Agenda

- 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
- Rural Health Clinic Services
- Intermediate Care Facility Nursing Home
- Home Health Services
- Skilled Nursing Facility Nursing Home
- Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Services for Persons < Age 21

### Optional Services:

- Children $156.8M / Adults $417.1M Total Funds
  - Prescribed Drugs
  - Mental Health Center Services
  - Ambulance Services
  - Podiatrist Services
  - Private Duty Nursing
  - Home Based Therapy
  - Outpatient Hospital, Mental Health
  - Durable medical equipment and supplies
  - Optometric Services Eyeglasses
  - Wheelchair Van Services
  - Crisis Intervention Services
  - Psychology Services
  - Speech Therapy
  - Hospice
  - Inpatient Psychiatric Facility Services Under Age 22
  - 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

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

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

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

## New Hampshire Medicaid Point in Time Enrollment at End of Month, 9/2013 - 3/2017

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

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

[Graph showing caseload and month-over-month change]
Children make up most of the Medicaid participants in Medicaid Managed Care

- **Low Income Child**: 64%
- **Low-Income Non-Disabled Adults**: 12%
- **Adult Disabled**: 14%
- **Elderly & Elderly With Disabilities**: 6%
- **Children Using LTSS Services**: 2%
- **Children Using DCYF Services**: 2%
- **Low-Income Non-Disabled Adults Using LTSS Services**: 12%
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

Medicaid has three delivery systems:

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

<table>
<thead>
<tr>
<th>Rate Component</th>
<th>Rate Change</th>
<th>Annualized Dollar Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact of new managed care initiatives</td>
<td>-0.90%</td>
<td>($4,751,000)</td>
</tr>
<tr>
<td>Reduction of margin allowance from 2.0% to 1.5% of MCO revenue</td>
<td>-0.61%</td>
<td>(3,234,000)</td>
</tr>
<tr>
<td>Rate change for trend and other assumptions</td>
<td>2.67%</td>
<td>14,152,000</td>
</tr>
<tr>
<td><strong>Rate change prior to program changes</strong></td>
<td>1.16%</td>
<td><strong>$6,167,000</strong></td>
</tr>
</tbody>
</table>

SFY 2018 program changes:

- Increase in funding for mental health services under the CMHA: 1.19%  
  Annualized Dollar Impact: $6,293,000
- Removal of mental health formulary restriction under HB 1680: -0.76%  
  Annualized Dollar Impact: (4,042,000)
- Implementation of gender dysphoria benefit: 0.05%  
  Annualized Dollar Impact: 278,000

**Rate change due to SFY 2018 program changes**: 0.48%  
**Annualized Dollar Impact**: $2,529,000

**Total SFY 2017 - SFY 2018 rate change**: 1.64%  
**Annualized Dollar Impact**: $8,696,000
# 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

<table>
<thead>
<tr>
<th>Population</th>
<th>SFY 2017 Capitation Rate</th>
<th>Draft SFY 2018 Capitation Rate</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Population Rate Cells</td>
<td>$250.72</td>
<td>$252.59</td>
<td>0.74%</td>
</tr>
<tr>
<td>NF Resident and Waiver Population Rate Cells</td>
<td>547.71</td>
<td>574.06</td>
<td>4.81%</td>
</tr>
<tr>
<td>Behavioral Health Population Rate Cells</td>
<td>1,205.80</td>
<td>1,229.51</td>
<td>1.97%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>$349.20</strong></td>
<td><strong>$354.94</strong></td>
<td><strong>1.64%</strong></td>
</tr>
</tbody>
</table>
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.
## Health Plan Enrollment: February 2017

<table>
<thead>
<tr>
<th>Enrollment Type</th>
<th>Provider</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QHP Enrollment</strong></td>
<td>Ambetter</td>
<td>17,302</td>
</tr>
<tr>
<td></td>
<td>Anthem</td>
<td>10,350</td>
</tr>
<tr>
<td></td>
<td>Harvard Pilgrim</td>
<td>11,732</td>
</tr>
<tr>
<td></td>
<td>Minuteman Health</td>
<td>3,453</td>
</tr>
<tr>
<td><strong>MCO Enrollment</strong></td>
<td>Well Sense</td>
<td>3,883</td>
</tr>
<tr>
<td></td>
<td>NHHF</td>
<td>2,800</td>
</tr>
<tr>
<td><strong>Health Insurance Premium Program HIPP</strong></td>
<td></td>
<td>130</td>
</tr>
<tr>
<td><strong>Fee For Service</strong></td>
<td></td>
<td>2,455</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>52,105</strong></td>
</tr>
</tbody>
</table>
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

Source: Data based on 4/1/15-4/1/17 data extracted from the NHMMIS
Income being too High is Top Documented Reason Clients Disenrolled from NHHPP in November, 2016

- Over Income, 34,786
- Others, 12,687
- Did Not Provide, 15,226
- Has Medicare, 3,145
- HIPP Failure to Respond, 241

Source: New Heights data as of 11/18/2016
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

Source: Data based on 1/1/17, 2/1/17, 3/1/17, and 4/1/17 data extracted from the NH MMIS
## NHHPP – Trust Fund

<table>
<thead>
<tr>
<th></th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
<th>SFY19 6 mos</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expense</strong></td>
<td>$202.5</td>
<td>$406.0</td>
<td>$457.8</td>
<td>$525.2</td>
<td>$284.1</td>
</tr>
<tr>
<td><strong>Caseload</strong></td>
<td>41,657</td>
<td>49,522</td>
<td>52,306</td>
<td>55,578</td>
<td>56,078</td>
</tr>
<tr>
<td><strong>Federal Funds</strong></td>
<td>$202.5</td>
<td>$406.0</td>
<td>$445.7</td>
<td>$496.3</td>
<td>$267.0</td>
</tr>
<tr>
<td><strong>Non-federal Funds</strong></td>
<td>$0</td>
<td>$0</td>
<td>$12.3</td>
<td>$28.9</td>
<td>$17.1</td>
</tr>
<tr>
<td><strong>Federal Match</strong></td>
<td>100%</td>
<td>100%</td>
<td>95%</td>
<td>94%</td>
<td></td>
</tr>
</tbody>
</table>
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
27

Medicaid Waivers (cont.)

► 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

- **State establishes IDN guidelines and a menu of IDN project options**
- **Potential IDNs submit non-binding letters of Intent**
- **IDNs submit Applications to State**
- **State issued decisions on approved IDNs**
- **IDNs submit Project Plan Applications to State**
- **State issues decisions on IDN Project Plans**
- **State awards ongoing fiscal incentives to IDNs based on achievement of pre-determined metrics**
- **Jan-April 2016**
- **April 4, 2016**
- **May 31, 2016**
- **June 30, 2016**
- **Oct 31, 2016**
- **Dec 31, 2016**
- **2017-2020**

Note: pending final approval by CMS and subject to change
## DSRIP Progress To Date - 2016

### DSRIP Implementation Has Required Months of Ongoing Preparation

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

Note: pending final approval by CMS and subject to change
DSRIP Progress To Date - 2017

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 Progress To Date - 2017

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 with DHHS to finalize and understand documentation and reporting protocols for required outcome measures. 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 groundwork 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
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
New Hampshire IDNs are laying the critical groundwork 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
New Hampshire IDNs are laying the critical groundwork 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

<table>
<thead>
<tr>
<th>Metric #</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Readmission to Hospital for Any Cause (Excluding Maternity, Cancer, Rehab) at 30 days for Adult 18+ BH Population</td>
</tr>
<tr>
<td>2a</td>
<td>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - within 30 days</td>
</tr>
<tr>
<td>2b</td>
<td>Follow-Up After Emergency Department Visit for Mental Illness - within 30 days</td>
</tr>
<tr>
<td>3a</td>
<td>Follow-up after hospitalization for Mental Illness – within 30 days</td>
</tr>
</tbody>
</table>
# Project Outcome Measures for DSRIP

<table>
<thead>
<tr>
<th>Metric #</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>3b</td>
<td>Follow-up after hospitalization for Mental Illness – within 7 days</td>
</tr>
<tr>
<td>4</td>
<td>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)</td>
</tr>
<tr>
<td>5</td>
<td>Global Score for Mini-CAHPS Satisfaction Survey at IDN Level for kids and adults</td>
</tr>
<tr>
<td>7a</td>
<td>Global score for selected general HEDIS physical health measures, adapted for BH population</td>
</tr>
<tr>
<td>7b</td>
<td>Global score for selected BH-focused HEDIS measures</td>
</tr>
<tr>
<td>8</td>
<td>Percent of BH Population With All Recommended USPSTF A&amp;B Services</td>
</tr>
<tr>
<td>9</td>
<td>Recommended Adolescent (age 12-21) Well Care visits</td>
</tr>
<tr>
<td>10</td>
<td>Smoking and tobacco cessation counseling visit for tobacco users</td>
</tr>
</tbody>
</table>
## Project Outcome Measures for DSRIP

<table>
<thead>
<tr>
<th>Metric #</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a</td>
<td>Engagement of Alcohol and Other Drug Dependence Treatment (Initiation and 2 visits within 44 days)</td>
</tr>
<tr>
<td>16</td>
<td>Percent of new patient call or referral from other provider for CMHC intake appointment within 7 calendar days</td>
</tr>
<tr>
<td>17a</td>
<td>Percent of new patients where intake to first follow-up visit was within 7 days after intake</td>
</tr>
<tr>
<td>17b</td>
<td>Percent of new patients where intake to first psychiatrist visit was within 30 days after intake</td>
</tr>
<tr>
<td>18</td>
<td>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+</td>
</tr>
<tr>
<td>19</td>
<td>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.</td>
</tr>
</tbody>
</table>
### Funding Allocations by Earning Category and Metric Type

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

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

<table>
<thead>
<tr>
<th>Funding Allocation by Metric Type</th>
<th>Year 1 2016</th>
<th>Year 2 2017</th>
<th>Year 3 2018</th>
<th>Year 4 2019</th>
<th>Year 5 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process Metrics</td>
<td>100%</td>
<td>90%</td>
<td>75%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Performance Metrics</td>
<td>0%</td>
<td>10%</td>
<td>25%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

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.

### Process Metrics
- Steps taken by the State to establish and manage the waiver program
- Steps required to be taken by an IDN to organize its network and implement its projects

### Performance Metrics
- Select quality and utilization indicators that measure state-wide impact
- Quality, access, and utilization measures tied to one or more projects

#### Relative dependence of IDN performance payments

<table>
<thead>
<tr>
<th>Year</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>5%</td>
<td>10%</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*State-wide funding at risk for State-wide outcome measures*
# Examples of Potential Metrics

<table>
<thead>
<tr>
<th>Process Metrics</th>
<th>Performance Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State-wide Performance Metrics</strong></td>
<td><strong>IDN-level Performance Metrics</strong></td>
</tr>
<tr>
<td>• Approval of IDNs and planning/capacity building grants</td>
<td><strong>General IDN Metrics</strong></td>
</tr>
<tr>
<td>• Approval of IDN Project Plans</td>
<td>• Establishment of an IDN governance committee structure (clinical governance, financial, etc.)</td>
</tr>
<tr>
<td>• Submission of CMS reports</td>
<td>• Development and submission of IDN plan to transition to value-based payment models</td>
</tr>
<tr>
<td>• Procurement of independent assessor and independent evaluator</td>
<td><strong>Project-Specific Metrics</strong></td>
</tr>
<tr>
<td>• Implementation of learning collaboratives</td>
<td>• Document baseline level of integration of primary care – behavioral health using SAMHSA <em>Levels of Integrated Healthcare</em></td>
</tr>
<tr>
<td></td>
<td>• Establishment of standard core assessment framework and evidence based screening tools</td>
</tr>
</tbody>
</table>

- Reduction in readmissions for any reason for individuals with co-occurring behavioral health issues
- Use of core standardized assessment
- Reduction in avoidable ED use for behavioral health population and general population
- Reduction in ED waitlist length for inpatient behavioral health admissions
- Improvement in rate of follow-up after hospitalization for mental illness
- Improvement in rate of screening for clinical depression using standardized tool
- Improvement in rate of screening for substance use
- Improvement in rate of smoking and tobacco cessation counseling visits for tobacco users
- Reduction in wait time for substance use disorder treatment

*Note: pending final approval by CMS and subject to change*