

NH BUILDING CAPACITY FOR TRANSFORMATION SECTION 1115 WAIVER  
DEMONSTRATION

SECTION 1115 QUARTERLY REPORT

Demonstration/Quarterly  
Reporting Period:

July 1, 2016– September 30, 2016

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

*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.*

**Quarterly Summary: Key Dates of Approval/ Operation**

July 20, 2016 CMS approval of the Funding and Planning protocols, including the Project Metric and Specification guide

August 24, 2016 Approval of IDN Contracts

August 24, 2016 Approval of HIT Taskforce & TA Facilitator

August 26, 2016 Distribution 1 of 7 IDN Data books begins

August 31, 2016 Project Plan Training/Presentation by Independent Assessor for IDN's

September 15/16, 2016 First Monthly IDN Update calls with NH DHHS

September 16, 2016 First IDN payments processed totaling \$19.5 m

September 23, 2016 Workforce Taskforce Initial Meeting

**Summary of IDN Engagement Activities**

**Independent Assessor Summary**

**New Hampshire Delivery System Reform Incentive Payment (DSRIP) Program –  
Independent Assessor CMS Report  
– Summary of IDN engagement  
activities**

**Report Period**  
*Report Prepared*

**July 1, 2016 – September 30, 2016**  
*Thursday, November 10, 2016*

Date Completed	Activities Completed During Reporting Period
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**INDEPENDENT ASSESSOR**

07/06/2016 – 09/06/2016

Myers and Stauffer received and responded to IDN inquiries via phone and email.

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8/31/2016	Myers and Stauffer hosted and presented the Project Plan Training presentation. A participant count was submitted to the state noting that there were a total of 45 participants.
9/1/2016	Myers and Stauffer sent to all IDNs the presentation from the 8/31/16 webinar and also included the link to the survey to determine the IDNs' understanding of the Project Plan process.
9/8/2016	Myers and Stauffer sent to all IDNs the Supplemental Workbook used for the Project Plan process.
9/15-9/16/2016	Myers and Stauffer participated in the monthly state-led IDN calls.
9/20/2016	Myers and Stauffer emailed to the IDNs the FAQ document based on questions received.
9/12/2016; 9/21-9/29/2016	Myers and Stauffer sent out an invitation to all IDNs for a one-on-one conversation on 9/12/2016. Starting on 9/21/2016, Myers and Stauffer conducted one-on-one calls with the IDNs to discuss the Project Plans and to answer any questions the IDNs had about the process and their plans.

**HIT Taskforce & TA Summary**

**Accomplishments**

- Engaged HIT Technical Assistance vendor Myers & Stauffer LC 8/24/16 to facilitate the statewide Health Information Technology project
- Developed standardized New Hampshire HIT assessment tool and distributed to IDNs 10/4/16. This tool will enable the Department to assess the maturity of existing HIT infrastructure and begin the process of identifying gaps that will inform IDN plans for further developing HIT between IDN members, across IDNs, and between IDNs and the Department. IDNs will submit their responses on or before 11/14/16. Myers & Stauffer will compile the results and submit a report and recommendations to the Department for review.
- Established HIT Statewide Taskforce with representatives from each IDN, along with a governance process for administering the Taskforce. The Taskforce began monthly meetings with the first session held 10/19/16. The Taskforce is responsible for meeting the requirements of the HIT Project as documented in the Metrics and Specifications Guide.

- Engaged the Office of the National Coordinator for HIT to seek expert opinion on what other states are doing in the area of HIT and to better understand requirements for privacy and consent relative to HIPAA and 42 CFR Part 2.

#### Scheduled for the upcoming Quarter

By 12/31/16:

- Publish statewide report that assesses existing and scheduled HIT efforts, including a gap analysis between each IDN-member assessment in relation to the ability to support DSRIP demonstration objectives. Use this assessment to inform HIT project plans that will meet project metric and specification requirements
- Conduct the November and December HIT Taskforce meetings to further develop the HIT project plans

#### Workforce Taskforce Summary

##### Workforce Capacity Taskforce Summary

- The Workforce Capacity Taskforce had its first meeting on Friday, September 23, from 10:30–12. All IDNs have received an email invitation. Future meetings were scheduled once the HIT statewide meetings are scheduled by M&S.
  - The objective between Quarter 3 and October 31 was to assist the IDNs in standing up their Project Proposals in cooperation with the Independent Assessor.
  - Weekly phone call was made available to IDN's to ask workforce specific questions to the Department and the Independent Assessor. A time for these calls was trialed in the meeting on September 23.
  - Between Quarter 3 and October 31, the project plans require the following: 2C - 1,500 word narrative on Current Resources Available, 10 A, B, C - fill in the blank, 750 word narrative workforce capacity challenges facing IDN, and 750 word narrative on strategies, and Appendix A budget for recruitment and hiring, retention, and training.
  - Reporting requirements related to workforce were reviewed in the September 23<sup>rd</sup> meeting and there will be an opportunity for the IDNs to weigh in on the reporting
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formats so that the reporting is IDN-friendly.

### Additional Workforce Activities

August 1, 2016 – Internal DSRIP Department Workforce team resources identified.

August 15, 2016 – NH Statewide Workforce Inventory initiated with target completion date of November 1, 2016 for initiative population.

August 26, 2016 – Process metrics reviewed and approved by internal DSRIP Department Workforce team.

August 29, 2016 – Team meets to review kick-off meeting slide deck and discuss information gathering process for Workforce Inventory. Approach for Workforce Taskforce discussed.

September 2, 2016 – IDNs asked to identify the workforce leads and confirm attendance for September 23 kick off meeting.

September 16, 2016 – Workforce Process Measures completed and sent to IDNs for input.

September 22, 2016 – Draft taxonomy reviewed by internal team for BH and SUD positions.

September 23, 2016 – Workforce Taskforce Meeting – Initial meeting dialog was inclusive of:

- Standing up the IDNs for Project Plan submission (A reminder that the Independent Assessor, Elizabeth Peyton and Ruthanne Freeman, will be calling into this meeting for the purposes of being able to support the IDNs' on project planning questions and to assure the IA's alignment of the expectations of the project plan with the Taskforce.)
- Reviewing a suggested scope and approach to the workforce statewide project
- Considering workforce process reporting requirements
- Identifying any issues that impact project plan submission and/or inform the statewide project

September 24, 2016 – October phone conferences with IDNs scheduled (October 4, 11,

and 25) in cooperation with the Independent Assessor, to support Workforce Project Plan submission questions.

**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.**

Access to service, care coordination, Workforce Capacity, Health Information Technology, HIPAA, 42 CFR Part 2, Project Planning Blueprints, Governance and Community Needs Assessments are key discussion points for all IDN partners as they begin their collaborative processes with their IDN partners. Project Plans are due October 31 and will reflect the challenges and desired approaches to begin addressing these issues.

**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.**

See attached: IDN Leads and DSRIP IDN Network Summary

**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.**

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Draft of a statewide HIT assessment tool is being completed by the contracted HIT Taskforce facilitator, Myers and Stauffer for release in October and submission by all IDN partners in November.

See attached NH HIT Taskforce Workplan Draft and 09/29/16 Dashboard

**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.**

DHHS has selected the Core Standardized Assessment (CSA) framework utilized by our federal partners at CMS, ACL and VA as part of the Balancing Incentive Program No Wrong Door project as the basis for the NH Integrated Care CSA. NH will incorporate several additional elements including the question “have you or a family member ever served in the military” to ensure we have this critical component covered. Additional elements defined in project B-1 will also be addressed in the gap analysis. The Independent Assessor was consulted regarding expectations for the project plan relative to CSA, as well as the NH DHHS Quality Assurance and Improvement Program in review of these data elements.

**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: \* **Final Attribution will be done following approval of project plans**

IDN Attributed Populations	Total Number of IDN Participants Quarterly Ending - 09/16	Current Enrollees (Year to Date)	Disenrolled in Current Quarter
IDN 1	27,611	*	N/A
IDN 2	19,436	*	N/A
IDN 3	24,630	*	N/A
IDN 4	47,376	*	N/A
IDN 5	17,467	*	N/A
IDN 6	32,787	*	N/A
IDN 7	19,782	*	N/A

**IV. Outreach/Innovation Activities to Assure Access**

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.

NH experienced delays in the timeframe of several key milestones including the submission and final approval of Special Terms and Conditions, submission to Governor and Council for approval of Integrated Delivery Networks and contract approval of the HIT Taskforce contractor. These delays resulted in the adjustment of the overall schedule as outlined in the STC's. Specifically the IDN contracts were approved on August 24; the Workforce Taskforce and HIT Taskforce did not formally kick off until October 2016; project plan submission dates were moved to October 31, 2016; Independent Review Panel will convene on December 12 and 13; recommendations by the Independent Assessor are expected to be submitted to DHHS on December 16, 2016. With this adjusted schedule NH expects to be back in alignment with the remaining schedule as outlined in the STC's effective January 1, 2017.

## **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.

**Budget Neutrality:** NH has confirmed with CMS that date of service budget neutrality reporting is located within a drop down menu of the CMS 64. The ability and process for reporting this data had been a source of confusion for NH DHHS. Technical assistance and guidance from the CMS team clarified any questions and concerns and NH DHHS has confirmed that we are prepared to provide the date of service reporting on the CMS 64 beginning in January 2017 for quarter ending December 2016. Adjustments to Q1, Q2, and Q3 will be done to meet the date of service budget neutrality reporting requirements within the same timeframe.

**Budget Neutrality annual reporting:** Given the formula for annual budget neutrality in STC 66, the first calculation provided by NH DHHS will be reporting in January 2017 with the submission of the budget neutrality requirements for date of service reporting outlined above.

**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.

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NH submitted our evaluation plan to CMS in October 2016 and we are currently awaiting review, response and approval.

## **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.

### **IDN Leads**

NH DSRIP Region 1 Preliminary Network Information.pdf

NH DSRIP Region 2 Preliminary Network Information.pdf

NH DSRIP Region 3 Preliminary Network Information.pdf

NH DSRIP Region 4 Preliminary Network Information.pdf

NH DSRIP Region 5 Preliminary Network Information.pdf

NH DSRIP Region 6 Preliminary Network Information.pdf

NH DSRIP Region 7 Preliminary Network Information.pdf

NH DSRIP IDN Network Summary.xlsx

NH DSRIP IDN Attribution Summary by Region.pdf

DSRIP Expense – July to 11-4-16.pdf

1115 Waiver Transformation Waiver Budget Neutrality Reporting Requirements.pdf

09292016 – NH HIT Dashboard.pdf

NH HIT Work Plan\_DRAFT\_08302016.pdf

NH Medicaid DSRIP MM 2016 Q1-Q3 as of 2016-11-28.pdf

## **J. State Contacts**

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

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NAME	TITLE	PHONE NUMBER	FAX NUMBER	MAILING ADDRESS
Deb Fournier	Medicaid Director	603-271-9434		129 Pleasant Street Concord NH 03301
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