



Connecticut State Innovation Model

STATE OF CONNECTICUT

Health Care Cabinet Discussion
May 7, 2013

Agenda

Share context for Connecticut's State Innovation Models (SIM) design efforts	<i>10 min</i>
.....	
Review SIM design project roadmap and role of Health Care Cabinet	<i>30 min</i>
.....	
Preview questions to be answered by work groups in care delivery and payment model selection	<i>30 min</i>
.....	
Gather feedback/ input on stakeholders to engage in SIM design efforts	<i>20 min</i>

Connecticut has a unique opportunity to address quality, access, and cost challenges today

Although Connecticut ranks at or above the national average on many indicators of health, there exists opportunity for improvement

- Connecticut is among the top five states with the lowest rates of smoking, premature deaths, and poor mental health days and the highest rates of immunization coverage; is among the top quartile of states with the lowest obesity rates; and is among the top 50% of states with the lowest rates of preventable hospitalizations, diabetes, infant mortality, cardiovascular deaths, and cancer deaths
- Health disparities, however, continue to exist across racial and ethnic groups, illustrated by the variability in the infant mortality rate of non-hispanic black infants that is 3x that of non-hispanic white infants

At the same time, Connecticut lacks a solution for the state to address the steep growth in state health expenditures

- Connecticut faces a potential ~\$1B budget deficit in 2014 and 2015, driven in part by an increase in health care spending, which continues to grow at a rate higher than Connecticut's gross state product
- Inefficiencies in health care utilization continue to exist today, illustrated by the significant utilization of high-cost care settings (e.g., emergency department) for non-urgent visits

While Connecticut has many payment and care delivery innovations underway, no common model is shared across Medicaid, Medicare, and Commercial insured populations

The funding and endorsement of the Center for Medicare and Medicaid Innovation (CMMI) as part of the State Innovation Models (SIM) initiative provides a unique opportunity for key stakeholders within the community to address these quality, access, and cost challenges in a statewide, multi-payer collaboration

Connecticut has received funding and endorsement from CMMI to innovate care delivery and payment model reforms

CMMI guidance for State Innovation Models (SIM) design states

- Design care delivery and payment reform that touches **80% of state lives within 5 years**
- Roll-out across multiple payers' populations in a truly **multi-payer approach**
- Describe how “**broad-based accountability for outcomes, including total cost of care** for Medicare, Medicaid, and CHIP beneficiaries, is created”
- Test innovative payment and service delivery models that have the potential to “**lower costs,**” while “**maintaining or improving quality of care**”

Connecticut's targeted aspirations for SIM are responsive to CMMI guidance for design states

Aspirations

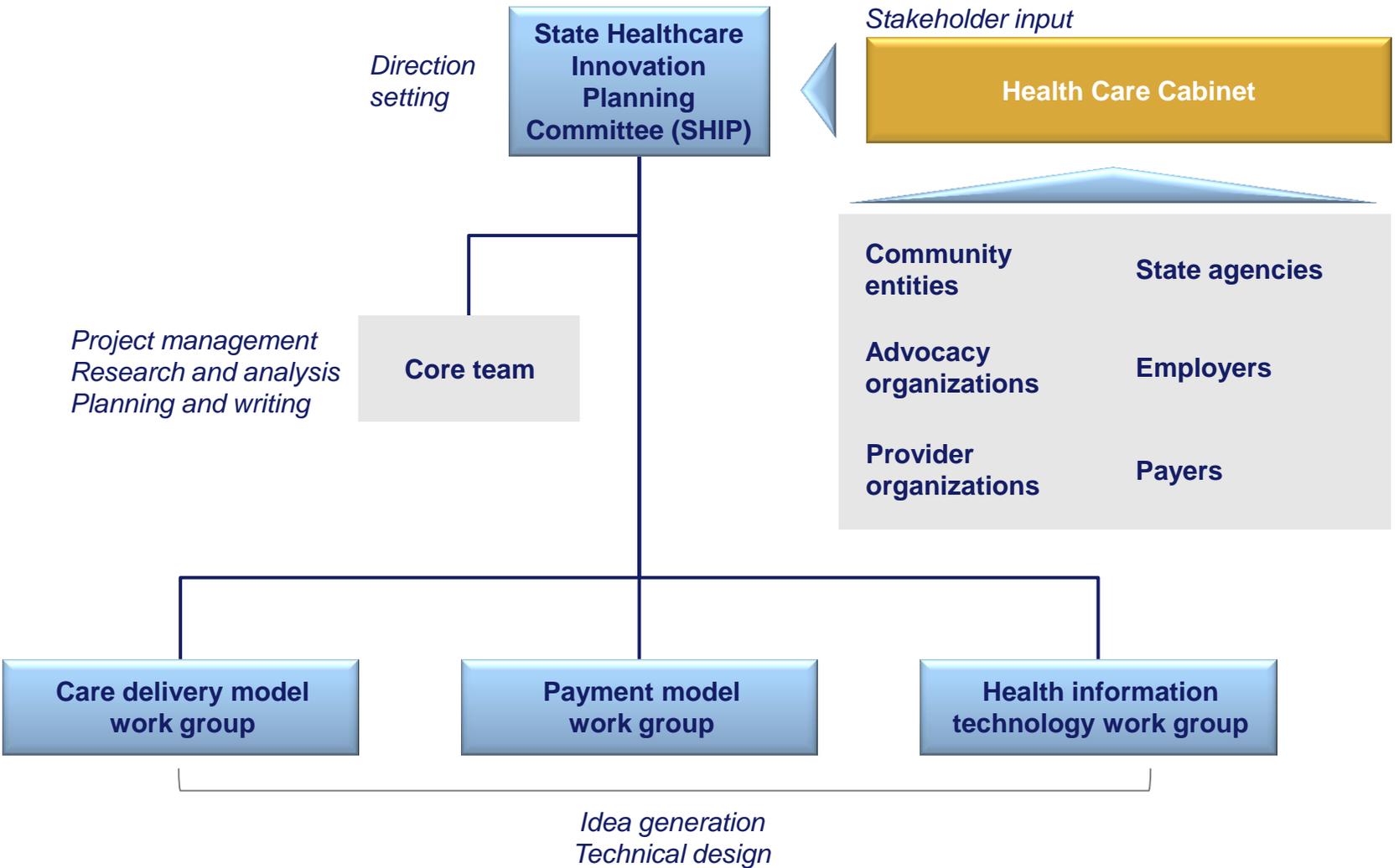
- Gain alignment around a common care delivery and payment model that is applicable across Medicare, Medicaid, and Commercial populations
- Define a solution that incorporates total cost of care accountability
- Maintain or improve leading indicators of health and patient experience under the new care delivery and payment model
- Establish timeline for rollout that will meaningfully curb health care spending growth within 3-5 years

We will largely define and design the SIM care delivery and payment models by the end of July 2013



April	May	June	August
Project set up and initial hypotheses	Current state, best practice, and options	Design and planning	Syndication
<ul style="list-style-type: none"> Understand current state Establish vision Identify target populations and sources of value Develop health care delivery system hypothesis 	<ul style="list-style-type: none"> Pressure-test health care delivery system hypothesis Develop payment model hypothesis Align key stakeholders 	<ul style="list-style-type: none"> Design detailed health care delivery system and payment model Develop implementation and roll-out plan Align on key quality metrics 	<ul style="list-style-type: none"> Draft testing proposal Syndicate with key stakeholders
			Finalization
			<ul style="list-style-type: none"> Refine and submit testing proposal

The Health Care Cabinet will provide feedback on SIM design efforts



The HCC will provide recommendations and suggestions to the SHIP based on input gathered from various stakeholder groups

Health Care Cabinet

Step 1

Lieutenant Governor and core team share key updates from SHIP and work groups



Step 2

HCC provides input and feedback



Step 3

HCC liaises with local community groups to solicit additional feedback and shares back at following meeting

Lieutenant Governor and core team

- | | |
|--|-------------------------|
| Community health agencies | State agencies |
| Consumer advocate and disability groups | Employers/unions |
| Providers and provider orgs. | Diversity groups |
| Non-health community orgs. | Payers |

Work groups will develop model selection and design recommendations

Care delivery model

- 1 What are the key sources of value to address within target populations?
- 2 What are the barriers to capturing these sources of value, and how should patient behavior, clinical practice patterns, and community involvement be changed to address them?
- 3 Care model: who are the specific types of stakeholders (e.g., providers, consumers, community members) who need to be involved to capture these sources of value?
- 4 Care model: what levers (e.g., education, policy) can be applied to support provider, consumer, and community entity behaviors that support capture of these sources of value?
- 5 Care model: how will providers, consumers, and community members be organized to promote the defined interaction model and changes to provider and consumer behaviors?
- 6 What is the current gap in workforce capacity and skills relative to the types of providers required, and what actions can close the gap?
- 7 What will be the pace of roll-out throughout the state, including population health programs?

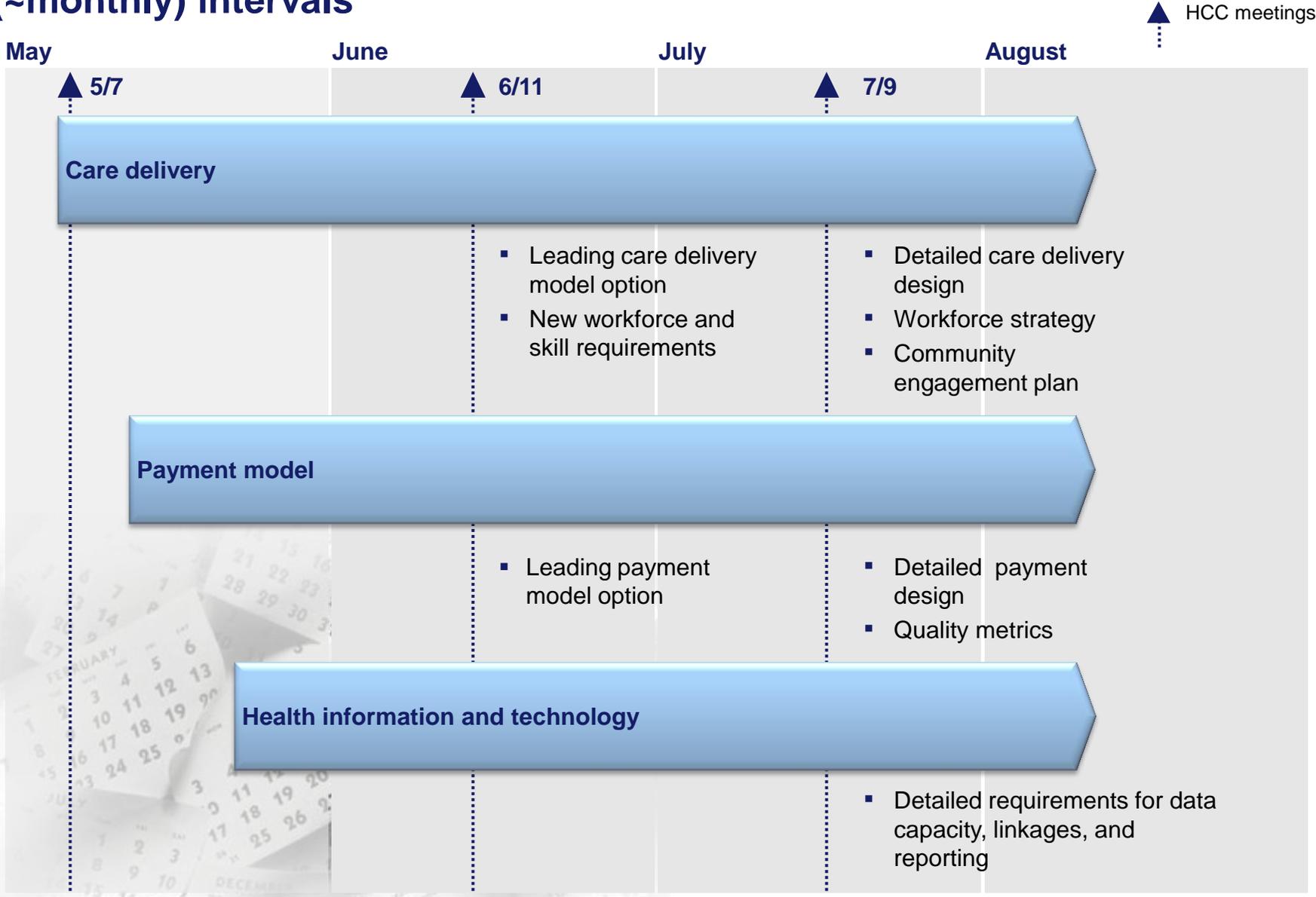
Payment model

- 1 What are the target sources of value to promote under the new payment model?
- 2 What will be the key dimensions (e.g., structure, processes, outcomes) for which providers will be held responsible?
- 3 What payment/ qualification stipulations will be implemented to hold providers accountable for those structures, processes, and outcomes?
- 4 Who are the individuals who will be held accountable for those structures, processes, and outcomes?
- 5 What will be the technical design for how performance will be measured and reimbursed (e.g., pooled across providers)?
- 6 What are the specific metrics required to support the proposed payment model?
- 7 What will be the pace of roll-out throughout the state?

Health information and technology

- 1 What capabilities are required across key stakeholders (e.g., payers, providers, community agencies) to implement the target care delivery and payment model?
- 2 What are the current HIT capabilities of payers and within the statewide infrastructure that are relevant to the new care delivery and payment model?
- 3 What is the optimal level of payer infrastructure standardization across each component (e.g., data, analytics, pooling, reporting, data visualization, portal)?
- 4 What is the best strategy to develop the required HIT capabilities?
- 5 What will be the pace of roll-out of the required capabilities throughout the state?
- 6 What is the required budget to develop these capabilities?
- 7 What is the best funding model to develop these capabilities?

The HCC will receive updates and provide input on SIM design at regular (~monthly) intervals



Broader community feedback will be integrated through the Health Care Cabinet, Consumer Advisory Board, regional town halls, and e-forums

	Description	Meeting Dates
Health Care Cabinet	<ul style="list-style-type: none"> ▪ Advisory bodies that stay abreast of project and share perspectives/ input <ul style="list-style-type: none"> – Health Care Cabinet (HCC) provides advice on health reform implementation and development of an integrated health care system – Consumer Advisory Board (CAB) was created to provide a voice for consumers in health reform 	<ul style="list-style-type: none"> ▪ 5/7 ▪ 6/11 ▪ 7/9
Consumer advisory board		
Regional town halls	<ul style="list-style-type: none"> ▪ Large forums in which project updates are shared with the broader community and input is actively solicited 	<ul style="list-style-type: none"> ▪ 7/10 ▪ 8/18
E-forum	<ul style="list-style-type: none"> ▪ E-updates to broader community, with opportunity for individuals to provide feedback/ input over email or Q&A e-forum 	<ul style="list-style-type: none"> ▪ Updates as needed (~monthly)

A wide range of stakeholders will be included in CT's SIM design effort

Stakeholder group	Description	Illustrative examples
Non-health community orgs	<ul style="list-style-type: none"> Organizations providing social services to improve welfare and to address other needs of local communities that may impact health 	<ul style="list-style-type: none"> Boys and Girls Club (Bristol, Hartford) United Way of Central Connecticut
Community health agencies	<ul style="list-style-type: none"> Community organizations providing health services to local communities 	<ul style="list-style-type: none"> CT Oral Health Initiative Connecticut Health Foundation Community health centers
Consumer advocate and disability groups	<ul style="list-style-type: none"> Groups that represent and serve disability populations or specific consumer interests 	<ul style="list-style-type: none"> Ability Beyond Disability JW Advocates
Diversity groups	<ul style="list-style-type: none"> Groups that provide services to and representation for minority and other (e.g., faith) groups 	<ul style="list-style-type: none"> Christian Fellowship Center NAACP Interfaith Fellowship
Employers/unions	<ul style="list-style-type: none"> Small businesses and large corporations 	<ul style="list-style-type: none"> Small Business for a Healthy Connecticut Family Connections, LLC SEIU 1199
Hospitals/ providers/ provider groups/ public university hospitals	<ul style="list-style-type: none"> Entities who are involved in the delivery of health care to individuals or in the education of entities who deliver care 	<ul style="list-style-type: none"> Stamford Hospital Connecticut Hospital Assoc. University of Connecticut
State agencies	<ul style="list-style-type: none"> State of Connecticut agencies responsible for the oversight and administration of specific areas of public affairs 	<ul style="list-style-type: none"> DMHAS, DPH, DSS, DCF, OSC, OPM, CID, OHA and others
Payers	<ul style="list-style-type: none"> Entities providing health insurance coverage to individuals 	<ul style="list-style-type: none"> Private payers (e.g., Aetna, Anthem, Cigna) State agency payers

For your input: Which community groups should be included in e-forum and Town Hall updates?

■ Representation

	E-forum	Town Hall	Health Care Cabinet	Work groups	SHIP	Consumer advisory board
State agencies	■	■	■	■	■	
Payers	■	■	■	■	■	
Hospitals/ providers/ provider groups/ public university hospitals	■	■	■	■	■	■
Employers/unions	■	■	■	■	■	■
Community health agencies	■	■	■	■	■	■
Consumer advocate/ disability groups	■	■	■	■	■	■
Diversity groups	■	■	■			■
Non-health community agencies	■	■	■			■

Starter: Stakeholder List (1/4)

Community health agencies

- American Cancer Society – Health Initiatives
- Central Area Health Education Center Inc. (CCTAHEC)
- Community Health and Wellness Center of Torrington
- Community Health Center Association of Connecticut
- Community Health Center Inc.
- Community Health Center of Meriden
- Community Health Services,
- Connecticut Association of School Based Health Centers
- Connecticut College, Occupational Health & Wellness Manager
- Connecticut Community for Addiction Recovery
- Connecticut Health Foundation
- CT Oral Health Initiative
- Foundation for Community Health
- Hamden, CT
- Hartford Gay and Lesbian Health Collective
- Health & Wellness Center Southern Connecticut State University
- Lupus Foundation of America Connecticut Chapter
- Medical-Legal Partnership
- Mental Health Association of CT
- Meriden Dept of Health & Human Services
- New England Adolescent Treatment Center
- New England Rural Health Round Table
- PATH Parent to Parent/Family Voices of CTCT Family to Family Health Information Center
- Project Access of New Haven
- Project Access-New Haven
- Ryan Gomes Foundation
- Southwestern Area Health Education Center
- Susan B. Anthony Project
- Town of Hamden
- Town of Madison
- Universal Healthcare Foundation of CT
- Waterbury Health Department
- Women & Families Center
- Access Health CT
- CHNCT
- CT Health Foundation
- Southwestern Area Health Education Center
- Public Health Consultant
- American Cancer Society - New England Division

Consumer advocate and disability groups

- Abilities Without Boundaries
- Ability Beyond Disability
- Agency on Aging of South Central Connecticut
- AIDS Project Greater Danbury
- AIDS Project Hartford
- AIDS Project New Haven
- Alcohol & Drug Recovery Centers
- Alliance for Living
- Alzheimer's Association, Connecticut Chapter
- American School for the Deaf
- ARC of Greater New Haven, Inc.
- ARC of Quinebaug Valley
- Autism Speaks
- Bristol ARC
- Capital Area Substance Abuse Council, Inc.
- Community Mental Health Affiliates
- CT AIDS Resource Coalition
- CT Association for Children with Learning Disabilities
- Families United for Children's Mental Health
- JW Advocates
- North Central Area Agency on Aging (NCAAA)
- Prime Time House
- Rushford Center, Inc.
- Sister's Journey
- Alcohol Drug Rehabilitation Center (ADRC)
- Connecticut Voices for Children
- PATH Parent to parent of Connecticut

Employers/ unions

- Capital Workforce Partners, Inc.
- Evay Salon
- Greater New Haven Business and Professional Association
- It's a Gee Thang
- It's a Gee Thang Barber Salon
- La Paloma Sabanera
- Law Office of Julia Brown
- Lawyers Concerned for Lawyers CT
- Master's Manna, Inc
- McBride Hair Restoration
- SEIU 1199
- Small Business for a Healthy Connecticut
- Torrington Municipal and Teachers Federal Credit Union
- We Care Family Dental
- American Federation of State, County and Municipal Employees (AFSCME)

Starter: Stakeholder List (2/4)

Diversity groups

- African Caribbean American Parents of Children with Disabilities, Inc
- Albanian Community
- Allen Chapel AME Church
- Asylum Hill Congregational Church
- Bethel Mission
- Blackwell Memoria AME Zion Church
- Brooklyn Neighborhood Association
- Burning Bush Family Life Center
- Cape Verdean Community
- Catholic Charities of Hartford
- Catholic Charities, Archdiocese of Hartford
- Center for Urban Research, Education & Training C.U.R.E.T.
- Christ Church of Deliverance
- Christian Community Action
- Christian Community Action Network
- Christian Fellowship Center
- Colombiano Club
- Dominicana FIRE Fighters Organization
- Ebenezer Temple
- Faith Congregational Church
- Faith Seventh Day Adventist Church
- Family Worship Center Church of God of Prophecy
- First Assembly of God
- First Cathedral
- First Church of God
- Good News Release Center
- Gospel Lighthouse Apostolic Church
- Grace Baptist Church
- Guyanese Community
- Hartford Spanish Seventh Day Adventist Church
- Hispanic Coalition
- Hispanic Health Council
- Iglesia Pentecostal Puerta de Refugio
- Interfaith Fellowship
- JUNTA
- Knights of Columbus
- La Casa Bienvenida
- La Primera Iglesia De Dios
- Latino Community Services
- Latter Rain Christian Fellowship
- Liberty Christian Center International
- Macedonia Church of God in Christ
- Madre Latina
- Manchester Area Conference of Churches
- Meriden - Wallingford NAACP
- Metropolitan AME Zion Church
- Mt. Olive Zion Baptist Church
- NAACP
- New Antioch Missionary Baptist Church
- New Deliverance Church
- New Life Church
- North United Methodist Church
- Our Lady of Fatima Church
- Our Lady of Sorrows
- PALCUS
- Parker Memorial A. M. E. Zion Church
- Parkville Community
- Pequeñas Ligas Hispanas de New Haven, Inc.
- Phillips Metropolitan CME Church
- Portuguese Sport Club
- Rivera Memorial Fund, Inc.
- SALSA Club
- SAMA
- SAMA
- Shiloh Baptist Church
- Spanish Community of Wallingford
- St Vincent De Paul
- St. Justin's Roman Catholic Church
- St. Luke's Gatekeeper Program (Region 2)
- The Artists Collective
- The Church of Jesus Knows Best
- Trinity Pentacostal Church
- Union Baptist Church
- United House of Prayer for All People
- Vasco Da Gama Portuguese Cultural & Civic Center
- West Indian Foundation, Inc.
- West Indian Foundation, Inc.
- Yeshiva Community
- Zion Baptist Church
- Zion Evangelical Lutheran Church
- National Cambodian-American Health Initiative

Starter: Stakeholder List (3/4)

Hospitals/ providers/ provider groups/ public university hospitals

- Bethel Recovery Center
- BH Care
- Bristol Hospital WIC
- Charter Oak Health Center
- Connecticut Association of Directors of Health
- Connecticut Hospital Association
- Connecticut Pharmacists Association
- CT Association for Home Care & Hospice
- Eastern Highlands Health District
- McCall Foundation
- Optimus Healthcare
- South Central Behavioral Health Network
- Southwest Community Health Center
- Stamford Hospital
- UConn Health Center
- St. Vincent Health Partners
- Connecticut Medical Group
- Connecticut Advanced Practice Registered Nurse Society
- Uconn BMI
- St. Francis Hospital

Non-health community based organization

- Access Community Action Agency (ACCESS)
- ACES Middlesex County Early Head Start Partnership
- Action for Bridgeport Community Development Inc. (ABCD)
- Beth-El Center, Inc.
- Beulah Heights Social Integration Program
- Big Brothers/Big Sisters of Southwestern CT
- Boys & Girls Club and Family Center of Bristol
- Boys and Girls Club
- Boys and Girls Clubs of Hartford
- BRASS
- Bridge Family Center, Inc.
- Bridgeport Alliance for Young Children (BAYC)
- Bridges...A Community Support System, Inc.
- Bristol Board of Education
- Bristol Boys and Girls Club
- Bristol Community Organization
- Bristol Community Organization
- Bristol Community Organization Inc. (BCO)
- Burroughs Community Center
- Capitol Region Education Council
- Career Resources, Inc.
- Central Connecticut Chambers of Commerce
- Central Naugatuck Valley Help, Inc.
- Chaplin Senior Center
- Charter Oak Cultural Center
- Cheshire Community YMCA
- Columbus House, Inc.
- Community Action Agency of New Haven Inc. (CAA-NH)
- Community Action Committee of Danbury Inc. (CACD)
- Community Dining Room
- Community Enterprises Inc.
- Community Partners in Action
- Connecticut Association for Community Action
- Connecticut Association of Boys and Girls Clubs
- Connecticut Association of Human Services
- Connecticut Association of Nonprofits
- Connecticut Association of Realtors
- Connecticut Community Care
- Connecticut Community Foundation
- Connecticut Council for Philanthropy
- Connecticut Council of Family Service Agencies
- Connecticut Counseling Centers, Inc.
- Connecticut Library Consortium
- Connecticut Parent Advocacy Center
- Connecticut Youth Services Association
- Coordinating Council for Children in Crisis
- CRT Senior Services Gatekeeper Program (Region 4)
- CT Association for Human Services
- CT Association of Foster and Adoptive Parents
- CT Department of Labor, Rapid Response Unit
- Department of Campus RecreationThe University of New Haven
- DESK.
- Eastern Connecticut Area Education Center Inc. (ECTAHEC)
- Education Connection
- Families in Crisis
- Family Centered Services of CT
- Family Centers' Executive Offices
- Family Centers, Inc.
- Family Connections , LLC
- Family Life Education
- Family Strides, Inc
- Farnam Neighborhood House
- Fatherhood Leadership Academy
- Favor Inc.
- Fish Inc
- Gatekeeper 8 (Regions 1 and 5)
- Girl Scouts of Connecticut
- Girls Inc of Meriden

Starter: Stakeholder List (4/4)

Non-health community based organization (contd.)

- Greater Dwight Development Corp.
- Greater Meriden Chamber of Commerce
- Hartford Area Early Child Care Collaborative
- Housing Authority of the City of Meriden
- Human Resource Agency of New Britain
- Human Resources Agency of New Britain Inc. (HRA-NB)
- IRIS- Integrated Refugee & Immigrant Services
- Leeway Development Office
- Liberty Community Services, Inc.
- Litchfield Community Center
- Literacy Volunteers
- Lower Naugatuck Valley Parent Child Resource Center, Inc.
- Madison Youth and Family Services
- Main Street Community Foundation
- MARC Community Resources Ltd
- Mercy Housing and Shelter
- Meriden Children First Initiative
- Meriden Senior Center
- Meriden YMCA
- Middlesex County Youth Service Bureau
- My Sister's Place
- Neighborhood Housing Services of New Haven, Inc.
- NeighborWorks New Horizons
- New Haven Home Recovery, Inc.
- New Haven Public Library
- New Opportunities
- Northwest CT YMCA
- Northwestern Area Health Education Center Inc. (NWCTAHEC)
- Norwalk Economic Opportunity Now Inc. (NEON)
- Parker Memorial Community Center
- Police Activity League of Waterbury
- r kids Family Center
- Southbury/Middlebury Youth and Family Services
- Southside Institutions Neighborhood Alliance SINA
- Special Education Alliance of Newington
- Thames River Community Service, Inc.
- Thames Valley Council for Community Action Inc. (TVCCA)
- Thames Valley Council/Community Action
- The Alliance for Non-Profit Growth and Opportunity (TANGO)
- The ALS Association, Connecticut Chapter
- The Child Guidance Center
- The Community Foundation of GNH
- The Connecticut Association of Foster and Adoptive Parents (CAFAP)
- The Literacy Center of MilfordFanny Beach Community Center
- Torrington Youth Service Bureau
- Town of Bolton: Department of Senior and Social Services
- Town of Columbia – Senior Services
- Town of EllingtonDepartment of Human Services
- Town of Ellington – Department of Human Services
- Town of New Milford Social Services
- Town of TollandHuman Services
- Training, Education And Manpower Inc. (TEAM)
- United Community and Family Services
- United Services Gatekeeper Program (Region 3)
- United Way of Central Connecticut
- Urban League of Greater Hartford
- Village for Families and Children
- Waterbury Neighborhood Council
- West Bristol School Family Resource
- West Haven Child Development Center
- West Haven Community House
- Willow Plaza Neighborhood
- Wilson-Gray YMCA
- Women & Family Life Center
- Women and Family Center
- Clifford Beers Guidance Center
- United Way of Connecticut
- Community Renewal Team Inc. (CRT)

State agencies

- CT Insurance Department
- DCF
- DMHAS
- DPH
- DSS
- Office of the State Comptroller
- Office of Policy and Management
- State Healthcare Advocate
- SIM Associate Project Director
- SIM Associate Project Director
- DAS Bureau of Enterprise Technology (BEST)
- Office of Health Reform and Innovation

Our asks of you in the coming weeks

- Share Connecticut's SIM aspirations and project roadmap within the community and solicit feedback

- Review detailed list of stakeholders per stakeholder category and propose additional entities to involve in e-forum/ town halls

- Re-convene on June 11 to share community feedback and to discuss update on SIM effort

APPENDIX

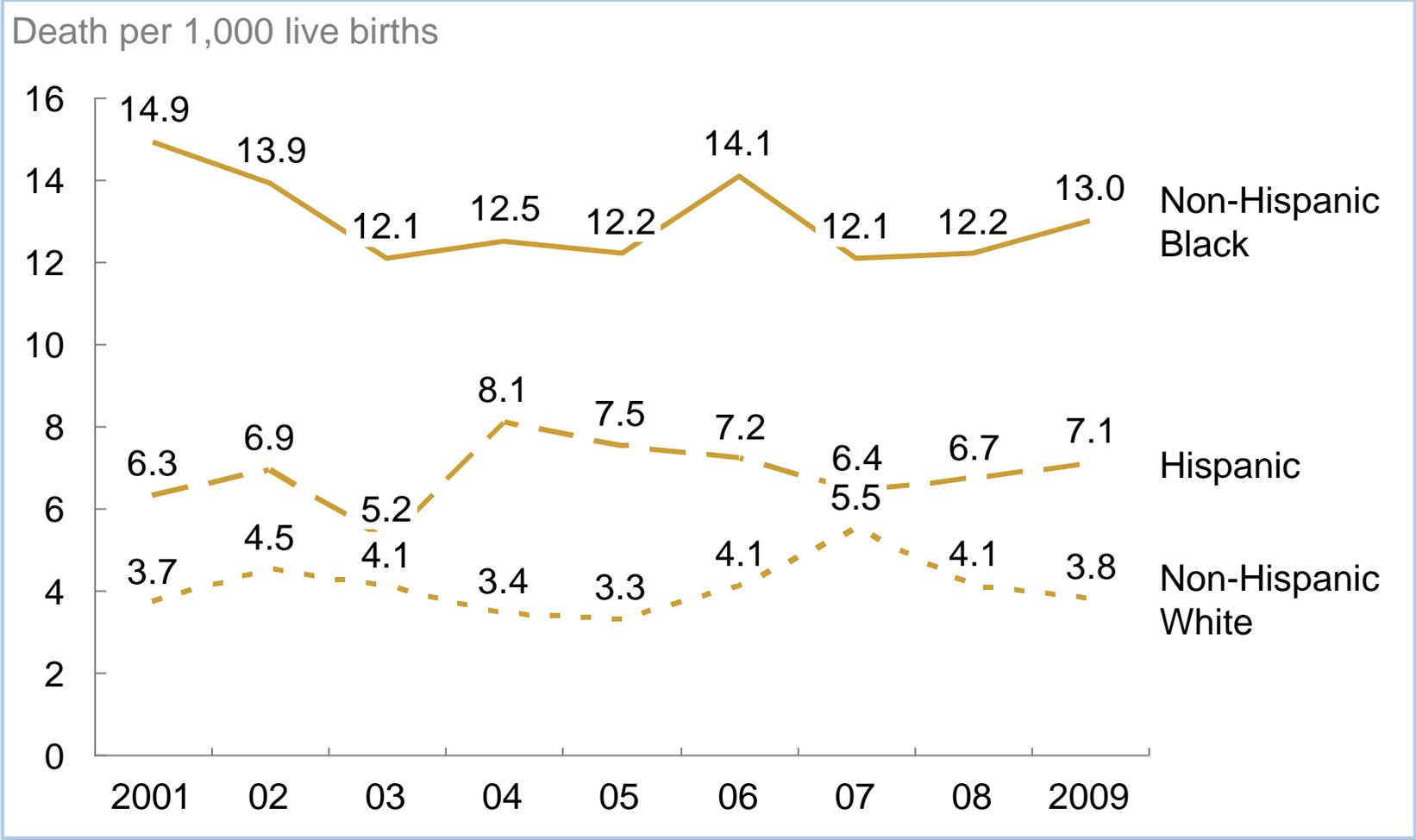
Connecticut's public health profile ranks above national average on almost all indicators



Measure	2012 value	State rank
<i>Determinants</i>		
Smoking (Percent of adult population)	17.1%	5
Obesity (Percent of adult population)	24.5%	7
Immunization coverage (Per of children 19-35)	157.9	2
Preventable Hospitalizations (Per 1,000 Medicare enrollees)	60.4	23
<i>Health outcomes</i>		
Diabetes (Percent of adult population)	9.3%	19
Infant Mortality (Deaths per 1,000 live births)	5.8%	17
Cardiovascular Deaths (Deaths per 100,000 population)	239.2	17
Cancer Deaths (Deaths per 100,000 population)	176.4	15
Premature Death (Years lost per 100,000 population)	5943	5
Poor Mental Health Days (Number of days in last 30 days person indicates their activities are limited due to mental health difficulties)	3.6	5

Opportunity exists, however, to improve health indicators and address health disparities

Infant mortality rate Connecticut, 2001-2009



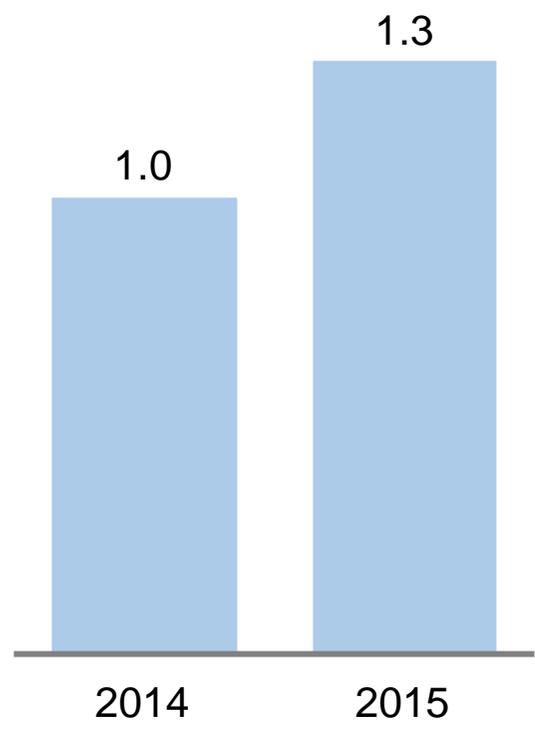
Note: Infant mortality defined as death within 1 year of birth

SOURCE: Connecticut Department of Public Health, Vital Statistics (Registration Reports), 2001-2009, Table 12

At the same time, Connecticut will require a solution that addresses statewide cost challenges

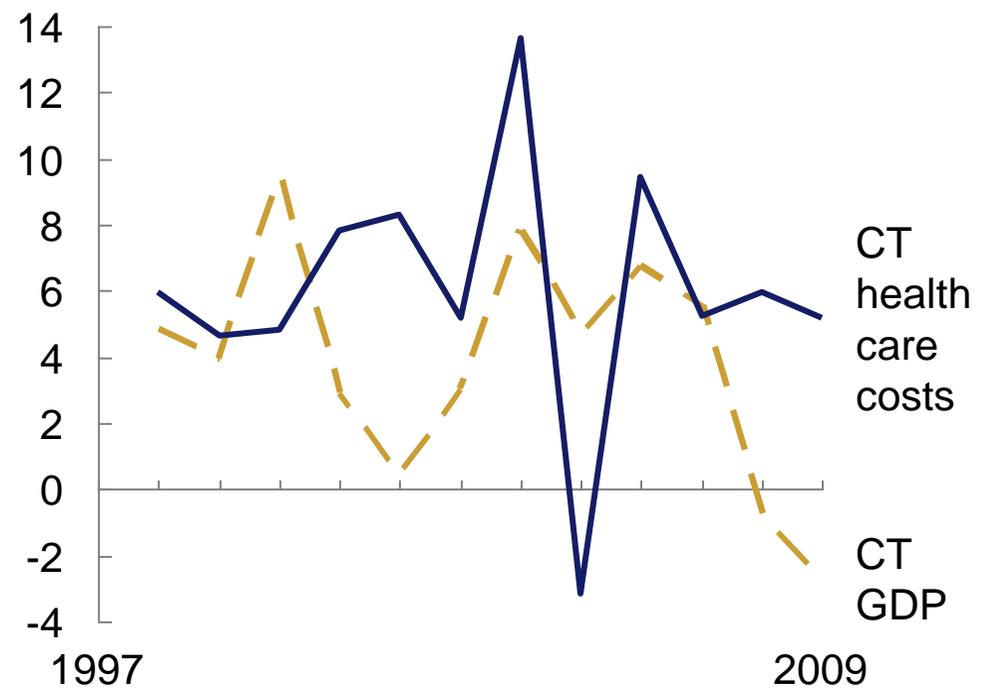
Potentially significant budget deficits expected in FY 2014 - 2015

Projected deficit, as of April 6, 2013
USD, billions



Health care cost growth higher than state GDP growth

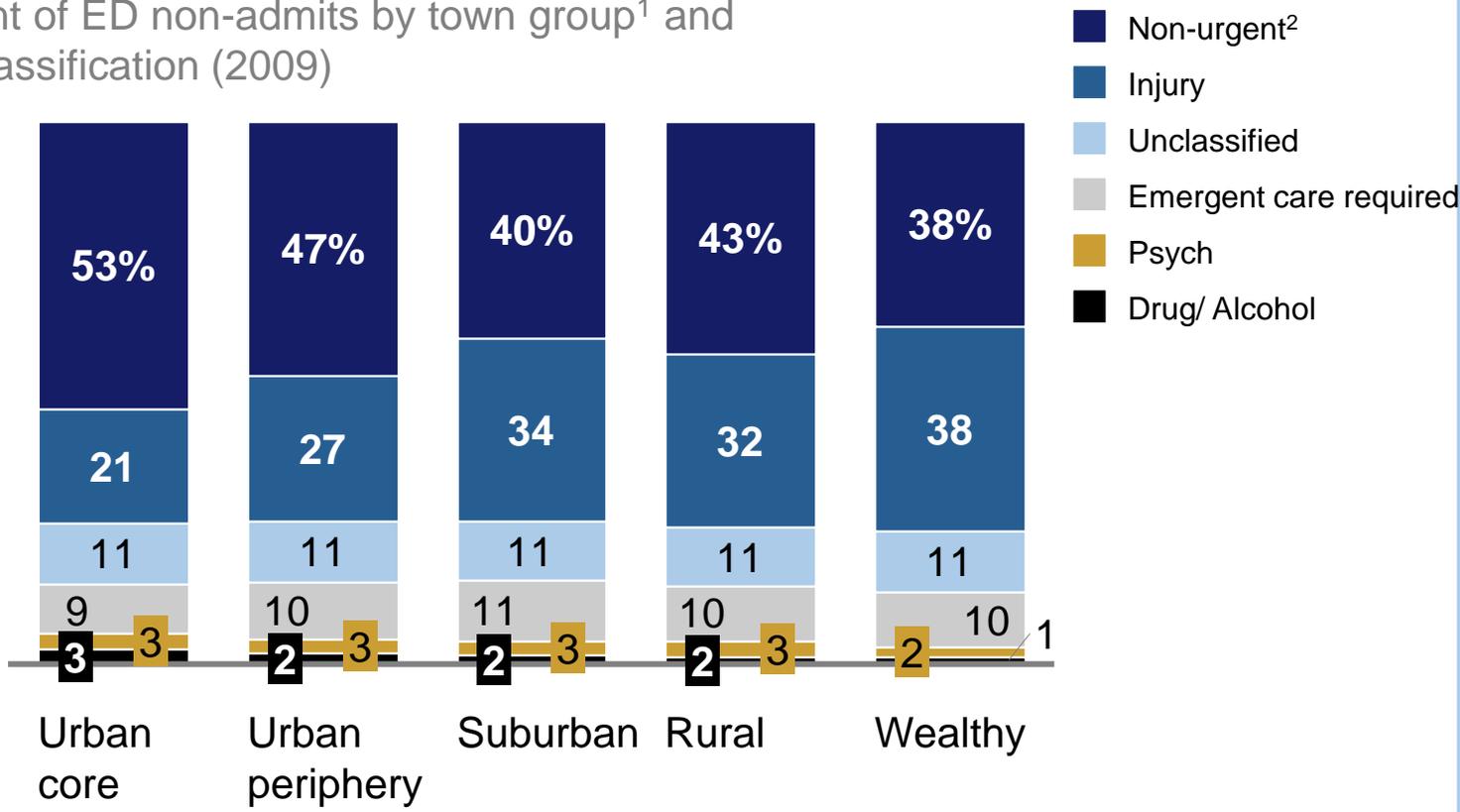
Annual growth rate, %



Inefficient health care utilization is one among several drivers of high health care costs today

40-50% of ED non-admits were for non-urgent care in 2009

Percent of ED non-admits by town group¹ and visit classification (2009)



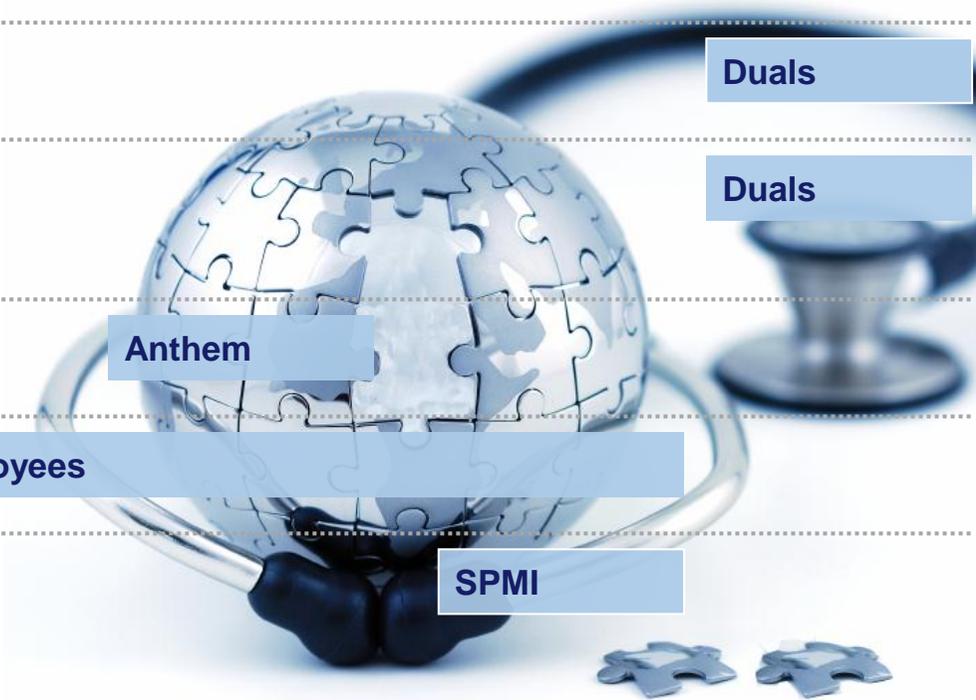
SOURCE: Connecticut Department of Public Health, OCHA. 2010. Profile in Emergency Department Visits Not Requiring Inpatient Admission to a Connecticut Acute Care Hospital Fiscal Year 2006-2009. Chart 8

1 Groupings of towns based on socioeconomic factors (CT State Data Center)

2 Non-urgent: The patient's presenting condition or symptoms at time of visit did not need immediate medical care within 12 hours

CT has many payment and care delivery innovations, but no model shared across Medicaid, Medicare, and Commercial insured populations

	Children	Adult	Special needs ¹	Duals, elderly
Patient-centered medical home <i>Enhanced FFS performance payment, TCOC accountability (Anthem)</i>	Medicaid			
	Anthem			
ACO <i>ProHealth, Hartford Healthcare, St. Francis, Primed, Collaborative ACO</i>	Cigna			Medicare
Integrated Care Initiative – ASO <i>SSP with state</i>				Duals
Integrated Care Initiative – Health Neighborhood <i>TCOC SSP with providers</i>				Duals
Episode-based payment <i>Joint replacement pilot</i>		Anthem		
Health enhancement program <i>Consumer based incentives</i>	State employees			
SPMI health homes <i>Care coordination capitation</i>			SPMI	



¹ Includes LTSS, SPMI, and DD patients