

# New Hampshire SIM Stakeholder Meeting

**December 12, 2013**



# Meeting Agenda

1. Introductions
2. General SIM Update
3. Consumer Online Survey Results
4. Projection Model Results
5. Review of Key Changes to State Health Care Innovation Plan
6. Next Steps



# Upcoming Schedule

M	T	W	T	F
2	3 Workgroups*	4 Workgroups*	5 Workgroups*	6 Written Comments Due
9	10 Updated Plan Posted	11	12	13 Final Comments Due
16	17	18 Final Plan Posted	19	20
23	24	25	26	27
30	31			

**Final Stakeholder Meeting – 10:00AM to 12:00PM**



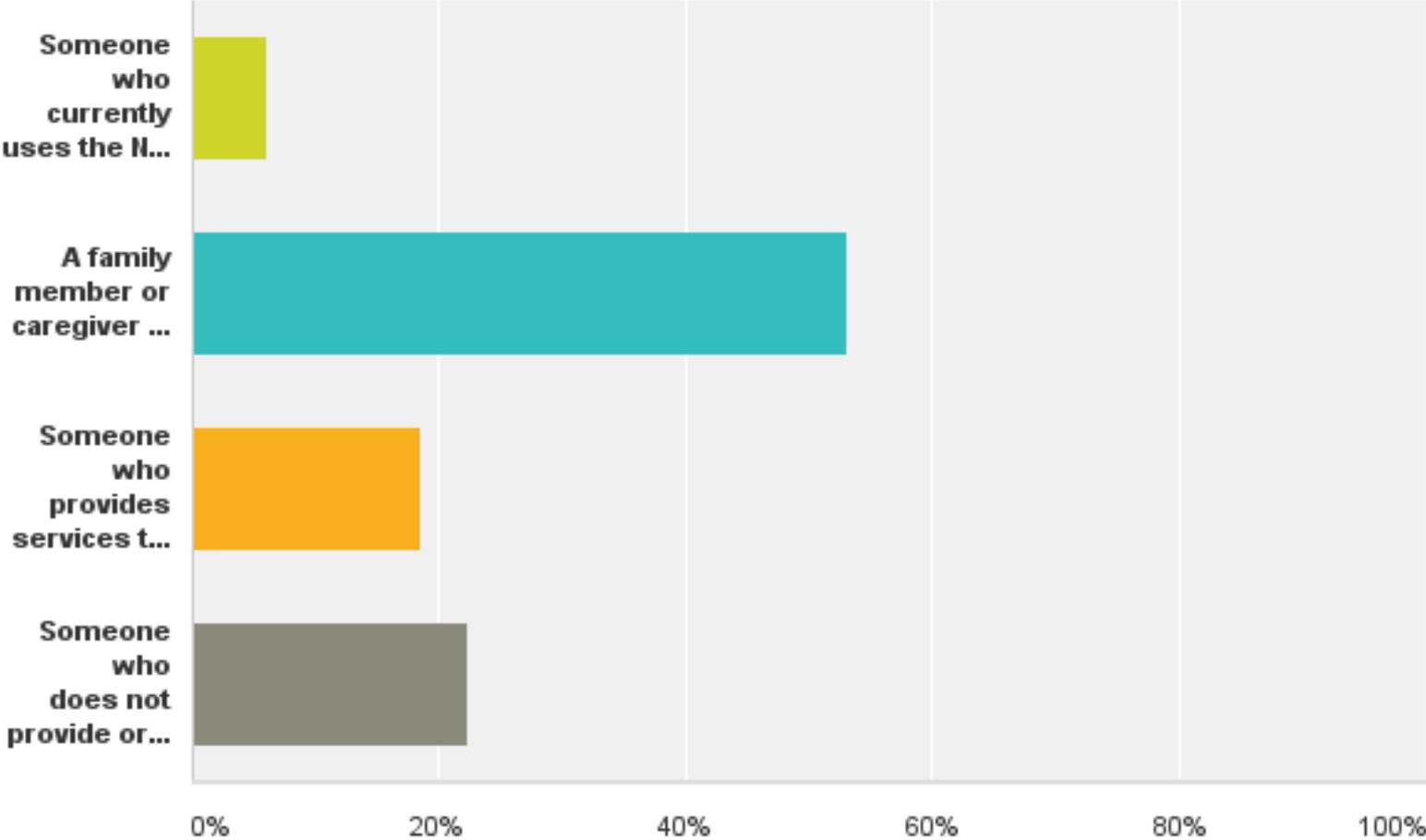
\*A draft State Health Care Innovation Plan was reviewed during each workgroup

# Prevention, Transition and Person Centered and Driven LTSS Process



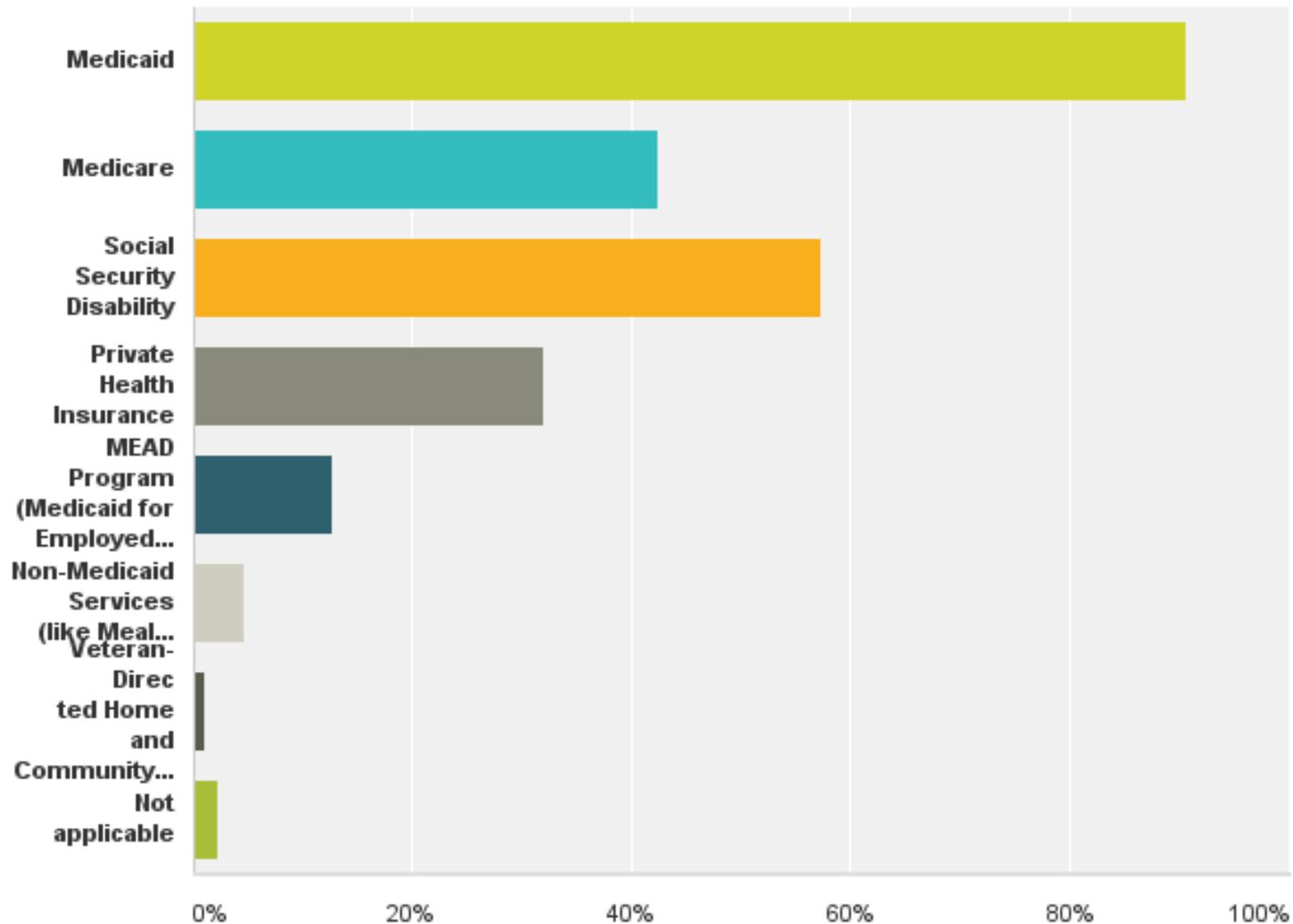
# Q1 Would you describe yourself as:

Answered: 892 Skipped: 0



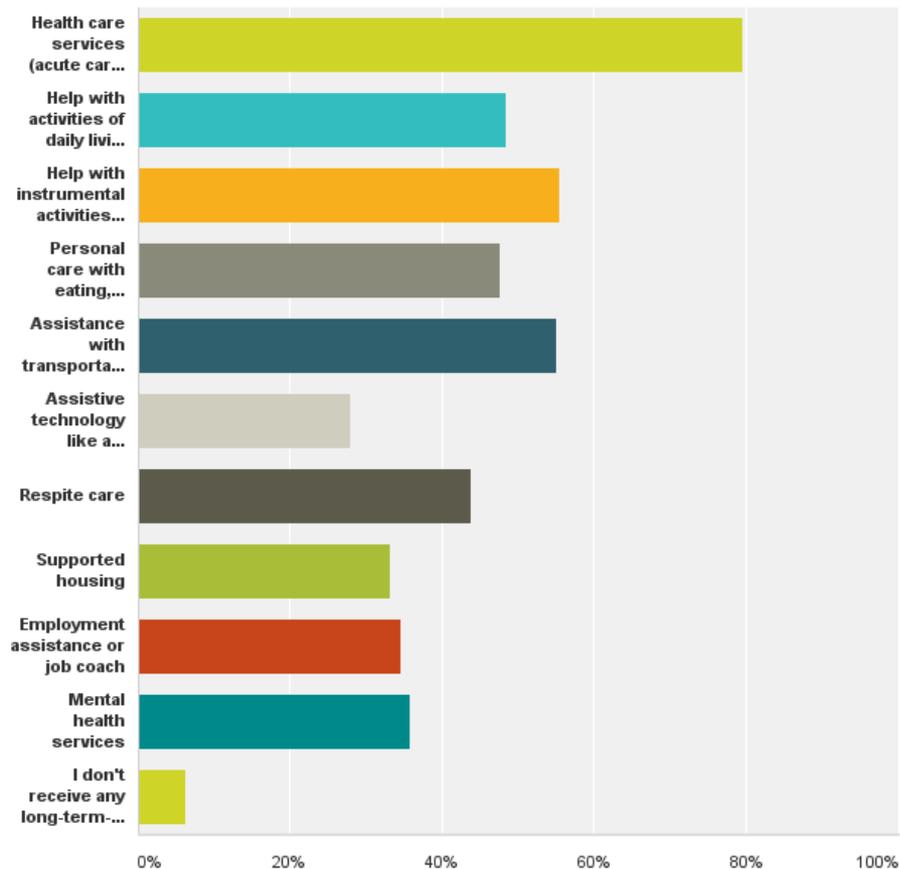
## Q2 Do you or your family member currently use (please check all that apply)

Answered: 512 Skipped: 16



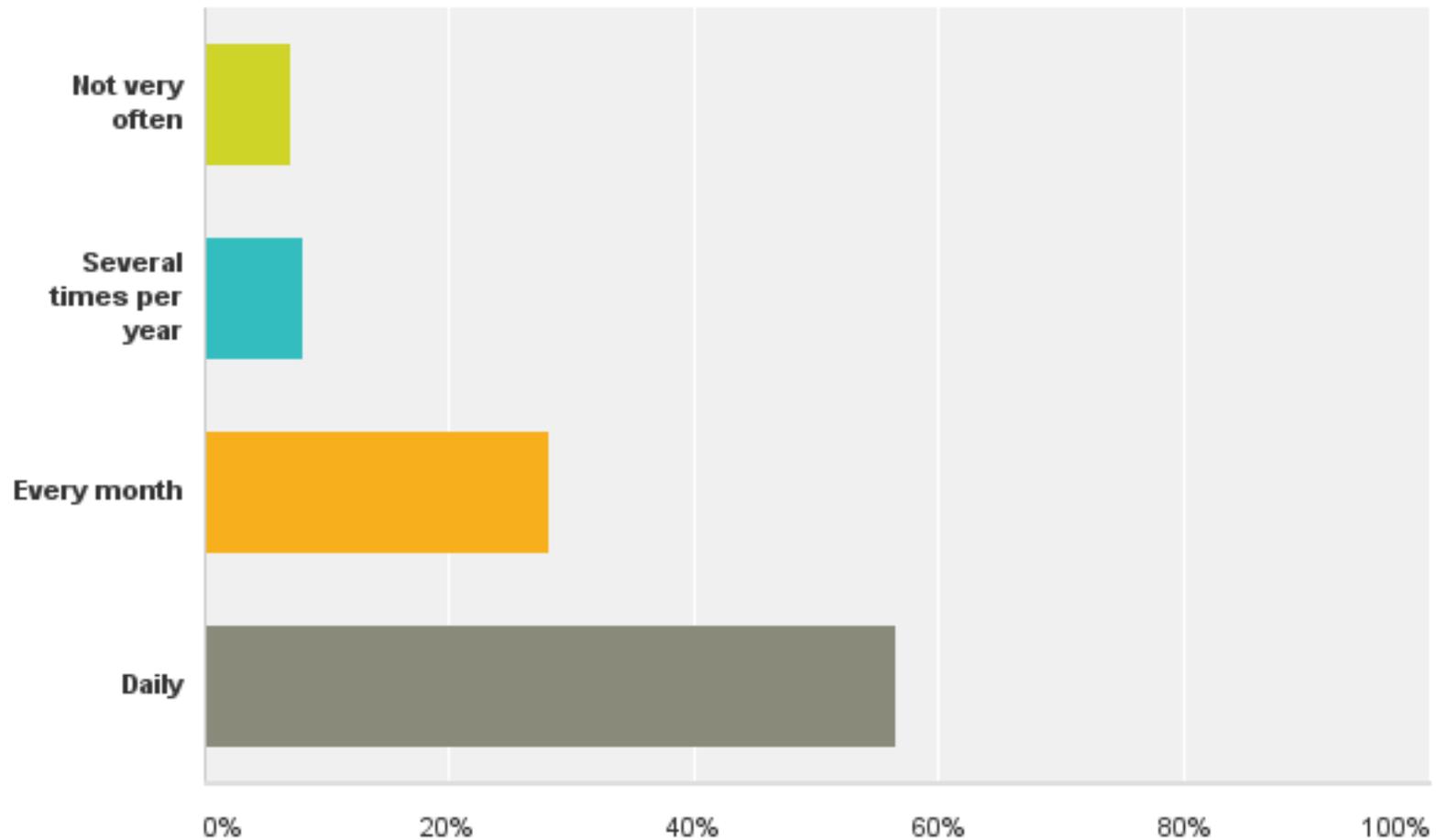
**Q3 Medicaid long-term care services are different than the "acute care" or health care services that Medicaid also pays for. Long term care services are used by people with developmental or physical disabilities, mental health needs or older adults who need assistance to stay in their homes. Long-term-care services include assistance with services like: - Activities of daily living (ADLs) - Instrumental activities of daily living (IADLs) - Personal care - Respite care - Supportive housing - Transportation - Assistive technology - Mental health services - Employment assistance - Transportation assistance Please check any services you may receive with support of the Medicaid program.**

Answered: 482 Skipped: 46



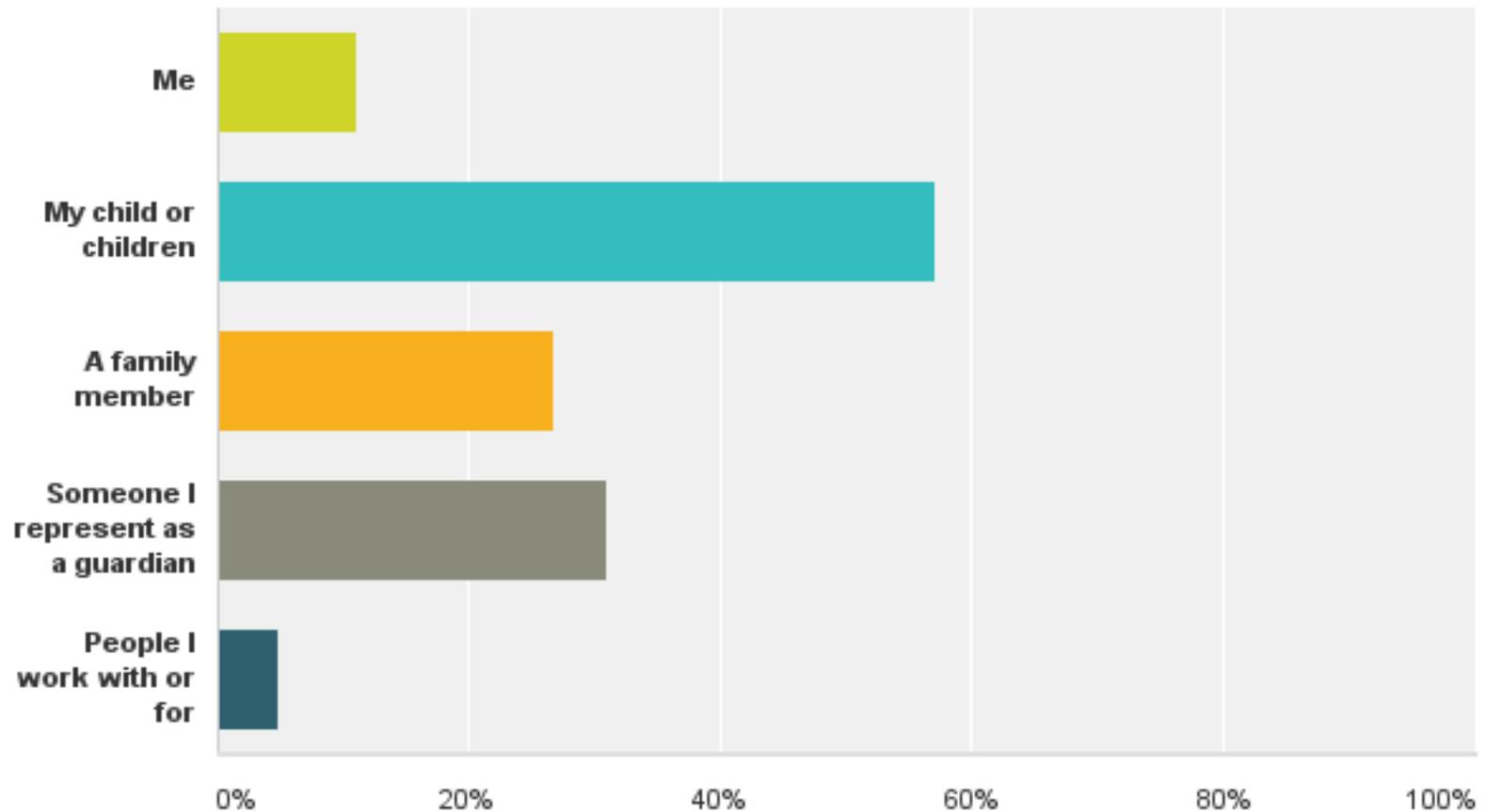
# Q4 How frequently do you use services paid for by the NH Medicaid program?

Answered: 478 Skipped: 50



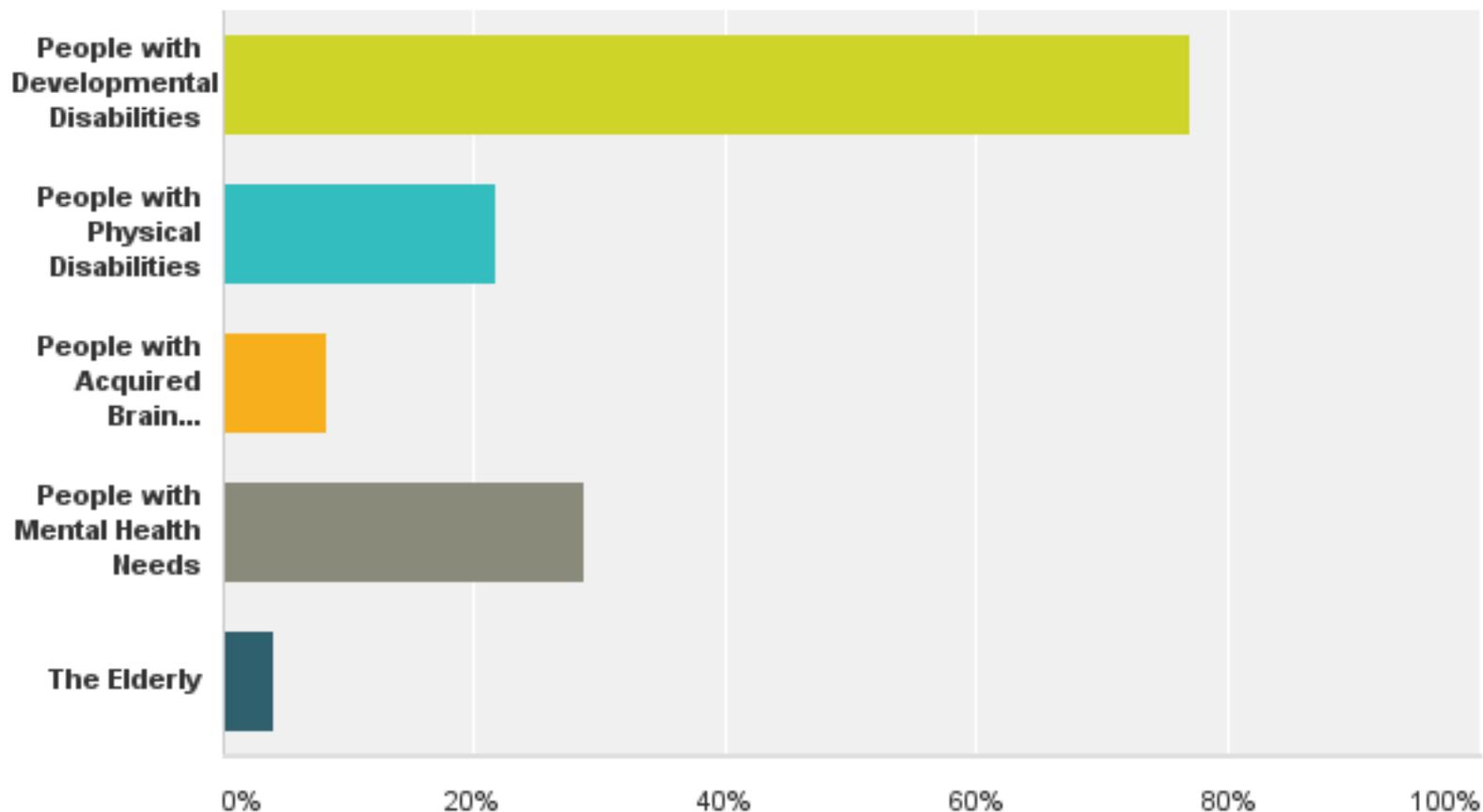
## Q5 Who uses services paid for by the NH Medicaid program?

Answered: 476 Skipped: 52



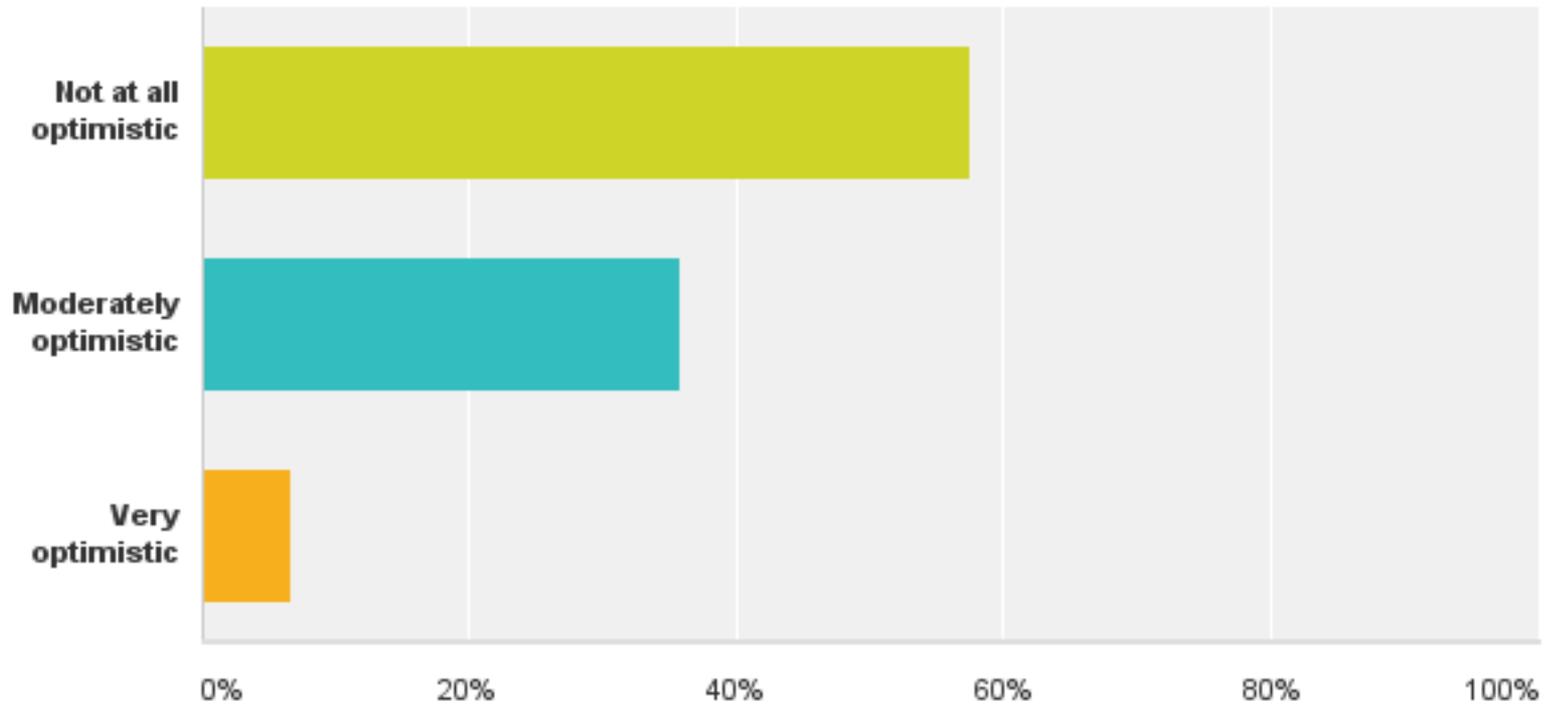
# Q6 Which Medicaid Long-Term-Care consumer population do you or your family member represent?

Answered: 479 Skipped: 49



# Q32 How optimistic are you that a redesigned Medicaid long-term-care system will be an improvement over the current service system that you use?

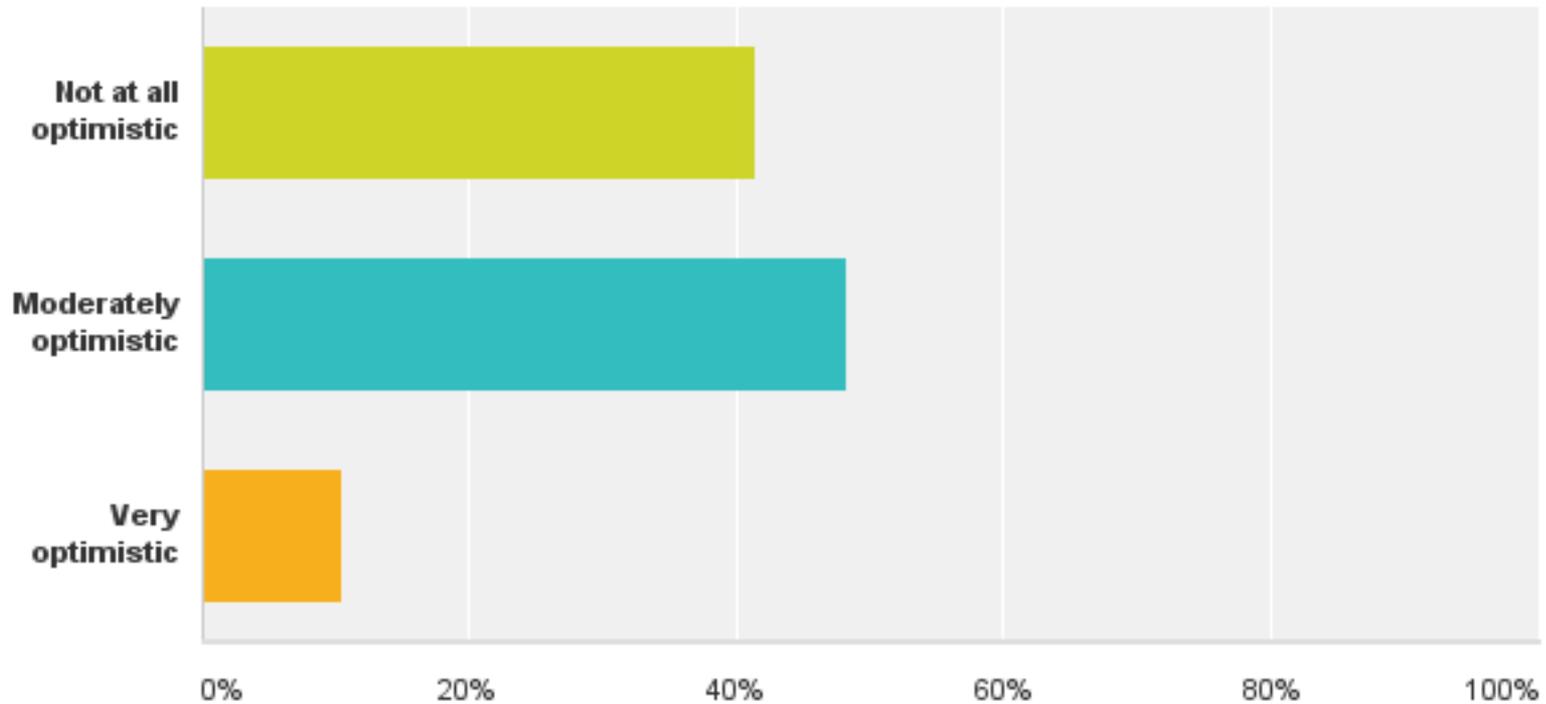
Answered: 369 Skipped: 89



DD Consumers

# Q32 How optimistic are you that a redesigned Medicaid long-term-care system will be an improvement over the current service system that you use?

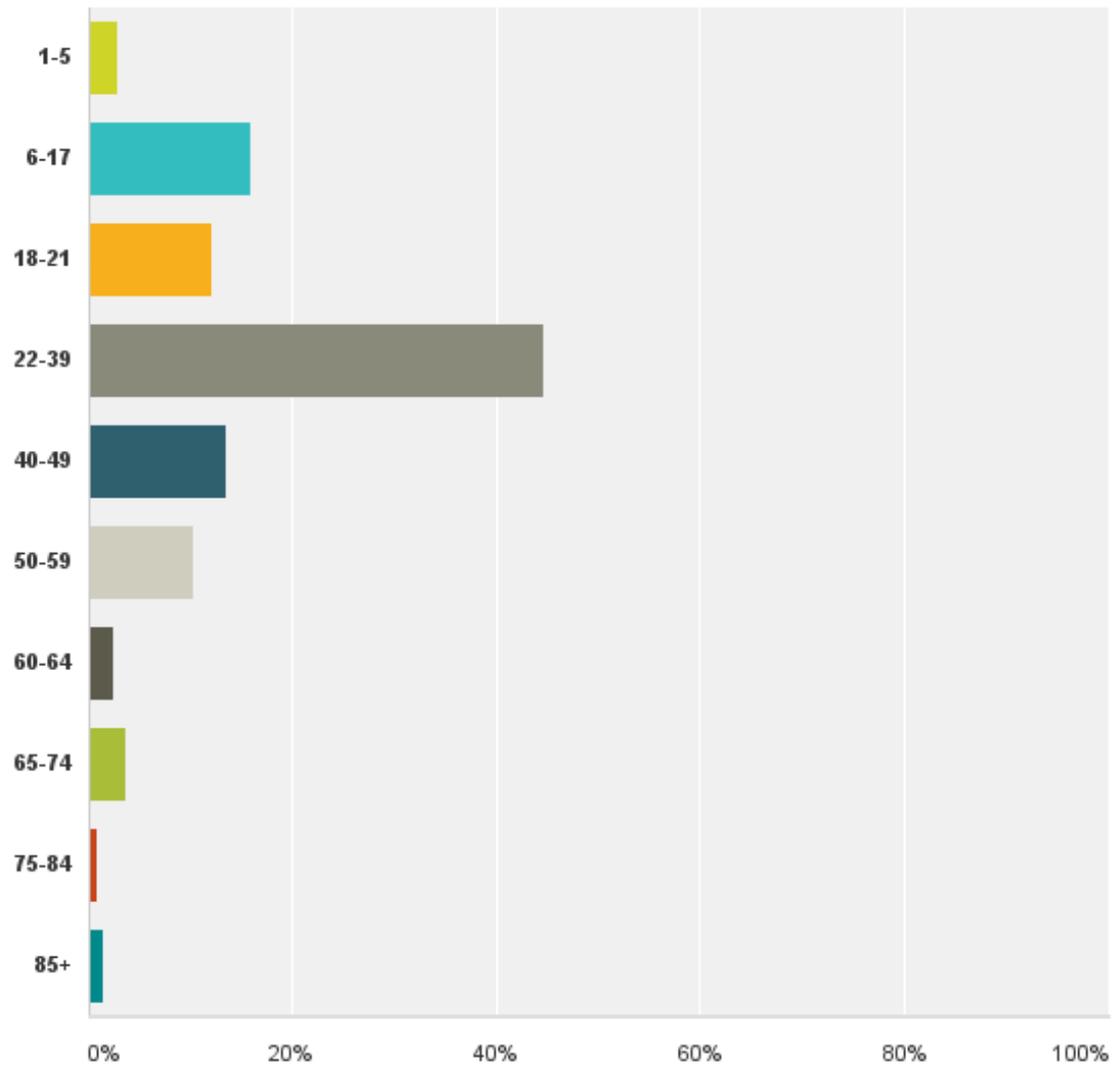
Answered: 297 Skipped: 111



All other consumers

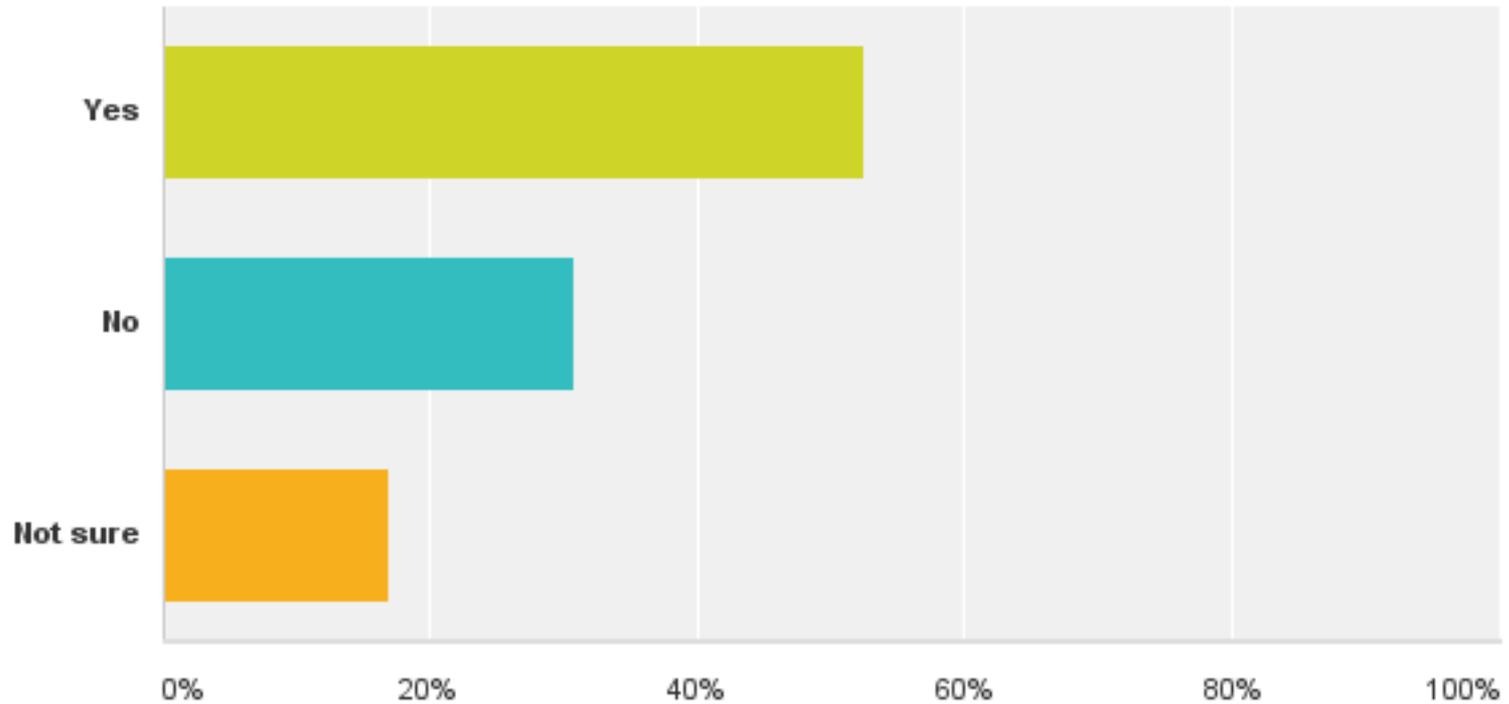
# Q7 What age is the person (either you, your family member or your ward) who receives Long-Term-Care services through the Medicaid program?

Answered: 476 Skipped: 52



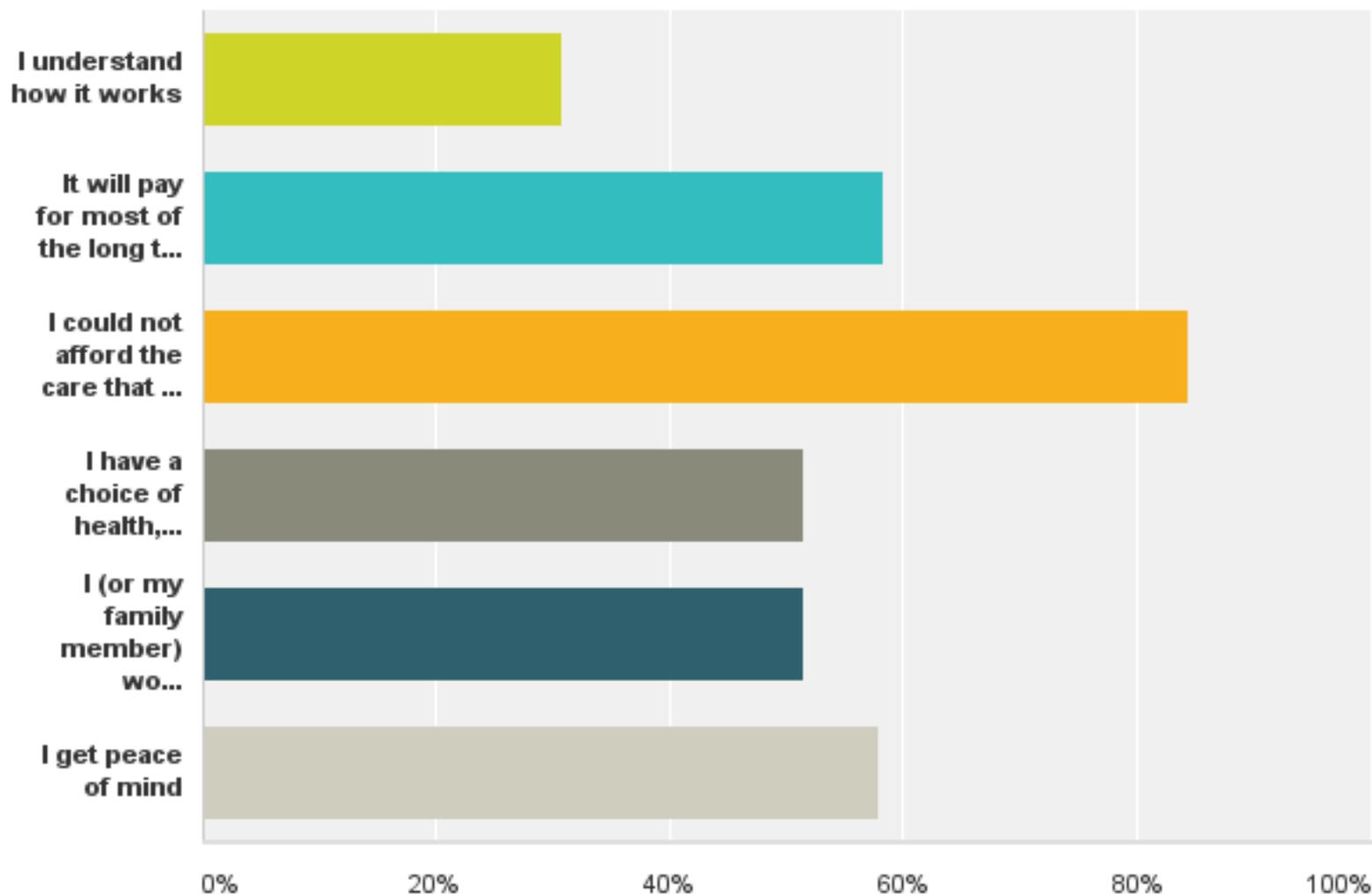
## Q8 Have you ever been on a waiting list for services?

Answered: 475 Skipped: 53



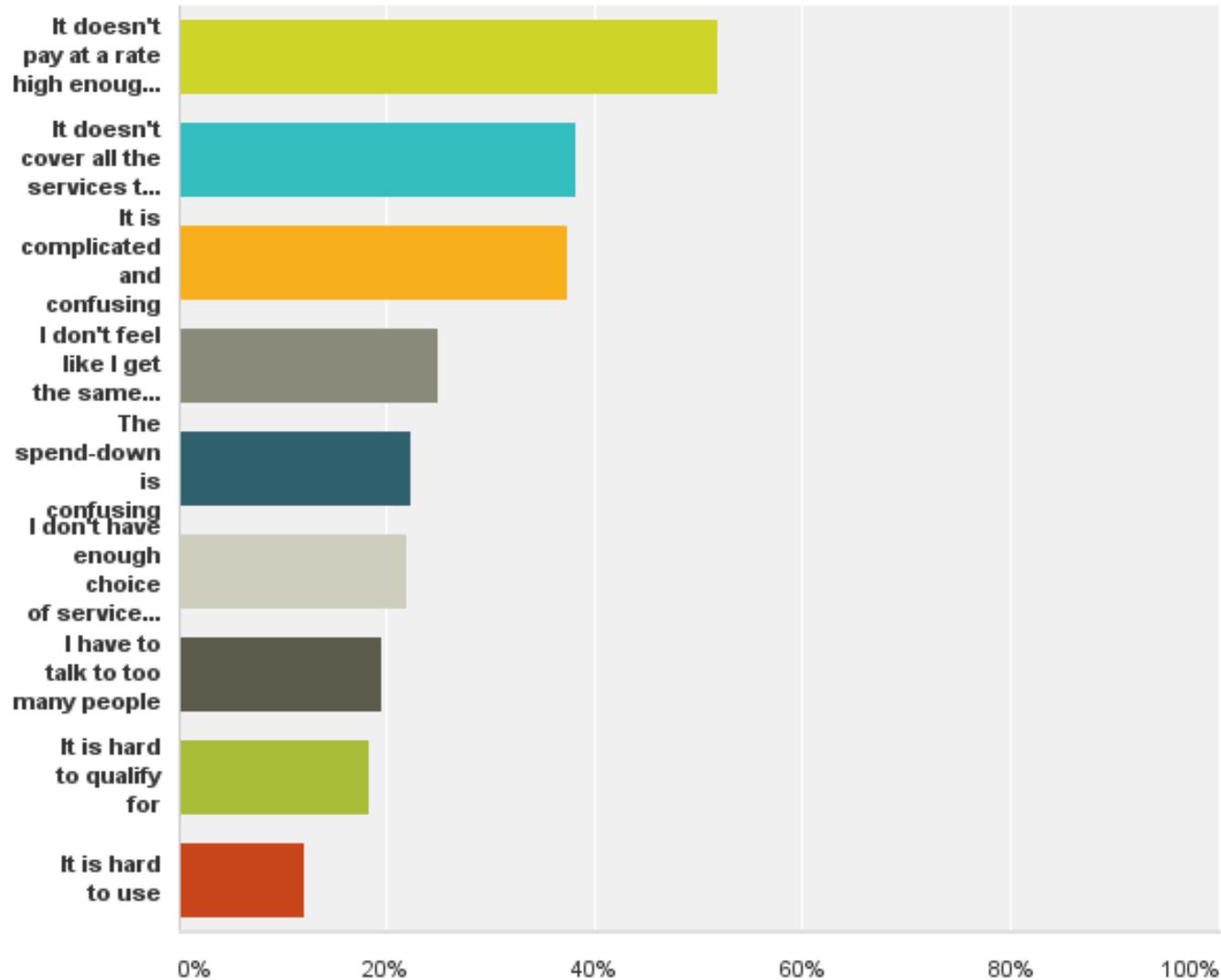
# Q9 What do you like about the current NH Medicaid Long-Term-Care program? (Choose all that apply)

Answered: 456 Skipped: 72



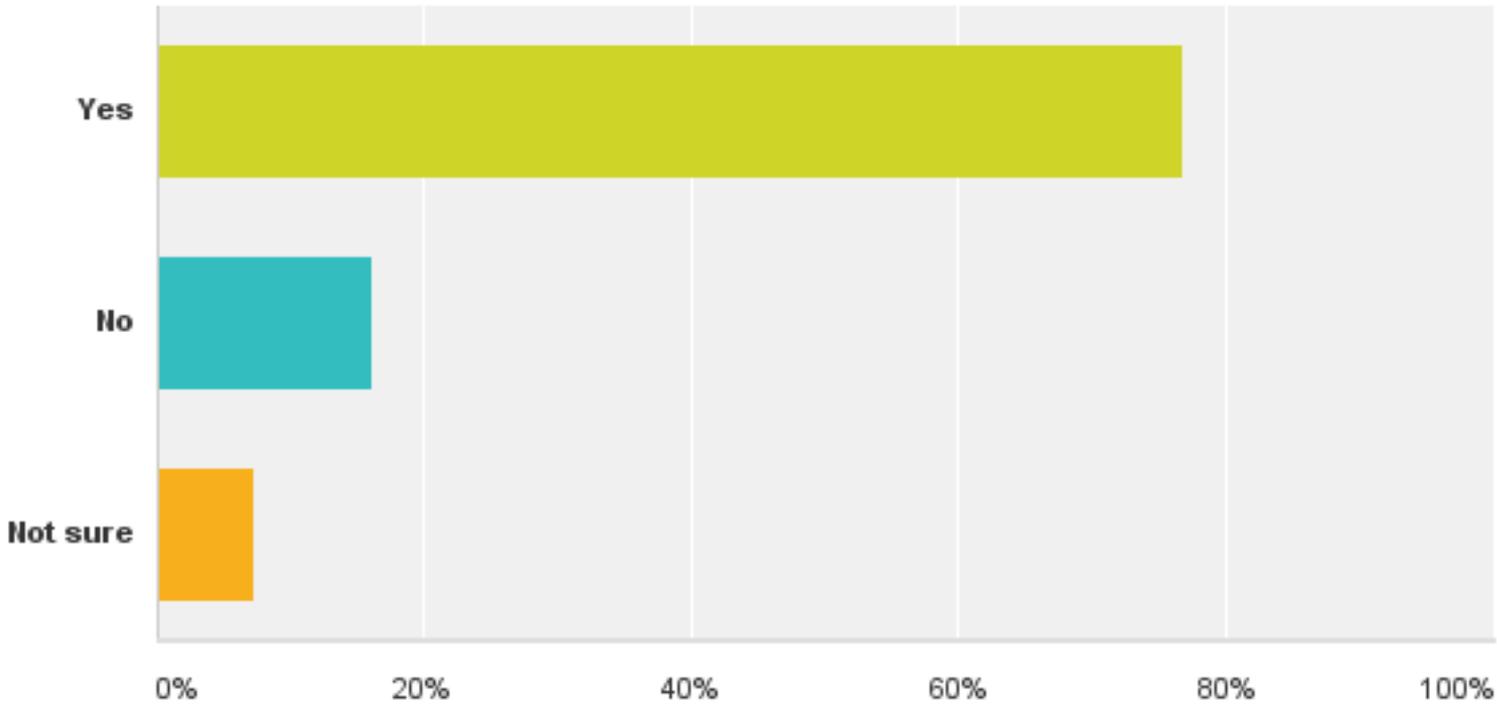
# Q11 What don't you like about the current NH Medicaid Long-Term-Care program? (Choose all that apply)

Answered: 354 Skipped: 174



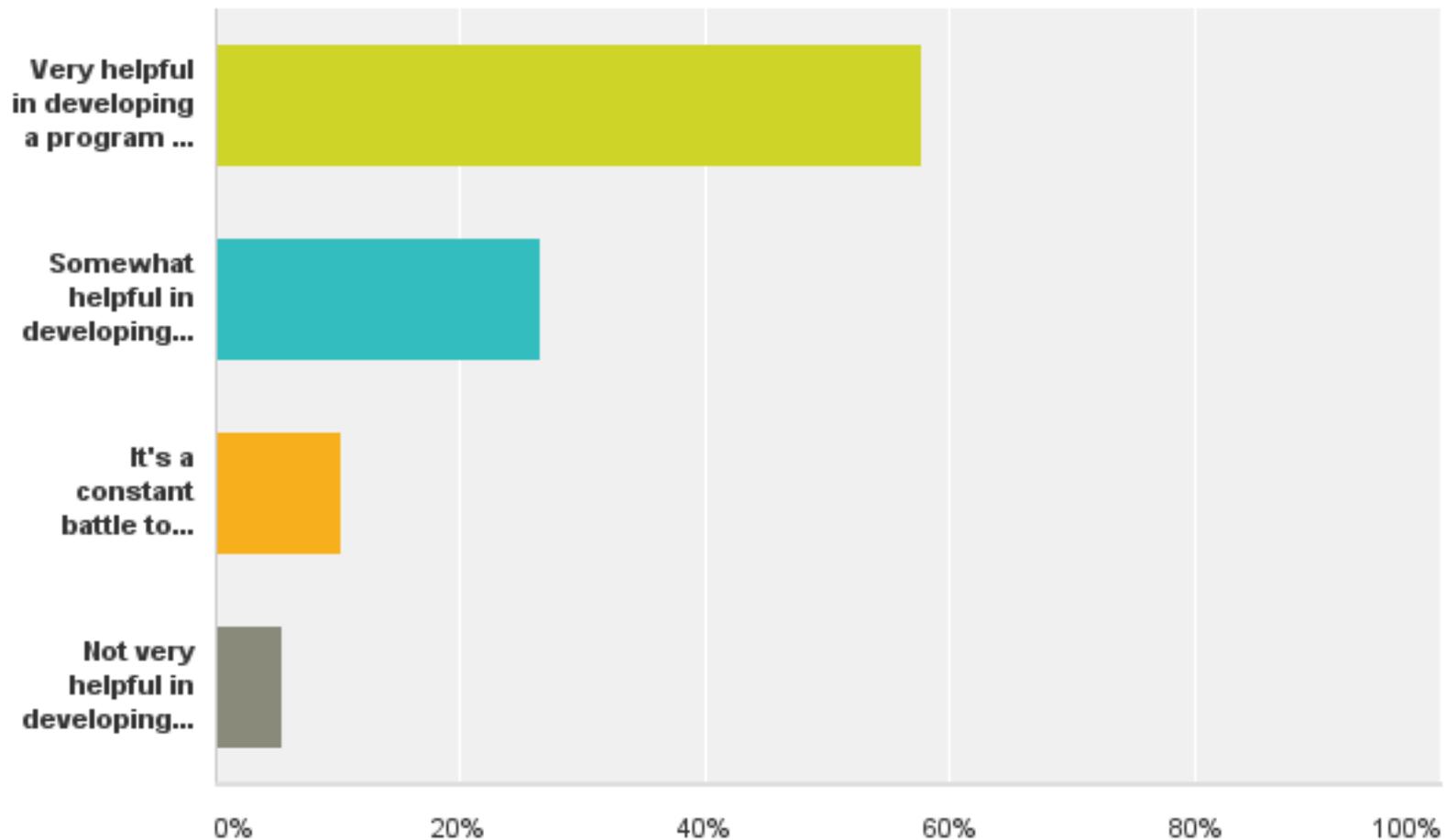
**Q13 Have you, or your family member, ever had experience with a team of service providers or professionals who meet on a regular basis to review your (or your family member's) progress and help set new goals?**

Answered: 457 Skipped: 71



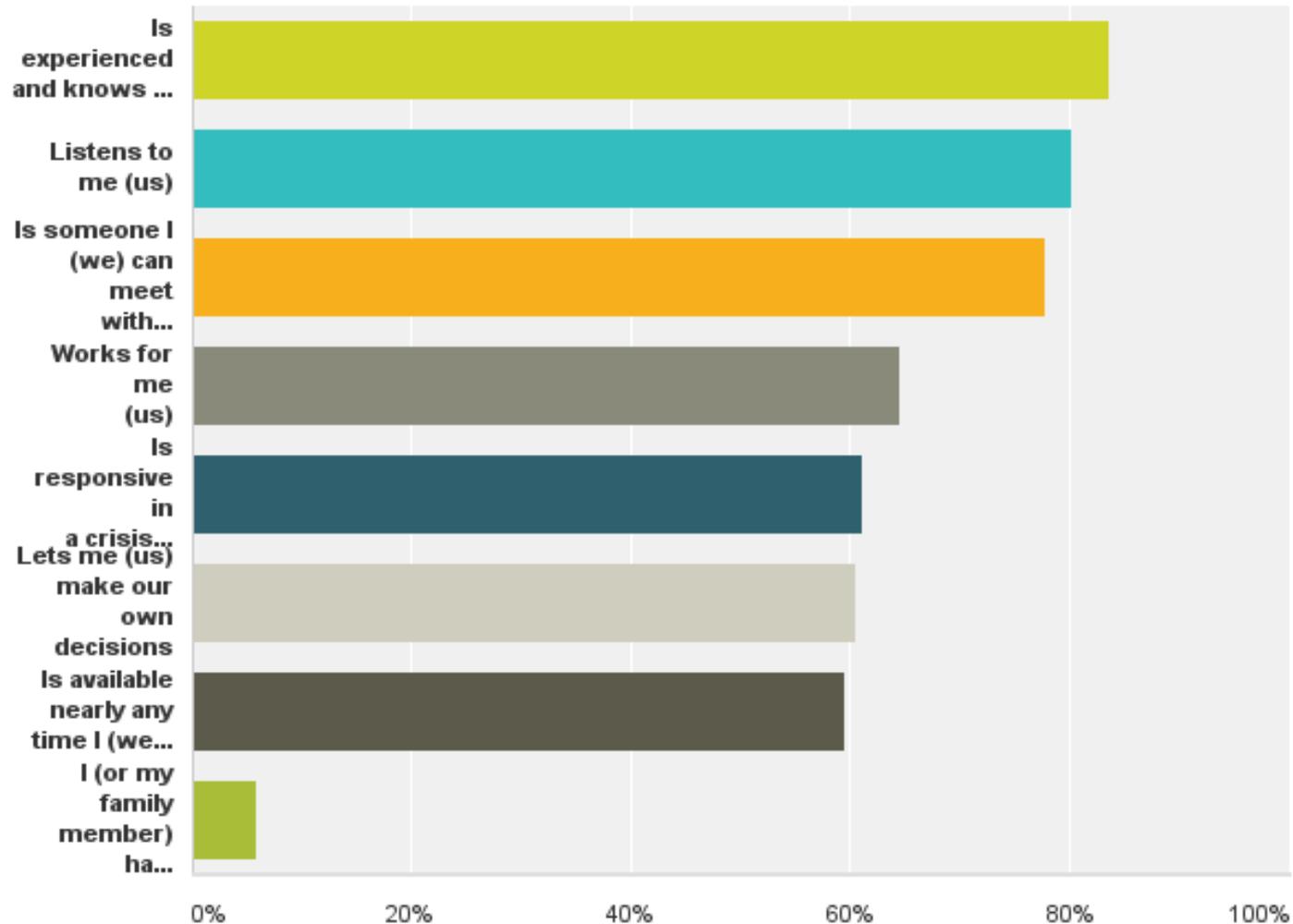
# Q14 What statement comes closest to your general experience with these teams of service providers?

Answered: 347 Skipped: 181



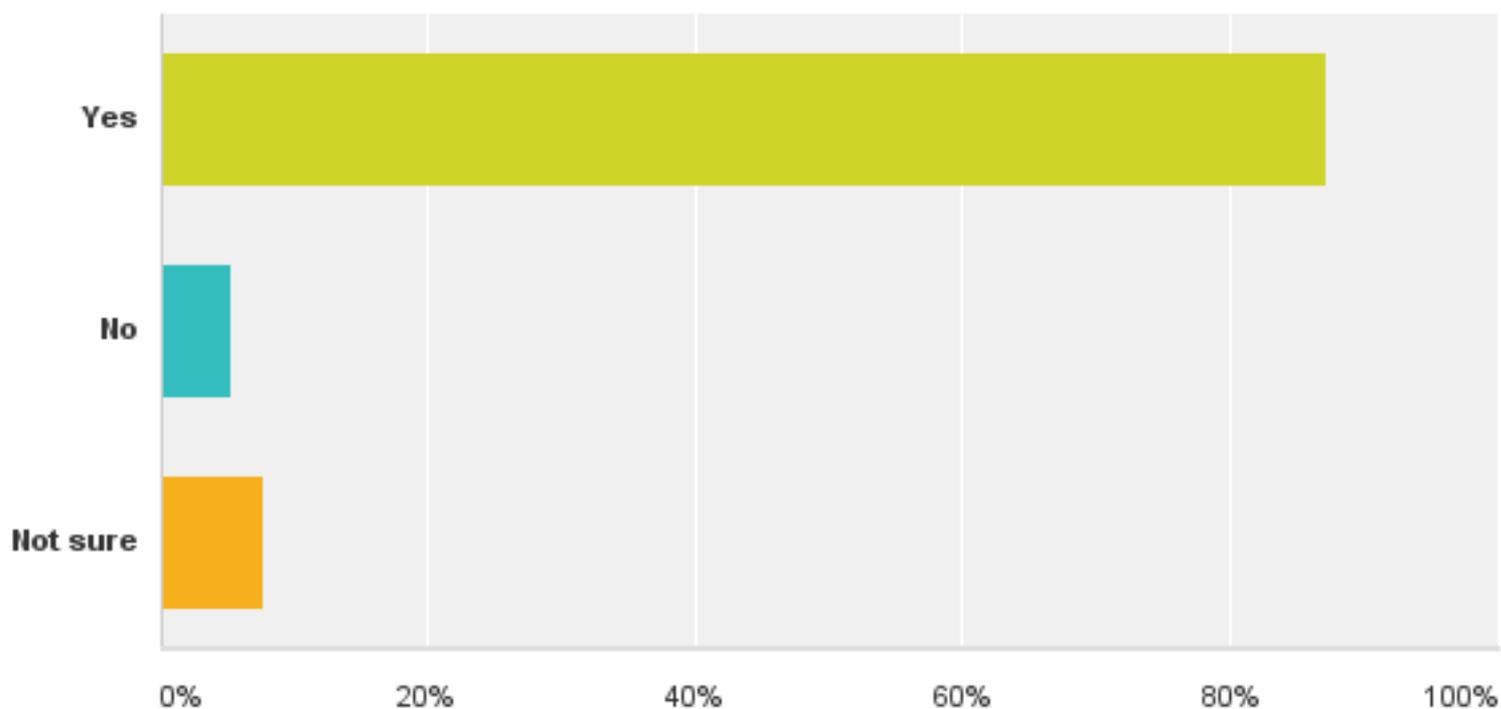
**Q15** If you have had experience with a case manager, service coordinator, or someone who serves in that role, what is important to you about that person's ability to help you meet your needs?

Answered: 434 Skipped: 94



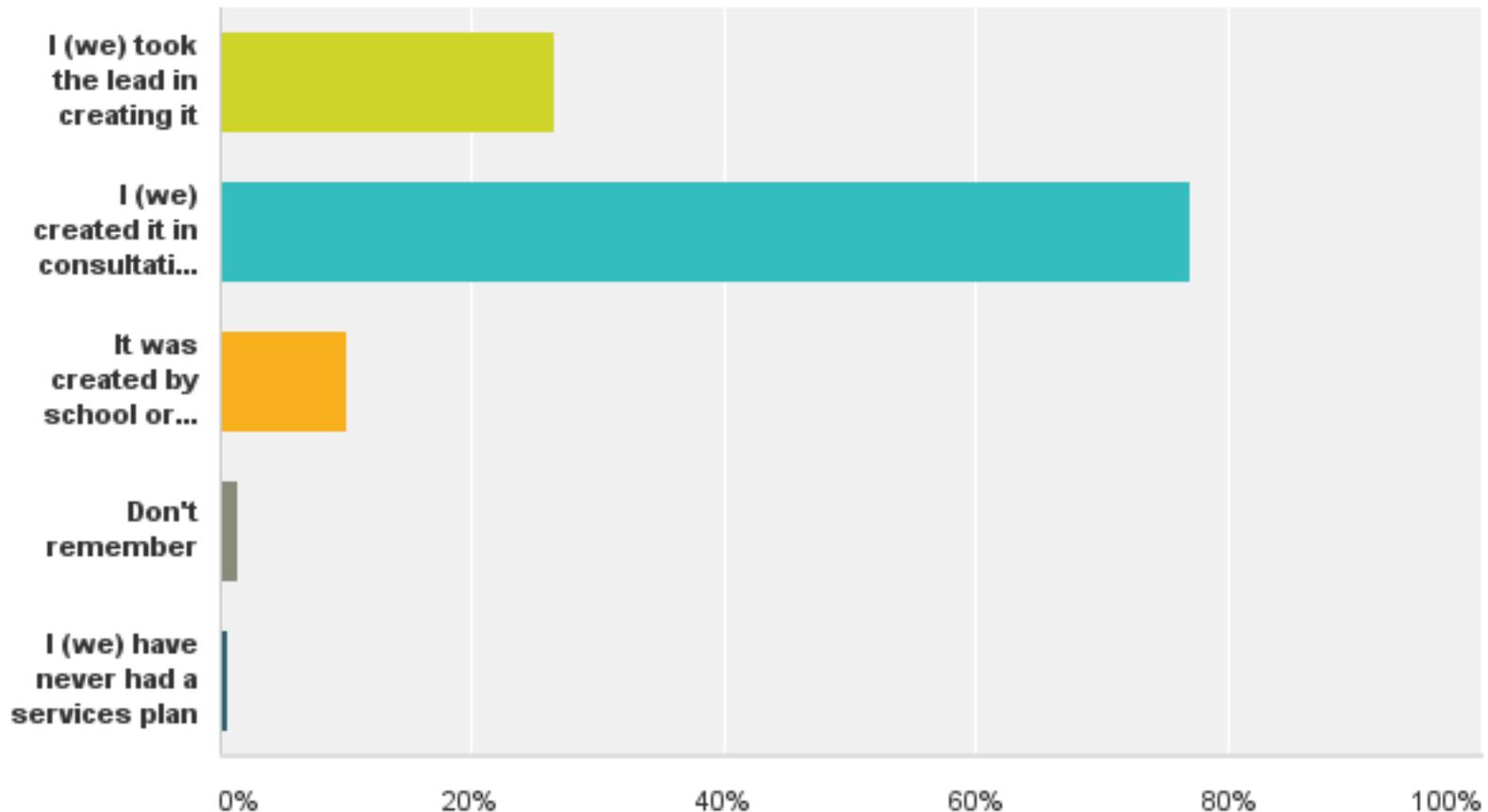
**Q16 Have you or your family member ever had a care plan or services plan (IEP, wrap around plan, service agreement, etc.) that outlines your goals and the services and supports that are needed to help accomplish them?**

Answered: 446 Skipped: 82



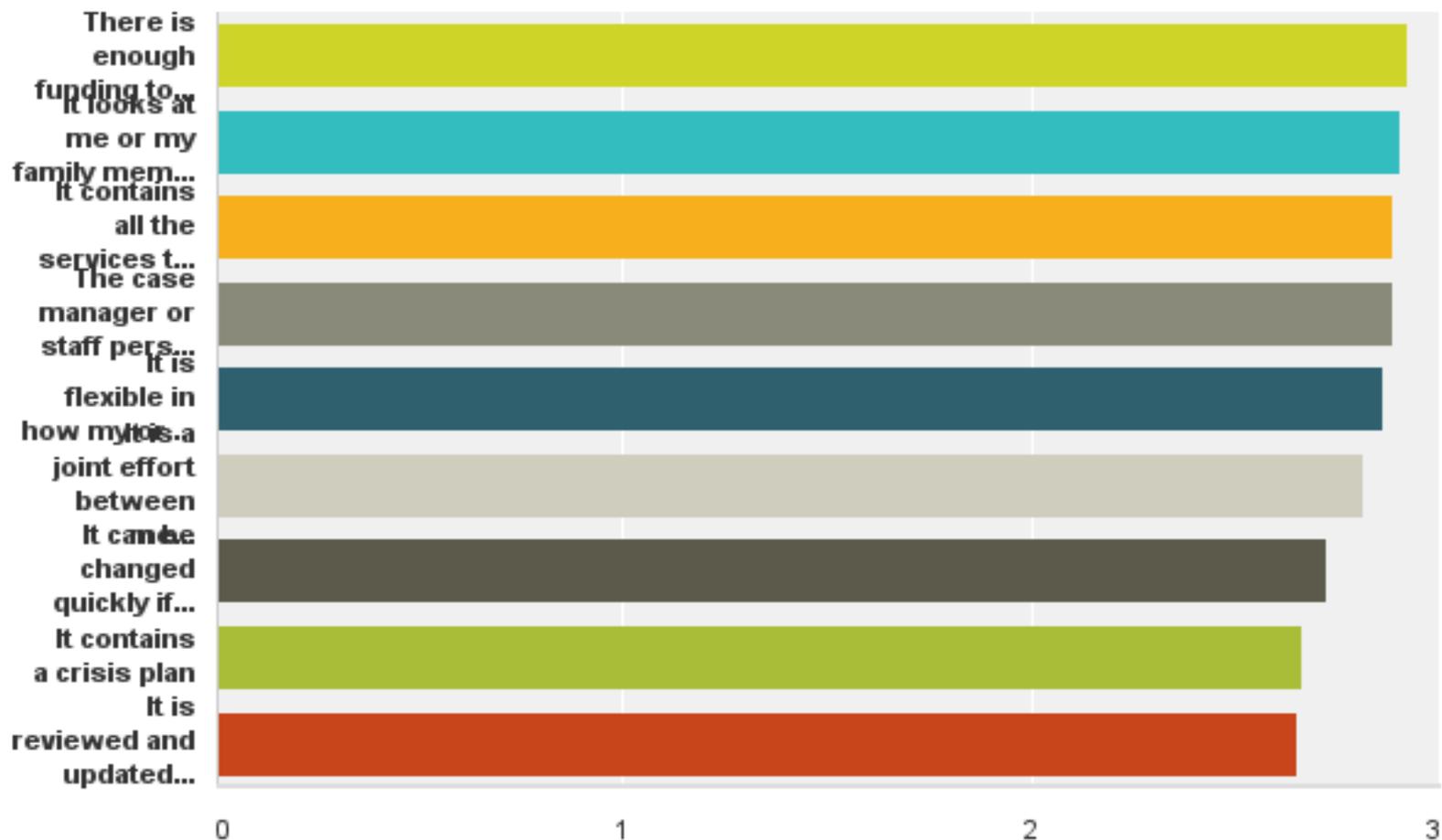
# Q17 If you or your family member have had, or currently have, a care or services plan, what was your role in developing it?

Answered: 384 Skipped: 144



**Q19** In your view, what makes a good care or services plan? Or would make a good one if you have not had one? Please rate all that apply.

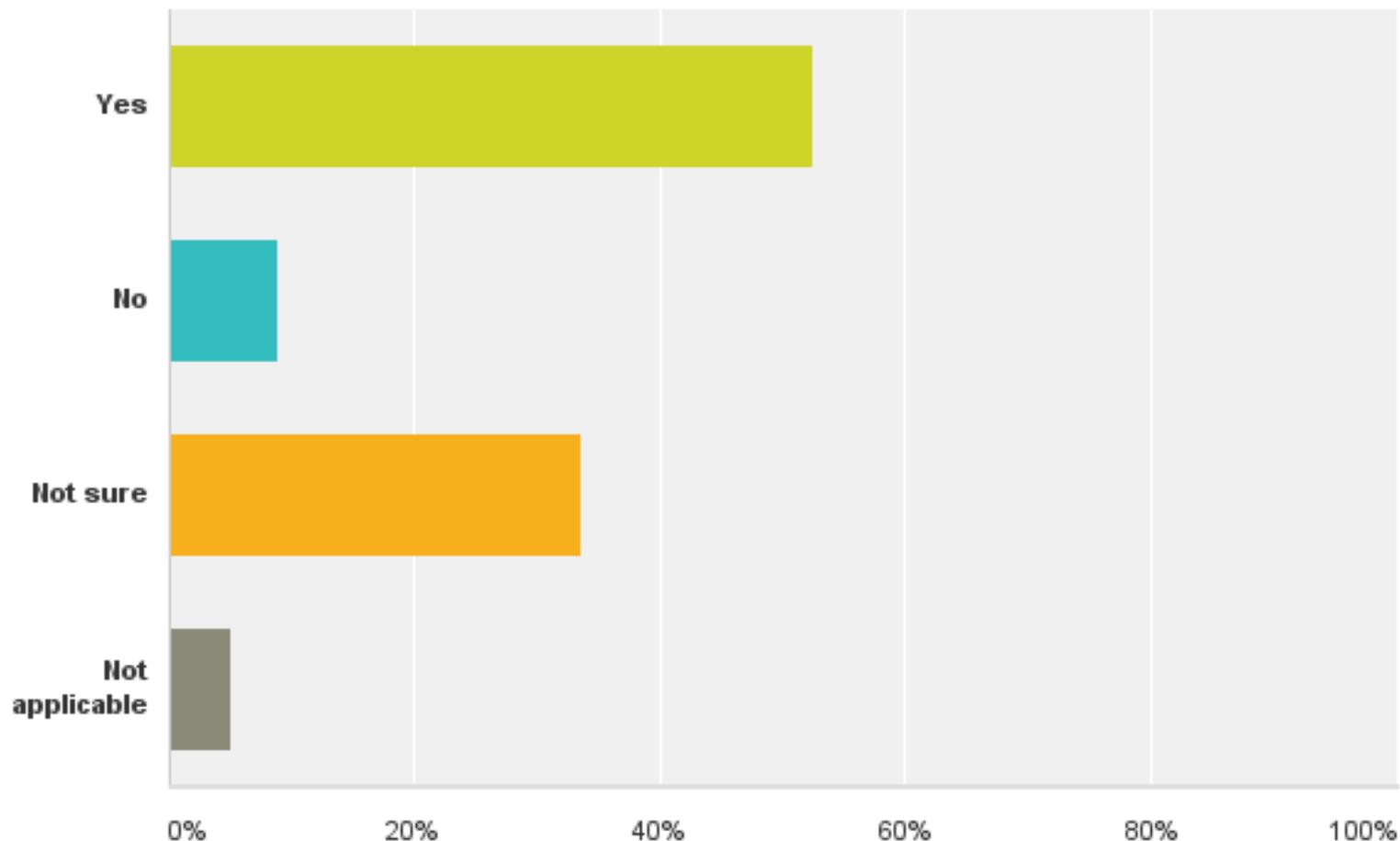
Answered: 440 Skipped: 88





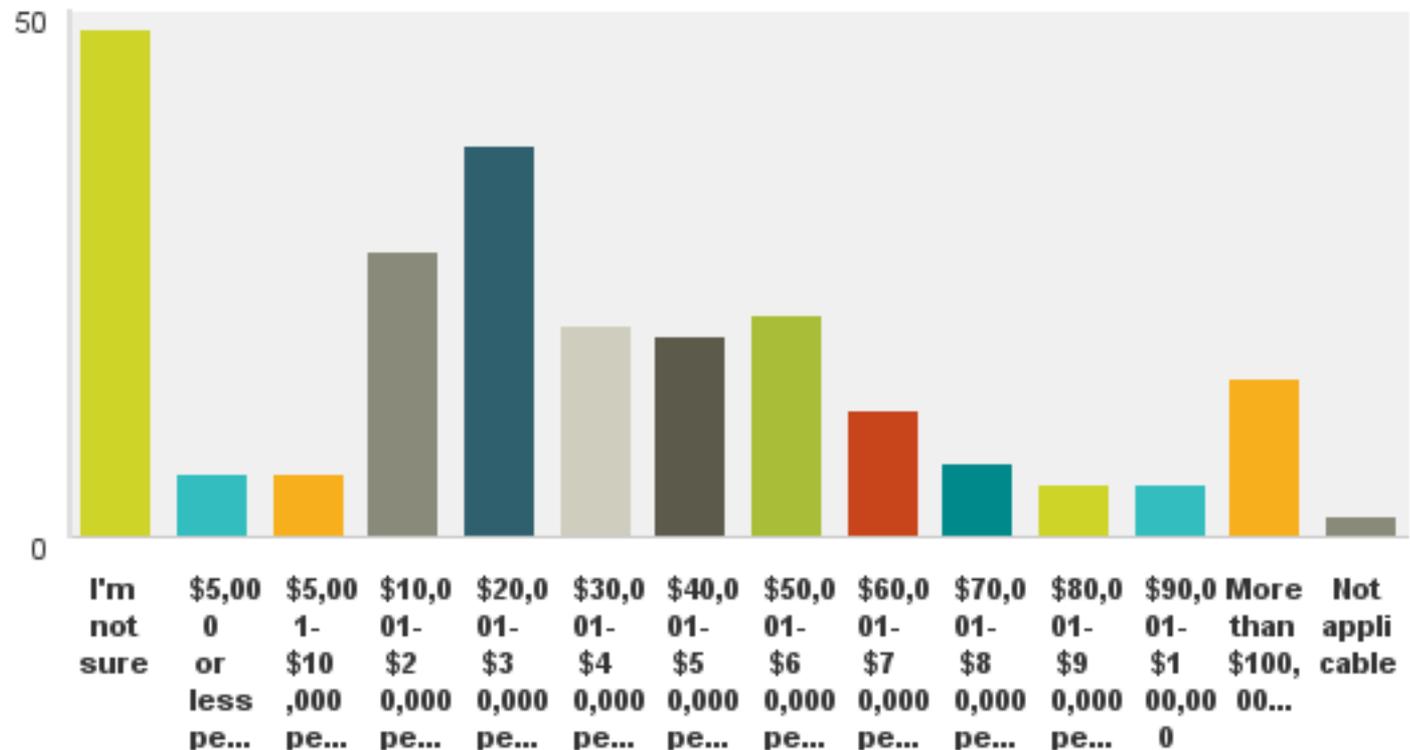
# Q21 Does your services plan have an annual, individualized budget or some type of annual services account? (Or did it if you do not have a plan now?)

Answered: 435 Skipped: 93



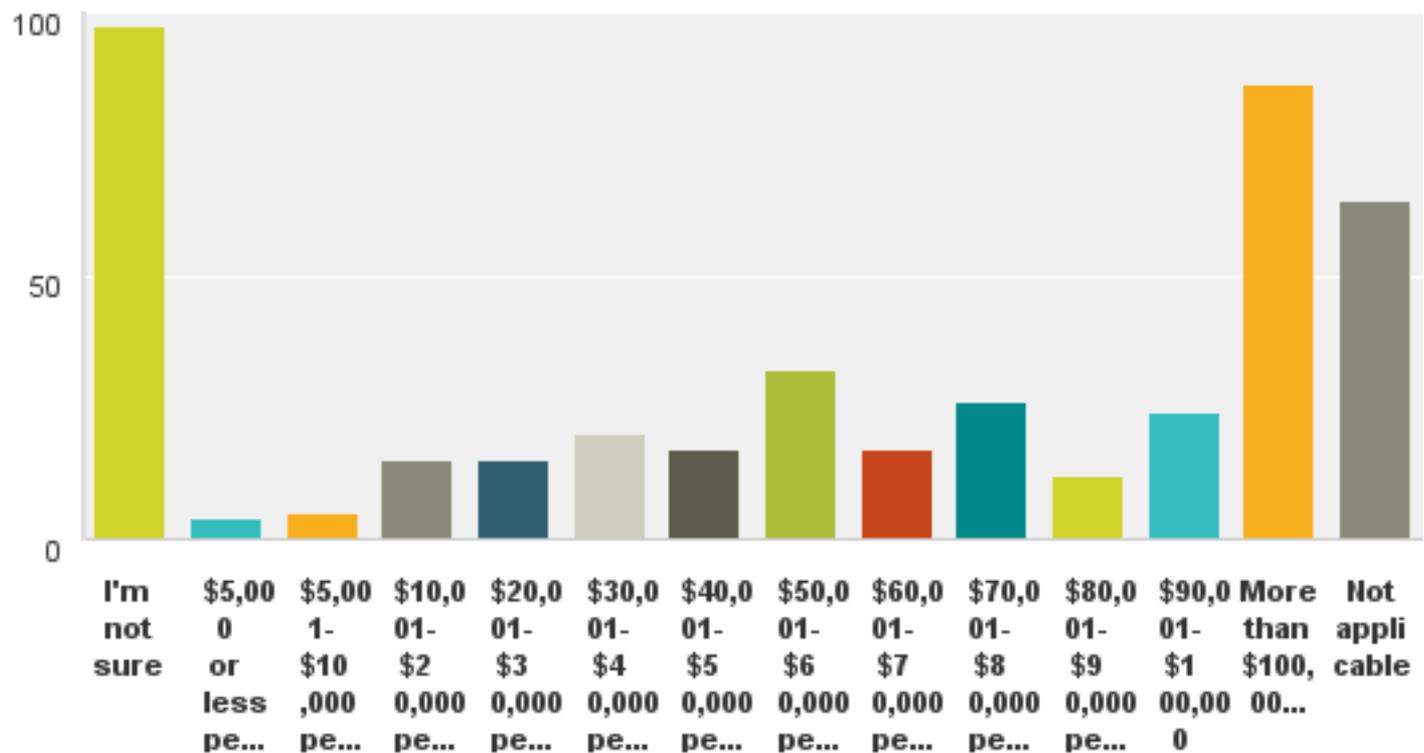
## Q22 What do you estimate the annual budget is for the services in your plan? (Or for the annual services you receive through Medicaid.)

Answered: 230 Skipped: 298



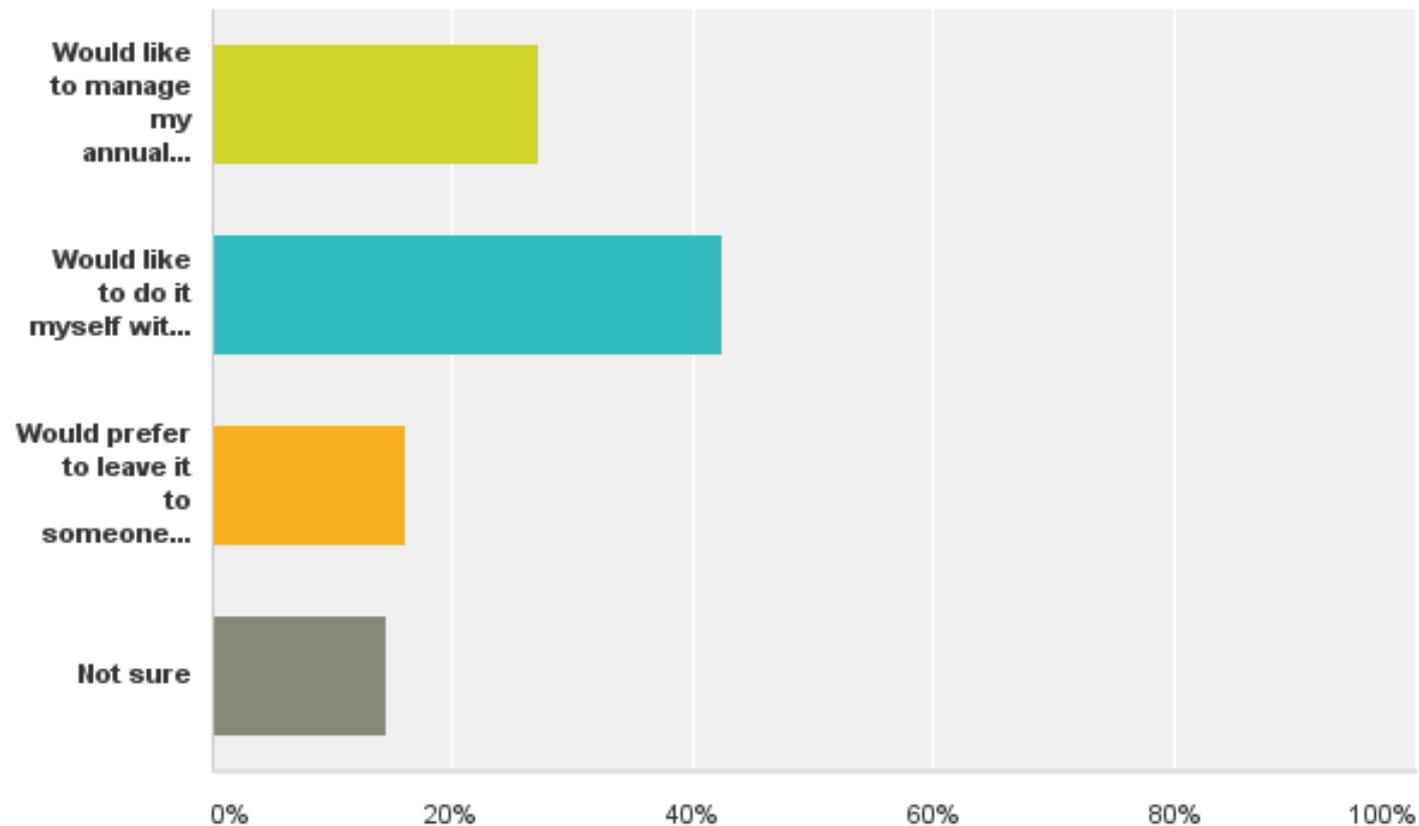
**Q23 What would you estimate that you or your family save the state of NH by caring for yourself or your family member in your home and avoiding institutionalization, out-of-home placement or placement in a hospital or nursing home? This might include the value of the direct care you provide, services and supports provided by other family members, friends, volunteers, etc.**

Answered: 434 Skipped: 94



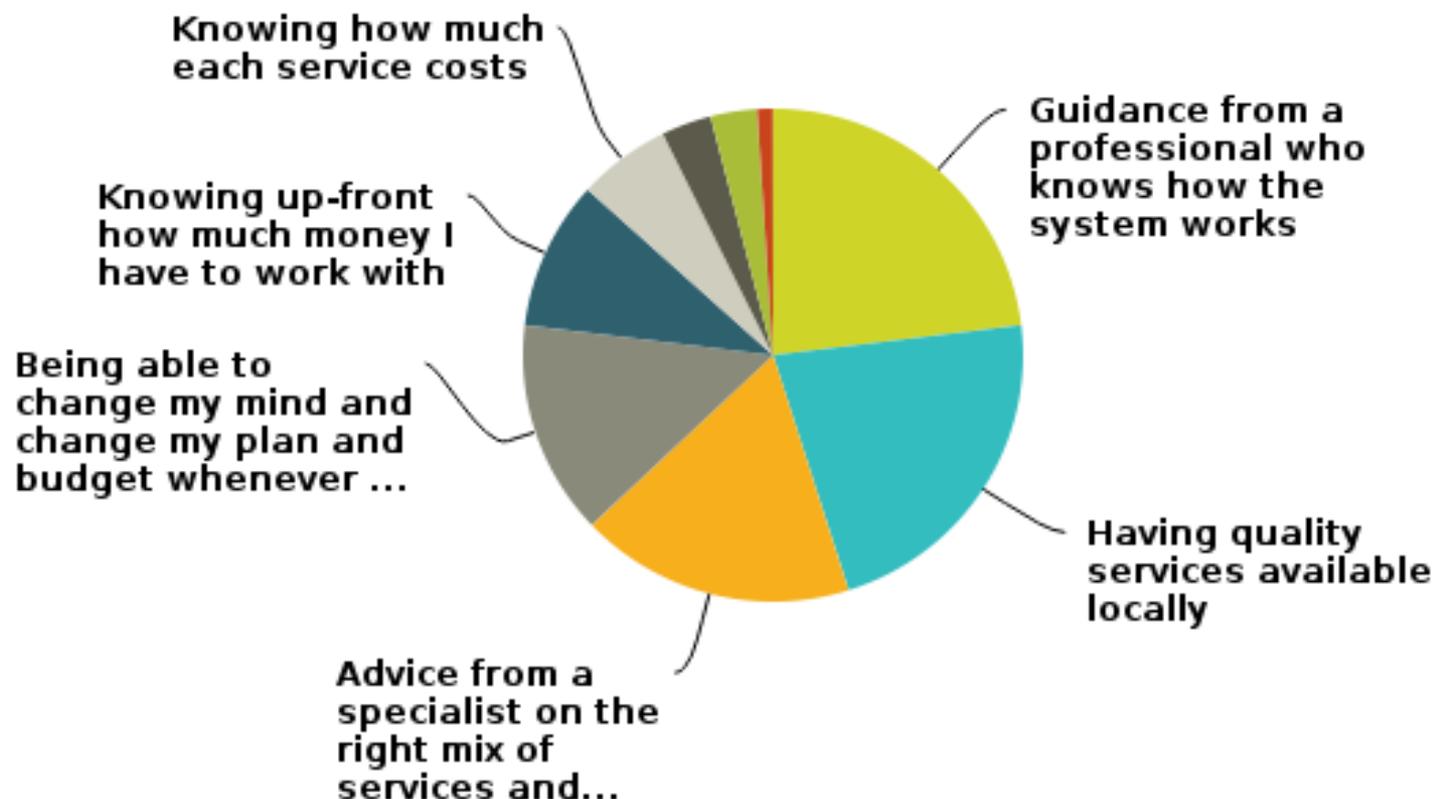
**Q24 If you were to have a flexible annual services account and budget through Medicaid, would you prefer to have the ability to manage it yourself and move money around in the account to spend more on services which are more important to you and less on services that are not as important? Or would you rather leave that to someone else and perhaps have less flexibility?**

Answered: 423 Skipped: 105



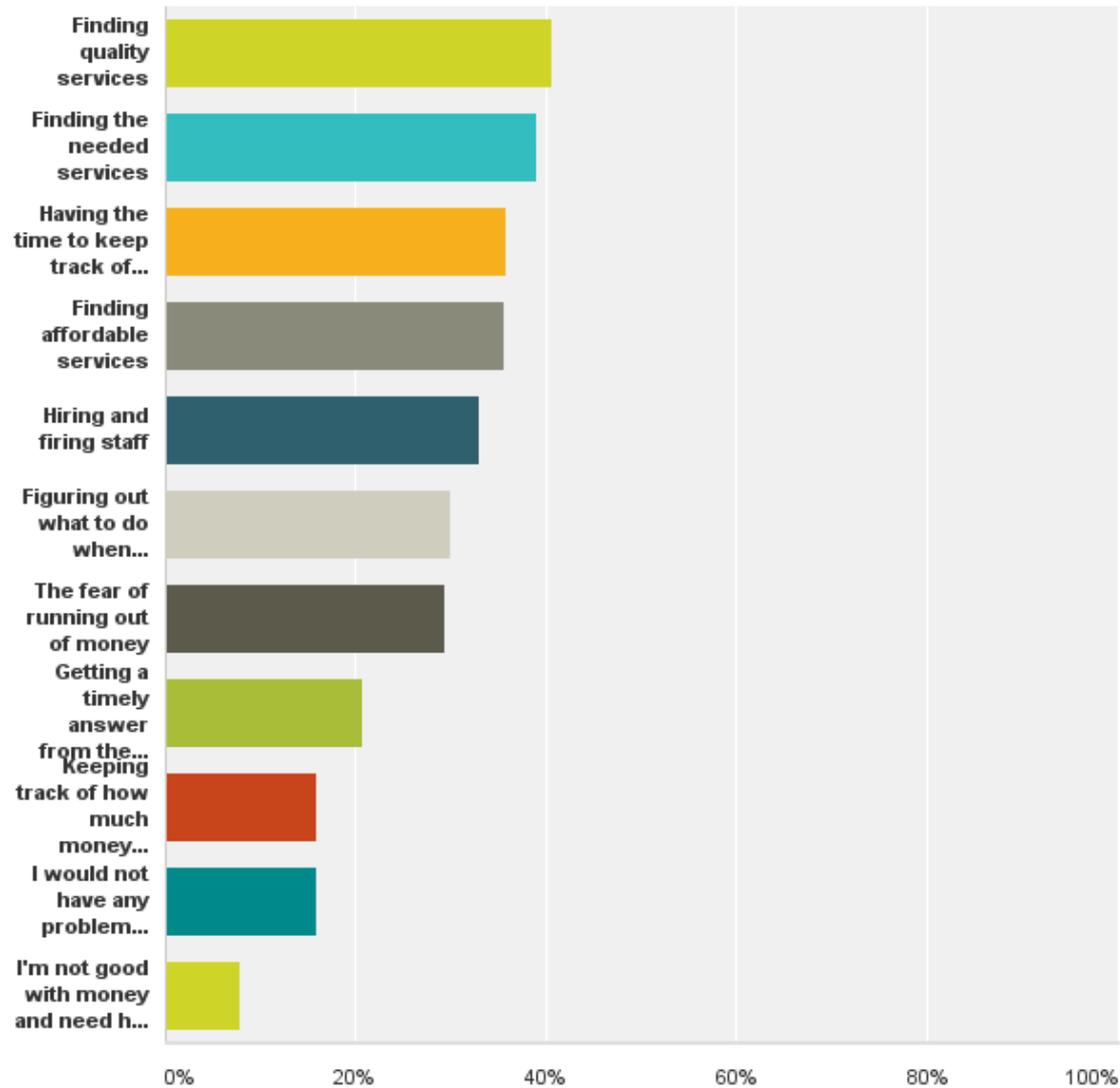
## Q25 If you could only choose one thing, what would help you the most in developing and managing a flexible, annual Medicaid services account and budget for yourself or your family member?

Answered: 399 Skipped: 129



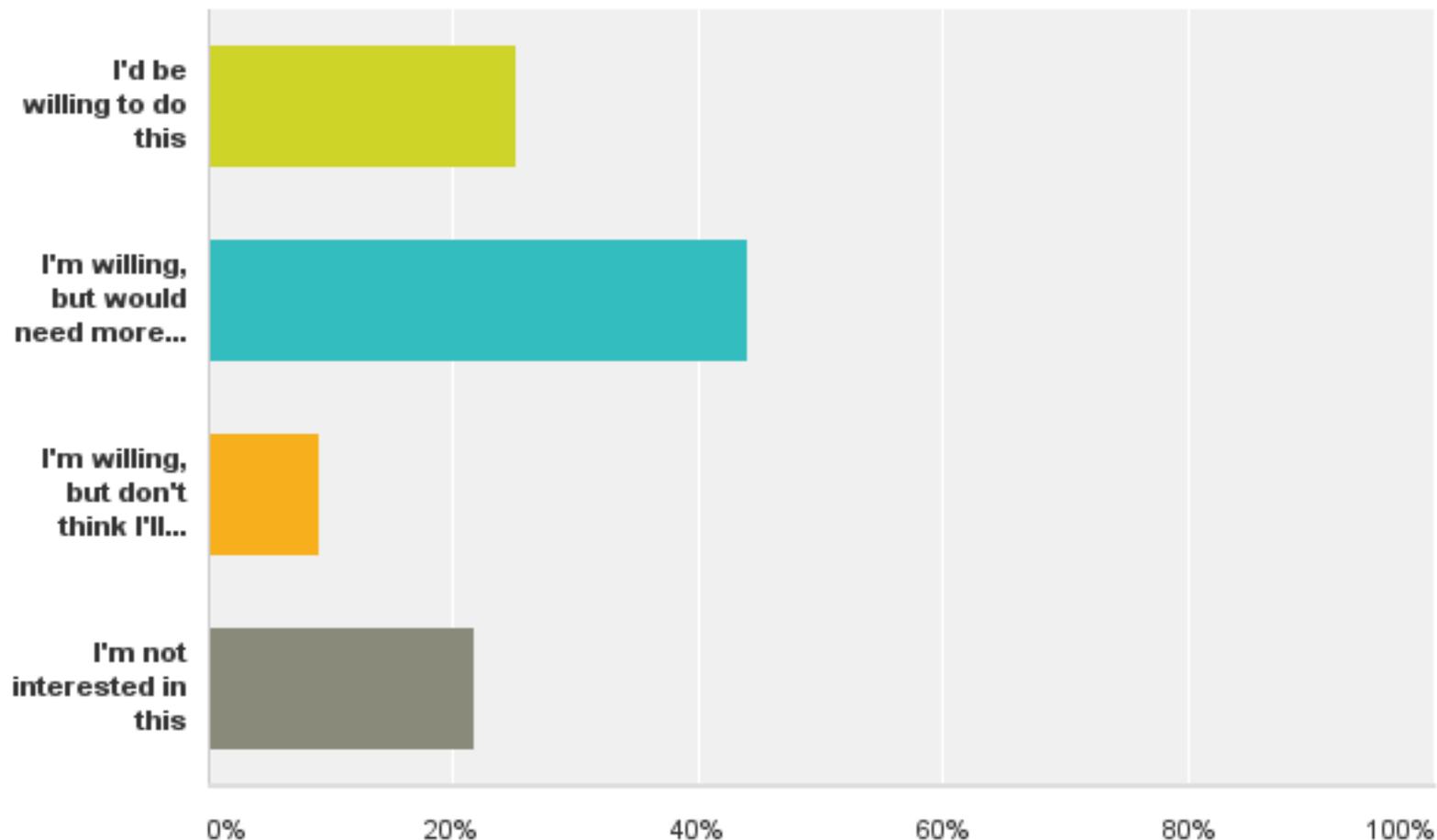
## Q26 What do you find difficult about managing a services account (if you have had one), or do you think would be difficult if you did have one?

Answered: 400 Skipped: 128



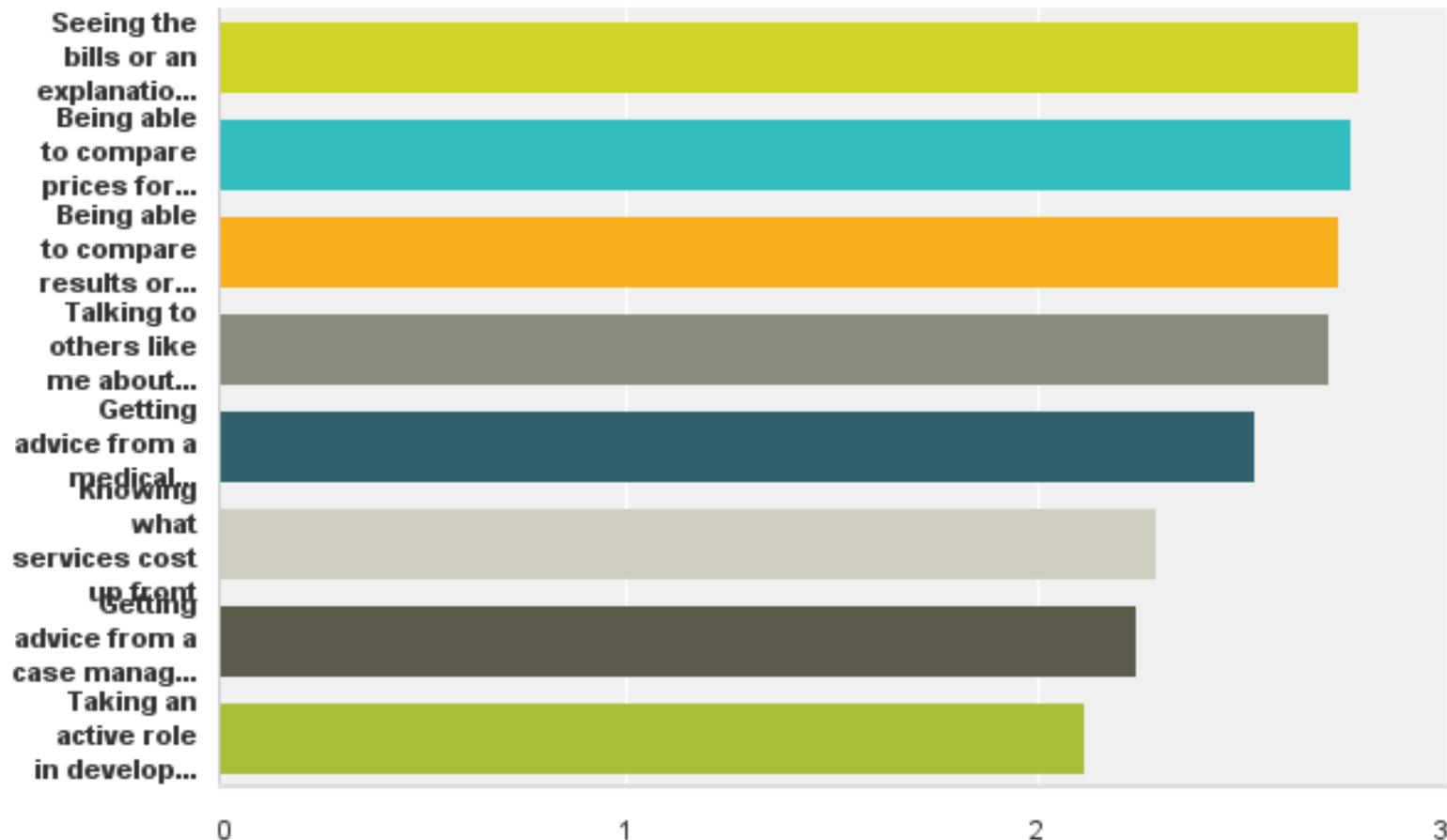
# Q27 How willing would you be to use the Medicaid funds in your annual services account as if it were your own money in order to get the best value for the dollar?

Answered: 409 Skipped: 119



# Q28 What are the top 4 things that would help you shop more effectively for the long-term-care services and supports Medicaid pays for? What would help you get the best services for the money you spend?

Answered: 387 Skipped: 141



**How willing would you or your family member be to do something to add a small reward of funds to your annual services account -- like participating in a health screening or fitness program or volunteer work -- if it were something that it was within your (their) ability to do?**

- Would – 54%
- Might – 37%
- Would not – 9%

# What Long-Term-Care services and supports should be added to the NH Medicaid program that are not available to you now?

Answered: 245 Skipped: 283

Responses (245)

Text Analysis

My Categories (0)

Cloud View

List View

Search responses



Showing 27 most important words and phrases

**ABA** Accept Medicaid Applied Behavioral Analysis **Budget Care**  
**Dental** Group Housing Health Issues Hire Housing Options  
Local **Mental Health** Mental Illness Not Available  
**Programs Providers** Residential Respite People  
**Services** Situation **Social Support** Therapy  
Think **Transportation** Treatment Young Adults

**What activities that would increase your health or quality of life (or your family member's) should be considered for rewards to add funds to your annual services account if you had one?**

Answered: 260 Skipped: 268

Responses (260)

Text Analysis

My Categories (0)

Cloud View

List View

Search responses

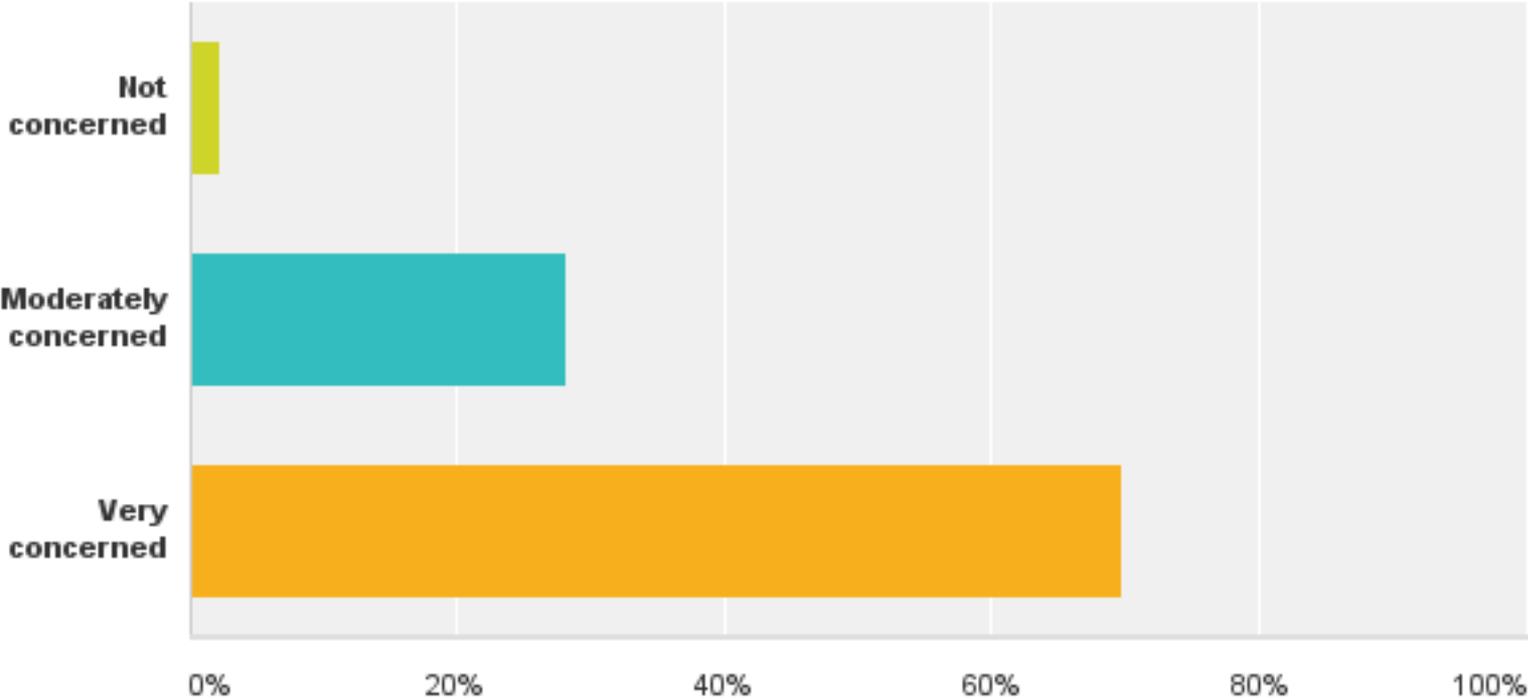


Showing 27 most important words and phrases

Access to a Gym **Activities** Area Agency **Care**  
**Community** Disability Employment **Exercise**  
**Family** Going **Gym** **Membership** Health  
**Club** Health Fitness Health Outcomes Idea Nice **Pool** **Program**  
Recreational Rewards Smoking **Support**  
**Swimming** Therapy Training **Volunteer** Weight  
Management

# Q33 How concerned are you about the State's ability to fund the Medicaid program?

Answered: 408 Skipped: 120



# Is there anything else you wished we had asked or you would like to tell us?

Answered: 162 Skipped: 366

Responses (162)

Text Analysis

My Categories (0)

Cloud View

List View

Search responses



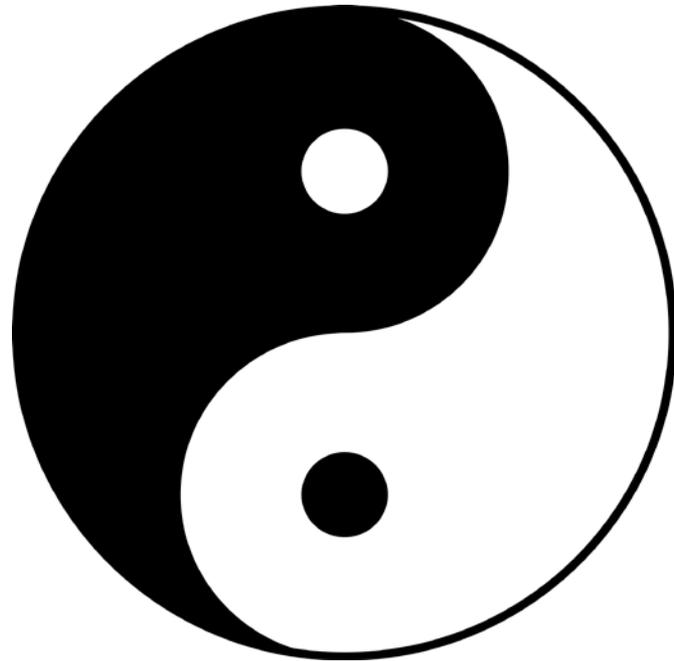
Showing 26 most important words and phrases

Advocates Area Agencies Assistance  
Benefits Care Concord Current Services Current  
System Dental Developmental Disabilities  
Family Farm For-profit Company Funding Gotten Idea  
Important Mental Health New System  
Phase Present System Questions Raise Survey  
Thank You for Taking Trust

“Thank you for taking the time to ask our opinions. Our state could be a model for the rest of the nation in terms of how to best support our citizens in need.”

“Nobody truly understands how very hard it is to care for people with severe disabilities. So when you start changing things it puts a great deal of stress on people who already have a great deal of stress.

“All people want to care for their family members the best way they can, but most of the people who want to change things and those who make the laws do not get it!!!! “



# SIM Stakeholder Meeting

## SIM Projection Model Results – DRAFT

Presented by:

John D. Meerschaert, FSA, MAAA  
Principal and Consulting Actuary

December 12, 2013



# Overview of Projection Model

- SIM projection model develops expenditure estimates based on baseline data and high level assumptions
  - Trend
  - Population shifts from nursing home to CFI waiver services
  - Net impact of other system savings initiatives
- Two system savings scenarios based on CMS savings expectations for State Demonstrations to Integrate Care for Dual Eligible Individuals (i.e., the Dual Demonstration program)
  - **The 2% System Savings Scenario** is generally consistent with CMS savings expectations for the first year of the Dual Demonstration program
  - **The 4% System Savings Scenario** is generally consistent with CMS savings expectations for the second year of the Dual Demonstration program
- Please refer to December 10, 2013 report for assumptions, methodology, and limitations

## State Health Care Innovation Model (SIM) Projection Summaries CY 2015 Expenditure Estimates by SIM Population (\$ millions)

<b>SIM Population</b>	<b>Status Quo</b>	<b>2% System Savings Scenario</b>	<b>4% System Savings Scenario</b>
CFI Waiver Enrollees	\$155.9	\$168.7	\$179.9
Nursing Home Residents	346.8	318.7	291.0
DD Waiver Enrollees	326.6	323.9	320.2
ICF-MR Residents	4.6	4.6	4.6
ABD Waiver Enrollees	27.5	27.2	26.9
IHS Waiver Enrollees	14.7	14.6	14.5
BBH Consumers	177.4	174.7	171.1
<b>Total</b>	<b>\$1,053.5</b>	<b>\$1,032.4</b>	<b>\$1,008.2</b>
<b>Total Projected Savings (\$ millions)</b>		<b>\$21.1</b>	<b>\$45.4</b>
<b>Total Projected Savings (%)</b>		<b>2.0%</b>	<b>4.3%</b>

\* Please refer to Milliman's December 10, 2013 report for a description of methodology and assumptions.

**State Health Care Innovation Model (SIM) Projection Summaries  
CY 2015 Expenditure Estimates by Broad Service Category (\$ millions)**

<b>Broad Service Category</b>	<b>Status Quo</b>	<b>2% System Savings Scenario</b>	<b>4% System Savings Scenario</b>
<b>Medicaid Expenditures</b>			
Hospital Inpatient	\$15.1	\$14.3	\$13.5
Skilled Nursing Facility & Intermediate Care Facility	221.6	206.4	191.2
Hospital Outpatient	16.4	16.3	15.8
Professional and Other State Plan Services	51.7	53.1	52.2
Prescription Drugs	33.1	32.5	31.2
Mental Health Center	83.0	83.3	83.6
State Plan Services - DCYF	7.6	7.6	7.6
State Plan Services - BDS	1.4	1.4	1.4
Waiver Services - BDS	241.0	241.0	241.0
Waiver Services - BEAS	58.0	63.9	69.8
Medicaid to School Program	26.0	26.0	26.0
<b>Total Medicaid Expenditures</b>	<b>\$754.7</b>	<b>\$745.5</b>	<b>\$733.0</b>
<b>Medicare Expenditures</b>	<b>\$287.1</b>	<b>\$275.7</b>	<b>\$264.3</b>
<b>Third Party Private Payer Expenditures</b>	<b>\$11.7</b>	<b>\$11.2</b>	<b>\$10.8</b>
<b>Total Expenditures</b>	<b>\$1,053.5</b>	<b>\$1,032.4</b>	<b>\$1,008.2</b>
<b>Total Projected Savings (\$ millions)</b>		<b>\$21.1</b>	<b>\$45.4</b>
<b>Total Projected Savings (%)</b>		<b>2.0%</b>	<b>4.3%</b>

\* Please refer to Milliman's December 10, 2013 report for a description of methodology and assumptions.

# Refined Medicare Estimates to Reflect Estimated SIM Population Acuity

Age	SIM Population	Average Dual Eligible CY 2011 NH Medicare Expenditures PMPM	Assumed Acuity Factor	Estimated CY 2011 NH Medicare Expenditures PMPM
<65	CFI Waiver Enrollees	\$1,351.48	1.332	\$1,800.44
	Nursing Home Residents	1,351.48	1.332	1,800.44
	DD Waiver Enrollees	1,351.48	1.285	1,736.48
	ICF-MR Residents	1,351.48	1.285	1,736.48
	ABD Waiver Enrollees	1,351.48	1.806	2,440.27
	IHS Waiver Enrollees	1,351.48	1.545	2,088.38
	BBH Consumers	1,351.48	1.075	1,452.99
65+	CFI Waiver Enrollees	\$912.52	2.109	\$1,924.45
	Nursing Home Residents	912.52	2.109	1,924.45
	DD Waiver Enrollees	912.52	1.804	1,646.49
	ICF-MR Residents	912.52	1.804	1,646.49
	ABD Waiver Enrollees	912.52	2.828	2,580.52
	IHS Waiver Enrollees	912.52	2.316	2,113.50
	BBH Consumers	912.52	1.537	1,402.22

# Status Quo Scenario Assumptions

- Baseline enrollment and expenditures are adjusted to reflect the status quo system in CY 2015 using the following adjustment factors:
  - 0% enrollment change
  - 3% annual Medicaid expenditure trend
  - 6% annual Medicare expenditure trend
  - 8% annual third party private payer expenditure trend

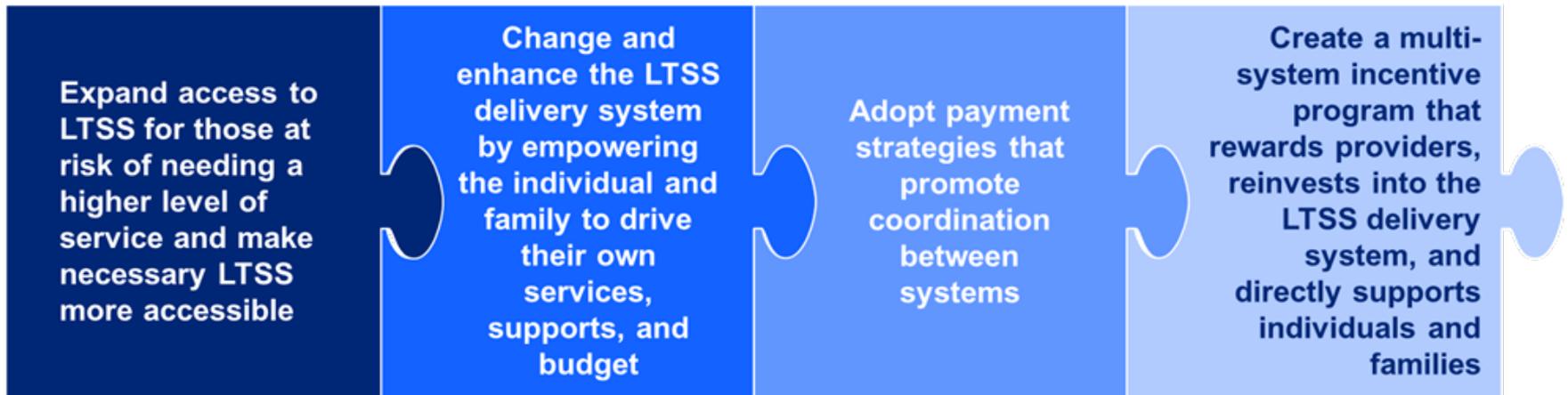
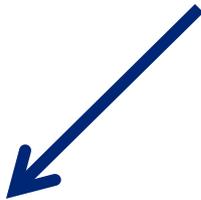
# System Savings Scenario Assumptions

## State Health Care Innovation Model (SIM) Projection Summaries System Savings Scenario Assumptions

	2% System Savings Scenario	4% System Savings Scenario
<b>Medicaid Expenditures</b>		
Hospital Inpatient	-5.0%	-10.0%
Skilled Nursing Facility & Intermediate Care Facility	0.0%	0.0%
Hospital Outpatient	-2.0%	-6.0%
Professional and Other State Plan Services	0.0%	-4.0%
Prescription Drugs	-2.0%	-6.0%
Mental Health Center	0.0%	0.0%
State Plan Services - DCYF	0.0%	0.0%
State Plan Services - BDS	0.0%	0.0%
Waiver Services - BDS	0.0%	0.0%
Waiver Services - BEAS	0.0%	0.0%
Medicaid to School Program	0.0%	0.0%
<b>Medicare Expenditures</b>	-4.0%	-8.0%
<b>Third Party Private Payer Expenditures</b>	-4.0%	-8.0%
Population Shift from NH Residents to CFI Waiver	4.0%	8.0%

# Key Changes in Updated SIM Plan

- The previously three-step strategy has been updated to include a fourth step focused on expanding access to LTSS for those at risk of needing a higher level of service and making necessary LTSS more accessible



# Key Changes in Updated SIM Plan

- Describes the alignment with Accountable Care Organization (ACO) development in the State
- Describes the alignment with the Health Home Model and current BIP-funded pilot between Gateways and Dartmouth-Hitchcock Nashua
- Summarizes the consumer focus groups and online survey findings
- Describes our principles for equalizing available LTSS services:
  - To maintain flexibility to cost-effectively meet the individual's needs, with the long term goal of creating access to the most comprehensive set of approved services across all populations
- Describes an approach to working with public health on three required measures prescribed by CMS and CDC:
  1. Tobacco use
  2. Obesity
  3. Diabetes

# Key Changes in Updated SIM Plan

- Describes principles to identify individuals who would benefit most from a Team Coordinator:
  1. Meets the needs of individuals whose needs are multi-systemic and require enhanced cross-coordination of care
  2. Meets the needs of individuals who are transitional in nature, e.g. new to the system, and therefore may be uninformed and/or unsure of all options for obtaining LTSS
  3. Meets the needs of individuals who are transactional in nature and who require this function for a specific purpose only, e.g. initial, temporary coaching on how to manage an LTSS budget
- Describes principles to price the Team Coordinator function:
  1. The Team Coordinator function is an additional cost, and is not to take away funding for other care coordination/case management activities
  2. The payment structure must take into consideration the fragility of the LTSS system
  3. Reimbursement must be self-sustaining and be related to the time, effort, and level of service being provided
  4. Payment must be predictable, dependable, and administratively simple

# Key Changes in Updated SIM Plan

- Describes principles for developing a pricing model for LTSS to be used in LTSS Budget creation:
  1. Maintains and/or enhances the stability within the existing system
  2. Reflects a standardized budget methodology across all populations
  3. Takes into account circumstances of the individual and allows for individualization
- Confirms the following model for LTSS Budget approval:



- Describes the new decision to offer an incentive program to both individuals who opt into a consumer-directed budget and individuals who do not and instead use a list of payor-authorized/approved services

# Key Changes in Updated SIM Plan

- Provides a list of potential clinical health and social health concepts that could be used for the incentive program:
  - Completion of public health and/or prevention programs, e.g. smoking cessation
  - Completion of nutritional programs
  - Utilization of wellness and/or exercise-based programs
  - Medication adherence
  - Volunteerism
  - Participation in day programs
  - Employment seeking efforts and/or entrepreneurship
  - Community-based, socialization activities
  - Continuing education programs
  - Life skills and/or organization training
  - Completing a safety evaluation and/or environment assessment
- Describes a principle that was developed to address the need for “credentialing” of non-traditional services:
  - The MCO must ensure that an individual can use their LTSS Reimbursement Account to fund the non-traditional services of their choice, while providing the opportunity for the MCO, or agency in which the MCO delegates authority, to find an appropriate source of that services

# Key Changes in Updated SIM Plan

- Includes an updated HIT/IT section that outlines our HIT/IT priorities in SIM and potential database approach to address them:
  1. Receive and transmit Life Plan
  2. Receive and transmit activity and updates
  3. Receive and transmit LTSS budgets
  4. Provide consumer access via a web portal



# Key Changes in Updated SIM Plan

- Removed certification program and subsequent enhanced reimbursement model for certified LTSS providers
- Includes an updated set of six performance measures to be used in the provider reinvestment fund within the Global Triple Aim Incentive Pool:
  - Two clinical health measures from The Healthcare Effectiveness Data and Information Set (HEDIS)
  - Two consumer satisfaction measures from the Consumer Assessment of Healthcare Providers and Systems (CAHPS)
  - Two measures from the set of National Core Indicators (NCI)
- Further emphasizes the multi-payor strategies, including our plan to pursue a CMS Dual Eligible Financial Alignment Demonstration Project and engage the VA
- Includes a further developed overall measurement and program evaluation plan that includes a set of CMS-recommended areas for outcomes monitoring



## **Next Steps**