



DSRIP Annual Update

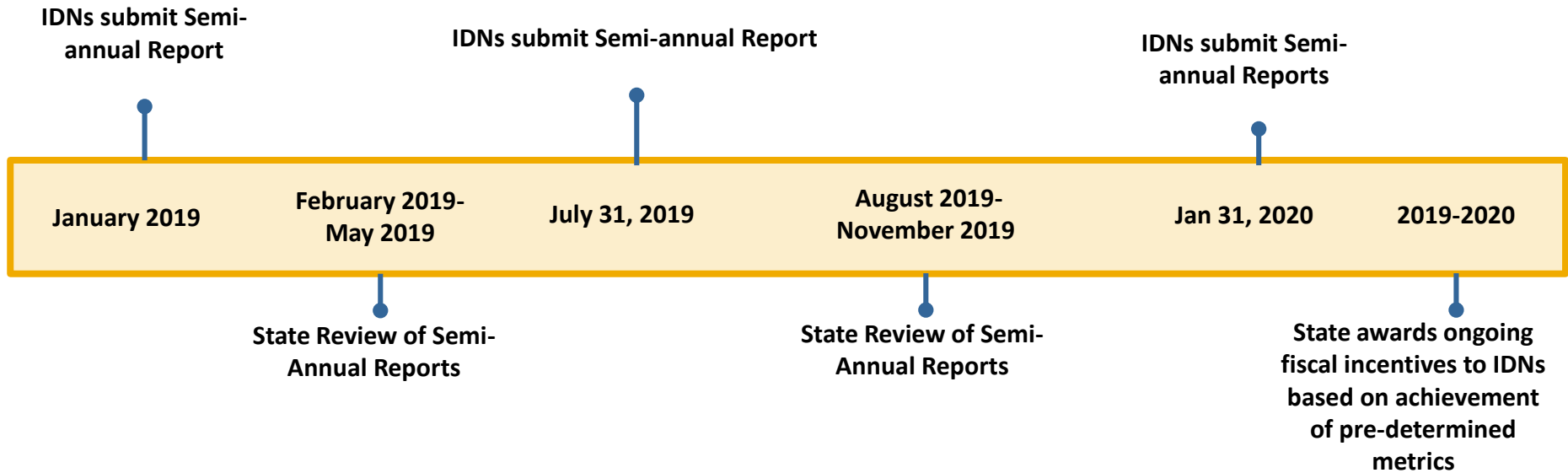
December 9, 2019

Integrated Delivery Network Timeline Year 4



- Detailed DSRIP Project Plans approved January 2017
- Distribution of project incentive funds January 2017
- Semi-Annual Report Submissions 2x per year in July and January
- Earned incentive payments no longer tied to process as of January 2019
- Earned incentive payments are solely tied to performance as of January 2019

Implementation Timeline



Overview



- Each IDN is participating in two statewide projects; one mandatory core competency project: and three community-driven projects selected from a DHHS-defined menu.
- All payments are based on progress towards and achievement of, identified deliverables.
- Deliverables for which payment can be earned include both process and performance over the demonstration period.
- Process payments are tied to achievement of project deliverables.
- Achievement of all process deliverables was targeted through December of 2018.
- Achievement of performance deliverables is through 2020.
- Percent of funding tied to process and performance shifts over the demo period. As of calendar year 2019, 100% of incentive payments are tied to outcomes metrics.

Project Selection

Each IDN is participating in two statewide projects; one mandatory core competency project: and three community-driven projects selected from a DHHS-defined menu.

Statewide
Strengthen mental health and SUD workforce

Mandatory
Core Competency: Integrating Behavioral Health and Primary Care

Statewide
Develop health information technology infrastructure to support integration

COMMUNITY DRIVEN PROJECTS

Care Transitions:
Support beneficiaries with transitions from institutional settings to the community

- Care Transition Teams
- Community Reentry Program for Justice-Involved Adults and Youth with Substance Use Disorders or Significant Behavioral Health Issues

Capacity Building:
Supplement existing workforce with additional staff and training

- Medication Assisted Therapy of Substance Use Disorders
- Expansion in intensive SUD Treatment Options, including partial hospital and residential care

Integration:
Promote collaboration between primary care and behavioral health care

- Integrated Treatment for Co-Occurring Disorders
- Enhanced Care Coordination for High –Need Populations



Process Achievements

Health Information Technology

- Implementation of a real time event notification system;
- Implementation of an electronic shared care plan;
- Statewide direct and secure messaging;
- Data reporting.

Workforce

- Legislative updates that support integration such as licensing and telemedicine.
- Recruitment, staffing, training.

Integration of primary and behavioral health

- Standardize protocols across multidisciplinary providers for comprehensive assessment, timely exchange of information, closed loop referrals, multidisciplinary care teams.

Process Achievements cont'd

- Three IDN's have achieved 100% of their process deliverables. (IDN's 2, 4 and 5)
- Four IDN's are in varying degree's of achievement with December 30, 2019 being the final period for recovering previously not met incentive payments tied to process.
 - IDN's can recover previously unmet incentive payments for 2 subsequent reporting periods, or over the 12 month period following the target date.
- Final reporting period to recover previously unearned process incentive payments is December 2019.

Overview of Event Notification



Accomplishments – 15 hospitals contributing ADT data, 48 non-hospital partners connected to the network, increasing trends on notifications sent, membership file numbers, patient record views, and active users (see data below). Active clinical collaboration throughout the state, and 42 CFR Part 2 information is now being shared broadly to all treating providers for patients that have given their consent to do so. While not part of the DSRIP project, all MCOs have signed an agreement with Collective Medical as well.

Project Status – Our next goal is to connect the remaining hospitals and non-hospital partners (by end of Q1 2020). All hospitals in IDNs 1,2,3,4,5,7 are actively working toward that goal. IDN 6 is working on an alternate solution. CMT is also actively training clinicians across the state on how to use the platform to better collaborate on care.

Quantitative case study and findings and utilization data – Non-hospital partners are receiving alerts when patients of theirs arrive in the ED. The partners are able to choose the criteria for which visits they would like to be alerted on (high-utilizer alert, travelling patient alert, custom alerts based on diagnoses etc)

Policy and administrative difficulties – Many IDNs and partners are looking forward to New Hampshire Hospital coming on the network. Integrating the IDN 6 solution would be a welcomed effort and bring value to the rest of the IDN partners.

Key dates / milestones – The next milestone is completion of the network by bringing on all hospitals and IDN partners by end of Q1. CMT is also hoping to connect to the PDMP next year, as we have done in many other states, to alert ED physicians to risk.



Data Reporting

Accomplishments: As part of DHHS efforts to better measure and analyze data to incentivize IDNs and support future efforts for alternative payment models and quality improvement DHHS has implemented a **new analytic data warehouse**, as part of DHHS’s Enterprise Business Intelligence platform, for Medicaid claims and member data **that provides the DSRIP analytic team with ready access to data**, new tools to more easily analyze data, and a path forward to allow future development of dashboards and other approaches to communicating complex information. As part of these efforts we have brought together data from nine separate payers that are for the first time stored in a harmonized manner. While the project was initiated to support all Medicaid activities, the DSRIP data team was directly involved in project development to ensure that information needs for DSRIP were incorporated.;

Project Status: DHHS has calculated all performance measures for incentive payments through the end of the 2018 data period. Currently DHHS is finalizing the remainder of the baselines for measures that become performance based in 2019.

Policy and Administrative Challenges: Currently DHHS is assessing the validity of measures to insure they are appropriate for performance payment. Of particular concern is the Timely Transmission of Transition Record After Hospital Discharge measure which has lost its National Quality Forum endorsement and the Daily Dosage of Opioids Greater Than 120mg Morphine Equivalent Dose for 15 or more days in year which has significantly changed in its meaning since the baseline period as far fewer people are prescribed high dose opioids.

Funding Distribution



Based upon

- Regional member attribution
- Process versus performance measures
- Statewide versus community based projects
- Identified metrics

Workforce Capacity



| | FTE's BY IDN |
|-------|--------------|
| IDN1 | 25.95 |
| IDN2 | 40.35 |
| IDN3 | 64.8 |
| IDN4 | 49 |
| IDN5 | 19.3 |
| IDN6 | 33.48 |
| IDN7 | 170* |
| Total | 392.88 |

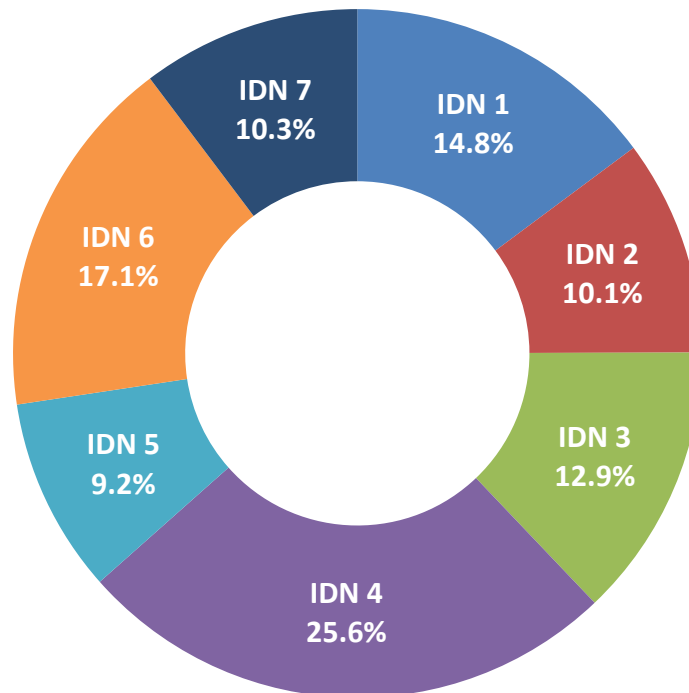
*IDN 7 reports the number of positions working on the integration of primary and behavioral healthcare within their region regardless of the funding source.

Note: FTE's are representative of the sum of full time equivalents with actual count of individuals filling positions higher due to part time positions.

Achievable Payment Distribution Between IDNs



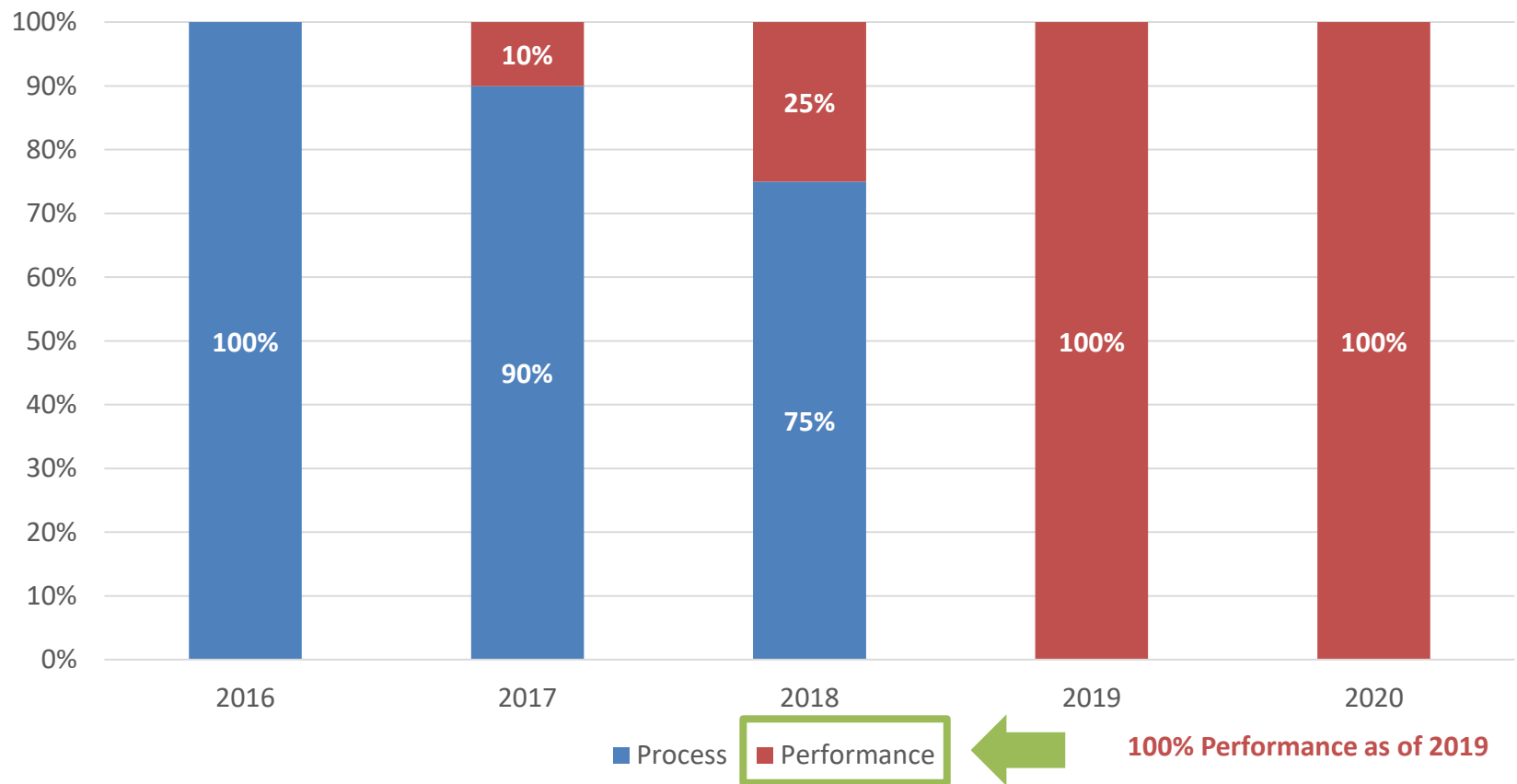
- Percent of funding is based on each IDNs attributed Medicaid population as a share of total Medicaid population as of 11/30/16



Achievable Payment Distribution Between Process and Performance



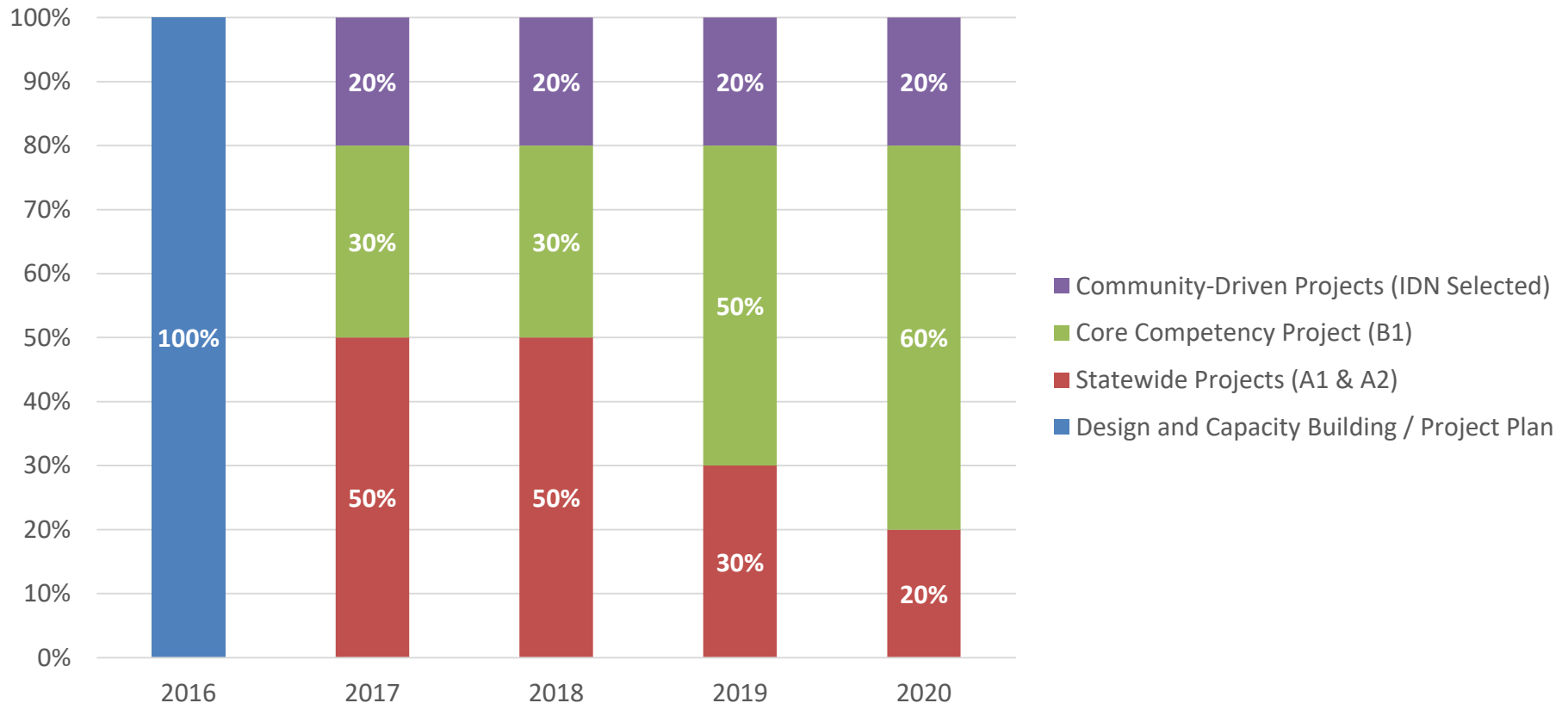
- Incentive payments shift from process to performance; same for all IDNs



Achievable Payment Distribution Between Types of Projects



- Funding tied to specific projects shifts over the demonstration period



2019 dates for achieving milestones or deliverables:



| Measure ID | Measurement Period | Target Date for Rate Calculation |
|------------------|--------------------------|----------------------------------|
| ASSESS_SCREEN.01 | Jan-June 2019 | 11/15/19 |
| ASSESS_SCREEN.02 | Jan-June 2019 | 11/15/19 |
| ASSESS_SCREEN.02 | Cy 2018 | 11/15/19 |
| ASSESS_SCREEN.04 | Jan-June 2019 | 11/15/19 |
| CARE.03-A | CY 2018 | 11/15/19 |
| CARE.03-C | CY 2018 | 11/15/19 |
| CARE.01 | 12 months ending 06/2019 | 12/31/19 |
| CARE.02 | 12 months ending 06/2019 | 12/31/19 |
| CARE.04 | 12 months ending 06/2019 | 12/31/19 |
| CARE.05 | 12 months ending 06/2019 | 12/31/19 |
| CMHC.02 | Jan-June 2019 | 10/31/19 |
| CMHC.03 | Jan-June 2019 | 10/31/19 |
| HOSP_ED.01 | 12 months ending 06/2019 | 12/31/19 |
| HOSP_ED.02 | 12 months ending 06/2019 | 12/31/19 |
| HOSP_ED.03 | 12 months ending 06/2019 | 12/31/19 |
| HOSP_ED.04 | 12 months ending 06/2019 | 12/31/19 |
| HOSP_INP.01 | 12 months ending 06/2019 | 12/31/19 |

WHERE WE ARE NOW

IDNs have completed the third quarter of the fourth year of the demonstration reporting a total of 377 participating partners.

Of those partners;

125 practice sites are working towards integration,

52 partners engaged in care transition or reentry projects,

130 partners engaged in enhanced care coordination and co-occurring disorder treatment and

75 partners are working to expand access to substance use disorder services.

What's next?

- Financing
- Sustainability
- Performance metrics