

NH BUILDING CAPACITY FOR TRANSFORMATION SECTION 1115 WAIVER DEMONSTRATION

SECTION 1115 QUARTERLY REPORT

Demonstration/Quarterly
Reporting Period:

March 2016

I. Present information describing the goal of the demonstration, what it does, and the status of key dates of approval/operation.

The DSRIP demonstration represents an unprecedented opportunity for New Hampshire to strengthen community-based mental health services, combat the opioid crisis, and drive delivery system reform for New Hampshire.

The goals of the DSRIP demonstration are: to build behavioral health care capacity, promote integration of physical and behavioral health care and improve care transitions that are implicated by behavioral health care needs. The demonstration seeks to achieve these goals by paying providers to organize themselves into regional networks of providers that can address the full spectrum of needs with which someone with behavioral health care needs may present.

Transformation will be driven by regionally-based networks of physical and behavioral health providers as well as social service organizations that can address social determinants of health.

These new, regionally-based networks of providers called Integrated Delivery Networks ('IDNs') will drive system transformation by designing and implementing projects in a geographic region.

Participating partners in an IDN include community-based social service organizations, hospitals, county facilities, physical health providers, and behavioral health providers including mental health and substance use disorder treatment providers. IDNs are required to include a broad range of organizations that can participate in required and optional projects. Moreover, IDNs must ensure they have a network of non-medical providers and medical providers that together represent the full spectrum of care that might be needed by an individual with a mental health or substance use disorder need. Each IDN has an administrative lead that serves as the coordinating entity for the network of partners in planning and implementing projects and as the sole point of accountability for the state.

IDNs will implement defined projects from a project menu that reflects the three pathways to delivery system reform: building behavioral health capacity; integrating physical and behavioral healthcare; and improving care transitions.

DSRIP Implementation Timeline

On January 5, 2016, New Hampshire received the approved Special Terms and Conditions of its DSRIP Demonstration from CMS.

On March 1, New Hampshire submitted its draft DSRIP Planning and Funding and Mechanics Protocols to CMS, in accordance with the STCs.

On March 4, New Hampshire solicited non-binding letters of intent from those entities interested in acting as potential administrative leads for an Integrated Delivery Network.

Throughout March, the state held 8-12 public information sessions about the DSRIP demonstration throughout the state.

On March 31, New Hampshire released a draft IDN application for public comment.

II. Integrated Delivery Network (IDN) Attribution and Delivery System Reform Information

1: Trends and any issues related to care, quality of care, care integration and health outcomes.

N/A

2: Any changes, issues or anticipated changes in population attributed to the IDNs, including changes to attribution methodologies.

N/A

3: Information about each regional IDN, including the number and type of service providers, leader provider and cost-savings realized through IDN development and maturation.

N/A

4: Information about the state's Health IT ecosystem, including improvements to governance, financing, policy/legal issues, business operations and bi-directional data sharing with IDNs.

N/A

5: Information about integration and coordination between service providers, including bi-directional integrated delivery of physical, behavioral health services, SUD services, transitional care and alignment of care.

N/A

6: Information about specific SUD-related health outcomes including opioid and other SUD-dependency rates, opioid and other SUD-related overdoses and death – and trend rates related to Hepatitis C and HIV acquisition.

N/A

Please complete the following table that outlines all attribution activity under the demonstration. The state should indicate “N/A” where appropriate. If there was no activity under a particular enrollment category, the state should indicate that by “0”.

III. Attribution Counts for Quarter and Year to Date

Note: Enrollment counts should be unique enrollee counts by each regional IDN, not member months

PLEASE NOTE: **TO BE COMPLETED BY NH DHHS STAFF**

IDN Attributed Populations	Total Number of IDN Participants Quarterly Ending – MM/YY	Current Enrollees (Year to Date)	Disenrolled in Current Quarter
N/A			

IV. Outreach/Innovation Activities to Assure Access

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Summarize marketing, outreach, or advocacy activities to potential eligible and/or promising practices for the current quarter to assure access for demonstration participants or potential eligibles.

N/A

V. Operational/Policy/Systems/Fiscal Developments/Issues

A status update that identifies all other significant program developments/issues/problems that have occurred in the current quarter or are anticipated to occur in the near future that affect health care delivery, including but not limited to program development, quality of care, approval and contracting with new plans, health plan contract compliance and financial performance relevant to the demonstration, fiscal issues, systems issues, and pertinent legislative or litigation activity.

N/A

VI. Financial/Budget Neutrality Development/Issues

Identify all significant development/issues/problems with financial accounting, budget neutrality, and CMS 64 and budget neutrality reporting for the current quarter. Identify the state's actions to address these issues.

N/A

VII. Consumer Issues

A summary of the types of complaints or problems consumers identified about the program or grievances in the current quarter. Include any trends discovered, the resolution of complaints or grievances, and any actions taken or to be taken to prevent other occurrences.

N/A

VIII. Quality Assurance/Monitoring Activity

Identify any quality assurance/monitoring activity or any other quality of care findings and issues in current quarter.

N/A

IX. Managed Care and Medicaid Delivery Contracts Reporting Requirements

Address network adequacy reporting from plans including GeoAccess mapping, customer service reporting including average speed of answer at the plans and calls abandonment rates; summary of RCO appeals for the quarter including overturn rate and any trends identified; enrollee complaints and grievance reports to determine any trends; and summary analysis of RCO critical incident report which includes, but is not limited to, incidents of abuse, neglect and

exploitation. The state must include additional reporting requirements within the annual report as outlined in STC 43.

N/A

X. Demonstration Evaluation

Discuss progress of evaluation plan and planning, evaluation activities, and interim findings.

N/A

XI. Enclosures/Attachments

Identify by title the budget neutrality monitoring tables and any other attachments along with a brief description of what information the document contains.

N/A

J. State Contacts

Identify the individual(s) by name, title, phone, fax, and address that CMS may contact should any questions arise.

PLEASE NOTE:

NAME	TITLE	PHONE NUMBER	FAX NUMBER	MAILING ADDRESS
Kelley Capuchino	Senior Medicaid Policy Analyst	603-271-9096	603-271-4332	129 Pleasant Street Concord NH, 03301