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September 21, 2012

Michelle Feagins, Grants Management Officer
Office of Acquisition and Grants Management
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Room 733H-02
Washington, DC 20201

Dear Ms. Feagins:

I am pleased to submit this letter of endorsement on behalf of the State of New Hampshire's application for the *State Innovation Models: Funding for Model Design and Model Testing Assistance*.

DHHS intends to use grant monies awarded under this program to support the establishment of Phase II of its Medicaid managed care program, which will cover foster care children, dual eligible beneficiaries and long-term care for people with chronic conditions.

With the resources provided by the Center for Medicare & Medicaid Innovation, DHHS plans to bring together a number of individuals, agencies and organizations that interact with individuals eligible or at-risk for long-term supports and services to determine how to best coordinate their needs and align the payment systems. A list of the major partners who will be participating in the project is included in the application.

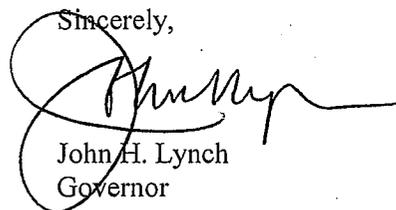
The assistance provided by the model design program will help meet a variety of goals related to Medicaid managed care, which include:

- Improving integration and access to needed services,
- Enhancing person/family centered approaches,
- Improving health and health care through payment reform,
- Optimizing resources for consumers,
- Improving quality of services; and
- Improving alignment between DHHS, providers and consumers.

I am designating the NH DHHS as the lead agency for the Model Design application. If you have any questions, please contact DHHS Associate Commissioner Nancy Rollins at 603-271-9470 or nrollins@dhhs.state.nh.us.

I look forward to the opportunity to develop a State Health Care Innovation Plan to achieve transformation through an innovative delivery and payment system.

Sincerely,



John H. Lynch
Governor

New Hampshire's State Innovation Models: Model Design

Project Abstract

The State of New Hampshire is pleased to submit this application for funding to support its design of a State Health Care Innovation Model. New Hampshire is proposing to focus its Model on individuals who are either in need of or at-risk for needing long-term support services. We chose this population because:

1. This population has complex health needs that are served by multiple service delivery systems that struggle to coordinate care across those systems
2. Multiple payers access these delivery systems with little commonality in their approach to care management, the role of consumers, and measurement of outcomes
3. There is no current mechanism to look across the delivery systems and across the payers to measure the cost effectiveness of the provided services or to measure their performance in improving the health status and quality of life for the consumers they serve

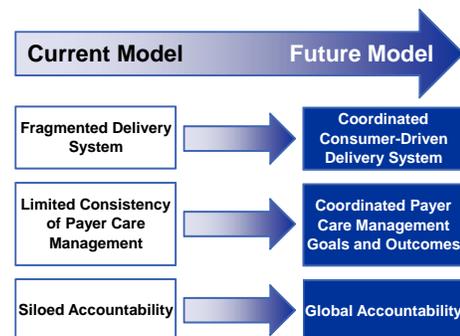
As depicted in the figure below the broad goal of our proposed model is to transform this current state into a system that:

1. Empowers consumers to access services across the service delivery system “silos” and improves care and service coordination across those systems
2. Aligns the payers for long term care support services around a common goals and outcomes
3. Employs a payment system that creates global accountability for cost effectiveness and outcomes

We have actively engaged a large and diverse group of stakeholders in the development of this proposal and have received close to 40 letters of support indicating their commitment to work with us to create a system that embraces these goals. The model development process we have developed clearly establishes the stakeholders as key decision makers in the design of the new system.

New Hampshire has a strong history and commitment to health care reform and innovation and we intend to leverage our numerous ongoing activities, several of which are currently supported by the Center for Medicare & Medicaid Services (CMS) in the development of the new system. We also intend to align the ongoing state and national quality initiatives with the new system.

We are requesting \$2.05million to support the design of our State Health Care Innovation Model.



Project Narrative

A. State Health Care Innovation Plan Design Strategy

The State of New Hampshire is pleased to submit this application for funding to support its design of a State Health Care Innovation Model. New Hampshire strongly agrees with the Centers for Medicare & Medicaid Services (CMS) Innovation Center (CMS Innovation Center) that a governor-sponsored, multi-payer innovation model that has broad stakeholder input and engagement has the potential to achieve sustainable delivery system transformation that will result in better health, better care, and reduced costs for New Hampshire residents.

New Hampshire is already actively engaged in numerous health care reform activities in both the public and private sectors of the health care market. The Department of Health and Human Services (DHHS) is pursuing a strategy in its Medicaid program and its public health programs that increases focus on prevention, improved care coordination, and new payment structures that reward outcomes, not the volume of services provided. In the private sector, New Hampshire's provider and payer communities are working diligently on similar strategies as evidenced by the ongoing development of three Medicare Accountable Care Organizations (ACOs) within the State.

We have engaged a wide range of stakeholders committed to developing a consensus-driven State Health Care Innovation Plan that builds on and brings together these public and private strategies and creates a transformational vision of the health care system. We envision that a major component of the plan will be the development of new, multi-payer payment reform strategies that support the Plan's vision and goals.

Proposed Scope of the New Hampshire's State Health Care Innovation Plan

New Hampshire is proposing to focus its State Health Care Innovation Plan on individuals who are either in need of or at-risk for needing long-term care support services. Our decision to focus on this specific population is based on the following factors:

1. While this population only account for 16% of the 134,168 New Hampshire residents enrolled in the Medicaid program on average in 2011, they account for 64% of the State's \$1 billion by New Hampshire on behalf of Medicaid consumers.
2. This population, which primarily consists of individuals with severe and persistent mental illness, children with a Serious Emotional Disturbance, and those eligible for one of New Hampshire's four home and community based services (HCBS) waiver programs are individuals with complex needs that interact with multiple systems of care with little effective coordination and planning between those systems.
3. These individuals are also likely to have multiple payers for components of their care (Medicaid school-based services, substance abuse programs, public health programs, Medicare, Veterans Administration, long-term care insurers, and commercial insurers) who have typically not coordinated the provision or management of needed services.
4. The State is in the process of launching a comprehensive statewide managed care program later in the fall of 2012 for the majority of the Medicaid population. HCBS waiver services will not be part of the managed care program until the second year of its operation and the State needs to design a model for the integration and coordination of these services in the second step of the managed care program.

Problem Statement

New Hampshire believes that the lack of coordination across the various systems of care and the lack of alignment of the payers has led to higher than necessary overall costs for this target population. The lack of coordination and alignment has also hampered efforts to improve the quality of life for these populations. In addition, the current reimbursement methodologies for the target population’s services do not encourage the promotion of overall cost reduction or quality improvement.

The Current State of the New Hampshire Medicaid Program is described in Appendix II.

Current New Hampshire Transformational Initiatives

New Hampshire has been aggressively pursuing and implementing new initiatives that focus on prevention, multi-payer partnerships, improved access to community-based services and improved care coordination and management. The State will look to leverage and integrate these initiatives in its new Design Model. New Hampshire’s provider community has also been at the forefront of new models of care delivery as evidenced by three of the State’s provider systems being selected to develop Medicare ACOs. The State is committed to working with those providers to expand their ACO programs to include the services and populations that are defined by the new Design Model.

The table below provides a brief description of each of these initiatives:

Program	Description
Balancing Incentives Program (BIP)	New Hampshire’s BIP will serve as “no wrong door” for consumers at-risk or in need of long-term services and supports.

Program	Description
Managed Care	New Hampshire's Care Management Initiative is moving the vast majority of the Medicaid population into a capitated managed care program. Three managed care organizations (MCO) have been selected. Each MCO is required to develop an integrated care management program for enrollees with multiple physical and/or behavioral health co-morbidities. Each MCO is also required to develop and implement a payment reform strategy.
Money Follows the Person	New Hampshire's Community Passport provides access to community-based long-term services and supports following a facility stay.
Medicaid Incentive for Prevention of Chronic Disease	The New Hampshire Healthy Choices, Healthy Changes program will address the dramatic health disparity of individuals receiving public mental health services and the associated high costs by providing incentivized health promotion programs to individuals with co-occurring mental health and substance use disorders, overweight/obese, and/or tobacco-smoking Medicaid beneficiaries.
Medicare ACO Models	The New Hampshire community ACO models will test a rapid transition to a population-based model of care, requiring organizations to engage other payers in moving towards outcome-based contracts.
Aging and Disability Resource Center (ADCRC) Enhancement Grants	New Hampshire's ServiceLink Centers seek to facilitate uniform statewide access to long-term services and supports for older adults, individuals with disabilities, and family caregivers and provides assistance to Medicare beneficiaries. The newly awarded ADRC Enhancement Grant will expand options to counseling to all of the long-term care target population.
New Hampshire Access to Recover Initiative (NHATRI)	NHATRI will reduce health disparities for New Hampshire adults by providing client-centered care to individuals with substance use disorders, and will utilize an electronic voucher system to facilitate service access already developed by DHHS for the NHATRI, to institute a fee-for-service approach and provide client choice and portable care.
Center for Mental Health Services Child Mental Health Initiative	The grant seeks to improve clinical outcomes and child functioning in home, school, and community for New Hampshire's youth by expanding the array of services and by creating infrastructure changes to sustain the expansion.
New Hampshire	Funded by the Department of Defense, the New Hampshire

Program	Description
Deployment Cycle Support Program	Deployment Cycle Support Program is a nationally recognized model of care coordination between public and private providers for the care and support of New Hampshire service members and their families.

Goals for New Hampshire’s Heath Care Innovation Model

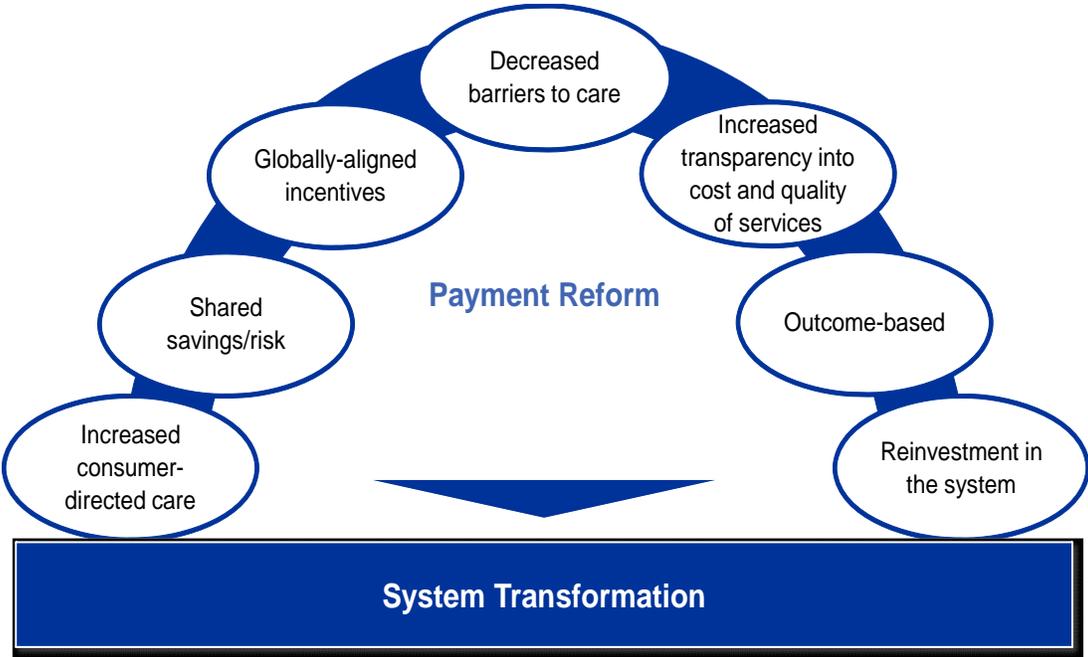
In preparation for the submission of this proposal the State has developed, with stakeholder involvement, a set of program goals for the Innovation Model, as well as a set of payment reform goals that will support the achievement of the program goals.

The program goals include:

Goal	Sub-goals
Improve Integration & Access to Needed Services	<ul style="list-style-type: none"> • Enhance the use of natural supports • Better coordination of financial and service eligibility • Increase collaboration among providers • More consistency of approach and goals across waivers • Promote community prevention
Enhance Person/Family Centered Approach	<ul style="list-style-type: none"> • Support informed decision-making • Increase consumer accountability • Increase consumer awareness of service availability • Encourage more consumer directed care
Improve Health and Health Care through Payment Reform	<ul style="list-style-type: none"> • Assure funding stability • Maximize the availability of services to consumers in need • Support payment innovation
Optimize Resources for Consumers	<ul style="list-style-type: none"> • Better and more proactive collaborative planning • Better response to changes in circumstances and needs • Support for family care-givers • Better response to crisis • Leveraging community resources
Improve Quality of Services	<ul style="list-style-type: none"> • Increase training and education to enhance provider skill with special populations • Provide adequate network capacity to meet the needs of

Goal	Sub-goals
	consumers <ul style="list-style-type: none"> • Improve quality of life for consumers • Promote the use of evidence based care • Focus on outcomes
Improve Alignment between DHHS, Providers, & Consumers	<ul style="list-style-type: none"> • More involvement in system oversight and planning • “Stable” long-term vision for system • Improve transparency of decision-making

To support these goals New Hampshire, in conjunction with our stakeholders, has developed a set of payment reform principles.

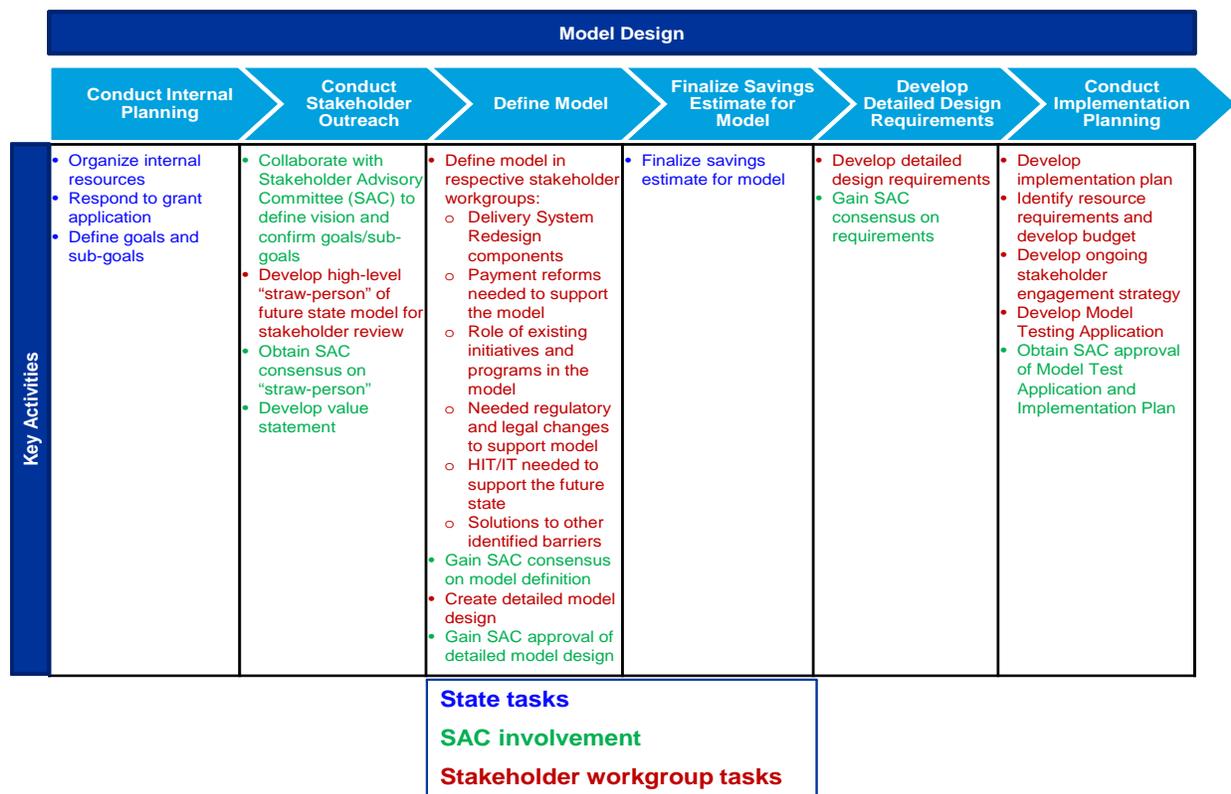


- **Increased consumer-directed care:** New Hampshire believes that a key element of its payment reform strategy is to increase the use of consumer-directed care. A key element of this strategy is creating new mechanisms to empower consumers and families to make informed decisions about the care they need.

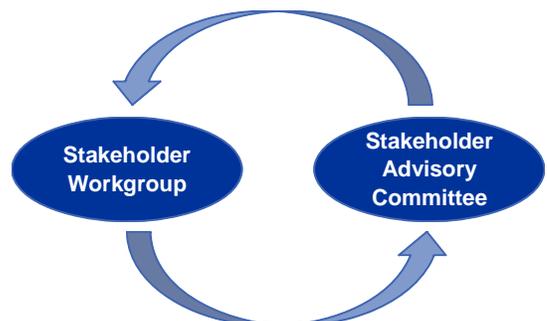
- **Shared savings/risk:** For an integrated delivery model to succeed, it is essential that each participant have the opportunity to benefit from the efficiencies created by the new the model. We also believe that it is essential for the participants to have some level of risk if the new model actually increases costs.
- **Globally-aligned incentives:** Akin to shared savings/risks, we believe that it is critical that each participant is focused on the same incentives and those incentives are focused on systemic improvements in the delivery system.
- **Decreased barriers to care:** Another attribute of payment reform should be to support the removal of barriers to care through the globalization of risk across the delivery system so that no player has a disincentive to provide needed care.
- **Increased transparency into cost and quality services:** Providing transparency into cost and quality at both the provider and system level is an essential component into our strategy to increase the use of empowered consumer-directed care.
- **Outcomes-based:** Another tenet of our payment reform strategy is to move our payment methods from rewarding volume to rewarding the use of evidence-based care and improved outcomes.
- **Reinvestment in the system:** The final tenet of our payment reform strategy is that the goal is not just to reduce cost, but to use the new model to also generate funds that will allow us to continually re-invest in needed improvements to the overall system.

Design approach

Our design approach is focused on six primary phases of work where tasks are shared across stakeholder workgroups, the Stakeholder Advisory Committee (SAC), and state personnel. Project organization and planning is primarily aligned to the State team. Meanwhile design components are primarily the responsibility of stakeholder workgroups, which include membership from stakeholders as well as the State. The sequencing of these phases is depicted in the Project Plan and Timeline section of this document.



A central principle of the design approach is that each element that is developed by the State or by stakeholder workgroups goes in front of the SAC for validation and comment. This iterative process of stakeholder workgroup



design/development and SAC concurrence increases stakeholder participation, and also ensures that stakeholders are agreeing to each element of design before it moves forward.

In the following sections, we will describe the key activities that the New Hampshire team will complete during each phase to design the model.



During the internal planning phase, the State established the groundwork within the State to submit a successful grant application and then execute on that plan.

- **Organize internal resources:** We established a core team drawn from across the Administration to assist with initial planning. In addition, the Governor is creating a SIM Inter-Agency Taskforce that is composed of members from the SAC and the State who will provide overall leadership and direction for the design of the innovation model.
- **Respond to grant application:** A grant application has been developed that demonstrates our strategy and commitment to the goals outlined in the grant. It outlines our early planning activities and demonstrates our commitment to stakeholder involvement and innovation.
- **Define goals and sub-goals:** We have developed a series of goals and sub-goals that will guide the overall direction of the model design. These goals were drafted by the State team as a starting point, but then were refined with participation from the SAC.
- **Convene the first meeting of the Stakeholder Advisory Meeting:** We held a meeting with over 70 stakeholders and shared our approach to the Model and reviewed our

initial draft of Design Goals. There was strong interest among the attendees to develop a Model based on those goals.



While stakeholders will be involved throughout the entire process, the second phase is where we first begin to engage and organize stakeholders in the effort. During this phase we have our first in-person meeting with stakeholders, introduce the effort, layout a high-level plan, and offer initial goals. Specific activities include:

- **Develop value statement:** The SAC develop a statement of the values they believe needed to expressed and demonstrated in the new Model.
- **Collaborate with the SAC to define vision and confirm goals/sub-goals:** Building off the work around goals and sub-goals in the first phase, we work with the SAC to define the core values that the SAC determines must be reflected in the design of the new Model. The SAC will then also create a vision statement for the Model.
- **Develop high-level “straw-person” of future state model for stakeholder review:** Based on the previously defined goals and vision, a smaller stakeholder workgroup that includes representatives from the State and the SAC will develop a high-level “straw-person” of the future state model. This “straw-person” will provide a high-level concept view of the model and will be used to guide the more detailed development.
- **Obtain SAC consensus on “straw-person”:** Once the “straw-person” is developed, we will present it to the SAC for agreement, and then make any necessary modifications based on stakeholder feedback.

The activities in this phase will occur prior to the grant award. While we are not able to guarantee receiving the grant, the State is taking initial steps to position itself for success. These early steps will help us accelerate work on “day one” should we be fortunate enough to be awarded the grant.



With consensus obtained from the SAC on the “straw-person”, we then move to the model definition phase of the project.

- **Define model in respective workgroups:** The design of the model will primarily be completed in six distinct workgroups. Each workgroup will include stakeholders and state representatives. The goal of each group will be to define the model for the respective topic. The workgroups will focus on:
 - Delivery system redesign
 - Payment reform design, including the consideration of blended and global multi-payer payment strategies
 - How existing initiatives will be incorporated into the Model
 - Regulatory and legal barriers and issues related to the Model
 - HIT/IT requirements to support the Model
 - Other identified barriers and/or challenges to the Model

- **Gain SAC consensus on model definition:** With the model defined by each workgroup for their respective topics, each component will go in front of the SAC to obtain consensus. The workgroups will then make modifications, as suggested by the SAC.
- **Create detailed model design:** The components developed and agreed upon in the previous steps will be rolled up into a detailed model design. This workgroup will take the outlined components from the six workgroups and further define the overall model.
- **Gain SAC approval of detailed model design:** Prior to final approval by the SAC, we will facilitate a multi-day conference to obtain stakeholder feedback. At the conclusion of the conference we will seek approval for the overall model from the SAC and update it, as necessary, based on feedback.



While work on the savings estimate and other data analyses that will inform model design will be conducted in earlier phases of the work, during this phase we will finalize the savings estimate for the model. This savings estimate will be based upon projections from the current state, the State’s experience with other alternative delivery models, and experience with similar initiatives across the country.



During this phase we will develop detailed requirements that provide the specifics for the model definition outlined in Phase Three.

- **Develop detailed design requirements:** Working within a stakeholder committee, an integrated team of state staff and stakeholders will develop detailed design requirements that outline the specifics of the model. These requirements will touch on each aspect of the design, providing the specificity that will be necessary for actual implementation of the program.
- **Gain SAC consensus on requirements:** Similar to earlier steps in the process, after the detailed design requirements are developed, they will be presented to the SAC for consensus. The workgroup will then make any updates necessary based on feedback from the SAC and then finalize the requirements.



The first five phases are focused on developing the model design. The sixth phase operationalizes the plan with implementation planning, budgeting, testing, and planning for ongoing stakeholder engagement.

- **Develop implementation plan:** We will develop a detailed implementation plan that provides the direction to move the model from a design to an operational and executed model. It will include activities to implement the people, process, and technology changes that are required. Additionally, the implementation plan will include readiness review checkpoints that serve as gate reviews towards implementation.
- **Identify resource requirements and develop budget:** We will develop a resource plan and budget that details the requirements for implementation.

- **Develop ongoing stakeholder engagement strategy:** The stakeholder engagement process will not end with the completion of the design requirements. Stakeholders will have an ongoing role throughout model testing. During this step, we will outline the details of how stakeholders will be engaged on an ongoing basis.
- **Develop model-testing application:** We prepare our application for CMS grant support for Model Testing phase of the SIM.
- **Obtain SAC approval of planning efforts:** The SAC will review each of the implementation planning documents to provide feedback and signoff.

B. Stakeholders - New Hampshire SIM Stakeholder List

Participant	Participant	
First Name	Last Name	Organization Name
Kelly Michael	Clark Olender	AARP New Hampshire
Lisa M. Paula	Guertin Rogers	Anthem Blue Cross Blue Shield
Jim	Zibailo	Bi-State Primary Care Association
Steve Erin Ellen	Wade Hall Edgerly	Brain Injury Association of New Hampshire
Sue	Fox	Center on Aging and Community Living / Institute on Disability, University of New Hampshire
Mike Keith	Ostrowski Kuenning	Child and Family Services
Ellen	Fineberg	Children's Alliance of New Hampshire
John	Modlin, MD	Children's Hospital at Dartmouth Hitchcock
Hugh	Philbrick	Community Partners of New Hampshire
Rich Dotie Leslie	Crocker Treisner Boggis	Community Support Network, Inc.
Barbara Lynn M.	Walters, MD Guillette	Dartmouth-Hitchcock
John	Soucy	Easter Seals
David Simeon Jennifer	Li, MD Furman Darius	Elliot Healthcare Systems
Steve Kim	Rowe Firth	Endowment for Health
Barbara	Salvatore	ENGAGING NH – Elder Advocacy
Christine	Santaniello	Lakes Region Community Services
Sarah Jennifer Bobbi Dave Jennifer Bob Linda	Aiken Bertrand Gross Hackett Pineo Primeau Quintanilha	Family Support Council, Legislative Liaison
Deb	Sheetz	Gateways Community Services
Kimberly	Reeve	Governor's Office
Timothy	Rourke	Governor's Commission on Alcohol & Other Drugs
John	Richards	Governor's Council on Disability
Kathleen	Abate	Granite State Federation Families for Children's Mental Health
Clyde Debbie	Terry Kryder	Granite State Independent Living

B. Stakeholders - New Hampshire SIM Stakeholder List

Participant	Participant	
First Name	Last Name	Organization Name
Jeff	Dickinson	
Beth	Roberts	Harvard Pilgrim Health Care
Gina M.	Balkus	Home Care Association of New Hampshire
Doug Anita	McNutt Perreault	Medical Care Advisory Committee
Damien	Licata	Mental Health Consumer Council
Erin	Rushalko	Monadnock Area Peer Support Agency
Paul Barbara	Boynton Didona	Moore Center
Ken Sue	Norton Allen-Samuel	National Alliance for Mental Illness
Tricia Linda Sarah	Lucas Paquette Sadowski	New Futures, Inc.
Sue David Carol	Hatfield Quellette Stamatakis	New Hampshire Council on Developmental Disabilities
Richard	Ober	New Hampshire Charitable Foundation
Jeanne	Ryer	New Hampshire Citizens Health Initiative
Kirsten	Murphy	New Hampshire Council on Autism Spectrum Disorders
Betsy	Miller	New Hampshire County Association
Martha-Jean Terry	Madison Ohlson-Martin	New Hampshire Family Voices
Jennifer Heath Cheryl	Guillemette Hooper Manning	New Hampshire Foster & Adoptive Parent Association
John	Poirier	New Hampshire Health Care Association
Steve Leslie	Ahnen Melby	New Hampshire Hospital Association
Laurie	Harding	New Hampshire House of Representatives / Upper Valley Community Nursing Project
Charlie John Cindy	McMahon Reagan Rosenwald	New Hampshire House of Representatives
Ned	Helms	New Hampshire Institute for Health Policy & Practice
Tyler	Brannen	New Hampshire Insurance Department
Cynthia Scott Janet	Cooper, MD Colby Monahan	New Hampshire Medical Society
Jenny	Lipfert, MD	New Hampshire Pediatric Society
Bob	Odell	New Hampshire State Senate
Bernie	Seifert	NH Coalition on Substance Abuse, Mental Health & Aging
Erica	Ungarelli	NH Department of Children Youth & Families

B. Stakeholders - New Hampshire SIM Stakeholder List

Participant	Participant	
First Name	Last Name	Organization Name
Nancy	Rollins	NH DHHS Associate Commissioner
Erik Kelley	Riera Capuchino	NH DHHS Bureau of Behavioral Health
Matthew Karen	Ertas Kimball	NH DHHS Bureau of Developmental Services
Joseph	Harding	NH DHHS Bureau of Drug and Alcohol Services
Diane Mary	Langley Maggioncalda	NH DHHS Bureau of Elderly and Adult Services
Katja S.	Fox	NH DHHS Commissioner's Office
Sheri	Rockburn	NH DHHS Division of Community Based Care Services
Lisabritt Doris	Solsky Lotz, MD	NH DHHS Office of Medicaid Business & Policy
David	Lacroix	NH Hospital Peer Support Liaison
Tom	Raffio	North East Delta Dental
Janet	Hunt	People First of New Hampshire
Connie Georges Jill	Young Djanabia Burke	ServiceLink Resource Centers
Nanci	Collica	State Behavioral Health Advisory Council
Steve Margaret	Gorin Moser	State Committee on Aging
Jerry	Grathem	State Independent Living Council
Mariellen	MacKay	State Rehabilitation Council
Lisa Joan	Hatz Holleran	Vocational Rehabilitation, NH Department of Education
Suellen	Griffin	West Central Behavioral Health
Marc	Levenson, MD	White River Junction Veterans Affairs Medical Center

Stakeholders on the above list were invited to a meeting on September 12. They represent a broad cross-section of advocates, providers, insurers, consumers and family caregivers. Sixty-eight individuals attended or sent a designee. Some, due to other commitments were not able to attend but expressed an interest in participating going forward. In preparation for the submission of this proposal the State developed, with stakeholder involvement, a set of program goals for the Innovation Model, as well as a set of payment reform goals to support the achievement of the program goals. As depicted in Section D, Project Organization, stakeholders will be involved in

B. Stakeholders - New Hampshire SIM Stakeholder List

both the State Inter – Agency Task Force; the Stakeholder Advisory Committee and targeted work groups that may be necessary to complete the design

DHHS has engaged a wide range of stakeholders committed to developing a consensus-driven State Health Care Innovation Plan that builds on and brings together public and private strategies and creates a transformational vision of the NH health care system.

C. Public and Private Payer Participation

New Hampshire has a rich history of bringing together stakeholders on a voluntary basis to develop significant policy initiatives. With that framework in mind, the State intends to involve the major payers in its health care system in the Model Design.

The State is in the process of implementing a phased Medicaid care management program, transitioning from a fee-for-service program administered by the State to a managed care environment that will be administered by three MCOs with significant State oversight. The three MCOs will be active participants in the Model Design. These include Well Sense Health Plan (Boston Medical Center), Granite State Health Plan (Centene Corporation), and Meridian Health Plan.

Step 2 includes all DHHS waived services and nursing facilities. As part of its new Medicaid care management program, the State is planning to work with CMS on how to integrate Medicare and Medicaid services and payment methodologies for the dual-eligible population.

The Department of Administrative Services administers the State Employees Health Benefits Plan, which covers active and retired employees. In addition, State contracts with Anthem as its third party administrator. The director of the program will be invited to join in the planning process.

The State has three major insurers who provide commercial group insurance and third party administration services - Anthem-New Hampshire, Cigna/Connecticut General Life Insurance and Harvard Pilgrim Health Care. All three have been actively involved in initiatives involving patient centered medical homes, ACOs, discussions about the Affordable Care Act's Health

Benefit Exchange, and other community-based projects. They will be invited to join in the Model Design.

The State has one major dental health insurer that has also been actively involved in a number of state and community-based initiatives. A representative from Delta Dental has attended a stakeholder meeting on the Model Design and is invited to participate.

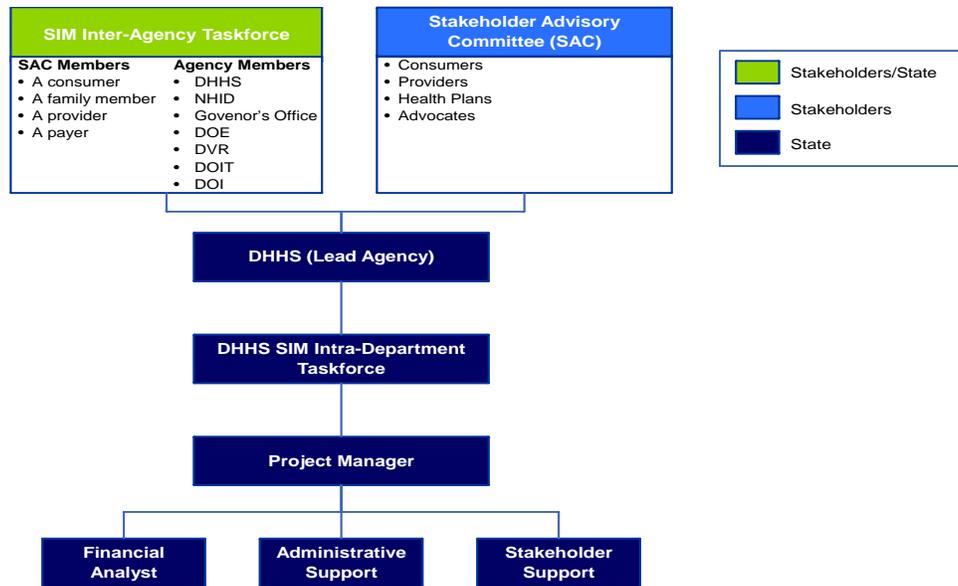
The New Hampshire Insurance Department, who is part of the SIM Inter-Agency Taskforce, will participate in the Model Design to provide input and expertise in the area of the commercial health insurance market. We will also leverage the results of the Insurance Department's upcoming evaluation of payment reform strategies in New Hampshire.

The State also plans to invite the two Veterans Administration hospitals that serve the State to join our efforts. We also believe that TriCare should be included in the discussion.

We anticipate that those who participate will be offering staff time to attend meetings, write and review sections of the Design, and be available as subject matter experts.

D. Project Organization

The project is organized to ensure that stakeholders and State staff work collaboratively to develop the design of the new Model. The graphic below provides a high-level overview the Project Organization.



Each group within the project organization has a defined set of responsibilities in the overall project scope.

- SIM Inter-Agency Taskforce:** The SIM Inter-Agency Taskforce, selected by the, includes SAC membership and state agency membership. The Taskforce is responsible for providing overall guidance and leadership for the project, and approving final work products.¹
- Stakeholder Advisory Committee:** The Stakeholder Advisory Committee (SAC) includes representatives from across the spectrum of stakeholders, including consumers, providers, payers, and advocates. The SAC is involved in every phase of the project, providing input and approval throughout the model development.

¹New Hampshire Insurance Department (NHID), Department of Education (DOE), Division of Vocational Rehab (DVR), Department of Information Technology (DO IT), Department of Insurance (DOI)

- **DHHS (lead agency):** DHHS is the agency with overall responsibility for driving this initiative forward, including coordination of all activities, work efforts, and project members.
- **DHHS SIM Intra-Department Taskforce:** The DHHS SIM Intra-Department Taskforce includes representatives from key areas within DHHS that have oversight over the programs and initiatives impacted by the new Model. Members of this Taskforce will provide the expertise and subject-matter expertise in working through the Design.
- **Project Manager:** The Project Manager will be a representative from DHHS who will manage the project on a daily basis. The project manager monitors work against the project plan, helps resolve project issues, and directs project resources and activities.
- **Financial Analyst/Administrative Support/Stakeholder Support:** These individuals comprise the project staff that will provide support to the effort from an administrative, support, and analysis perspective.

E. Provider Engagement

New Hampshire's plan to engage providers in delivery system transformation has already begun with a stakeholder kickoff meeting. Close to 70 stakeholders attended this meeting, many of who are direct care providers or who represent provider groups through their professional affiliations. Volunteer members from this group will make up a Stakeholder Advisory Committee where providers will work directly with consumers, family members, payers, state staff, and legislators to inform payment transformation and service delivery that focuses on the right service, at the right time, in the right place. Together this Stakeholder committee will

oversee the design of an effective and efficient service delivery system that is quality outcome focused.

Providers will inform the system transformation by participating in the design process with 1) consumers and family members to understand the service needs, 2) payers to discuss overall healthcare costs impacted by the coordination of benefits, service access, quality improvement, outcomes and healthcare operations, 3) legislators to identify and support the use of regulatory authority to effect system transformation, and 4) cross-discipline providers to develop and design a system of integrated care and care coordination supported by the implementation of Health Homes. Providers will be invited to participate in a statewide conference and a social marketing campaign designed to outreach and educate the NH Legislature and residents.

New Hampshire has a strong commitment by providers to transform their care model. Learning collaboratives range from integration of primary and behavioral health, whole health and wellness, behavioral health system transformation and substance abuse disorder treatment. These collaboratives are fully operational and include providers representing primary care and specialty groups. In addition to these collaboratives, multi-disciplinary providers are also participating on related health care transformation initiatives. Examples include the Balance Incentive Program, Money Follows the Person, Medicaid Incentives for Prevention of Chronic Disease, and Expansion of the Comprehensive Community Mental Health Services for Children and Families Program. These providers attended the stakeholder kickoff meeting, expressed a high level of enthusiasm and a continued investment to inform systems change in New Hampshire.

IV. Project Plan and Timeline

We have developed a high-level workplan that will guide our work from pre-award activities until the end of the period-of-performance in June 2013. These activities are divided into six distinct phases of work. Responsibility for this work is divided between state staff, a stakeholder advisory committee, and stakeholder workgroups that include participants from the State and stakeholders. While we understand that the award decision will not be made until December 2012, we have structured our workplan to begin stakeholder engagement, internal planning, and initial goal setting prior to notification of award, as we believe that having completed these activities will allow our team to begin design activities on day one, if awarded.

The timeline below depicts the sequencing, duration, and timing of each phase of work. A detailed description of our approach to the design activities is provided in the project narrative.

Task	2012				2013						
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Phase 1: Conduct Internal Planning	■										
Phase 2: Conduct Stakeholder Outreach		■									
Phase 3: Define Detailed Model				■							
Phase 4: Develop Savings Estimate for Model				■							
Phase 5: Develop Detailed Design Requirements					■						
Phase 6: Conduct Implementation Planning							■				