

# The New Hampshire Department of Health and Human Services

State Health Care Innovation Plan – December 2013

## Strategy Overview

The New Hampshire Department of Health and Human Services engaged a broad group of stakeholders to develop its State Health Care Innovation Plan for the Centers for Medicare and Medicaid Services (CMS). This model was developed through an on-going stakeholder engagement process that lasted over 10 months, and works to meet the Triple Aim of better health, better care, and reduced costs for New Hampshire residents. This model focuses on supporting individuals who are either in need of or at-risk for needing Medicaid long term services and supports (LTSS). We took the following four-step approach in developing the initiatives that encompass the goals and mission of our state innovation model:



To provide an overview of this approach and establish a context for our state innovation model, each of these four strategies are described in more detail below.

### Access



Our first strategy is to expand access to LTSS for those at risk of needing a higher level of service and make necessary LTSS more accessible. We chose this strategy by recognizing that for many LTSS populations, individuals are at a transition point in their life, and if we do not provide these services now, they will likely need them in the near future. Examples of the populations we seek to address are individuals who would be at risk of a higher level of care if they did not receive LTSS, individuals turning 21 and facing a transition into the adult Medicaid system, and seniors who are not currently eligible for Medicaid, but who are on a trajectory to become eligible in the near future.

### Empowerment



Our second strategy emphasizes changing the system from the “individual out”, by empowering the individual to take more control over the coordination and provision of the services that they receive. Specific initiatives within the model allow for the individual to drive improvements to the system through things such as enabling them to be able to manage their own LTSS budget, as well as make decisions about what providers they want to use based upon quality and price.

### Payment Reform



Currently, individuals who receive Medicaid LTSS are receiving services from numerous systems of care, which are in part created by different funding streams. Coordination between these systems and/or “silos” of medical, behavioral, and LTSS care is a challenge. Our third strategy focuses on a set of payment strategies that promotes coordination between each of these systems.

### Incentives



Our fourth strategy works to develop a multi-system incentive program that aligns the providers who care for individuals in need of LTSS through a program by directing a portion of the savings from these initiatives to providers if system wide improvements are achieved. This incentive program plans to shift the provider’s focus from simply providing supports and services, to a focus that is more on the needs of the “whole person”, beyond their LTSS. Another element of this strategy re-invests savings to improve access to needed services and to sustain and improve the delivery of LTSS.