

Design Work Group Meeting
New Hampshire State Health Care
Innovation Model



Agenda

- Introductions
- SIM update
- Review of questions discussed at the last meeting
- Discussion of open questions

Discussion Topics Covered at the Last Meeting

- Changing the current assessment methodology
- What services are included in the care plan?
- Who initiates the creation of the care plan?
- What is the role of the individual and family in the creation of the care plan?
- What are the role of system participants in the creation?
- Is the care plan approved? By who? Does the individual have appeal rights regarding the plan?



Discussion Topics for Today

- How is the Care Coordination Infrastructure Plan created?
- What is the methodology for choosing a team leader?
- How will the health home model be adapted and deployed?
- What care coordination training should care givers receive?
- Will “new” services be allowed only in the consumer directed model?
- **CONSUMER DIRECTED CARE TOPICS**
 - Do individuals opt in or opt out?
 - Who assists the individual with the participation decision?
 - Is there a service level threshold to enter CDC?
 - Are individuals screened to determine whether the budget model is appropriate given their circumstances?
 - Who creates the budget?
 - Who approves the budget?
 - Are State Plan Medicaid services included when developing the budget?
 - How are natural supports used in creating the budget?



Payment Work Group Meeting
New Hampshire State Health Care
Innovation Model



Agenda

- Introductions
- SIM update
- Review of questions discussed at the last meeting
- Discussion of open questions



Notes

Question 1 – How does the Individual’s plan interact with a payer’s prior authorization requirements?

- Payers would be allowed to apply prior authorization criteria on services and supports called for in the individual’s plan
- The individual’s “Team Leader” would work with the payer to secure approval for needed services and helps the individual navigate both the payer’s prior authorization and appeals process
- New or modified criteria going beyond traditional medical necessity criteria may need to be developed and adopted by payers to reflect the needs and values of individuals receiving LTSS

Question 2 – What should the reimbursement model for certified PCPs be?

- There was a discussion of two possible reimbursement models for PCPs who received LTSS certification
 - PCPs could receive enhanced payment for evaluation and management (E&M) office visits and wellness visits when they see an individual receiving LTSS – or
 - The PCPs could receive a monthly lump sum payment
- Each payer would be required to fund PCP reimbursements

Question 3 – What should the Team Leader reimbursement model be?

- Funding for Team Leaders would be the shared responsibility of all participating payers
- Team Leaders could potentially reduce the need for other existent care/case management functions thus offsetting some if not all of the cost of paying the Team Leader
- The work group also discussed whether Team Leader should be independent from both the payer and provider community



Discussion Topics for Today – Consumer Directed Budget Initiative

- Who creates the budget?
- Who approves the budget?
- How is the budget created?
- Do we create a “re-insurance pool”?
- How is pricing information provided to the individual?
- Can family contributions to providing support be factored into the incentives?
- How will incentives be priced?
- What happens to an individual’s budget if the individual has a long hospital or facility stay?
- Who manages the re-insurance pool?
- How are year end surpluses split?
- What can the payer use the surplus for?
- Will surpluses have any impact on the individual’s budget in the following year?



Quality Work Group Meeting
New Hampshire State Health Care
Innovation Model



Agenda

- Introductions
- SIM update
- Review of questions discussed at the last meeting
- Discussion of open questions



Notes

Question 1 – PCP certification Concept

- Certification needs to focus on awareness raising and skill building of the PCP
- There are numerous possible resources for content of the certification curriculum
- Individual consumers should be included in the curriculum design
- There is an opportunity to use BIP funds for the development of the certification program and process
- The group also discussed reaching out to Dartmouth to see their level of interest in creating the curriculum
- There was agreement that that PCPs should be required to be re-certified and that an outcome measurement (like did the number of referrals by the physician to Service Link increase) be part of the re-certification process
- The group also discussed that in addition to a certification program a CME approved training in LTSS be offered, but only physicians completing the certification process would be eligible for enhanced payments



Notes

Question 2 – What should the qualifications of the Team Leader be?

- Team Leaders should be certified
- Multiple sources (service link training, CM training, the to be developed PCP certification process) could be used to develop certification criteria and training content
- Team Leader effectiveness should be measured
- Team Leaders can be “anybody”, but there was significant conversation about whether there should be rules about who could be certified
- Team Leader term should be tested with consumers
- Two topics came up not related to quality
 - Should individuals be required to have a “life” plan?
 - Are there circumstances where individuals would not receive a life plan or a Team Leader?
 - Can individuals choose to not have a team leader?



Discussion Topics for Today

Questions Related to the Consumer Directed Budget Model

- What provider quality information is provided to the individual?
- Will there be any certification or credentialing requirements for non traditional providers?
- What data needs to be collected to support CDB?
- How will we measure the effectiveness of the CBD Model?

Questions Related to the Triple Aim Incentive Pool

- What quality measures will be used?
- Will measures change over time? Who decides?
- How will measure improvement targets be determined?
- Will payments be made if improvement is made but quality measure targets are not met?
- How will we evaluate the effectiveness of this and the other initiatives on driving system change?



Quality Work Group Meeting
New Hampshire State Health Care
Innovation Model



Notes

Question 1 – What services should be included in the individual’s plan?

- The Plan should address all needs regardless of whether the service that addresses that need is currently covered by the individual’s payer(s)
- The Plan should reinforce the concept of flexibility to address the unmet needs of the individual that impede the individual’s ability to avoid a higher level of care
- The Plan should identify available community resources
- The LTTS budget coming out of the plan should include a “contingency” withhold in addition to the re-insurance withhold to create a system wide contingency pool that individual’s could access to address critical needs that are not covered by their payer(s). The system’s contingency fund could be augmented by re-investment funds

Question 2 – What should the criteria be for establishing the priorities of the Re-Investment Fund?

- Re-Investment funds should be used to address both individual needs and system needs
- Criteria should include:
 - What re-investment strategies have the biggest financial and/or qualitative impact?
 - What strategies have the strongest ROI (Return on Investment)?
 - What strategies can generate matching funds?
 - What strategies promote independence and self determination?
 - What strategies help close service gaps at the individual level?



Agenda

- Introductions
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- Review of questions discussed at the last meeting
- Discussion of open questions



Discussion Topics for Today

- Methodology for establishing priorities for the Re-Investment Fund
 - Consumer and Stakeholder involvement in prioritization process
- Distribution methodology(ies) for the Re-Investment Fund
 - How will funds be allocated between priorities?
 - Who administers the funds?
 - Grant approach?
 - Pilot or program wide initiatives?
 - Who can receive Re-investment funds?
- How will the effectiveness of investments be evaluated?



Other Barriers Work Group Meeting
New Hampshire State Health Care
Innovation Model



Agenda

- Introductions
- SIM update
- Review of questions discussed at the last meeting
- Discussion of open questions



Notes

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Discussion Topics for Today

- Methodology for establishing priorities for the Re-Investment Fund
 - Consumer and Stakeholder involvement in prioritization process
- Distribution methodology(ies) for the Re-Investment Fund
 - How will funds be allocated between priorities?
 - Who administers the funds?
 - Grant approach?
 - Pilot or program wide initiatives?
 - Who can receive Re-investment funds?
- Will “new” services be allowed only in the consumer directed model?
- What other strategies besides budget flexibility, the contingency fund and the re-investment fund should be included in the model to address barriers?



Education and Outreach Work Group
Meeting
New Hampshire State Health Care
Innovation Model



Agenda

- Introductions
- SIM update
- Review of questions discussed at the last meeting
- Consumer outreach update
- Discussion of open questions



Discussion Topics for Today

- Discussion of training and education supports for individuals in the creation of a comprehensive plan

- Discussion of needed education and training tools and supports for individuals and families in the Consumer Directed Care Budget model
 - a. Decision supports for enrollment
 - b. Training supports for budget model
 - c. On-going support
 - d. Information needs to support “shopping”



Legal/Regulatory Work Group Meeting
New Hampshire State Health Care
Innovation Model



Agenda

- Introductions
- SIM update
- Review of questions discussed at the last meeting
- Discussion of open questions



Discussion Topics Covered

- Structure of the PCP certification initiative
- Individual appeal rights of care plan components
- Impact of the care plan on payer prior authorization requirements
- Regulatory strategy for services not currently covered



Discussion Topics for Today

- HIPAA issues related to Risk, Prevention and Care Coordination initiatives
- Are individuals screened to determine whether the budget model is appropriate given their circumstances?
- How does an individual appeal their budget determination?
- Is there an appeal process for the case reviews/re-assessment?
- What happens to the HSA if the individual dies?
- What is the impact of this initiative on the agency of last resort requirement?
- What consumer protections are needed in the CDC model?
- What are the IRS implications of this initiative?
- What regulations and/or laws will need to be changed?



Existing Initiatives Work Group Meeting
New Hampshire State Health Care
Innovation Model



Agenda

- Introductions
- SIM update
- Existing Initiatives Matrix review
- Review of questions discussed at the last meeting
- Discussion of open questions



Topics discussed at the previous meeting

- Discussion of new assessment model development and deployment
- Discussion of intersection with existing care planning, care coordination and /or case management programs and protocols
- Discussion of intersection between plan development and approval process for other non-waiver services



Discussion Topics for Today

- Discussion of potential impact of offering Life Planning and Team Leaders to under 21s who would have been eligible except for their age
- Discussion of potential impact of offering Life Planning and Team Leaders to elderly individuals who are in the process of spending down to the eligibility threshold
- Discussion of the possible role of Service Link in Life Plan Development for all LTSS waiver participants
- Discussion of Team Leader role and relationship to case/care management activities
- Discussion of potential resources for pricing of non traditional resources



HIT/IT Initiatives Work Group Meeting
New Hampshire State Health Care
Innovation Model



Agenda

- Introductions
- SIM update
- Review of questions discussed at the last meeting
- Discussion of open questions



Discussion Topics from Last Meeting

- Data needed for new LTSS assessment model
- Data needed to support LTSS re-assessment
- Data needed to support care plan development
- Data needed to support care plan updates
- High level discussion of HIT/IT system requirements to meet data needs
- HIPAA issues related to Risk, Prevention and Care Coordination
- Discussion about scheduling Technical Assistance with Hunt Blair from CMMI



Discussion Topics for Today

- Discussion of data and technical needs to support the consumer directed budget model
- Discussion of approaches to implement IT infrastructure improvements to support SIM
- Prep for Hunt Blair meeting

