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Date: 1/3/2017 1:01:17 PM  
Subject: NASHP News: The Health Policy Pendulum

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## Newsletter

January 3, 2017

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### Looking Back to Move Forward: The Health Policy Pendulum

At this time of year we look back in reflection and contemplate what's ahead for the New Year. Amidst discussion of repealing, delaying, and replacing the ACA, what's ahead for health reform is uncertain, but may be informed by reflection on what's gone before.

In January 2000, NASHP convened a bipartisan group of state health policy leaders to discuss lessons learned from 25 years of state health reform. That [report](#), which we are rereleasing today, addressed many of the reform strategies being considered as Congressional leaders debated the future direction of our nation's healthcare system. [Read our latest blog](#).

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### Addressing Inequities Through Innovations in Oral Health Policy

Not only does poor oral health impact overall well being, it also has consequences for the economy and the productivity of society. To improve oral health and address inequities in access to care, health outcomes, job candidacy, and social participation, states are innovatively implementing oral health policy changes in coverage, payment and delivery system reform, and treatment options that support upstream strategies such as health promotion and care coordination. [Read the full blog here](#).

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### Measuring Physical and Behavioral Health Integration: a Look at State Approaches in the Context of Value-Based Pricing

Across the country "maximizing a return on investment" has become part of the everyday vernacular of state health policymakers and Medicaid leaders. Employing strategies such as integrating care and value-based purchasing (VBP) to incentivize quality of care, policymakers and stakeholders agree that the ability to measure the impact of these approaches is at the core

of assessing a return on investment. In this [brief](#), NASHP analyzed delivery system reforms and VBP efforts in three states - Alabama, Maine, and New York - to better understand how integration is a component of these efforts, how integration is being encouraged, and what measures these states are using to both monitor implementation and evaluate program effectiveness. [Read the full brief](#).

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### [A New Year Brings New Map Updates](#)

As the new year begins, NASHP is excited to share that our [State Delivery System and Payment Reform Map](#) includes updated information on 24 state medical and health home programs. Of note, both the Comprehensive Primary Care initiative (CPCi) and Multi-Payer Advanced Primary Care (MAPCP) Demonstrations have come to an end at the close of 2016, and the Comprehensive Primary Care Plus (CPC+) initiative launched on January 1st. New pages have been added for Connecticut (health homes), Pennsylvania (medical homes) and Tennessee (medical homes). With these updates, NASHP has identified 22 Medicaid programs with active health home state plan amendments and 26 Medicaid programs with enhanced payments to medical home providers (17 of which are participating in one or more multi-payer initiatives).

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### [Healthy Child Development State Resource Center's 'Resource of the Month!'](#)

This month's feature is a new [report](#) from Project Linking Actions for Unmet Needs in Children's Health (LAUNCH)—a federal partnership of the Substance Abuse and Mental Health Services Administration, the Administration for Children and Families, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention. Project LAUNCH supports states, territories, and tribes in promoting child wellness from birth to age eight by focusing on [five core prevention and promotion strategies](#), one of which is developmental screening and assessment. State policymakers can find helpful strategies to increase access to evidence-based screening tools and appropriate referrals, as well as improve outreach and training to providers from Project LAUNCH grantees in states like Missouri, Texas, and Colorado. Some key lessons from the grantees' developmental screening efforts include: organizing screening workgroups, leveraging flexibility in schedules and locations of screenings for families, partnering with caregivers, and strengthening provider networks and centralized process for screening and referral support, and maintaining a community resource directory.

If you have a resource you'd like NASHP to post in the Resource Center or feature in the future, please email [nmention@nashp.org](mailto:nmention@nashp.org). The Healthy Child Development State Resource Center is supported by the David and Lucile Packard Foundation.

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### [New Webinar: Clinical Pathways and Payment Bundles for Medication Assisted Treatment \(MAT\)](#)

**Tuesday, January 17 from 3:30-5:00 PM ET**

As part of CMS's Medicaid Innovation Accelerator Program (IAP) Reducing Substance Use Disorder program area, we are sharing with what we have learned through our national

dissemination webinars. We invite you to join our next national dissemination webinar on **Tuesday, January 17, 2016 from 3:30 – 5:00 PM EDT** .

This January webinar entitled “Clinical Pathways and Payment Bundles for Medication Assisted Treatment (MAT)” will discuss several approaches related to designing episodes of care and payment bundles for MAT. We will present three bundled service and rate models representing MAT models currently in use in state Medicaid programs, describe key clinical elements and highlight planning strategies for implementation. We will explain the components of the rate models and how they can be adapted for use in states. Several state partners will discuss how they designed and implemented their clinical models of MAT delivery:

- Vermont will explain the impetus for developing their “Hub and Spoke” model for the provision of MAT and other SUD services, discuss key aspects of services, care delivery, staffing and reimbursement that are unique to their “spokes”; and
- Massachusetts will describe the collaborative care model through which they deliver MAT, including their focus on nurse care managers to coordinate services across different care settings, and how the model is funded.

[Register Now](#)

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### **Webinar: Improving Care for Dual Eligibles: How States are Innovating through Medicare Advantage D-SNP Plans**

**January 9, 2017 from 1:30-2:30 PM ET**

This webinar will explore how states can use contracts with Medicare Advantage “D-SNP” plans to improve care for dual eligibles, advance Medicare-Medicaid alignment, and support broader payment and delivery system reform.

After a brief review of relevant D-SNP policies by CMS, speakers from Arizona, Minnesota, and Tennessee will discuss how their states have developed and implemented D-SNP contracts to align health plan coverage under Medicare and Medicaid, link D-SNP plans to Medicaid managed services and supports (MLTSS) programs, and facilitate information sharing, among other goals.

Speakers:

- **Nishamarie Sherry Romanik** , Director, Division of Policy Analysis and Planning, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, Centers for Medicare & Medicaid Services
- **Tom Betlach** , Director, Arizona Health Care Cost Containment System
- **Gretchen Ulbee** , Manager, Special Needs Purchasing, Minnesota Department of Human Services
- **Patti Killingsworth** , Assistant Commissioner and Long Term Care Chief, TennCare Bureau, Department of Finance and Administration, State of Tennessee
- **Trish Riley** , Executive Director, NASHP, moderator

[Register Now](#)

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## Hospital Community Benefit Spending - How to Increase Investments in Population Health

Tuesday, January 10, 2017 from 12:30-2:00 PM ET

Each year taxpayers support at least \$25 billion in spending by nonprofit hospitals, most of it for patient services, including charity care. All nonprofit hospitals must report community benefit spending to the IRS to qualify for tax exempt status and a new [report](#) from George Washington University outlines strategies that could incentivize more of that spending to support population health activities. In this webinar we will explore the laws governing community benefit spending, learn how changes in IRS rules could encourage more investment by hospitals in efforts to improve community health, and explore what levers states have to engage on this issue.

Register Now

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## New Webinar Addresses Rising Cost of Pharmaceuticals

Wednesday, January 11, 2017 from 3:30-4:30 PM ET

Join member's of the National Academy for State Health Policy's Pharmacy Costs Workgroup **Wednesday, January 11** for a webinar reviewing 11 specific proposals for how states may curb the rising cost of pharmaceuticals. Annually states spend more than \$20 billion on prescription drug coverage for public employees, incarcerated individuals, higher education, and Medicaid. Don't miss this opportunity to hear directly from state leaders on this important topic. NASHP's work group continues to look broadly at states as purchasers, regulators, policymakers, and investors to develop the next generation of state-based reforms to address the rapid growth of prescription prices.

States and the Rising Cost of Pharmaceuticals: A Call to Action:

- **Trish Riley**  
Executive Director  
National Academy for State Health Policy
- **Nathan Johnson**  
Chief Policy Officer  
Washington State Health Care Authority
- **Norman Thurston**  
State Representative, 64th District  
Utah State Legislature
- **Ameet Sarpatwari**  
Instructor  
Brigham and Women's Hospital/Harvard Medical School

Register Now

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## National Academy for State Health Policy

*The National Academy for State Health Policy (NASHP) is an independent academy of state health policymakers who are dedicated to helping states achieve excellence in health policy and practice. A non-profit and non-partisan organization, NASHP provides a forum for constructive work across branches and agencies of state government on critical health policy issues. For more information visit [www.nashp.org](http://www.nashp.org).*

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