff, proposals are sent for review to a panel of experts that are external to the Institute. The panel consists of clinicians, Medicaid health plans, researchers, and policy experts with expertise in Medicaid managed care.

The panel rigorously examines proposals according to the following criteria:

1. Alignment with the Institute’s mission.
2. Alignment with the Institute’s project and clinical priorities.
3. Significance of the project.
4. Technical quality of the proposal including:
   - Degree to which applicant demonstrates understanding of the problem.
   - Design & Methods
   - Suitability of proposed analytical methods for the proposed research
5. Appropriateness and qualifications of the individual applicant and/or organization to collaborate or lead the proposed project.
6. Clarity with which the applicant has described the process and the objectives to be met in carrying out the project.
7. Feasibility of engagement of health plans, beneficiaries, clinicians, and other stakeholders.
8. Achievable objectives within the specified time line and budget.
9. Likelihood that new and previously untried approaches may actually be implemented or the likelihood that the new information provided may make a significant contribution to knowledge and the improvement of health and medical care for the Medicaid population.
10. Adequate funding to support the Institute’s role in the project.
Scoring of Proposals

The review panel utilizes the following criteria when reviewing and scoring the submitted proposals. The review and scoring process reflects the same elements identified previously on evaluating the proposals.

- Significance of the project.
- Project’s alignment with the mission and priorities of the Institute.
- Technical Quality of the Application
  - Clarity of the presentation.
  - Degree to which the proposal demonstrates an understanding of a salient issue in Medicaid managed care.
  - If applicable, the rigor of design and methods.
- Clarity with which the proposal outlines the process and objectives of the project, including consideration of the feasibility (i.e., timeframe, access to data, budget) of the Institute achieving the project objectives.
- Likelihood that information gained from this project will make a significant impact and contribution to knowledge about the improvement of health in the Medicaid population.
- Appropriateness of the organization, funder, partners, and research team; including previous experiences working on projects with these entities/individuals.
- Funding sufficient to support the efforts of the Institute on the project.

Reviewers follow the metric below for assigning scores to proposals:

<table>
<thead>
<tr>
<th>RANGE</th>
<th>SCORE</th>
<th>DESCRIPTOR</th>
<th>CHARACTERISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>5</td>
<td>Exceptional</td>
<td>Exceptionally strong with essentially no weaknesses.</td>
</tr>
<tr>
<td>HIGH</td>
<td>4</td>
<td>Excellent</td>
<td>Very strong with only some minor weaknesses.</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>3</td>
<td>Very Good</td>
<td>Strong but with numerous minor weaknesses.</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>2</td>
<td>Satisfactory</td>
<td>Some strength but also some moderate weaknesses.</td>
</tr>
<tr>
<td>LOW</td>
<td>1</td>
<td>Fair</td>
<td>Some strengths but with at least one major weakness.</td>
</tr>
<tr>
<td>LOW</td>
<td>0</td>
<td>Poor</td>
<td>Very little strength and numerous major weaknesses.</td>
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</tbody>
</table>
Review Process

Each proposal is reviewed independently by the entire panel with scores being sent to the Institute staff. Each reviewer will submit their own independent score for each criteria item along with their final cumulative score. Proposals scoring within the high range (an average score from all reviewers) are eligible for discussion by the entire review panel as part of a scheduled phone meeting. At the conclusion of the meeting, the review panel will provide their collective recommendation for a proposal after the discussion has concluded.

Proposals scoring within the medium and low range (an average score from all reviewers) are not eligible to be discussed at the meeting.

Reviewers may request additional information in preparation for the meeting to inform the discussion. Additionally, information may be requested after the panel discusses the proposal before making a final recommendation. Organizations sending proposals that require additional information will be contacted by the Institute staff.

After the review has concluded:

1. All applicants will be notified of the scoring range (i.e., high, medium, low) of their proposal. The scoring range will be based on the average cumulative score of the reviewers.

2. All applicants in the high range will be notified of that their proposal is being considered.

3. Applicants will not receive scores or written feedback from the review panel. However, the review panel may request minor additional information before making a final decision. However, if more substantial changes are needed, the panel may not request the additional information but recommend that the applicant consider revising and resubmitting the proposal. In this instance, the panel may choose to provide feedback to guide the revision.
Potential Outcomes of Review Process

Applicants scoring in the medium or low range, will be notified that their proposal was not discussed and, therefore, was not recommended by the review panel. Applicants scoring in the high range, will receive one of the following recommendations by the review panel:

- Recommended for collaboration with the Institute as the PI, co-PI, or as another form of partnership.
- Not recommended for collaboration with the Institute but individual health plans are encouraged to consider participation independent of the Institute.
- Not recommended for collaboration or partnership with the Institute or individual health plans.

Proposals recommended for collaboration with the Institute will be reviewed by Institute staff, the IMI dissemination & implementation committee, and IMI data & research committee. The final selection of proposals by these three groups will be determined based on a combination of factors including:

- Discussion, feedback, final score, and recommendations of the review panel.
- Alignment with the Institute's project priorities.
- Previous working relationship of the applicant with the Institute and health plans.
- Alignment with the Institute's current portfolio of projects.
- Current gaps in IMI's portfolio of projects related to the mission and priorities.
- Availability of staff, resources, and funding to support the Institute's role (i.e., Primary Investigator, co-Primary Investigator, Partner) on the project.

All decisions are final. However, applicants may revise and resubmit their proposal in future submission rounds.

When the review panel encourages individual health plans to consider participation in a proposed project independent of IMI, all MHPA member health plans will be given the full proposal and the final recommendation of the review panel. Upon receipt of the information, health plans will make their own determination regarding participation. Health plans are not obligated to participate. If a health plan expresses interest in the proposed project, the Institute will help facilitate communication between the applicant and the health plan interested in exploring a collaborative relationship.
Instructions for Submitting Proposals

Proposals are accepted on a bi-annual basis. The deadlines for submission are February 15th and November 15th. Letters of intent are due 30 days prior to the submission deadline. All letters and proposals should be sent to JMoore@MedicaidInnovation.org.

All submissions must include the following items to be considered for review:

- **Cover Sheet (Limited to 2 pages, single-spaced, 1 inch margins, 12 Arial font):**
  - Name of proposed project.
  - Parent organization and all affiliates.
  - Proposed duration of project; including start and end dates.
  - Identification of IMI’s role on the project (i.e., Lead PI, Co-PI, Partner).
  - If IMI is not being requested to lead the project, identify the other partners and their role.
  - Role and responsibility of the organization/individual submitting the proposed project.
  - Disclosure of conflicts of interest

- **Contact Information (Name, Credentials, Title, Organization, Email, Phone, and Mailing Address):**
  - Primary Point of Contact
  - Key Personnel at Organization Affiliated with Proposed Project (Include CV or NIH Biosketch Form for each person.)

- **Project Summary (Limited to 1 page, single-spaced, 1 inch margins, 12 Arial font)**

- **Proposal (Limited to 10 pages, single-spaced, 1 inch margins, 12 Arial font):**
  - Background including the significance of the problem being addressed, and what is already known about the issue/problem.
  - Aim(s) of the project and how it fits with the Institute’s mission and project priorities.
  - Description of project and how it will help improve understanding of the Medicaid managed care population(s) or ameliorate important health care concerns which affect the Medicaid managed care population, including the anticipated effect(s) of the project on the problem, and the potential for widespread adoption and/or replication of the results.
  - If requesting IMI to serve as the lead on the project, provide any preliminary thoughts that you may have on the design and methods and the envisioned process for finalizing the
design and methods. If IMI has independence in identifying the final design and methods, please indicate.

☐ If requesting IMI to serve as a partner as opposed to the lead on the project, provide an in-depth research strategy including the design and methods.

☐ If requesting IMI to host a convening meeting, summit, or conference, provide an overview of the envisioned agenda, goals and objectives, target audience, and any additional details that are applicable.

☐ Explanation of the roles and responsibilities of all organizations and/or individuals and the proposed working relationship between the submitting organization/individual and the Institute.

☐ Feasibility of the project (i.e., timeframe, access to data) of the Institute in achieving the project objectives.

☐ Proposed dissemination plan of project findings including the types of information that will be released, the intended audience, and the role of the Institute in the dissemination efforts. Please note: To protect the confidentiality of the participating Medicaid health plans, the Institute does not release data collected as part of projects to funders, researchers, or organizations. However, the Institute can utilize aggregated, de-identified data to produce reports that undergo significant clinical and scientific review by external experts.

**Budget (Limited to 1 page, single-spaced, 1 inch margins, 12 Arial font)**

☐ Total budget to support the efforts on the Institute on the project.

☐ If multi-year, indicate the allocated annual budget.

☐ Source(s) of funding.

☐ Feasibility of the budget in consideration of aims, goals, objectives, timeline, and resources from the Institute.

☐ Restrictions of the funding.