

Regional Accountable Entity Behavioral Health Incentive Program Specification Document SFY 2023-2024



This document includes the details for calculations of Behavioral Health Incentive Program Indicator Measures for the seven Regional Accountable Entities.

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| Revision History | | |
|------------------|---------|--------------------------|
| Document Date | Version | Change Description |
| 06/30/2023 | 1 | FINAL SFY 23-24 document |
| | | |

Section 1: Introduction

Overview

The Behavioral Health Incentive Program is comprised of set aside funding. These measures are intended to place greater emphasis on health outcomes and cost containment.

Purpose

The purpose of this document is to describe the methodologies used to calculate Behavioral Health Incentive Program payments for Regional Accountable Entities (RAEs) participating in the Accountable Care Collaborative (ACC) in State Fiscal Year (SFY) 23-24.

Scope

This document addresses only the methodology utilized to calculate the ACC Behavioral Health Incentive Program Metrics.

The Department understands that Well Visit, Oral Evaluation, and Lead Screening metrics do not align perfectly with EPSDT Requirements that State Medicaid Agencies are held accountable to. However, Health First Colorado acknowledges that we are expected and required to meet the goals and objectives in EPSDT in addition to CMS Core Metrics and commit to working on both program expectations simultaneously.

Document Maintenance

This document will be reviewed annually at the start of the new State Fiscal Year and updated as necessary. This document contains a Revision History log on the Document Information page. When changes occur, the version number will be updated to the next increment as well as the revision date and change description. Unless otherwise noted, the author of the revision will be the document's author, as identified in the Document Identification table, which is also on the Document Information page.

Section 2: Data Requirements

Data Requirements

The Behavioral Health Incentive Program metrics (BHIP) are calculated for Regional Accountable Entities (RAEs) and Primary Care Medical Providers (PCMPs) participating in the Accountable Care Collaborative (ACC) program based on the members' utilization of services.

Background

Each Behavioral Health Incentive Program metrics calculation is based on the utilization of services by the population enrolled in the ACC. The following sections describe the differences in the methodologies used to calculate and evaluate these measures.

Note: Some Metrics will be based on CMS Core Measure Technical Specifications. Telemedicine visits and services are included in calculations if specifications allow. See the CMS Core Measure Reporting Resources for more details.

Evaluation and Baseline Period

Each evaluation period is twelve rolling months of data based on service/eligibility dates allowing for three months of claims runout.

Evaluation Population

All members with full Medicaid are mandatorily enrolled into the ACC program. All baseline and evaluation period populations are specified under each measure specification.

Claims Selection Criteria

The following criteria are used to select the claims to calculate the measures:

- Both facility and professional claims
- Paid claims and Encounters (with three months runout)
- Only current records
- Last claim (after all adjustments have been taken)

Encounters:

- Dental Encounter Data
- Behavioral Health Encounter Data

Exclude:

- Deleted records
- MCO and CHP+ Encounter Data

Supplemental Data

The following data may be incorporated into appropriate measures where available and appropriate:

- Colorado Immunization Registry (CIIS)
- Clinical/EHR Data
- Laboratory Data
- Vital Records Data

Section 3: Baselines and Targets

Evaluation and Baseline Periods

Performance Period: July 1, 2023 through June 30, 2024

Baseline Period: July 1, 2021 through June 30, 2022

Calculation of Department Goals

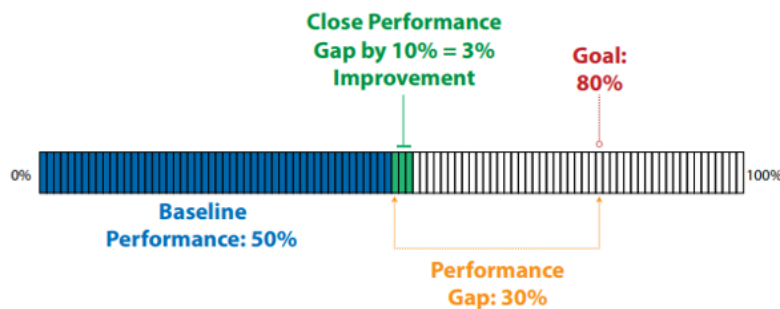
Measures in the BHIP Program that are using national standards have Department Stretch Goals typically based on the NCQA 90th percentile for all Medicaid Lines of Business, when available. When unavailable, the Department will use the Top Performer to develop a Department Goal.

$$\text{(Top Performer)} + \text{(10\% of Top Performer)} = \text{Department Goal}$$

Gap Closure

The targets for indicators are based on a 10% gap closure methodology from baseline to Department goal.

Each RAE will be responsible for closing their performance gap (between SFY 21-22 performance and the identified HCPF Goal) by 10% during the performance year (SFY 23-24). Please see the example below.



Baselines and Targets

| Indicator 1: Initiation and Engagement of Substance Use Disorder Treatment (Engagement) | | |
|---|-------------------------|-----------------------|
| RAE | Baseline (CY 2022) | Target (SFY 23-24) |
| 1 | 18.47% | 18.92% |
| 2 | 9.86% | 11.17% |
| 3 | 12.42% | 13.48% |
| 4 | 11.71% | 12.84% |
| 5 | 12.22% | 13.30% |
| 6 | 15.30% | 16.07% |
| 7 | 17.15% | 17.74% |
| HCPF | 14% | 23% |
| Indicator 2: Follow-Up after Hospitalization for Mental Illness | | |
| RAE | Baseline (CY 2022) | Target (SFY 23-24) |
| 1 | 26.77% | 29.89% |
| 2 | 21.26% | 24.93% |
| 3 | 20.11% | 23.90% |
| 4 | 34.38% | 36.74% |
| 5 | 18.52% | 22.47% |
| 6 | 30.80% | 33.52% |
| 7 | 26.99% | 30.09% |
| HCPF | 26% | 58% |
| Indicator 3: Follow-Up after Emergency Department Visit for Substance Use | | |
| RAE | Baseline (CY 2022) | Target (SFY 23-24) |
| 1 | 27.45% | 28.52% |
| 2 | 21.86% | 23.49% |
| 3 | 25.41% | 26.69% |
| 4 | 27.37% | 28.45% |
| 5 | 27.00% | 28.12% |
| 6 | 24.83% | 26.16% |
| 7 | 34.70% | 35.05% |
| HCPF | 27.00% | 38.17% |
| Indicator 4 Part 1: Depression Screening | | |
| RAE | Baseline (SFY 21-22) | Target (SFY 23-24) |
| 1 | 21.76% | 28.12% |
| 2 | 41.06% | 45.50% |
| 3 | 34.65% | 39.73% |
| 4 | 44.51% | 48.61% |
| 5 | 10.85% | 18.31% |
| 6 | 38.45% | 43.15% |
| 7 | 77.66% | 78.43% |

| | | |
|---|---------------------------------|-------------------------------|
| HCPF | 35.91% | 85.42% |
| Indicator 4 Part 2: Follow-Up After a Positive Depression Screening | | |
| RAE | Baseline (SFY 21-22) | Target (SFY 23-24) |
| 1 | 61.43% | 64.52% |
| 2 | 83.99% | 84.83% |
| 3 | 46.69% | 51.26% |
| 4 | 49.03% | 53.37% |
| 5 | 48.98% | 53.32% |
| 6 | 52.98% | 56.92% |
| 7 | 65.09% | 67.82% |
| HCPF | 58.12% | 92.39% |
| Indicator 5: Behavioral Health Screening or Assessment for Children in the Foster Care System | | |
| RAE | Baseline (SFY 21-22) | Target (SFY 23-24) |
| 1 | 13.12% | 14.99% |
| 2 | 16.56% | 18.08% |
| 3 | 14.88% | 16.57% |
| 4 | 27.05% | 27.53% |
| 5 | 28.93% | 29.21% |
| 6 | 18.09% | 19.46% |
| 7 | 16.12% | 17.69% |
| HCPF | 18.99% | 31.82% |

Section 4: Payment Information

Payment Tiers

Each BHIP Metric is worth 20% of available BHIP Dollars.

Payment Schedule

The Department will calculate final performance for all indicators to determine payout in December of each year.

Once final performance is calculated, the Department will notify RAEs of their draft performance and their forthcoming payments. The Department will make final payments by the end of March, 2025.

Section 5: BHIP Participation Indicators

To qualify for participation in the BHIP Program, RAEs must meet the following:

- 1) The Contractor must manage the program such that the weighted average per-member-per-month trend is 4% or less from FY 2022-2023 to FY 2023-24. The Department may, at its discretion, and with contractor consent, modify the target trend to account for underlying changes in the program's risk structure or population.

To qualify for incentive payments, RAEs must meet the following minimum performance requirements during the contract year:

- 1) Timely submission and completion of a corrective action plan submissions and activities
- 2) Timely and accurate submission of quarterly encounter data

Qualifier 1: Quarterly Data Submission (50%)

Description: The number of successful quarters of quarterly data submissions to the Department.

Successful quarterly data submission is defined as:

Submission of flat files that are submitted on time in accordance with the contract and meets the following flat file specifications:

- The flat file contains no lines that duplicate other lines within the submission, nor lines that duplicate lines from previous submissions
- The flat file has no missing key fields or incorrect formats.

Each quarterly submission that contains only files meeting the above criteria will count towards this qualifying measure. Quarterly submissions containing additional files to correct for the errors listed above, or containing additional supplemental files, will not count towards the qualifying measure.

Data Source: Encounter Submission through RAE flat files, using dates of service of July 2023 through June 2024, as adjudicated by the RAEs through September 2024.

There are five flat file submissions (four quarterly submissions and one annual submission). To receive 100% of the qualifying measure, the plan must have at least four successful flat file submissions. For each submission below four successful submissions, the plan will lose 20% of the qualifying measure. Thus, the schedule for this measure is as follows:

- Five successful data submissions – 100%
- Four successful data submissions – 100%
- Three successful data submissions – 80%
- Two successful data submissions – 60%
- One successful data submission – 40%
- Zero successful data submissions – 20%

Qualifier 2: Quarterly Data Submission (50%)

Description: All corrective action plan submissions and activities shall be in accordance with the provisions of the Contract, for the duration of the Contract term.

To qualify for the portion of the overall incentive funds allocated for this participation measure, the Contractor shall demonstrate 100% compliance.

According to the corrective action plan (CAP) process, there are specific steps to ensure plans are a 100% compliant that are coordinated by the Departments EQRO, they are:

- The plan must submit the CAP within the timeframe given (30 days)
- The CAP must be approved by the Department -
- The CAP must be completed within the allowed timeframe outlined in the CAP

Section 6: BHIP Indicators

Indicator 1: Initiation and Engagement of Substance Use Disorder Treatment

[Core Measure– Measure Steward - NCQA]

Measure Description

Percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:

- Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days.
- Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Payment will be based on the Engagement of SUD Treatment Rate.

Measurement Period

July 1, 2023 – June 30, 2024

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 2: Follow-Up after Hospitalization for Mental Illness

[Core Measure– Measure Steward - NCQA]

Measure Description

Percentage of discharges for beneficiaries age 6 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:

- Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge
- Percentage of discharges for which the beneficiary received follow-up within 7 days after discharge

Payment will be based on the 7 day follow up, total rate.

Measurement Period

July 1, 2023 – June 30, 2024

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 3: Follow-Up after Emergency Department Visit for Substance Use

[Core Measure – Measure Steward - NCQA]

Measure Description

Percentage of emergency department (ED) visits for beneficiaries age 6 and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:

- Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)
- Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)

Payment will be based on the 7 day follow up, total rate.

Measurement Period

July 1, 2023 – June 30, 2024

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department.

Measure Reporting Details

Please see Appendix B for links to detailed measure information and value sets.

Indicator 4: Follow-Up Visit after a Positive Depression Screen

[Measure Steward - HCPF]

Measure Description

Percentage of members over the age of 11 who received a follow-up visit on or within 30 days of screening positive for depression

This measure has two parts; Part 1), which must be met prior to moving on to (Part 2). The overall measure description is: Percentage of members engaged in mental health service on or within 30 days of screening positive for depression

In order to qualify for payment, Part 1 and Part 2 must be met.

Part 1

The member must have a positive depression screening AND the depression screening rate must increase by 10% Gap closure between RAE performance and the Department Goal, as identified by the number of members with an outpatient visit in the evaluation period who received a depression screening: (any of the following codes)

G8431 – Screening for Depression Documented as Positive, AND Follow-Up Plan Documented

G8432 – Screening for Depression not Documented, Reason not Given

G8510 – Screening for Depression Documented as Negative, Follow-Up Plan not Required

G8511 – Screening for Depression Documented as Positive, Follow-Up Plan not Documented, Reason not Given

Part2

All members identified in Part 1 with a positive depression screening who also received one of the following services on the same day or within 30 days: See table under “Numerator.”

Measurement Period

Triggering event: July 1, 2023 to June 1, 2024 (Part1)

Full measurement period: July 1, 2023 to June 30, 2024 (Part 2)

Continuous Enrollment Criteria

Members must be continuously enrolled in the ACC on the date of the positive depression screen for 30 days, with no gaps.

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data, as appropriate.

Measure Reporting Details

This measure will be calculated by the Department once, annually.

Measure Reporting Details

Denominator: All members with a positive depression screening as identified by procedure code G8431 and G8511.

Notes:

1. Billing provider type is only used on FFS data for the calculation of this metric.
2. Exclusions from the Denominator:
 - a. Exclude members under 11 years old
 - b. Exclude G9717 Documentation stating the patient has had a diagnosis of depression or has had a diagnosis of bipolar disorder
 - c. Exclude G8433 (Screening for Depression not Completed, Documented Reason)

Numerator: All members with a positive depression screen who also received one of the following services the same day or within 30 days:

| Condition Description | # Event | Detailed Criteria | Criteria Connector | Timeframe | | |
|--|---------|--|--------------------|--|--|----|
| Members included in the denominator | 1 | | and | During evaluation period | | |
| Outpatient visit with a PCMP | 1 | 90791, 90832, 90834, 90837, 90846, 90847 | or | Within 30 days of the positive depression screen | | |
| At least one of the following services | 1 | Codes to identify follow-up Assessment in any setting (Behavioral Health or Primary Care) | | | Within 30 days of the Positive Depression Screen | |
| | | CPT | | Billing Provider Type | | |
| | | 90791, 90792, 90832, 90834, 90837, 90846, 90847 | with | 35, 37, 38, 41, 25, 26, 05, 39 | | Or |
| | | Codes to identify follow-up Assessment in a Behavioral Health Setting using a Behavioral Health Screen or Evaluation and Management Codes, including Emergency Department E&M Codes and Consultation E&M Codes | | | | |

| | | | | | | |
|--|--|--|------|---|----|---|
| | | CPT/HCPC H0002, H2011 H003190833, 90836, 90838, 99202- 99205, 99211- 99215, 99217- 99226, 99231- 99236, 99238, 99239, 99304- 99310, 99315, 99316, 99341- 99345, 99347- 99350, 99366, 99367, 99368, 99441- 99443, 99281- 99285, 99241- 99245, 99251-99255 | With | Billing Provider Type 37, 35, 38, 25 | Or | |
| | UB Revenue Code 0529 or 0900 with the following | | | | | |
| | | CPT/HCPC H0002, H2011, H0031 90791, 90792, | with | Billing Provider Type 32, 45 | or | Within 30 days of the Positive Depression Screen |

| | | | | | | |
|--|--|---|--|--|--|--|
| | | 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99202- 99205, 99211- 99215, 99217- 99226, 99231- 99236, 99238, 99239, 99304- 99310, 99315, 99316, 99341- 99345, 99347- 99350, 99366, 99367, 99368, 99441- 99443, 99281- 99285, 99241- 99245, 99251-99255 | | | | |
|--|--|---|--|--|--|--|

Indicator 5: Behavioral Health Screening or Assessment for Children in the Foster Care System

[Measure Steward - HCPF]

Measure Description

Percentage of foster care children who received a behavioral screening or assessment on or within 30 days of ACC enrollment.

Measurement Period

Triggering event: July 1, 2023 to June 1, 2024

Full Measurement Period: July 1, 2023 to June 30, 2024

Continuous Enrollment Criteria

Members must be continuously enrolled in the ACC for 30 days from the time enrollment began.

Data Source

All RAE claims, Encounter systems, FFS Claims, and Pharmacy data.

Measure Calculation

This measure will be calculated by the Department once annually.

Measure Reporting Details

Denominator: Total number of members who became Medicaid eligible on or after July 1, 2023 based on aid code and are assigned to a RAE. Members must be continuously enrolled for 30 days from the date of ACC enrollment.

Notes:

1. Billing provider type is only used on FFS data for the calculation of this metric.
2. If a member moves from one aid category to another, they will not be added to the denominator a second time. Only members new to foster care will count in the denominator.

| Condition Description | # Event | Detailed Criteria | Criteria Connector | Timeframe |
|---|---------|---|--------------------|------------------------------|
| Members who became Medicaid eligible based on aid code, are enrolled in a RAE for 30 days from the date of ACC enrollment | 1 | Aid Codes used to identify members 10, 11, 12, 13, 19, 20, 23, 70 | and | During the evaluation period |

Population Exclusions:

| Condition Description | Billing Provider Type | HCPCS | UB Revenue | UB Type of Bill | POS |
|--|-----------------------|---|------------|-----------------|------------|
| Psychiatric residential treatment center (when services are paid for by Fee For Service) | 30 | | 0911 | | |
| Qualified Residential Treatment Programs (when services are paid for by Fee For Service) | 52, 68 | 90791, 90792, 90785, 90832, 90834, 90837, 90846, 90847, 90853, 96101, 96102, 90833, 90836, 90839, 90840, 90863, H0019 | | | 11, 14, 56 |

Exclude members with aid code 30 from denominator.

Numerator: Total number of members from the denominator who received one of the following services on or within 30 days of ACC enrollment:

| Condition Description | # Event | Detailed Criteria | Criteria Connector | Timeframe |
|--|---------|--|--------------------|--|
| Members included in the denominator | 1 | | and | During evaluation period |
| Outpatient visit with a PCMP | 1 | 90791, 90832, 90834, 90837, 90846, 90847 | or | Within 30 days from the date of RAE enrollment |
| At least one of the following services | 1 | Codes to identify follow-up Assessment in a Behavioral Health Setting using a Behavioral Health Screen or Evaluation and Management Codes, including Emergency Department E&M Codes and Consultation E&M Codes | | Within 30 days from the date of RAE enrollment |
| | | CPT/HCPC | with | |

| | | | | | |
|--|--|---|------|------------------------------|--|
| | | H0002, H2011 H0031 90833, 90836, 90838, 99202-99205, 99211-99215, 99217-99226, 99231-99236, 99238, 99239, 99304-99310, 99315, 99316, 99341-99345, 99347-99350, 99366, 99367, 99368, 99441-99443, 99281-99285, 99241-99245, 99251-99255 | | 37, 35, 38, 25, | |
| | | UB Revenue Code 0529 or 0900 with the following | | | |
| | | CPT/HCPC | | Billing Provider Type | |
| | | H0002, H2011, H0031 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99202-99205, 99211-99215, 99217-99226, 99231-99236, | with | 32, 45 | Within 30 days from the date of RAE enrollment |

| | | | | | |
|--|--|---|--|--|--|
| | | 99238, 99239, 99304-99310, 99315, 99316, 99341-99345, 99347-99350, 99366, 99367, 99368, 99441-99443, 99281-99285, 99241-99245, 99251-99255 | | | |
|--|--|---|--|--|--|

Appendices

Appendix A: Quarterly Data Sharing

Schedule for Sharing Quarterly Data

| Timeframes for metrics run by HCPF through Care Analyzer: | | | |
|---|---------------------------|---------------------------------|--------------------------------|
| Performance Period* | 90 Day Runout Period Ends | HCPF Detailed Data Availability | RAE Detailed Data Availability |
| Jan 1 – Dec 31 | 30-Mar | 30-Apr | 15-May |
| Apr 1 – Mar 31 | 30-Jun | 31-Jul | 15-Aug |
| Jul 1 - Jun 30 | 30-Sep | 31-Oct | 15-Nov |
| Oct 1 – Sept 30 | 31-Dec | 31-Jan | 15-Feb |
| *Most recent 12 months of available data. This is updated every 3 months. | | | |

Appendix B: CMS Core Measure Technical Specifications

Important information regarding Indicators 2-12:

The following measures are defined using the 2023 CMS Core Measure Set Technical Specifications and Value Set Directories. You can find the Reporting Resources at the links below for each of the following measures.

[2023 CMS Adult Core Measure Set Reporting Resources](#)

[2023 CMS Child Core Measure Set Reporting Resources](#)

Appendix C: Covered Behavioral Health Diagnosis

Covered Behavioral Health Diagnosis

Covered Mental Health Diagnosis:

| ICD-10-CM Code Ranges | |
|-----------------------|-----------|
| Start Value | End Value |
| F20.0 | F42.3 |
| F42.8 | F48.1 |
| F48.9 | F51.03 |
| F51.09 | F51.12 |
| F51.19 | F51.9 |
| F53.0 | F53.1 |
| F60.0 | F64.9 |
| F68.10 | F69 |
| F90.0 | F98.4 |
| F98.8 | F99 |
| R45.1 | R45.2 |
| R45.5 | R45.82 |

Covered Substance Use Disorder Diagnosis:

| ICD-10-CM Code Ranges | |
|-----------------------|-----------|
| Start Value | End Value |
| F10.10 | F10.26 |
| F10.28 | F10.96 |
| F10.98 | F13.26 |
| F13.28 | F13.96 |
| F13.98 | F18.159 |
| F18.18 | F18.259 |
| F18.28 | F18.959 |
| F18.980 | F19.16 |
| F19.18 | F19.26 |
| F19.28 | F19.99 |