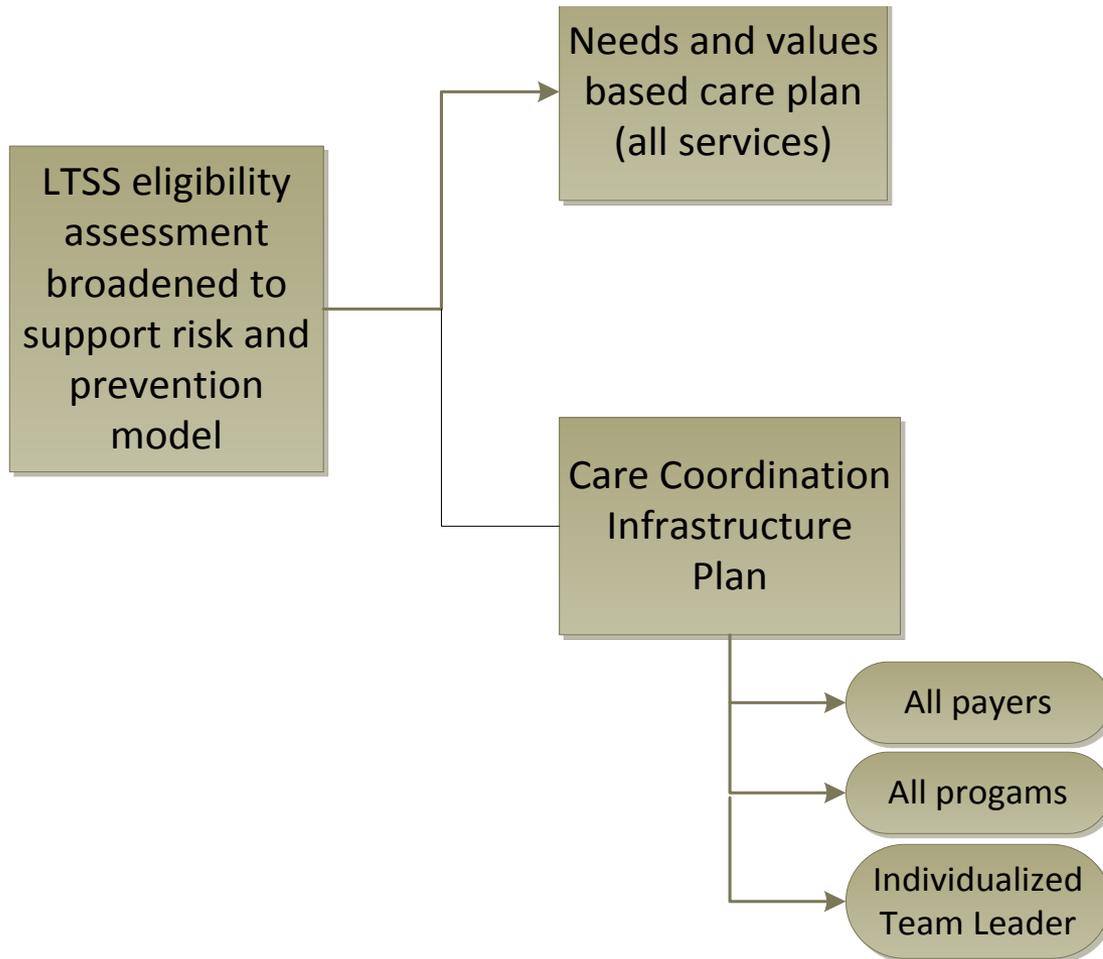


Updated SIM Initiative Design Documents  
New Hampshire State Health Care  
Innovation Model



# Risk, Prevention and Care Coordination Initiative

# New Approach to LTSS Assessments and Care Plan Development



## Design Notes

- Assessment focus is expanded to assess the individual's risk of future use of a higher level of service without LTSS
- Comprehensive care plan is developed based on the needs and values of the individual including all medical, behavioral and LTSS with a focus on prevention
- Care Coordination Infrastructure Plan is created to coordinate the providers and systems of care identified in the care plan
- Team Leader is selected for each individual based the primary needs of the individual



# Potential Care Coordination and Prevention Payment Strategies

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- Create a training and certification program for primary care providers to increase awareness of the needs and concerns of their patients who use LTSS. PCPs completing this program would receive enhanced payments for office visits from their patients who use LTSS
- Create a training program for individuals, providers and entities serving as an individual's Care Team Leader and create a reimbursement mechanism for the Care Team Leaders
- Develop payment methodologies that will encourage the use of telemedicine, in home monitoring technologies and other assisted technologies
- Develop an incentive/risk arrangement with residential facilities and nursing homes focused on reducing hospital admissions and re-admissions of their residents
- Develop an incentive/risk arrangement with community mental health centers focused on decreasing New Hampshire Hospital admissions and re-admissions



# Key Decisions – Risk Prevention and Care Coordination

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Decision	Work Group
How do we change current assessment methodology?	System
What is the nature of relationship of the care plan to the LTSS budget?	System
What is the role of the Individual and Family in the development of the care plan?	System
What are the role of system participants in the development of the care plan?	System
What systems of care, services and supports are included in the care plan?	System/Existing Initiatives
Is the care plan approved? By who? Does the individual have appeal rights regarding the plan?	System
What services are included in the care plan?	System
How does the care plan interact with prior authorization requirements of payers?	Payment
How is the Care Coordination Infrastructure Plan created?	System
What is the methodology for choosing the team leader?	System



# Key Decisions – Risk, Prevention and Care Coordination

Decision	Work Group
How will the health home model be adapted and deployed?	System
What is the structure and nature of PCP certification process?	Legal/Regulatory/system
What is the reimbursement model for PCPs?	Payment
What the reimbursement model for the team leader?	Payment
What are the qualifications for a team leader?	Quality
What are the qualifications for care team members?	Quality
Should there be a reimbursement model for care team members?	System/Payment
What care coordination training should care givers receive?	System
How should care coordination training be paid for?	Payment
How do we determine what currently not covered services will be allowed?	Legal/Regulatory
What qualification/certification requirements should there be for “new” services	Legal /Regulatory
How will new services be priced and paid for?	Payment
Will “new” services be allowed only in the consumer directed model?	System
What training and educational supports do individuals need to fully participate in this initiative?	Education/Outreach
What regulatory/legal changes are required	Legal/Regulatory
What data is needed to support this initiative?	HIT/IT
What technology will be needed to support this initiative?	HIT/IT



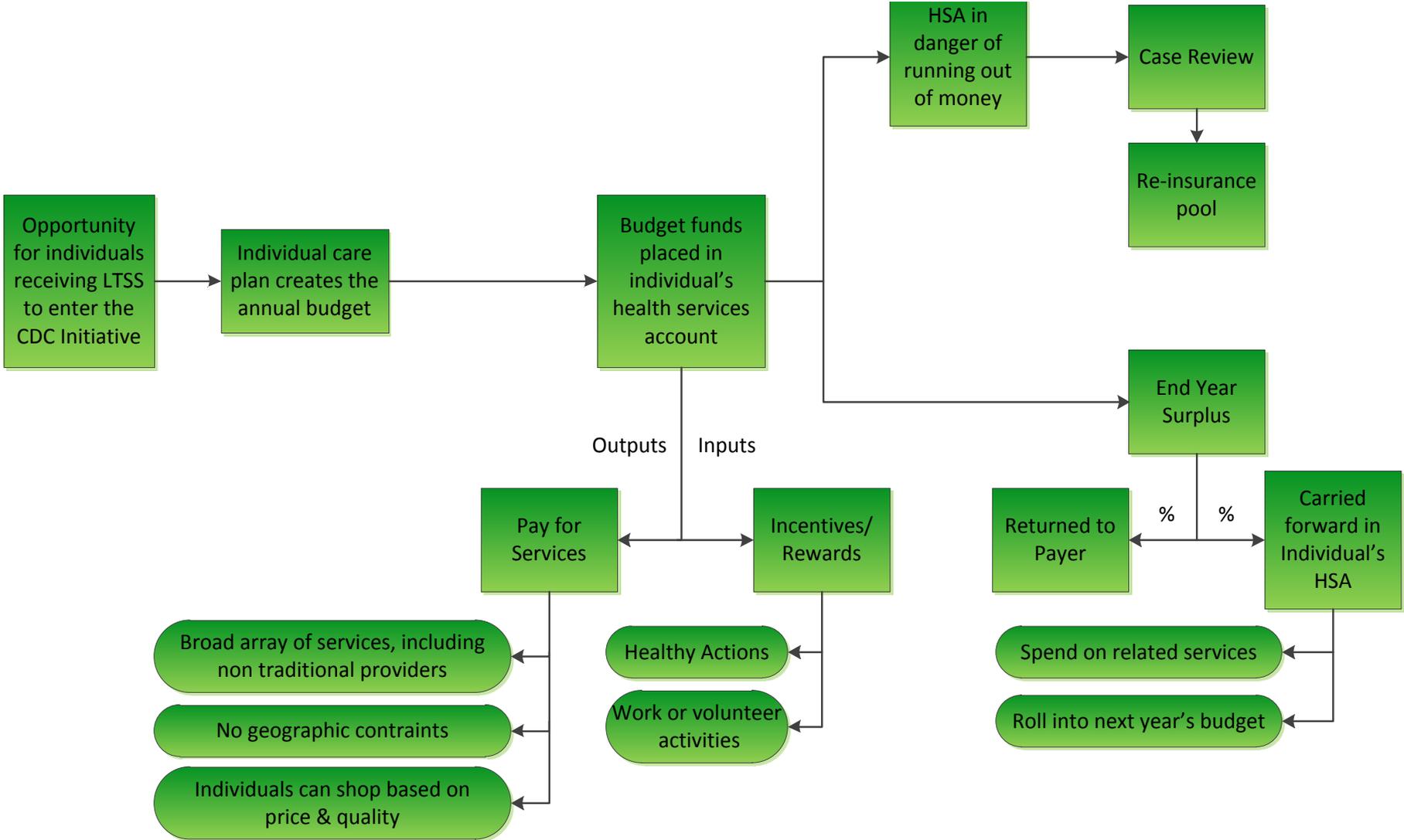
# Key Decisions – Tactical Initiatives

Decision	Work Group
<b>Hospital Re-admission Initiative</b>	
Do we piggy back on Medicare's nursing home hospital admission initiative?	Existing Initiatives
Do we implement as part of a dual eligible financial alignment demonstration?	System
Is the hospital admission initiative an incentive, incentive and risk or full risk model?	Payment
How will bench marks be created?	Quality
Do we include emergency room and/or urgent care visits in the model?	System
What changes will be needed to the nursing home payment and reimbursement methodologies?	Legal/Regulatory
Should an incentive model be developed for community care givers to prevent re-admissions for individuals receiving LTSS at home?	System/Payment
What technology will be needed to support these initiatives?	HIT/IT
<b>New Hampshire Hospital Admissions Initiative</b>	
Can we leverage previous work to develop methodology for New Hampshire Hospital admission reduction initiative?	Existing Initiatives
Do we need to have a separate approach for children and adults?	System
Will the NH hospital initiative be an incentive, incentive and risk or full risk model?	Payment
How will benchmarks be created?	Quality
What technology will be needed to support these initiatives?	HIT/IT



# Expanded and Enhanced Consumer Directed Care Budget Initiative

# Expanded and Enhanced Consumer Directed Care Budget Model



## Design notes on the Consumer Directed Care Budget Model

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- Individuals who are eligible for LTSS services would be given the option to participate in the Consumer Directed Care Budget Model creating an annual budget for LTSS services and allowing individuals to use their budget on a broad array of services and supports
- LTSS budget would be created out of the comprehensive care plan. A portion of the budget would be directed to a re-insurance pool to fund needs based changes to budgets over the course of the year
- LTSS would be paid for out of the individual's Health Services Account (HSA). An individual could use their budget for a wide array of services and supports and not be limited to the LTSS identified when the budget was created
- An Incentives/Rewards Program would be created to add money to the individual's HSA when the individual performs certain activities
- When an individual's HSA account is in danger of running out of money and/or there is a significant change in the individual's status, a re-assessment would be performed. If the re-assessment results in an increase to the individual's budget, funds would be transferred from the re-insurance pool to the individual's HSA
- At the end of the year, a portion of any balance remaining in the HSA can be retained for future use by the individual



# Key Decisions- Expanded and Enhanced Consumer Directed Care

Decision	Work Group
Do individuals opt in or opt out?	System
Who assists the individual with the participation decision?	System
What education and training tools are provided to individuals and families?	Education/ Outreach
Is there a service level threshold to enter CDC?	System
Are individuals screened to determine whether the budget model is appropriate given their circumstances?	System/Legal Regulatory
Who creates the budget?	System/Payment
Who approves the budget?	System/Payment
How is the budget created?	Payment
Are State Plan Medicaid services included when developing the budget?	System
How does an individual appeal their budget determination?	Legal/Regulatory
How are natural supports used in creating the budget?	System/Payment
Do we create a “re-insurance pool”?	Payment



# Key Decisions- Expanded and Enhanced Consumer Directed Care

Decision	Work Group
Who administers the HSA?	System
Who helps the individual manage their HSA?	System
Are there guardianship issues that need to be addressed?	Legal/Regulatory
What information and tools will be available to help individuals manage their HSA?	Education/Outreach
Are there any constraints/oversight of how an individual uses their budget funds?	System/Legal/Regulatory/ Other
How is pricing information provided to the individual?	Payment
What provider quality information is provided to the individual?	Quality
Can an individual go out of state for services and supports?	System
Will there be any certification or credentialing requirements for non traditional providers?	Quality/Other
Who pays claims?	System
What incentives will be used?	System
Can family contributions to providing support be factored into the incentives?	System/Payment
How will incentives be priced?	Payment



# Key Decisions- Expanded and Enhanced Consumer Directed Care

Decision	Work Group
What events trigger a case review/ re-assessment?	System
Who can trigger a case review/re-assessment?	System
Is there an appeal process for the case reviews/re-assessment?	Legal/Regulatory
What happens to the HSA if the individual dies?	System/Legal/Regulatory
What happens to an individual's budget if the individual has a long hospital or facility stay?	Payment
How will the re-insurance process be administered?	System
Who manages the re-insurance pool?	Payment
How are year end surpluses split?	Payment
What can an individual use the surplus for?	System
What can the payer use the surplus for?	Payment/System
Will surpluses have any impact on the individual's budget in the following year?	Payment/System



# Key Decisions-Expanded and Enhanced Consumer Directed Care

Decision	Work Group
What technology is needed to support this initiative?	HIT/IT
What is the impact of this initiative on the agency of last resort requirement?	Legal/Regulatory
What consumer protections are needed in the CDC model?	System/Legal/Regulatory
What are the IRS implications of this initiative?	Legal/Regulatory
What data needs to be collected to support CDC?	Quality
What regulations and/or laws will need to be changed?	Legal/Regulatory



# Global Triple Aim Incentive Pool Initiative

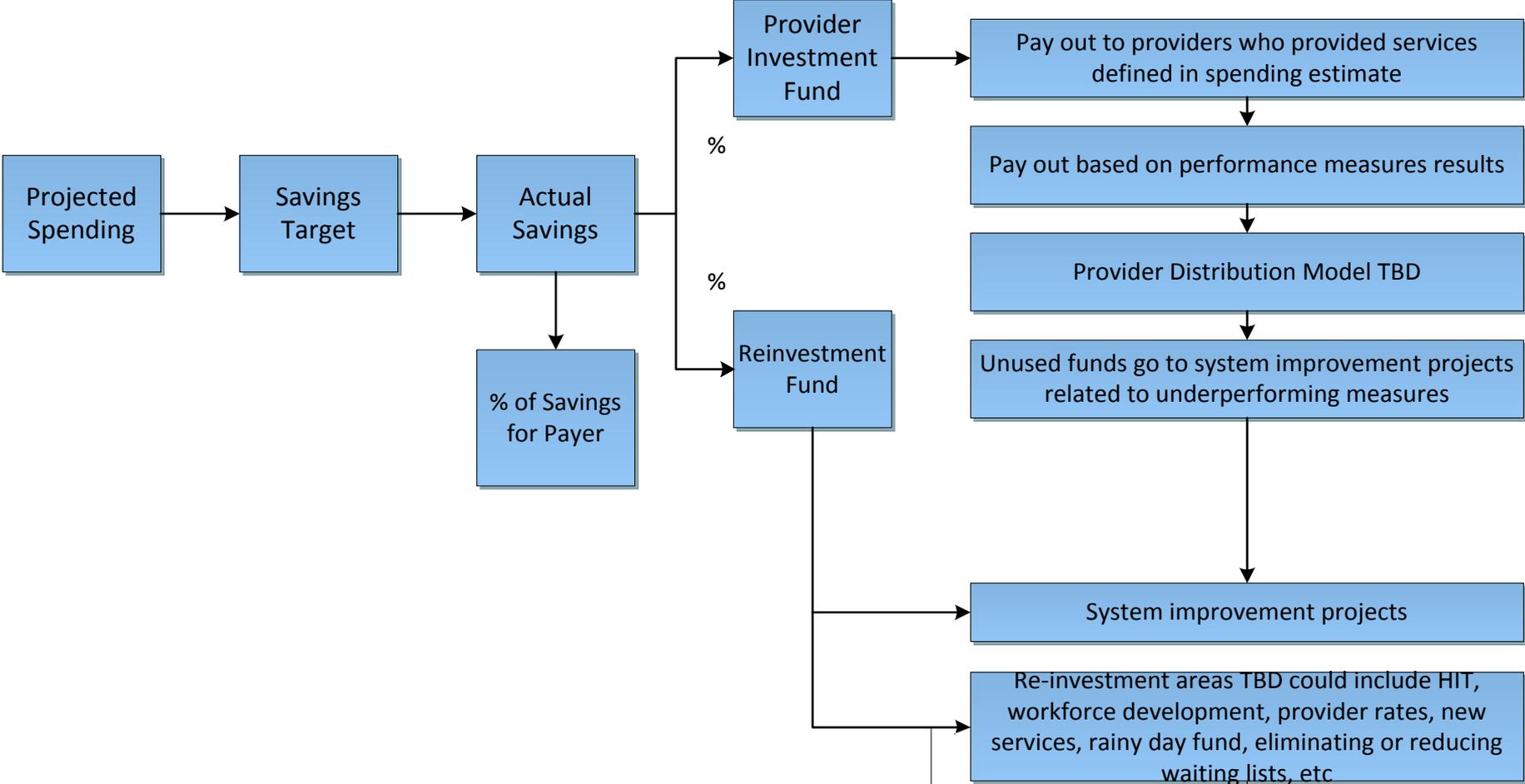
# Design Notes on Global Triple Aim Incentive Initiative

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- Spending is projected for all medical, behavioral and LTSS costs for individuals receiving LTSS
- A savings target would be established as a percent of the spending projection. This projection will have to be reconciled with assumptions in the state budget
- At the end of the year, savings would be calculated by subtracting actual costs from the projected costs
- A decision will need to be made as to whether incentives will be paid out if actual savings do not equal or exceed the savings target. It is anticipated in the first year that DHHS may ask CMS to fund incentives if savings targets are not met
- Savings would be distributed three ways – to the payers, providers and a portion is re-invested in the delivery system
- Provider incentives would be paid if quality and performance measures are met. These measures will reflect overall system performance, not individual provider performance
- If a measure is not met, funds that would have been paid out for the measure would be re-invested in a quality improvement project focused on that measure
- The actual areas of re-investment are still to be determined



# Global Triple Aim Incentive Initiative



# Key Decisions- Global Triple Aim Incentive Pool

Decision	Work Group
Determine scope of services to included in cost “bucket”	System
How do we determine baseline cost projections?	Payment
How do we set savings target?	Payment
How to account for any double counting?	Payment
Do we make incentive payments if saving targets only partially reached?	Payment
How are savings distributed?	Payment
What quality measures will be used?	Quality
Will measures change over time? Who decides?	Quality
How will measure improvement targets be determined?	Quality
Will payments be made if improvement is made but quality measure targets are not met?	Quality
What entities participate in the provider investment fund?	System



# Key Decisions- Global Triple Aim Incentive Pool

Decision	Work Group
What do we do with unused provider investment funds?	System
What will be the “re-investment” buckets?	Other Barriers
Will the buckets change over time and who decides?	System
Do we require a system improvement project to determine the cause and corrective action plan if we miss the savings target?	System/Payment
How will re-investment funds be distributed?	Other Barriers
What data needs to be collected to support this initiative?	Quality
What technology is needed to support this initiative?	HIT/IT
What regulations and laws need to be changed to support this initiative?	Legal and Regulatory
How will we evaluate the effectiveness of this and the other initiatives on driving system change?	Quality

