

# *Office of Medicaid Services*

## *Agency 47 – Activity 4700*

Senate Finance  
May 1, 2017  
Deborah Fournier



# Agenda

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- ▶ **Overview of Office of Medicaid Services**
- ▶ **Key Populations Served and Key Services Provided**
- ▶ **Medicaid Managed Care**
- ▶ **NH Health Protection Program**
- ▶ **Building Capacity for Transformation DSRIP Waiver**



# Overview – Office of Medicaid Services

- ▶ Publicly funded health insurance program for low-income people.
- ▶ New Hampshire Medicaid serves roughly 187,000 residents of the state as of March 31, 2017.
- ▶ Offering a Medicaid program is elective for states. All fifty states currently elect to offer a Medicaid program.
- ▶ Participating states must cover select groups of people and cover select groups of services that are known as **mandatory**.
- ▶ Participating states can elect coverage for additional services and populations that are known as **optional**.
- ▶ In return, the federal government pays a fixed percentage of the cost, known as FMAP. In New Hampshire it is always at least 50 percent of cost.



# Key Populations Served in Medicaid Managed Care

- ▶ **Children - approximately 90,000**
- ▶ **Pregnant women – approximately 2,100**
- ▶ **People living with Disabilities – approximately 20,000**
- ▶ **Senior Citizens – 8,600**
- ▶ **Low-income adults – approximately 11,300**



# Key Medicaid Services

## Mandatory Services:

Inpatient Hospital Services	Outpatient Hospital Services	Family Planning Services
Rural Health Clinic Services	Physicians Services	X-Ray Services
Intermediate Care Facility Nursing Home	Dental Service (Children)	Laboratory (Pathology)
Home Health Services	I/P Hospital Swing Beds, SNF	Advanced RN Practitioner
Skilled Nursing Facility Nursing Home	I/P Hospital Swing Beds, ICF	

Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Services for Persons < Age 21

## Optional Services: Children \$156.8M / Adults \$417.1M Total Funds

Prescribed Drugs	Optometric Services Eyeglasses	Adult Medical Day Care
Mental Health Center Services	Wheelchair Van Services	Day Habilitation Center
Ambulance Services	Crisis Intervention Services	Physical Therapy
Podiatrist Services	Psychology Services	Audiology Services
Private Duty Nursing	Speech Therapy	Occupational Therapy
Home Based Therapy	Hospice	Personal Care Services
Outpatient Hospital, Mental Health	Inpatient Psychiatric Facility Services Under Age 22	
Durable medical equipment and supplies	Nursing Facilities Services for Children w/Severe disabilities	

## Home & Community Based Care Waivers:

Acquired Brain Disorder	Developmentally Disabled
Choices for Independence	In Home Supports



# Medicaid Optional Service Costs

	Child	Adult	Total
HCBS	\$20,154,000	\$289,886,000	\$310,040,000
Prescription Drugs	\$53,242,000	\$68,501,000	\$121,743,000
CMHC	\$37,873,000	\$39,978,400	\$77,851,400
Dental	\$23,780,000	\$1,443,000	\$25,223,000
Adult Day Care	\$0	\$1,185,000	\$1,185,000
PT/OT/ST	\$6,233,000	\$2,527,000	\$8,760,000
IP Psychiatric	\$8,516,000	N/A	\$8,516,000
Preventive Medicine	\$5,842,000	\$1,569,000	\$7,411,000
Personal Care	\$82,000	\$6,959,000	\$7,041,000
Opioid Treatment	\$26,000	\$3,790,000	\$3,816,000
Prosthetics	\$949,000	\$806,000	\$1,755,000
IP Drug and Alcohol Abuse	\$32,000	\$304,000	\$336,000
Eyeglasses	\$153,000	\$134,000	\$287,000
<b>TOTAL</b>	<b>\$156,882,000</b>	<b>\$417,082,400</b>	<b>\$573,964,400</b>



# Medicaid's Mandatory Eligibility Groups

Mandatory Eligibility Group	Income as a Percentage of Poverty	Annual Income Expressed in 2017 Dollars
Parent/caretaker	\$670/month; less than 100% FPL	\$8,080
Infants and Children	133% FPL	\$16,040
Pregnant women	133% FPL	\$21,599 (household of 2)
Low-income elders	75% FPL	\$9,045
Qualified Working Disabled	200% FPL	\$24,120
Extended Medicaid/1619 protection/Refugees	Varies	
Foster children	Varies	
Low-income Medicare beneficiary	100% FPL-135%FPL	\$12,060-\$16,281



# Medicaid's Optional Eligibility Groups

Mandatory Eligibility Group	Income as a Percentage of Poverty	Annual income Expressed in 2017 Dollars
Low-income children	134-318% FPL	\$16,041-\$38,350
Pregnant women	134-196% FPL	\$31,830 (household of 2)
Medically Needy	\$591/month - less than 100% FPL	\$7,092
Katie Beckett Children	300% of SSI	\$26,460
Medicaid Employed Adults with Disabilities	450% FPL	\$54,270
Breast and Cervical Cancer	250% FPL	\$30,150
Family Planning Only	196% FPL	\$23,637
NHHPP – expansion adults	138% FPL	\$16,642





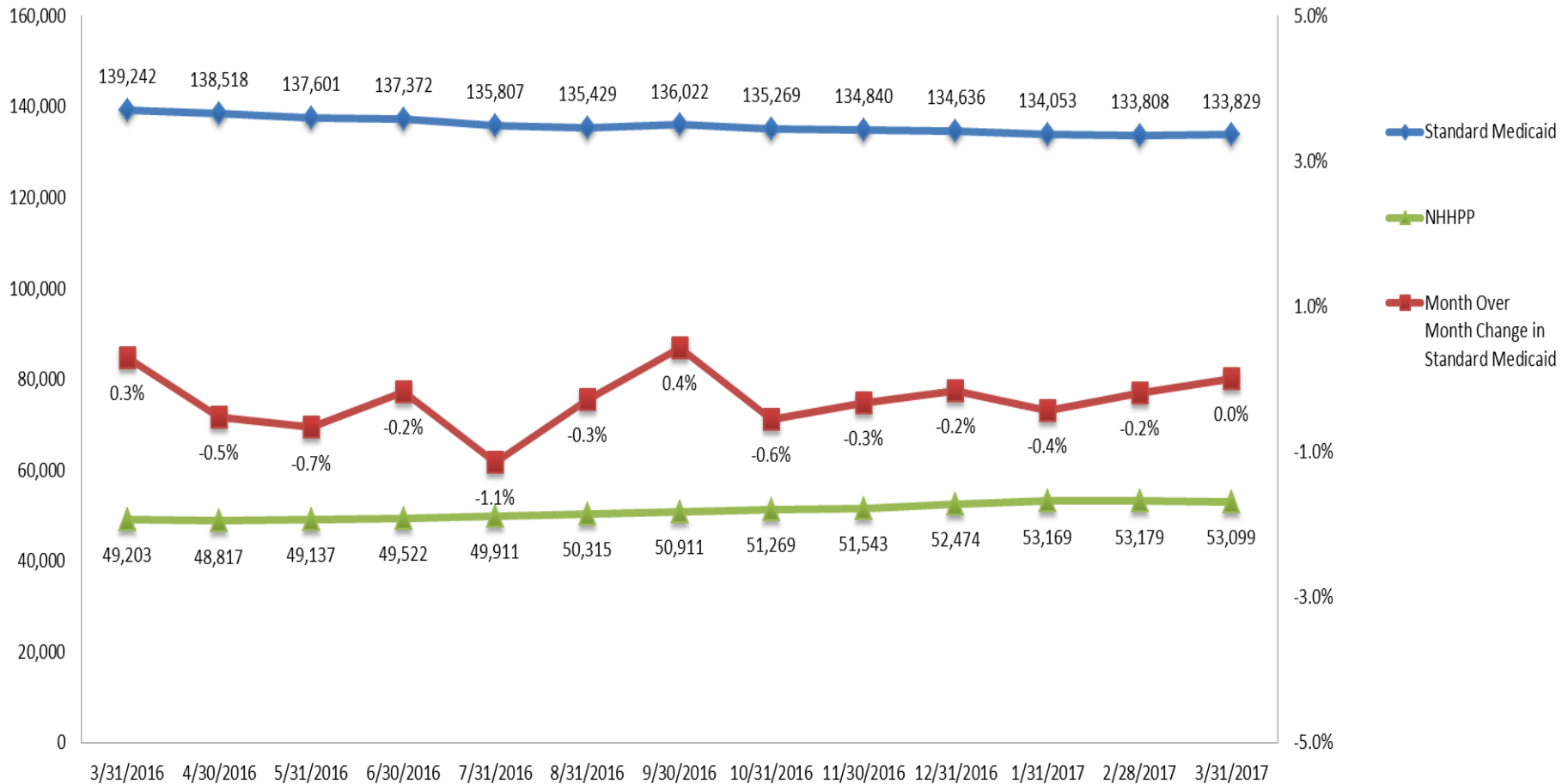
# Medicaid Caseload Report

New Hampshire Medicaid Point in Time Enrollment at End of Month, 9/2013 - 3/2017															
Eligibility Group	3/31/16	4/30/16	5/31/16	6/30/16	7/31/16	8/31/16	9/30/16	10/31/16	11/30/16	12/31/16	1/31/17	2/28/17	3/31/17	Current Month vs. 06/30/16	
1a. Low-Income Children - Non-CHIP (Age 0-18)	77,624	77,056	76,756	76,771	76,154	76,076	76,425	76,010	75,647	75,408	75,125	74,910	74,977	-2.3%	-1,794
1b. Low-Income Children - CHIP (Age 0-18)	13,652	13,778	13,788	13,713	13,626	13,618	13,821	13,920	14,159	14,351	14,306	14,350	14,199	3.5%	486
2. Children With Severe Disabilities (Age 0-18)	1,570	1,574	1,579	1,576	1,558	1,559	1,551	1,532	1,523	1,519	1,512	1,509	1,497	-5.0%	-79
3. Foster Care & Adoption Subsidy (Age 0-25)	2,215	2,216	2,231	2,204	2,182	2,174	2,191	2,206	2,213	2,218	2,266	2,283	2,299	4.3%	95
4. Low-Income Non-Disabled Adults (Age 19-64)	13,566	13,511	13,142	13,113	12,505	12,162	12,252	11,863	11,618	11,615	11,322	11,339	11,183	-14.7%	-1,930
5. Low-Income Pregnant Women (Age 19+)	2,284	2,280	2,225	2,173	2,157	2,162	2,124	2,120	2,101	2,064	2,142	2,117	2,169	-0.2%	-4
6. Adults With Disabilities (Age 19-64)	19,388	19,225	19,019	18,997	18,813	18,834	18,816	18,736	18,750	18,651	18,599	18,515	18,624	-2.0%	-373
7. Elderly & Elderly With Disabilities (Age 65+)	8,795	8,736	8,714	8,681	8,661	8,694	8,693	8,728	8,679	8,662	8,632	8,633	8,732	0.6%	51
8. BCCP (Age 19-64)	148	142	147	144	151	150	149	154	150	148	149	152	149	3.5%	5
<b>Standard Medicaid</b>	<b>139,242</b>	<b>138,518</b>	<b>137,601</b>	<b>137,372</b>	<b>135,807</b>	<b>135,429</b>	<b>136,022</b>	<b>135,269</b>	<b>134,840</b>	<b>134,636</b>	<b>134,053</b>	<b>133,808</b>	<b>133,829</b>	<b>-2.6%</b>	<b>-3,543</b>
Month Over Month Change in Standard Medicaid	0.3%	-0.5%	-0.7%	-0.2%	-1.1%	-0.3%	0.4%	-0.6%	-0.3%	-0.2%	-0.4%	-0.2%	0.0%		
<b>NHHPP</b>	<b>49,203</b>	<b>48,817</b>	<b>49,137</b>	<b>49,522</b>	<b>49,911</b>	<b>50,315</b>	<b>50,911</b>	<b>51,269</b>	<b>51,543</b>	<b>52,474</b>	<b>53,169</b>	<b>53,179</b>	<b>53,099</b>	<b>7.2%</b>	<b>3,577</b>
Month Over Month Change for NHHPP	0.1%	-0.8%	0.7%	0.8%	0.8%	0.8%	1.2%	0.7%	0.5%	1.8%	1.3%	0.0%	-0.2%		
<b>Grand Total Full Medicaid</b>	<b>188,445</b>	<b>187,335</b>	<b>186,738</b>	<b>186,894</b>	<b>185,718</b>	<b>185,744</b>	<b>186,933</b>	<b>186,538</b>	<b>186,383</b>	<b>187,110</b>	<b>187,222</b>	<b>186,987</b>	<b>186,928</b>	<b>0.0%</b>	<b>34</b>

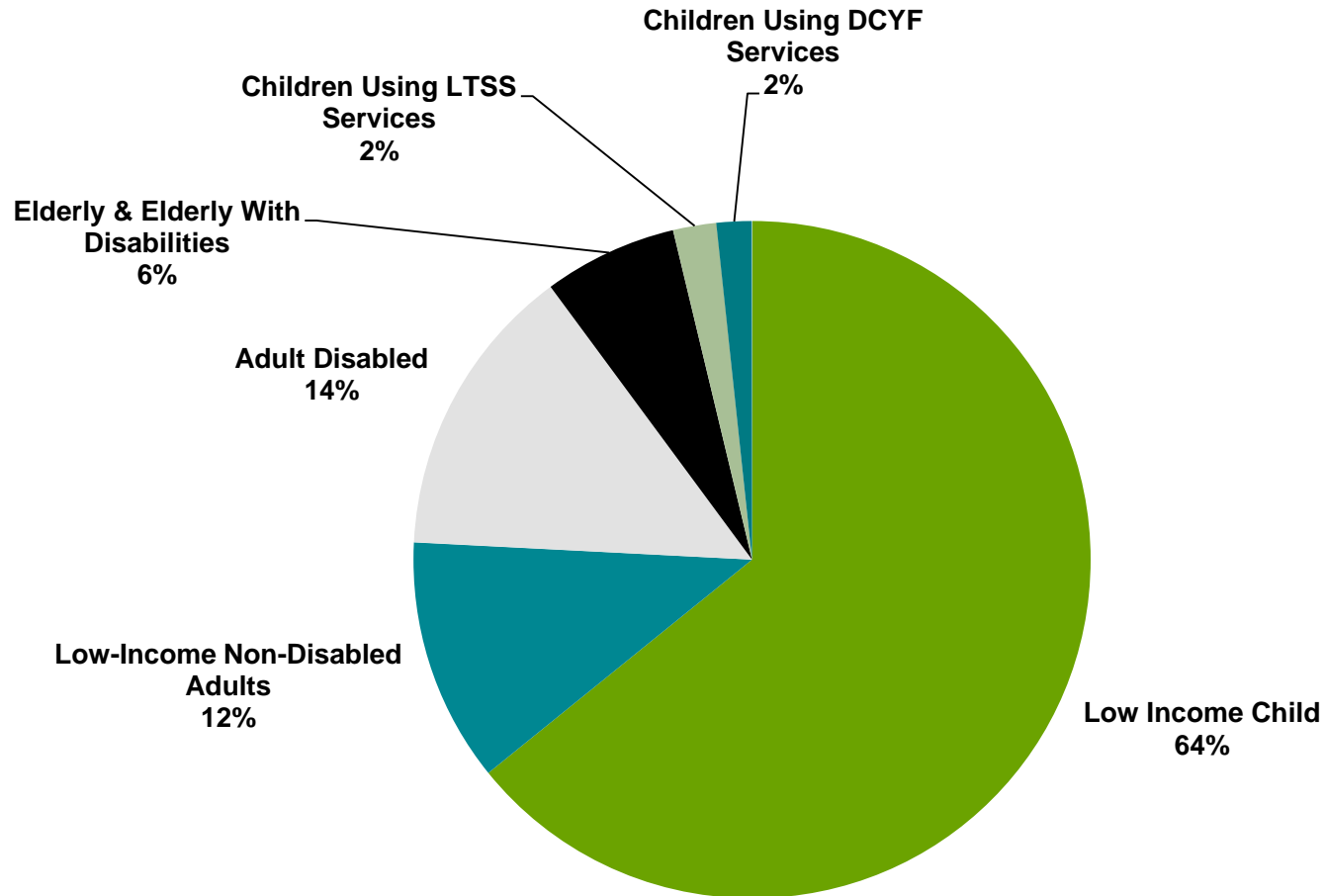
Note: Excludes refugees and those who only have Medicare savings plan coverage.



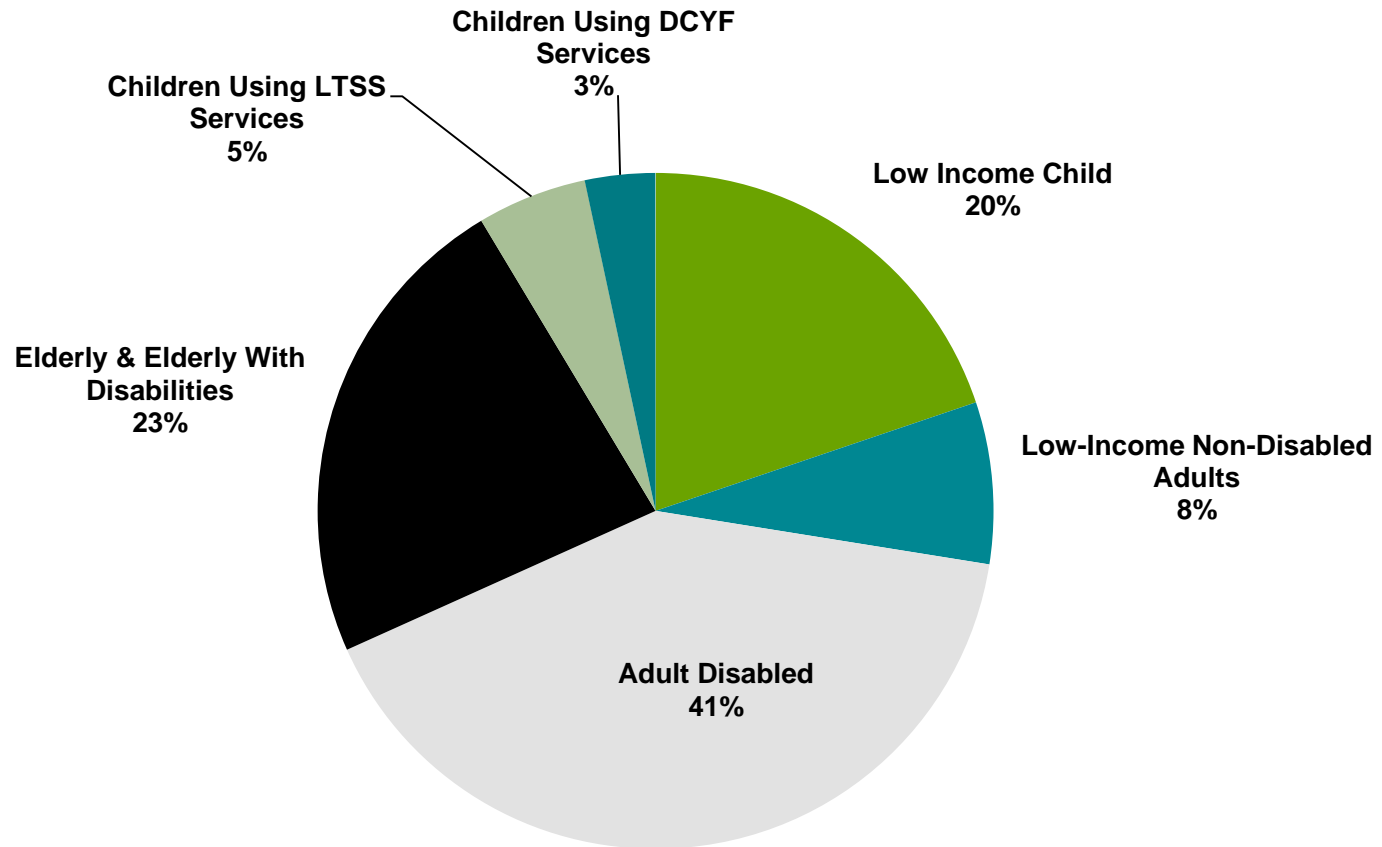
# Medicaid Caseload Report



# Children make up most of the Medicaid participants in Medicaid Managed Care

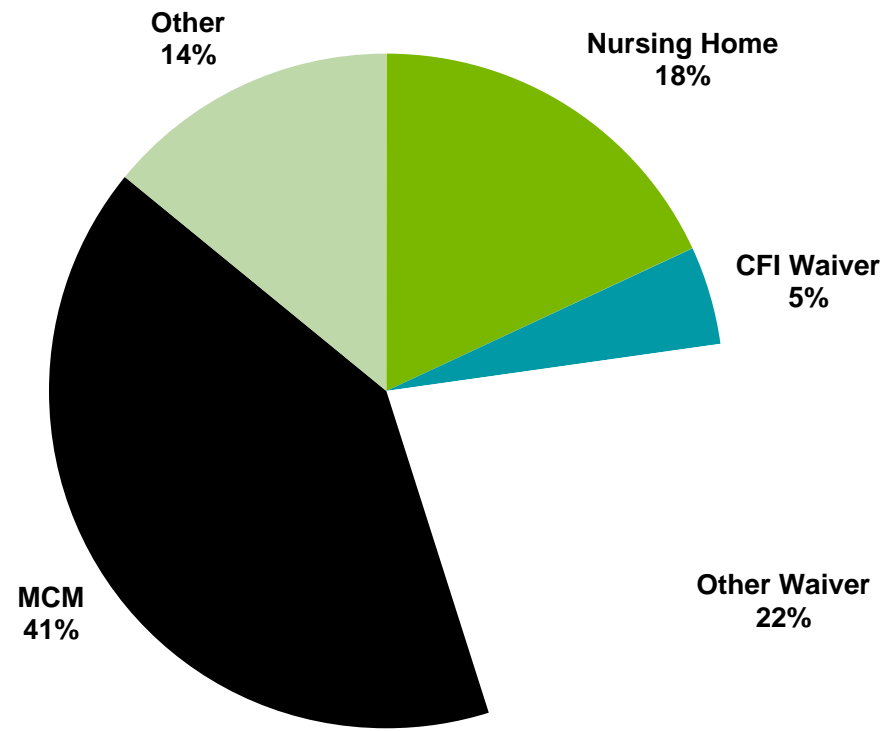


# But costs are concentrated among the elderly, disabled





# In other words, long-term care services are slight majority of service costs in Medicaid



# Medicaid Delivery Systems

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**Medicaid has three delivery systems:**

- ▶ **Medicaid Managed Care**
- ▶ **Premium Assistance and NHHPP (Trust Fund)**
- ▶ **Fee-for-Service**





# Medicaid Managed Care

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## **New Hampshire has a full-risk, capitated style of managed care**

- ▶ 2 Managed Care Organizations (MCOS) WellSense and NH Healthy Families
- ▶ The state pays a per-member, per month rate to the vendors for each participant
- ▶ Approximately 134,000 Medicaid members receive short-term medical services through these two vendors
- ▶ Only short-term medical services are delivered through this system.



## Capitated rates must be actuarially sound

- ▶ Draft composite rate for SFY 2018 - based on two years of data - is \$354.94 an adjustment of 1.64% over SFY 2017.
- ▶ Composite rate assumes reductions from managed care efficiencies and lower margin going to health plans.
- ▶ Factors that could still impact the PMPM: HB 400 and operationalizing the exception to the IMD exclusion.
- ▶ Since its inception, the MMC program has averaged a 3.8% annual rate increase, after removing the various program changes.





# Summary of Draft MCM Rate Change Components

**Table 2**  
**New Hampshire Department of Health and Human Services**  
**Medicaid Care Management Program Capitation Rates**  
**Summary of Draft SFY 2018 Capitation Rate Change Components**

<b>Rate Component</b>	<b>Rate Change</b>	<b>Annualized Dollar Impact</b>
Impact of new managed care initiatives	-0.90%	(\$4,751,000)
Reduction of margin allowance from 2.0% to 1.5% of MCO revenue	-0.61%	(3,234,000)
Rate change for trend and other assumptions	2.67%	14,152,000
<b>Rate change prior to program changes</b>	<b>1.16%</b>	<b>\$6,167,000</b>
SFY 2018 program changes:		
Increase in funding for mental health services under the CMHA	1.19%	\$6,293,000
Removal of mental health formulary restriction under HB 1680	-0.76%	(4,042,000)
Implementation of gender dysphoria benefit	0.05%	278,000
<b>Rate change due to SFY 2018 program changes</b>	<b>0.48%</b>	<b>\$2,529,000</b>
<b>Total SFY 2017 - SFY 2018 rate change</b>	<b>1.64%</b>	<b>\$8,696,000</b>



# Summary of Draft MCM Rate Change

**Table 1**  
**New Hampshire Department of Health and Human Services**  
**Draft SFY 2018 Capitation Rate Change**  
**Based on Projected SFY 2018 MCO Enrollment by Rate Cell**

<b>Population</b>	<b>SFY 2017 Capitation Rate</b>	<b>Draft SFY 2018 Capitation Rate</b>	<b>Percentage Change</b>
Base Population Rate Cells	\$250.72	\$252.59	0.74%
NF Resident and Waiver Population Rate Cells	547.71	574.06	4.81%
Behavioral Health Population Rate Cells	1,205.80	1,229.51	1.97%
<b>Grand Total</b>	<b>\$349.20</b>	<b>\$354.94</b>	<b>1.64%</b>



# Premium Assistance & NHHPP – private public partnership

- ▶ Medicaid funds are used to purchase commercial insurance policies known as Qualified Health Plans (QHPs) certified for sale on the individual market.
- ▶ The commercial carriers in 2017 are Anthem, Harvard Pilgrim, Minuteman and Ambetter.
- ▶ Approximately 42,000 participants receive short-term medical services through these four carriers. The state, through fee-for-service, covers Medicaid required benefits not offered by the commercial plans, known as wrap benefits, such as limited dental and vision and transportation services.
- ▶ Another 6,000 members are medically frail and are excluded from the Premium Assistance Demonstration. They are served through the Medicaid managed care system. 3,000 more are in fee-for-service while they select.



# NHHPP - April 21, 2017 Enrollment

<b>Health Plan Enrollment: February 2017</b>	
<b>QHP Enrollment</b>	
● Ambetter	17,302
● Anthem	10,350
● Harvard Pilgrim	11,732
● Minuteman Health	3,453
<b>MCO Enrollment</b>	
● Well Sense	3,883
● NHHF	2,800
<b>Health Insurance Premium Program HIPP</b>	130
<b>Fee For Service</b>	2,455
<b>Total</b>	<b>52,105</b>



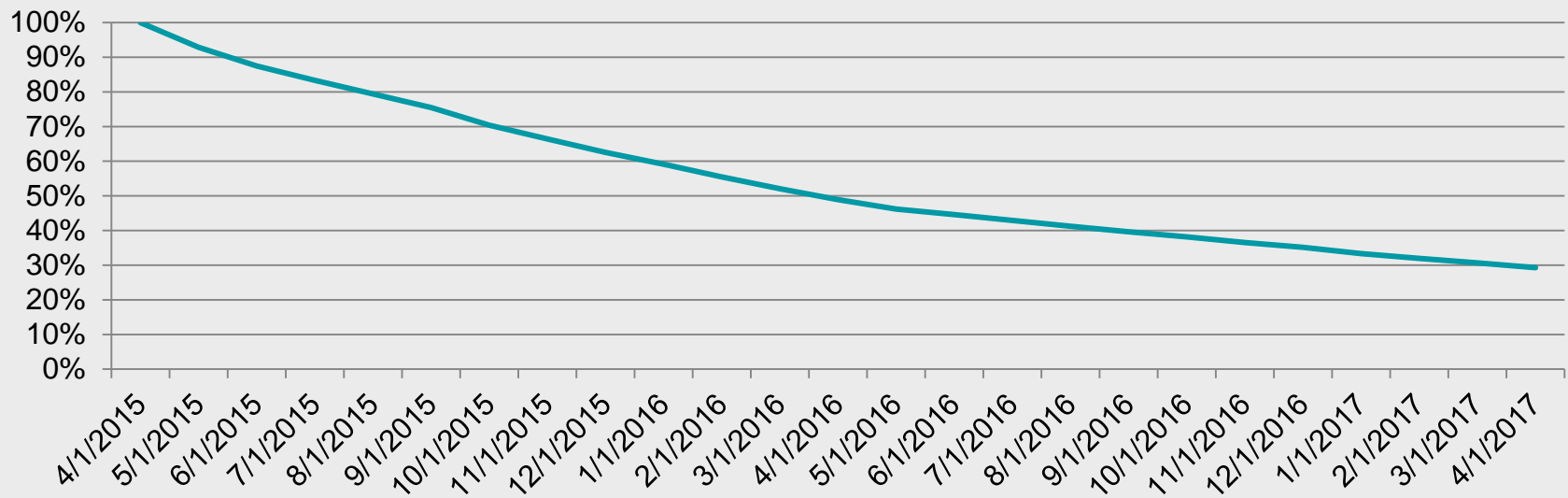
# NHHPP - Length of Enrollment

Examined Most Recent 24 month period

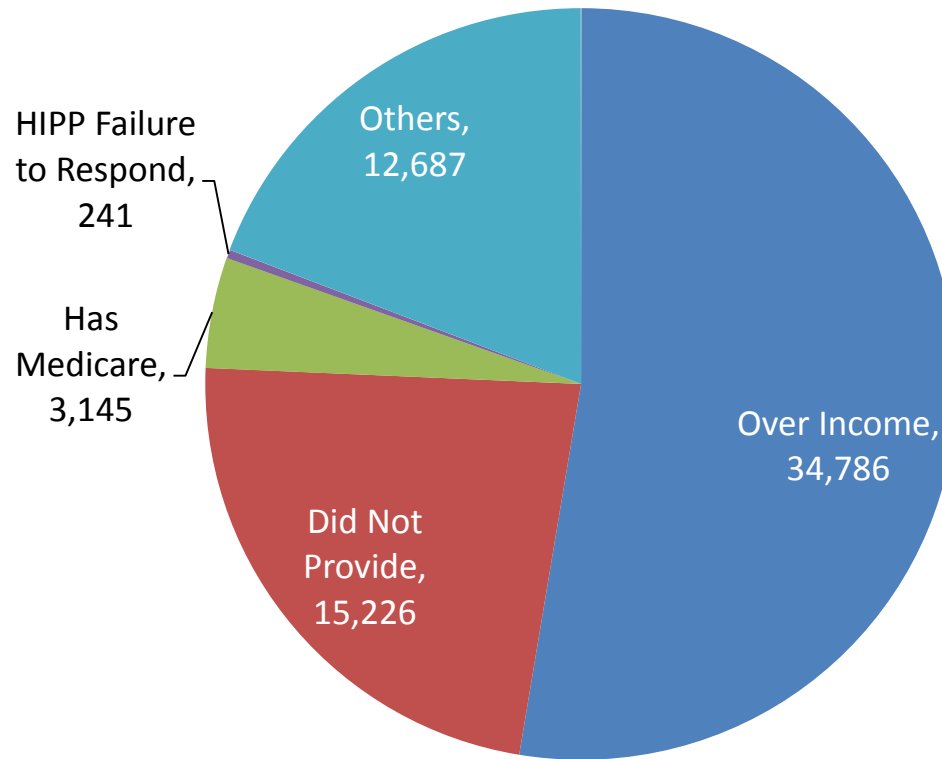
38,625 enrollees as of 4/1/15

29% (11,315) were covered by NHHPP for all 24 months

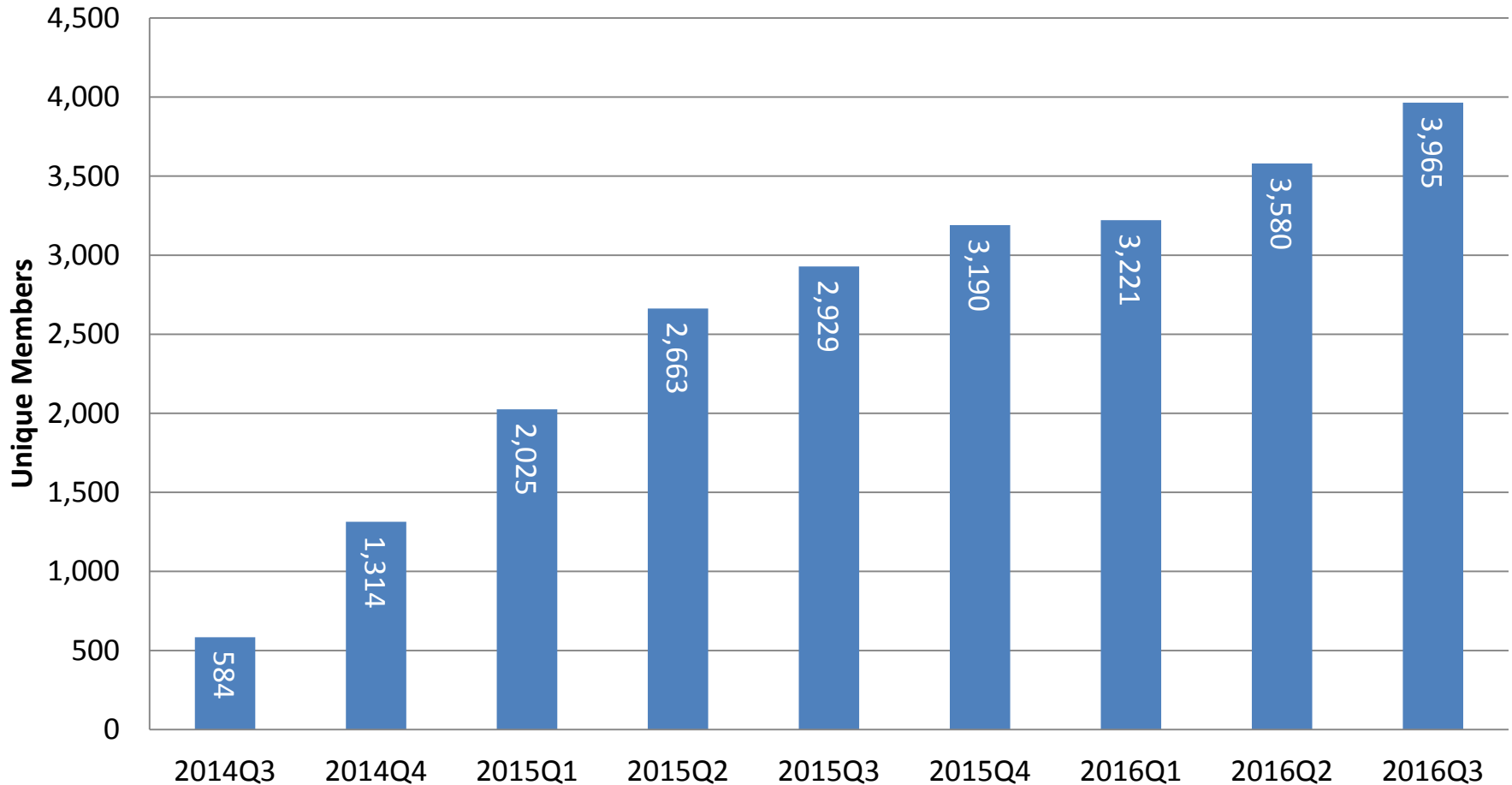
**NHHPP Enrollees as of 4/1/15 Continuously Enrolled to 4/1/17**



# Income being too High is Top Documented Reason Clients Disenrolled from NHHPP in November, 2016



# Unique NHHPP Members Using Any SUD Service



Data as of January 2017;  
Data subject to change



# NHHPP Month-Over-Month Enrollment Change in 2017

## January to April 2017 Average:

- Lost NHHPP Coverage: 6.7% per month  
(3,600 average January - March 2017)
  - Average of 440 (12%) of those left NHHPP to other Medicaid coverage category
  
- Gained NHHPP Coverage: 6.9% per month  
(3,700 average January - March 2017)
  - Average of 670 (18%) of those came from other Medicaid coverage category to NHHPP



# NHHPP – Trust Fund

05 95 47 470010 30990000 NHHPP Trust Fund					
	SFY15	SFY16	SFY17	SFY18	SFY19 6 mos
Expense	\$202.5	\$406.0	\$457.8	\$525.2	\$284.1
Caseload	41,657	49,522	52,306	55,578	56,078
Federal Funds	\$202.5	\$406.0	\$445.7	\$496.3	\$267.0
Non-federal Funds	\$0	\$0	\$12.3	\$28.9	\$17.1
	CY15	CY16	CY17	CY18	
Federal Match	100%	100%	95%	94%	



# New Hampshire Medicaid Has Seven Medicaid Waivers

- ▶ **1 waiver provides legal authority to mandate enrollment for managed care waiver under the 1915(b) authority**
  - ▶ Two-year (or five-year, if serving dual eligibles), renewable waiver authority for mandatory enrollment in managed care on a statewide basis or in limited geographic areas.
- ▶ **4 waivers are Home and Community Based Care waivers under the 1915(c) authority**
  - ▶ Renewable waiver authority that allows states to provide long-term care services delivered in community settings as an alternative to institutional settings. The state must select the specific target population and/or sub-population the waiver will serve.

Developmentally Disabled Waiver

In-Home Supports Waiver,

Acquired Brain Disorder Waiver

Choices for Independence Waiver



- ▶ **2 waivers are Research and Demonstration waivers under the Section 1115(a) authority**
  - ▶ Broad waiver authority at the discretion of the Secretary to approve projects that test policy innovations likely to further the objectives of the Medicaid program. Permits states to provide the demonstration population(s) with different health benefits, or have different service limitations than are specified in the state plan. Granted for up to 5 years, and then must be renewed.
  - ▶ **Premium Assistance Demonstration Waiver**
  - ▶ **Building Capacity for Transformation DSRIP Waiver**

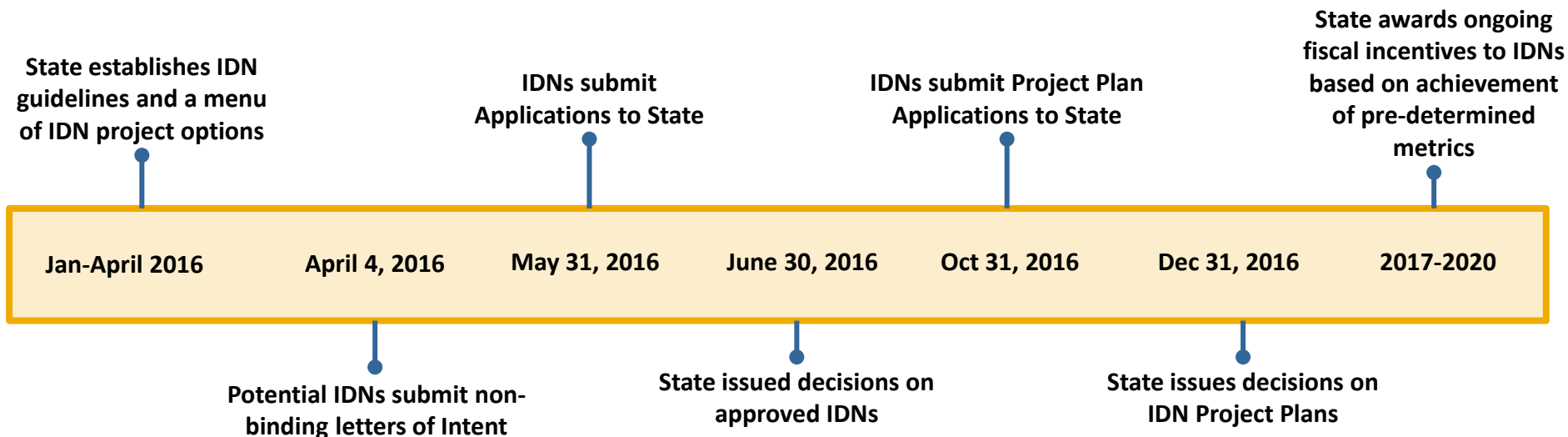


# Implementation of Integrated Delivery Networks



- IDN applications were due May 31, 2016
- Detailed DSRIP project plans were due by October 31, 2016
- Distribution of project funds was targeted for December 31, 2016

## Implementation Timeline



# DSRIP Progress To Date - 2016

## DSRIP Implementation Has Required Months of Ongoing Preparation

<b>January 5:</b>	<b>Waiver Approval Issued</b>
<b>March 1:</b>	<b>NH Submits Draft Protocols to CMS</b>
<b>April 4:</b>	<b>14 Letters of Interest Received</b>
<b>May 31:</b>	<b>IDN Applications Submitted to the State</b>
<b>June 30:</b>	<b>7 IDN Applications Approved by DHHS</b>
<b>July 20:</b>	<b>CMS issues Approval of Last Protocol</b>
<b>August 24:</b>	<b>G&amp;C Approves 7 contracts between DHHS and IDNs to permit disbursement of capacity building funds</b>
<b>Sept. 20:</b>	<b>Initial \$19.5M DSRIP funds are received by IDNs</b>
<b>October 31:</b>	<b>Project Plans Submitted to DHHS</b>
<b>December 21:</b>	<b>Project Plans Approved</b>



## DSRIP Implementation Has Required Months of Ongoing Preparation

**January 18:**

**Project Plan Funds Awarded**

**January to March:**

**Workforce Taskforces**

- Taskforce has been developing statewide workforce capacity strategic plan. This includes identification of policy, education and licensing strategies that will enhance the workforce capacity pipeline.
- Each IDN is also building their local staffing plan to meet IDN goals and objectives.

**HIT Taskforce Continues Work**

- Taskforce has been working on identifying minimal, desired, and optional HIT/HIE standards for all IDN partners. Partners convene for weekly statewide calls and monthly face to face meetings.
- The group has come to consensus on recommendations for the statewide standards which will become the foundation for shared care plans and secure message exchange.
- Features include real time information such as ED or hospital visits.
- Each IDN is building their local IDN specific HIT/HIE implementation plan customized to the current level of readiness for each IDN partner.



## DSRIP Implementation Has Required Months of Ongoing Preparation

### January to March:

#### Implementation Plans for All 6 Projects

- IDNs have been developing their 6 implementation plans for their projects.
- Budgets, staffing, goals/objectives, outcome measures, timelines, and identification of necessary protocols for each project will be included.

#### Outcomes measures

- All IDNs have been meeting w DHHS to finalize and understand documentation and reporting protocols for required outcome measures. T
- The group is in agreement that pursuing a shared data and reporting system would be transformative and sustainable in a changing environment while positioning the IDN 's towards APMs.

#### Network growth and management

- IDNs have met and assessed their local partners and beyond (non partners with whom they still interface) for opportunities in collaboration.
- IDNs have engaged supportive housing providers, Public Health Networks, managed care organizations and many more.
- IDNs are looking at data that identifies high utilization and high cost patients to inform their ability to make meaningful impacts on people's lives, which reduce overall cost while increasing quality and outcomes.
- Network partners have completed HIT gaps analysis and assessment of Core Standardized Assessment domains.



# IDN Expenses to Date

New Hampshire IDNs are laying the critical ground work to implement integrated care beginning in earnest in July of 2017.

## Year End December 2016

### IDN reported Expenses:

- Staffing and operations costs for project planning, data analysis,
- Computers, phones, travel, paper, etc.
- Budgets must be approved before spending; very much still in planning stages

## January to June 2017

### IDN Expected Expenses:

- Direct care staff, recruitment and retention;
- Training on integration;
- Consultation for business practices, IT, data solutions to operationalize integration

## July to December 2017

### Continued operations





# IDN Regions and Projects

New Hampshire IDNs are laying the critical ground work to implement integrated care beginning in earnest in July of 2017.

## Region 1

**Administrative Lead  
&  
Community  
Projects:**

- *Mary Hitchcock Memorial Hospital (Fiscal Agent) & Cheshire Medical Center*
- C1 – Care Transition Teams*  
*D3 – Expansion in Intensive SUD Treatment Options*  
*E5 – Enhanced Care Coordination for High Need Population*

## Region 2

**Administrative Lead  
&  
Community  
Projects:**

- *Capital Region Health Care (CRHC) Comprised of Concord Hospital, Riverbend and the Concord Regional Visiting Nurse Association (VNA)*
- C2 – Community Re-entry Program for Justice-Involved Adults and Youth*  
*D1 – Medication Assisted Treatment of Substance Use Disorders*  
*E5 – Enhanced Care Coordination for High Need Population*

## Region 3

**Administrative Lead  
&  
Community  
Projects:**

- *Southern New Hampshire Health (SNHH)*
- C1 – Care Transition Teams*  
*D3 – Expansion in Intensive SUD Treatment Options*  
*E4 – Integrated Treatment for Co-Occurring Disorders*



# IDN Regions and Projects

New Hampshire IDNs are laying the critical ground work to implement integrated care beginning in earnest in July of 2017.

## Region 4

**Administrative Lead  
&  
Community  
Projects:**

- *Catholic Medical Center*
- C1 – Care Transition Teams*  
*D3 – Expansion in Intensive SUD Treatment Options*  
*E4 – Integrated Treatment for Co-Occurring Disorders*

## Region 5

**Administrative Lead  
&  
Community  
Projects:**

- *Partnership for Public Health on behalf of Community Health Services Network (CHSN)*
- C2 – Community Re-entry Program for Justice-involved Adults and Youth*  
*D3 – Expansion in Intensive SUD Treatment Options*  
*E5 – Enhanced Care Coordination for High Need Population*

## Region 6

**Administrative Lead  
&  
Community  
Projects:**

- *Strafford County*
- C1 – Care Transition Teams*  
*D3 – Expansion in Intensive SUD Treatment Options*  
*E5 – Enhanced Care Coordination for High Need Population*



# IDN Regions and Projects

New Hampshire IDNs are laying the critical ground work necessary to implement integrated care and community projects

## Region 7

**Administrative Lead  
&  
Community  
Projects:**

- *North Country Health Consortium*
  - C1 – Care Transition Teams*
  - D3 – Expansion in Intensive SUD Treatment Options*
  - E5 – Enhanced Care Coordination for High Need Population*



# Project Outcome Measures for DSRIP

Metric #	Measure
1	Readmission to Hospital for Any Cause (Excluding Maternity, Cancer, Rehab) at 30 days for Adult 18+ BH Population
2a	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - within 30 days
2b	Follow-Up After Emergency Department Visit for Mental Illness - within 30 days
3a	Follow-up after hospitalization for Mental Illness – within 30 days



# Project Outcome Measures for DSRIP

Metric #	Measure
3b	Follow-up after hospitalization for Mental Illness – within 7 days
4	Timely Electronic Transmission of Transition Record (Discharges From an Inpatient Facility in IDN (including rehab and SNF) to Home/Self Care or Any Other Site of Care)
5	Global Score for Mini-CAHPS Satisfaction Survey at IDN Level for kids and adults
7a	Global score for selected general HEDIS physical health measures, adapted for BH population
7b	Global score for selected BH-focused HEDIS measures
8	Percent of BH Population With All Recommended USPSTF A&B Services
9	Recommended Adolescent (age 12-21) Well Care visits
10	Smoking and tobacco cessation counseling visit for tobacco users



# Project Outcome Measures for DSRIP

Metric #	Measure
15a	Engagement of Alcohol and Other Drug Dependence Treatment (Initiation and 2 visits within 44 days)
16	Percent of new patient call or referral from other provider for CMHC intake appointment within 7 calendar days
17a	Percent of new patients where intake to first follow-up visit was within 7 days after intake
17b	Percent of new patients where intake to first psychiatrist visit was within 30 days after intake
18	Percent of patients screened for alcohol or drug abuse in past 12 months using an age appropriate standardized alcohol and drug use screening tool AND if positive, a follow-up plan is documented on the date of the positive screen age 12+
19	Rate per 1,000 of people without cancer receiving a daily dosage of opioids greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer.



# Funding Allocations by Earning Category and Metric Type

Over the DSRIP period, funding shifts to emphasize Community-Driven Projects and performance measures.

Funding Allocation by Earning Category	Year 1 2016	Year 2 2017	Year 3 2018	Year 4 2019	Year 5 2020
Design and Capacity Building Funds	65%	0%	0%	0%	0%
Approval of IDN Project Plan	35%	0%	0%	0%	0%
Statewide Projects	0%	50%	50%	30%	20%
Core Competency Project	0%	30%	30%	50%	60%
Community-Driven Projects	0%	20%	20%	20%	20%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

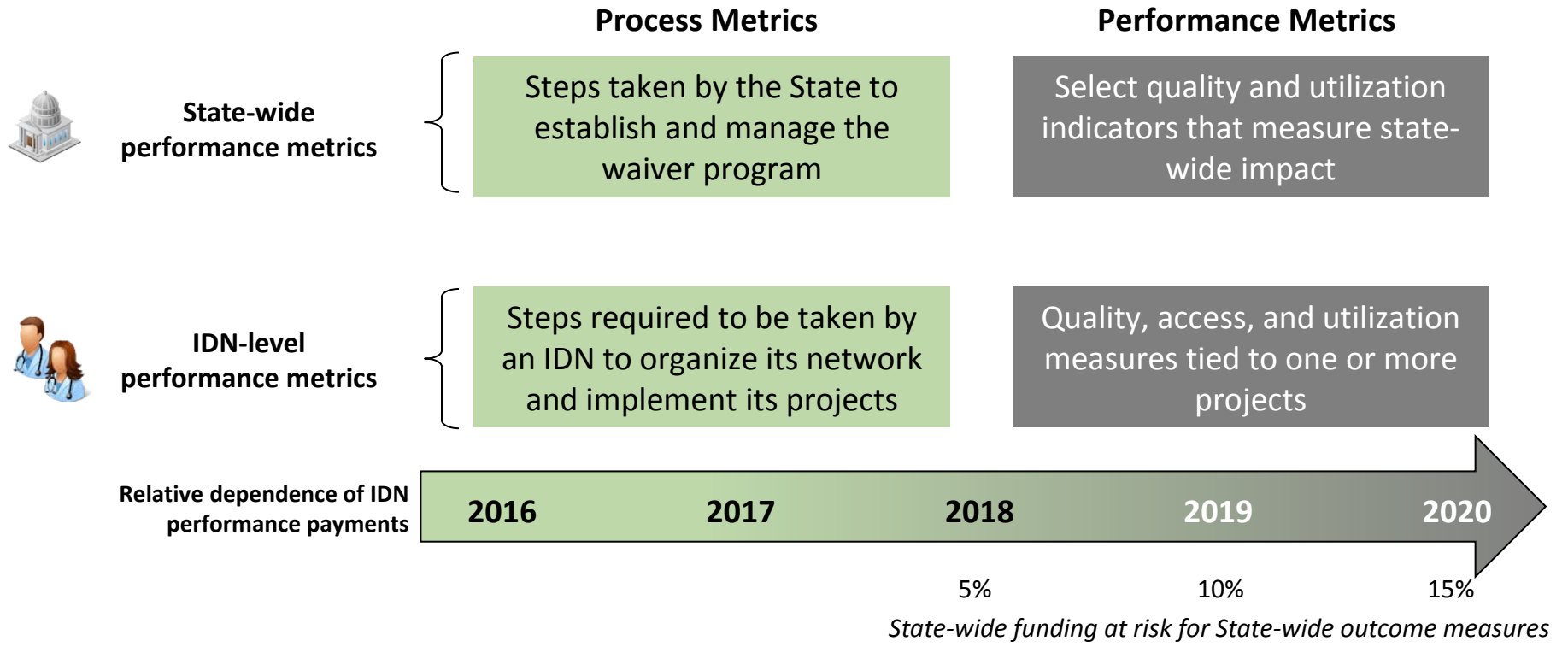
Funding Allocation by Metric Type	Year 1 2016	Year 2 2017	Year 3 2018	Year 4 2019	Year 5 2020
Process Metrics	100%	90%	75%	0%	0%
Performance Metrics	0%	10%	25%	100%	100%
	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Note: pending final approval by CMS and subject to change





# State-wide and IDN-level Metrics

- Performance metrics at the state- and IDN-levels will be used to monitor progress toward achieving the overall waiver vision. Payments from CMS to the state and from the state to IDNs will be contingent on meeting these performance metrics.
- Accountability shifts from process metrics to performance metrics over the course of the 5-year program.





# Examples of Potential Metrics

	Process Metrics	Performance Metrics
<p><b>State-wide Performance Metrics</b></p> 	<ul style="list-style-type: none"> <li>• Approval of IDNs and planning/capacity building grants</li> <li>• Approval of IDN Project Plans</li> <li>• Submission of CMS reports</li> <li>• Procurement of independent assessor and independent evaluator</li> <li>• Implementation of learning collaboratives</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in readmissions for any reason for individuals with co-occurring behavioral health issues</li> <li>• Use of core standardized assessment</li> <li>• Reduction in avoidable ED use for behavioral health population and general population</li> <li>• Reduction in ED waitlist length for inpatient behavioral health admissions</li> </ul>
<p><b>IDN-level Performance Metrics</b></p> 	<p><b>General IDN Metrics</b></p> <ul style="list-style-type: none"> <li>• Establishment of an IDN governance committee structure (clinical governance, financial, etc.)</li> <li>• Development and submission of IDN plan to transition to value-based payment models</li> </ul> <p><b>Project-Specific Metrics</b></p> <ul style="list-style-type: none"> <li>• Document baseline level of integration of primary care – behavioral health using SAMHSA <i>Levels of Integrated Healthcare</i></li> <li>• Establishment of standard core assessment framework and evidence based screening tools</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement in rate of follow-up after hospitalization for mental illness</li> <li>• Improvement in rate of screening for clinical depression using standardized tool</li> <li>• Improvement in rate of screening for substance use</li> <li>• Improvement in rate of smoking and tobacco cessation counseling visits for tobacco users</li> <li>• Reduction in wait time for substance use disorder treatment</li> </ul>

