



# School of Law / Institute for Health Policy & Practice

## Health Law & Policy

### NH Medicaid Today and Tomorrow: Focusing on Value Symposium Additional Resources

Title	Accountable Care Organizations (ACO)
Authors	Dartmouth-Hitchcock
Summary	Dartmouth-Hitchcock Medical Center is currently involved with two ACOs: Dartmouth-Hitchcock Health (D-H Health) Next Generation ACO through CMS and OneCare Vermont in partnership with the University of Vermont Medical Center.
Link	<a href="https://www.dartmouth-hitchcock.org/about_dh/accountable-care-organizations.html">https://www.dartmouth-hitchcock.org/about_dh/accountable-care-organizations.html</a>

Title	Accountable Care Organization Investment Model (AIM)
Authors	Centers for Medicare and Medicaid Services
Summary	AIM is a model of pre-paid shared savings that builds on the experience with the Advance Payment ACO model to encourage new ACOs to form in rural and underserved areas and current Shared Savings Program ACOs to transition to arrangements with greater financial risk. In this fact sheet, CMS outlines AIM and reviews current AIM programs in place across the country.
Link	<a href="https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-01-11-3.html">https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-01-11-3.html</a>

Title	Acute Care Hospital Charges and Rates of Payment for Certain Publicly Assisted Individuals
Authors	Massachusetts Executive Office of Health & Human Services - Division of Health Care Finance and Policy
Summary	Sets forth methods used by the DHCFFP to determine reasonable financial requirements of Disproportionate Share Hospitals and also governs the Rate Year 2008 Medicaid rates of payment for DSH, emergency services not covered by an agreement with the Executive Office of Health and Human Services pursuant to the Acute Hospital Request for Applications and Sole Community Providers.
Link	<a href="http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/114-1cmr36.pdf">http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/114-1cmr36.pdf</a>

Title	Advancing State Innovation Model Goals Through Accountable Communities for Health
Authors	Center for Health Care Strategies - Anna Spencer and Bianca Freda
Summary	New Accountable Communities for Health (ACH) are bringing together partners from health sectors to improve population health and clinical community linkages. Several State Innovation Models (SIM) are testing ACH models to advance their goals. The Centers for Health Care Strategies reviews state efforts to develop and test ACH models within



# School of Law / Institute for Health Policy & Practice

## Health Law & Policy

	the federal SIM initiative, as well as looking at the connection between ACH with broader population health and delivery system reform plans.
Link	<a href="http://www.chcs.org/resource/accountable-communities-health-state-innovation-models/">http://www.chcs.org/resource/accountable-communities-health-state-innovation-models/</a>

Title	An Examination of Fee-Splitting Statutes in the Context of Value-Based Health-Care
Authors	Manatt, Phelps & Phillips - Carol Brass and Mark R. Ustin
Summary	Fee-splitting is prohibited in approximately two-thirds of states. These laws aimed at preventing fraud and abuse, while their intention is good, have become antiquated in light of health reform and the ACA. Percentage-based billing is explored as a promising solution to update billing practices to account for the realities of today’s modern health care system.
Link	<a href="https://www.manatt.com/Insights/Articles/2015/An-Examination-of-Fee-Splitting-Statutes-in-th-(1)">https://www.manatt.com/Insights/Articles/2015/An-Examination-of-Fee-Splitting-Statutes-in-th-(1)</a>

Title	External Quality Review Technical Report
Authors	New Hampshire Department of Health and Human Services
Summary	The EQRO technical report is an annual summative account of a wide variety of activities conducted to evaluate individual NH Managed Care Organization’s performance as well as evaluation of the NH Medicaid Care Management program.
Link	<a href="https://medicaidquality.nh.gov/sites/default/files/NH%20EQRO%20Technical%20Report%20SFY%202016.pdf">https://medicaidquality.nh.gov/sites/default/files/NH%20EQRO%20Technical%20Report%20SFY%202016.pdf</a>

Title	Federal and State Collaboration for Medicare-Medicaid Alignment
Author	National Academy for State Health Policy - Jenn Jenson
Summary	Federal and state governments seek to improve financial alignment and integration of care for individuals who are dually eligible for both Medicare and Medicaid. NASHP expedited discourse and recommendations on the topic for both local and national stakeholders with a focus on future improvements.
Link	<a href="http://www.nashp.org/federal-and-state-collaboration-for-medicare-medicaid-alignment/">http://www.nashp.org/federal-and-state-collaboration-for-medicare-medicaid-alignment/</a>

Title	Focusing on High-Cost Patients – The Key to Addressing High Costs?
Authors	Harvard Medical School, Department of Health Care Policy – J. Michael McWilliams and Aaron L. Schwartz
Summary	Authors argue that a focus on high-cost patients to reduce health spending is misplaced. Rather, they advocate an approach to reduce wasteful spending. They also argue that a patient-centered approach may not offer a clear resolution to high costs for three reasons: targeting patients with high spending may not effectively target the spending



# School of Law / Institute for Health Policy & Practice

## Health Law & Policy

	that should be reduced, longitudinal patient-specific investments that are important for coordinating care and improving quality may be less important for curbing wasteful spending, and potentially more effective system changes that reduce wasteful care for all patients have different cost structures that may not require patient targeting to maximize savings.
Link	<a href="http://www.nejm.org/doi/10.1056/NEJMp1612779">http://www.nejm.org/doi/10.1056/NEJMp1612779</a>

Title	Green Mountain Care Board Votes in Support of Vermont All-Payer Accountable Care Organization Model Agreement
Authors	State of Vermont- Green Mountain Care Board
Summary	This press release details the vote of Vermont’s Green Mountain Care Board in support of the Vermont all-payer accountable care organization model. The agreement received the votes necessary to move forward. Key features of the agreement include maintaining patients’ rights and protections, establishing a 3.5% target rate for growth of health expenditures, and expands opportunities to improve population health.
Link	<a href="http://gmcboard.vermont.gov/sites/gmcb/files/files/payment-reform/GMCRB_Votes_In_Support_of_Vermont_All-Payer_ACO_Model_Agreement.pdf">http://gmcboard.vermont.gov/sites/gmcb/files/files/payment-reform/GMCRB_Votes_In_Support_of_Vermont_All-Payer_ACO_Model_Agreement.pdf</a>

Title	Implementing MACRA
Author	Health Affairs - Steve Findlay
Summary	The Medicare Access and CHIP Reauthorization Act (MACRA) creates a payment system for physicians to accelerate Medicare’s transition from fee-for-service payment to payment based on performance. Health Affairs provides a background of Medicare payment policy, an overview of the complex implementation and logistical challenges behind the new policy, and summarizes concerns clinicians and other interest groups have about the new payment policy.
Link	<a href="http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=166">http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=166</a>

Title	MACRA: Final Regulations at a Glance
Author	National Association of Medicaid Directors
Summary	The National Association of Medicaid Directors simplifies the key provisions for states in the November 4, 2016 final rule implementing MACRA. They provide background information, identify key changes in the proposed and final rule, and highlight areas where CMS is seeking additional comment in the final rule.
Link	<a href="http://medicaidirectors.org/wp-content/uploads/2016/11/MACRA-Final-Regulation-at-a-Glance.pdf">http://medicaidirectors.org/wp-content/uploads/2016/11/MACRA-Final-Regulation-at-a-Glance.pdf</a>

Title	MaineCare’s Accountable Communities Initiative Presentation
-------	---



# School of Law / Institute for Health Policy & Practice

## Health Law & Policy

Authors	MaineCare Services
Summary	The state of Maine implemented its Accountable Communities Initiative (AC) in 2014. This brief provides an overview of the scope of the program including savings models, participation requirements, and anticipated quality measures.
Link	<a href="http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/AC/2015%20AC%20Pres%20for%20VBP%20Site.pdf">http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/AC/2015%20AC%20Pres%20for%20VBP%20Site.pdf</a>

Title	MassHealth 1115 Waiver Approval - Factsheet
Authors	MassHealth
Summary	Massachusetts restructured its MassHealth Medicaid program as a way to curb spending while keeping the program robust and sustainable. The 1115 waiver permits the state to implement a new ACO model after 20 years of fee-for-service reimbursement. This decision was reached with the support of 150+ stakeholders. In addition, the new waiver provides funding for a Safety Net Care Pool (SNCP) and substance abuse disorder (SUD) coverage to address the opioid crisis.
Link	<a href="http://www.mass.gov/eohhs/docs/eohhs/healthcare-reform/masshealth-innovations/ma-1115-waiver-factsheet.pdf">http://www.mass.gov/eohhs/docs/eohhs/healthcare-reform/masshealth-innovations/ma-1115-waiver-factsheet.pdf</a>

Title	Measuring Physical and Behavioral Health Integration: A look at State Approaches in the Context of Value Based Purchasing
Authors	National Academy for State Health Policy - Kitty Purington and Rachel Yalowich
Summary	Physical and behavioral health integration in clinical practice aims to improve health outcomes for patients with complex health needs while simultaneously enhancing access and lowering costs. The NASHP analysis outlines state approaches to measuring integrated care in the context of value-based purchasing.
Link	<a href="http://www.nashp.org/measuring-physical-behavioral-health-integration-look-state-approaches-context-value-based-purchasing/">http://www.nashp.org/measuring-physical-behavioral-health-integration-look-state-approaches-context-value-based-purchasing/</a>

Title	Medicaid and Permanent Supportive Housing
Author	Health Affairs - Amanda Cassidy
Summary	The Affordable Care Act (ACA) gave states the option of expanding Medicaid coverage to address supportive housing needs. Health Affairs examines what options are available to states in this regard, what individual states are doing to address these needs, what challenges lie ahead, and what we can do to improve the accessibility of supportive housing.
Link	<a href="http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=164">http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=164</a>

Title	Medicaid Value Based Purchasing: What Is It and Why Does It Matter?
Author	National Association of Medicaid Directors - Lindsey Browning



# School of Law / Institute for Health Policy & Practice

## Health Law & Policy

Summary	Medicaid Directors are reorienting the health care system to deliver better care and lower costs through value based purchasing (VBP) initiatives. The National Association of Medicaid Directors provides foundational information about Medicaid VBP. This includes an overview of value-based purchasing, why states are pursuing it, the most common types of VBP, and the role that the federal/state partnership plays in state-led VBP implementation.
Link	<a href="http://medicaiddirectors.org/wp-content/uploads/2017/01/Snapshot-2-VBP-101_FINAL.pdf">http://medicaiddirectors.org/wp-content/uploads/2017/01/Snapshot-2-VBP-101_FINAL.pdf</a>

Title	Medicaid Quality Information System (MQIS)
Authors	NH Medicaid Program, NH Department of Health and Human Services
Summary	MQIS is a website that the NH Medicaid Program uses to manage the submission, storage, evaluation and publishing of Medicaid quality information managed by the program.
Link	<a href="http://medicaidquality.nh.gov/">http://medicaidquality.nh.gov/</a>

Title	New Hampshire Citizens Health Initiative Accountable Care Learning Network Reporting Website
Authors	New Hampshire Citizens Health Initiative
Summary	The claims-based reports, driven by the NH Comprehensive Health Information System (NH CHIS) data, have both private access for participating organizations and a "public" access for non-participating health care stakeholders. The full report suite includes data for Commercial, Medicaid and Medicare populations.
Link	<a href="http://www.nhaccountablecare.org/">http://www.nhaccountablecare.org/</a>

Title	Next Generation ACO Model
Authors	Centers for Medicare and Medicaid Services
Summary	The Next Generation ACO Model initiative seeks to bring together ACOs that are already experienced in coordinating care. This model allows providers to assume higher levels of risk and reward in the hopes that strong financial incentives will improve patient outcomes and lower costs for beneficiaries. The application period for participation closed on May 4, 2017. There are currently 44 ACOs participating in the Next Generation ACO Model.
Link	<a href="https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/">https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/</a>

Title	Numerof State of Population Health Survey
Authors	Numerof & Associates
Summary	Numerof examines the pace of the transition away from fee-for-service by completing a study that synthesizes survey responses from more than 500 executives and interviews with key decision makers across U.S. healthcare delivery organizations. The survey gives insight to a range of critical topics including progress toward alternative payment, top



# School of Law / Institute for Health Policy & Practice

## Health Law & Policy

	challenges, what leaders are and aren't doing, and percent of revenues flowing through at-risk agreements.
Link	<a href="http://nai-consulting.com/numerof-state-of-population-health-survey/">http://nai-consulting.com/numerof-state-of-population-health-survey/</a>

Title	OneCare Vermont
Authors	OneCareVermont
Summary	OneCare Vermont is an ACO partnership between the University of Vermont Medical Center and Dartmouth-Hitchcock. Its goal is to work with providers to coordinate the care of some of Vermont's Medicare, Medicaid, and commercial exchange beneficiaries.
Link	<a href="https://www.onecarevt.org/">https://www.onecarevt.org/</a>

Title	Office of Medicaid (MassHealth) –Review of Fee-for-Service Payments for Services Covered by the Massachusetts Behavioral Health Partnership
Authors	Commonwealth of Massachusetts, Office of the State Auditor - Suzanne Bump
Summary	Detailed performance audit of the Office of Medicaid's fee-for-service payments for services that were covered by the Massachusetts Behavioral Health Partnership (MBHP). The report details objectives, scope, methodology, findings and recommendations for the audit period spanning 2010 – 2015. The audit found that MassHealth paid nearly \$193 million in improper or questionable FFS claims for members enrolled in MBHP during the aforementioned time period.
Link	<a href="http://www.mass.gov/auditor/docs/audits/2017/201513743m11.pdf">http://www.mass.gov/auditor/docs/audits/2017/201513743m11.pdf</a>

Title	Public Reporting - New Hampshire Rural ACO
Authors	Caravan Health
Summary	Overview on the New Hampshire Rural ACO. Identifies organizational information, shared savings and loses, quality performance results, and other key information about the ACO.
Link	<a href="http://caravanhealth.com/public-reporting-new-hampshire-rural-aco/">http://caravanhealth.com/public-reporting-new-hampshire-rural-aco/</a>

Title	State Innovation Model Presentation
Authors	MaineCare Services
Summary	Brief overview of the State of Maine's SIM Grant that details key partners, accountable communities, Maine Health Homes, existing MaineCare Initiatives and executive leadership. Brief overview of next steps and key milestones of the SIM initiative.
Link	<a href="http://www.themha.org/policy-advocacy/Issues/State-Innovation-Model-(SIM/SIM_Forum_June2013-pdf.aspx">http://www.themha.org/policy-advocacy/Issues/State-Innovation-Model-(SIM/SIM_Forum_June2013-pdf.aspx</a>

Title	The Role of State Medicaid Programs in Improving the Value of the Healthcare System
Authors	National Association of Medicaid Directors and Bailit Health



# School of Law / Institute for Health Policy & Practice

## Health Law & Policy

Summary	States are actively implementing delivery system and payment reform activities, according to their individual state needs, but many are also aligning their programs with Medicare and/or commercial providers. The goal of such alignment is to provide improved health outcomes for Medicaid members while also ensuring cost effective care. Key considerations for Medicaid alternative payment models are discussed in this report.
Link	<a href="http://medicaiddirectors.org/wp-content/uploads/2016/03/NAMD_Bailit-Health_Value-Based-Purchasing-in-Medicaid.pdf">http://medicaiddirectors.org/wp-content/uploads/2016/03/NAMD_Bailit-Health_Value-Based-Purchasing-in-Medicaid.pdf</a>

Title	Value-Based Contracting
Author	Manatt, Phelps & Phillips - Anne O’Hagen Karl
Summary	Article describes value-based contracting as an alternative to compensating providers on a fee for service or volume based approach. Key terms including expenditure benchmarks, patient attribution, and quality metrics are defined.
Link	<a href="http://www.lexology.com/library/detail.aspx?g=385b3229-37ca-4263-b48a-6b1525d72d9c">http://www.lexology.com/library/detail.aspx?g=385b3229-37ca-4263-b48a-6b1525d72d9c</a>

Title	Value Based Payments in Medicaid Managed Care: An Overview of State Approaches
Authors	Center for Health Care Strategies - Tricia Leddy, Tricia McGinnis, and Greg Howe
Summary	Over half of all Medicaid beneficiaries receive services through managed care organizations (MCO), giving states an opportunity to use MCO relationships to accelerate adoption of value-based payment at the provider level. The Centers for Health Care Strategies looks at the experiences from several state Medicaid agencies that have used MCO contract requirements and request for proposals (RFP) to advance value based payment goals and outlines five practical approaches for promoting VBP goals through MCO contracts.
Link	<a href="http://www.chcs.org/resource/value-based-payments-in-medicaid-managed-care-an-overview-of-state-approaches/">http://www.chcs.org/resource/value-based-payments-in-medicaid-managed-care-an-overview-of-state-approaches/</a>

Title	Value Based Purchasing in Medicaid and Medicare: Areas of Intersection and Opportunities for Alignment
Author	National Association of Medicaid Directors
Summary	This issue brief highlights the importance of Medicaid state led work in value based purchasing (VBP) and the potential for state and federal efforts to be aligned in VBP development in order to achieve maximum effect in improvement of health, improving care and lower costs.
Link	<a href="http://medicaiddirectors.org/wp-content/uploads/2016/06/FINAL-ISSUE-BRIEF_Medicaid-VBP-and-MultiPayer-Alignment.pdf">http://medicaiddirectors.org/wp-content/uploads/2016/06/FINAL-ISSUE-BRIEF_Medicaid-VBP-and-MultiPayer-Alignment.pdf</a>



# School of Law / Institute for Health Policy & Practice

## Health Law & Policy

Title	Vermont All-Payer ACO Model
Authors	Centers for Medicare and Medicaid Services
Summary	Vermont's all-payer accountable care organization model tests an alternate reimbursement model that aligns incentives for Medicare, Medicaid, and commercial payers throughout the state to improve quality and health outcomes under the same payment structure. The new model launched on January 1, 2017 and runs until December 31, 2022. This model summary highlights the details of the model and statewide targets.
Link	<a href="https://innovation.cms.gov/initiatives/vermont-all-payer-aco-model/">https://innovation.cms.gov/initiatives/vermont-all-payer-aco-model/</a>

Title	Vermont All-Payer Model
Authors	State of Vermont - Green Mountain Care Board
Summary	Vermont entered into an all-payer accountable care organization agreement in October 2016. This model aligns payment structures and incentives for Medicare, Medicaid, and commercial payers, allowing the state to move away from fee-for-service to value-based care. The state has released its draft agreement and term sheet proposal on its Green Mountain Care Board website as well as a list of public meetings that have occurred on this new model.
Link	<a href="http://gmcboard.vermont.gov/payment-reform/APM">http://gmcboard.vermont.gov/payment-reform/APM</a>