

MIPCD State Summary: New Hampshire

The Medicaid Incentives for the Prevention of Chronic Disease grant program, which will provide a total of \$85 million over five years, will test the effectiveness of providing incentives directly to Medicaid beneficiaries of all ages who participate in MIPCD prevention programs, and change their health risks and outcomes by adopting healthy behaviors. Awards are for a 5-year period, but are subject to annual renewal of funding. Grants must address at least one of the following prevention goals: tobacco cessation, controlling or reducing weight, lowering cholesterol, lowering blood pressure, and avoiding the onset of diabetes or in the case of a diabetic, improving the management of the condition.

State	New Hampshire
Project Title	Wellness Incentive Program
Organization and Partners	<p>Grantee: State of New Hampshire Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, Office of Medicaid Business and Policy</p> <p>Partners:</p> <ul style="list-style-type: none"> • 10 Regional Community Mental Health Centers • Dartmouth CDC Prevention Research Center • Dartmouth Institute for Health Policy and Clinical Practice
Condition	Cardiovascular disease
Target Population	Medicaid Beneficiaries with mental illness who are 18 years of age and older and are served by Community Mental Health Centers.
Goals	Increase exercise, improve nutrition, and increase smoking cessation in order to lower blood pressure, reduce weight, reduce cholesterol and blood glucose levels, and modify other related risk factors for cardiovascular disease.
Activities	<p>Four program offerings by the Supported Weight Management program, including:</p> <ul style="list-style-type: none"> • A health club membership. • The In SHAPE program, a motivational health promotion program including free gym membership and individual meetings with a fitness trainer. • Weight Watchers membership. • In SHAPE plus Weight Watchers. <p>Participants must be willing to be randomly assigned to at least two of these programs and are further randomized to either receive rewards for healthy lifestyle behaviors (going to the gym independently, going to Weight Watchers) or not. Participants who express interest in quitting smoking following a smoking cessation decision support session that is rewarded with cash can participate in smoking cessation programs, including referral to a prescriber for smoking cessation treatment, referral to prescriber plus phone CBT for smoking cessation, or prescriber referral plus facilitated access to the NH State Tobacco quit line.</p>
Recruitment Approach	Recruiting through staff or self-referral. Placing advertisements in the offices of community mental health centers and informing all eligible clients of the program via a mailing.

Incentives	<ul style="list-style-type: none"> • Participants will receive vouchers for memberships to community fitness centers and formal weight loss programs. • Beneficiaries who get help quitting smoking will receive incentives for participation. • Half of participants in both the weight loss and smoking cessation programs will get monetary incentives for healthy lifestyle behaviors (attending the gym or Weight Watchers, abstinence from smoking).
Evaluation Design	<ul style="list-style-type: none"> • Equipoise-stratified randomization as a method for ensuring that the interventions offered are widely accessible to the targeted Medicaid population. • Person-level evaluation of healthy behaviors, health, and cardiovascular risk. • An analysis of “cost neutrality” and estimated “cost offsets” with respect to high cost acute events (e.g., psychiatric or medical hospitalizations, emergency room visits, nursing home admissions), as well as overall cost neutrality and cost-offsets associated with program implementation.