MSHN
Mid-State Health Network

Value Based Purchasing Pilot Program Mid-State Health Network

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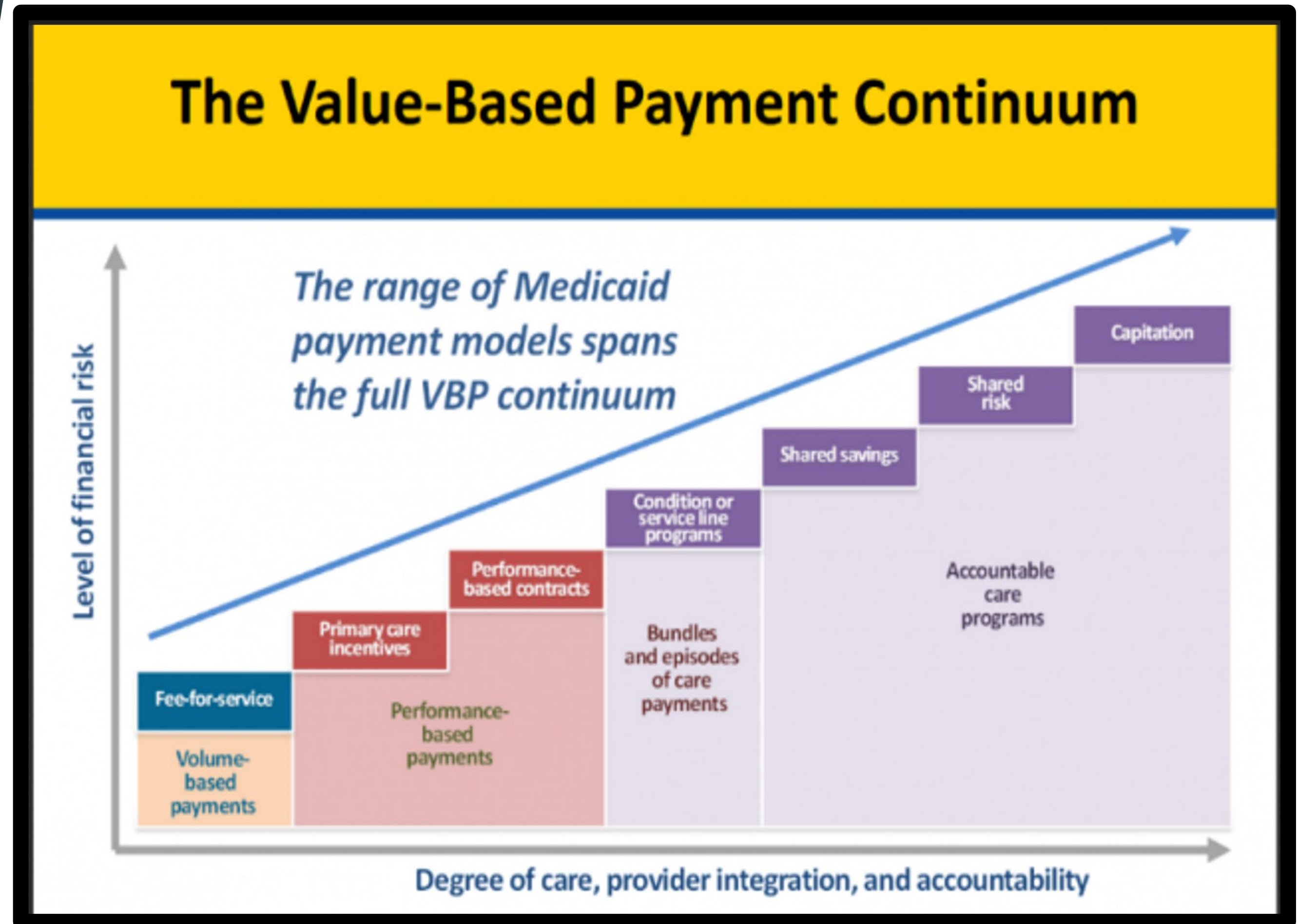
- What does Value Based Purchasing mean?
- What VBP systems exists within MSHN?
  - CMHSP & SUD Payment Models
  - Incentive Payment Models
    - Performance Bonus Incentive Payments
  - Supplemental Payment Models
    - Certified Community Behavioral Health Clinics, Behavioral Health Homes, Opioid Health Homes
- MSHN Pilots
  - What has worked, approach, testing
- What’s next?

Value Based Purchasing

Value Based Purchasing generally refers to activities that move away from the traditional fee-for-service (FFS) payment system that rewards volume, to alternative payment models (APMs) that incentivize high-quality, cost-effective care.

What does that mean for Behavioral Health?

- High Quality - Measures and incentivizes positive outcomes for beneficiaries
- Cost Effective – Utilizes the most appropriate service model that results in positive outcomes



TRADITIONAL PAYMENT MODELS

CMHSP

- Paid monthly by MSHN based on each eligible beneficiary type and county of residence
- PIHP reduces the payment portion for administration of Managed Care Functions
- Full payment sent to CMHs
- Cost settled at year-end

SUD Providers

- Treatment providers paid fee for services based on MSHN SUD rates
- Prevention and Recovery reimbursement model based on cost reports

Incentive Models: Performance Bonus Incentive Payments

FY24 MDHHS Performance Bonus Incentive Program

P.1 Implement data driven outcomes measurement to address social determinants of health

- Focus here is to Improve Housing and Employment Outcomes

P.2 Adherence to antipsychotic medications for individuals with Schizophrenia

- % of Adults with Schizophrenia who were Dispensed and Remained on an Antipsychotic Medication for at Least 80 Percent of their Treatment Period

P.3 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

- 1. Initiation: % of beneficiaries who initiate treatment within 14 calendar days of the diagnosis.
- 2. Engagement: % of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit.

P.4 Increased participation in patient-centered medical homes

Performance Bonus Incentive Payments Joint Metrics with Medicaid Health Plans

FY24 MDHHS Performance Bonus Incentive Program

J1. Joint Care Management

- Document joint care plans in state system for those identified through the risk factors.
- Additional population base for FY24 to identify minors with severity/risk factor.

J2. Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days

- Data stratified by race/ethnicity

J3. Follow-Up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence

- Data stratified by race/ethnicity

Performance Bonus Revenue

FY22 $5,321,955.28
FY21 $5,125,371.11
FY20 $4,531,244.27
FY19 $4,507,693.09

P.1 Identification of beneficiaries who may be eligible for services through the Veteran's Administration.	$611,629.96
P.2 Increased data sharing with other providers.	$611,629.96
P.3 Initiation, Engagement and Treatment (IET) of Alcohol and Other Drug Dependence.	$1,223,259.91
P.4 Increased participation in patient-centered medical homes.	$1,359,177.68
J.1 Implementation of Joint Care Management Processes.	$570,854.63
J.2.1 Follow-up after Hospitalization (FUH) within 30 days.	$465,160.37
J.2. 2 Follow-up after Hospitalization (FUH) within 30 days stratified by race/ethnicity.	$253,713.17
J.3 Follow-up after (FUA) Emergency Department visit for Alcohol and Other Drug Dependency within 30 days stratified by race/ethnicity.	$226,529.60
TOTAL	$5,321,955.28

CCBHC Payment Model

Certified Community Behavioral Health Clinic (CCBHC) Utilizes a Prospective Payment System 1 (PPS-1) methodology

- Receive a daily clinic-specific rate based on the average expected daily cost to deliver core CCBHC services
- Provide CCBHC services to all eligible individuals, including Medicaid and non-Medicaid individuals with a mental health and/or substance use disorder diagnosis.
- Quality Based Payments (QBPs) that reward based on attainment of CMS-defined quality metrics
- Because CCBHC services reflect services traditionally provided through the PIHP delivery system, a portion of the CCBHC payment is comprised by the PIHP's "base" capitation. To make whole the PPS-1 rate, MDHHS prospectively provides PIHPs a "supplemental" CCBHC capitation payment.
- On an annual basis, MDHHS reconciles with the PIHPs the supplemental costs and payments based on actual PPS-1 eligible CCBHC service utilization (which equals CCBHC daily visits * PPS-1 rate)

CCBHC Measures

DY1 QPB Award Totaled $2.5 million to the 3 CCBHCs

CCBHC Reported

- Time to initial evaluation
- Preventive care and screening: Body mass index (BMI) screening and follow-up
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
- Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling
- **Adult and Child/Adolescent Major Depressive Disorder: Suicide Risk Assessment**
- Screening for clinical depression and follow-up plan
- Depression remission at 12 months

State Reported

- Housing status (residential status at admission or start of the reporting period compared to residential status at discharge or end of the reporting period)
- Patient Experience of Care Survey
- Youth/Family Experience of Care Survey
- **Follow-up after ED visit for mental health or hospitalization for mental illness (Adult & Child)**
- **Follow-up after ED visit for Alcohol or Other Drug**
- Plan All-Cause Readmissions Rate
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications
- **Adherence to antipsychotic medications for individuals with schizophrenia**
- Follow-up care for children prescribed ADHD medication
- Antidepressant Medication Management
- **Initiation and engagement of alcohol and other drug dependence treatment**

Health Home Payment Model

Behavioral Health Home & Opioid Health Home

- MDHHS provides a monthly case rate (based on a staffing model) to PIHP
  - HH paid based on negotiated rate
  - Must be at least 80% to HH
  - 20% retained for PIHP
- Based on the number of HH beneficiaries with at least one HH service within the month.
- A pay-for-performance (P4P) incentive provided based on outcomes.

Behavioral Health Home Measures

MSHN implemented in May 2023

Measurement Year (MY) Metric

- An increase in the number of BHH beneficiaries enrolled per quarter

Performance Year (PY) Metrics

- Reduction in Ambulatory Care: Emergency Department (ED) Visits – 50% of PFP
- Increase in Controlling High Blood Pressure – 20% of PFP
- Access to Preventive/Ambulatory Health – 30% of PFP

Opioid Health Home Measures

Measurement Year 10/1/2022 - 9/30/2023

Measurement Year (MY) Metric

- An increase in the number of OHH beneficiaries enrolled per quarter

Performance Year (PY) Metrics

- Initiation and engagement of alcohol and other drug (AOD) dependence treatment within 14 days – 50% of PFP
- Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence within 7 days after discharge – 30% of PFP
- Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries – 20% of PFP

MSHN Pilots - Overview

Back in 2017, Mid-State Health Network (MSHN) proposed a pilot project to improve the quality and efficiency of substance abuse treatment through the development of a value-based purchasing model for Substance Use Disorder (SUD) services. MSHN intended to partner with 1-2 SUD providers and 1-2 Medicaid Health Plans to collaboratively develop a payment model that focuses on:

- Improved clinical outcomes for at-risk populations
- Expanded care coordination between providers at all levels
- Consistent engagement in a SUD treatment and recovery relationship
- Engagement with primary care
- Reduction in unnecessary emergency department use
- Reduction in inpatient psychiatric care

Approach

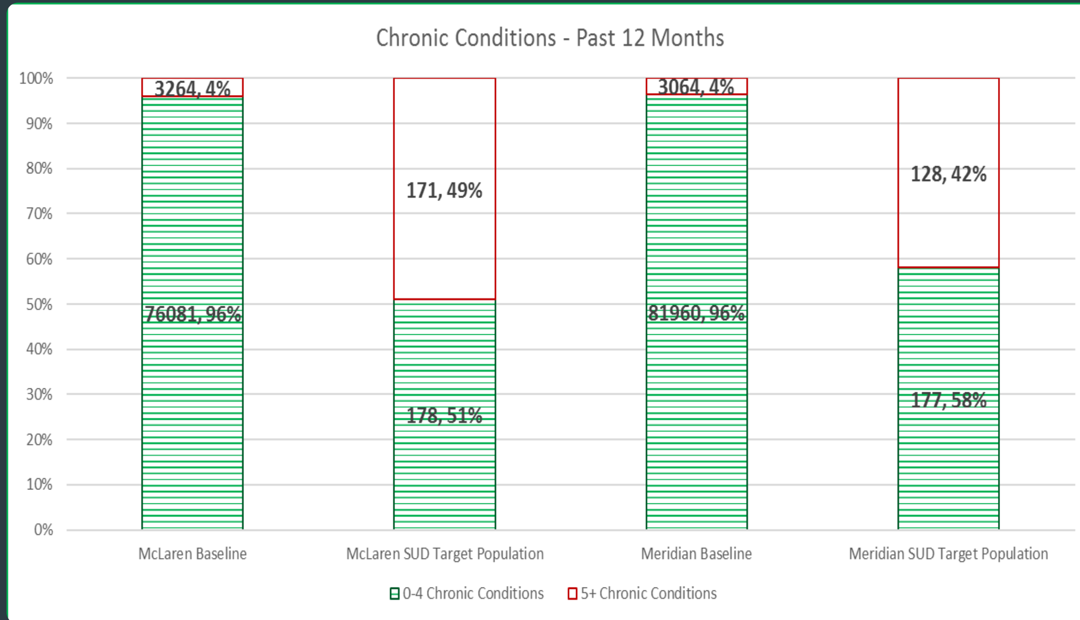
The pilot will follow four phases of implementation to fully incentivize participants in model development:

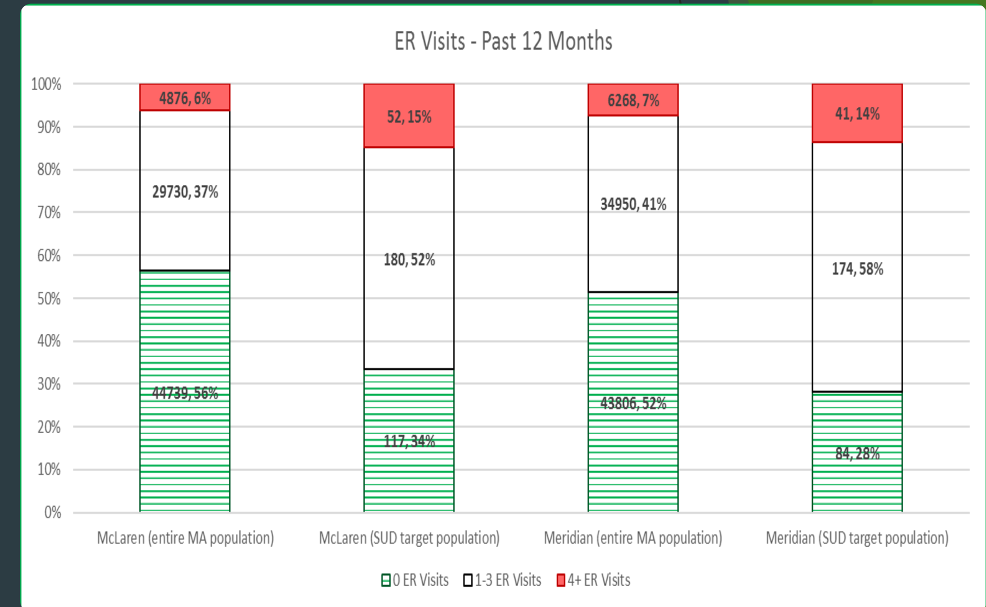
Pay for Reporting

Pay for Performing

Pay for Success

Provider participation will be incentivized at each phase, with financial incentives evolving from planning, infrastructure development and information gathering, to full implementation of the clinical mode



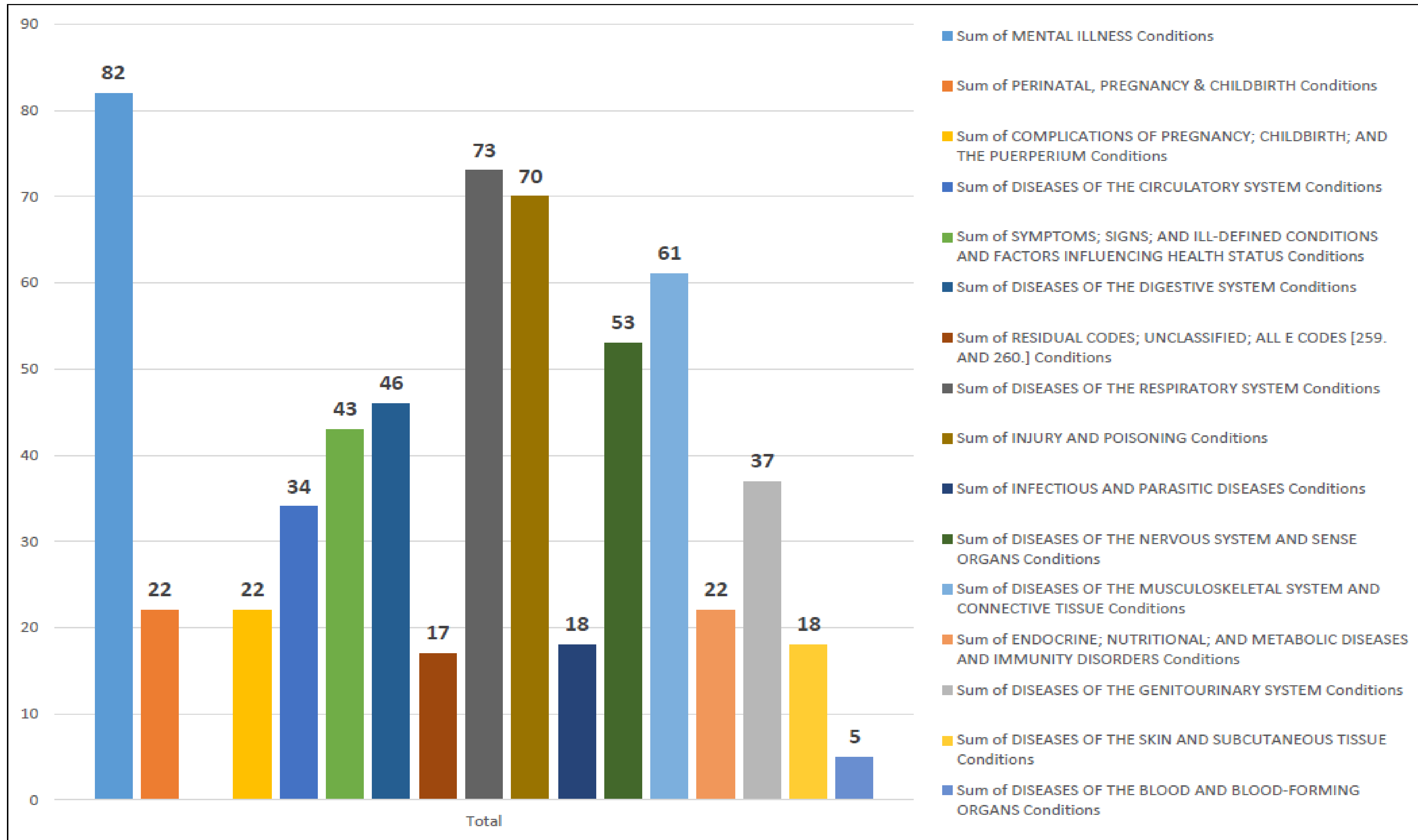


This report is a comparison analysis between the target SUD population of individuals served by three specific SUD providers and by two specific Health Plans and the Medicaid population as a whole served by the two Health Plans.

Project Timeline – Pay for Participation

Pay for Participation	5	Identify metrics/outcomes to measure and how data will be reported
	6	Determine rates and payment incentives
	7	Develop the Value-Based Purchasing Contract
	8	Prepare service and payment changes in preparation for pilot
	9	Engage in monthly meetings to discuss pilot planning, implementation, troubleshooting, and ensure fidelity to model

Figure 4 (Detail on figure 15): Reasons for Visits for individuals with 4+ ER Visits (There were 61 individuals with 4+ ER visits)



This figure demonstrates that the most common chronic conditions are as follows: Mental illness conditions (82); Diseases of the respiratory system (73); Injury and Poisoning (70); Diseases of the musculoskeletal system (61); and Diseases of the nervous system (53).

Participation Meetings

- Pilot project to improve the quality and efficiency of substance abuse treatment through the development of a Value Based Purchasing (VBP) model for Substance Use Disorder (SUD) services.
- Focuses on:
  - Engagement with treatment for individuals with identified high-risk substance use
  - Improved rate of follow-up with individuals who have had an alcohol or drug-related emergency department visit
  - Reduction in unnecessary emergency department use
- Increase the number of Project ASSERT encounters that occur in the Hospital Emergency Departments
- Increase the overall rate of follow-up contacts
- Develop incentives that support the outcomes identified

Pay for Reporting	10	Begin pilot project - reporting
	11	Prepare quarterly reports on outcome measures to MSHN

Project Timeline - Pay for **Reporting**

Pay for Performing	12	Incentive payments based on positive / targeted outcomes

Project Timeline - Pay for Performing

Pay for Success	12	Assess feasibility and replicability of pilot
	13	Adjust model for replication and expansion
	14	Expand pilot to additional providers

Project Timeline – Pay for Success

What’s Next

- Continuing to research alternative payment models in other states related to SUD services
- Encouraged continued expansion of CCBHC and Health Home Models
- Encourage use of data at provider level to monitor outcomes and key performance indicators
- Address challenges related to implementing VBPs (i.e., staffing shortages, lack of resources)
- Develop VBPs that support State initiatives (i.e. health homes metrics, race/ethnicity disparities, children services, care coordination)

Questions