

Behavioral Health Incentive Program

Northeast Health Partners
RAE Region 2

February 7, 2024

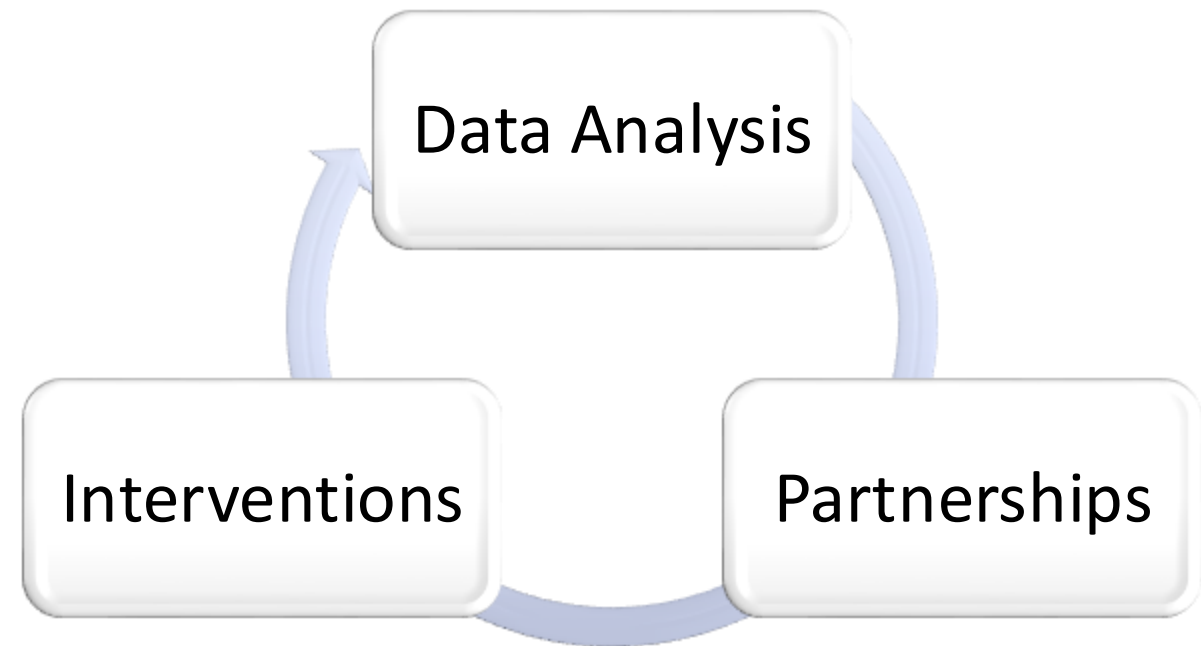


Today's Topics

- Overview and Strategy
- Highlights on Performance Impacts
- Incentive Payment Methodology

Strategic Approach

- Be Guided by the Data
 - Continual Performance Assessments
 - Identify Areas of Opportunity
 - Performance Transparency
- Strategically Align Programs
 - BH Practice Transformation
 - PIP Activities
 - Health Equity Task Force and Workgroups



Partnerships: Practice Transformation

- Milestones and Incentives
- Direct Practice Support
- Focused Activities
 - BHIP Measures
 - Baseline Data and PDSAs
 - Registries and Data Visualization

Milestone	Description	Requirements
1. BHIP Performance/Data-Driven Improvement	Choose one of the following: SUD Engagement Inpatient MH F/UP Depression Screen Follow-up	Using either EMR, or PowerBI Data determine baseline and then improve by 10% of 2022 baseline. Submit performance data by June 2024 Tier 1: Complete at least one PDSA cycle Tier 2: Close the gap by 10% Tier 3: Meet or exceed RAE target
2. Population Management	Wellness/Registry Report	Develop a registry/report to identify clients in specified population ie SUD, Major Depression AND identify needs/gaps of care. Utilize a PDSA process to create a workflow to outreach identified clients, treatment plan person-centered, incorporating values, lifestyle and social contexts of clients. Utilize evidenced based practice
3. Performance Visualization Tool	Practice develops dashboard for tracking performance (SUD Engagement/Depression Screen Follow-up, measure based care tools, access, no show, retention) and develops process for sharing with clinical staff at least quarterly	Develop a performance visualization tool with your coach OR Provide a copy of the tool that you use to review performance data with clinical staff AND Provide a list of quarterly scheduled meetings where data At least one practice representative attends each learning collaborative but does not have to be the same person each time. Learning Collaboratives are held each quarter during the fiscal year. Representatives must complete the
4. Learning Collaboratives	Attend all 4 Learning collaboratives in FY 23-24	Generally completed between July 1, 2023 and September 30, 2023
5. Practice Assessment	Complete the annual Practice Transformation assessment	

Performance Improvement

- Engage and Connect with Providers
 - Committee Meetings
 - “First Fridays”
 - Partnerships with Practices
 - 1-on-1 Meetings
 - Practice Transformation Meetings
- Support Practices with Resources and Tools
 - Tip Sheets
 - Process Mapping
- Support Members with Increased Access
 - Telemedicine and technology
- Strategic Alignment and Integration
 - PDSAs with the BH Practice Transformation
 - PIP Project and the ED SUD BHIP Measure
 - Health Equity

BHIP Provider/Coding Support
FY24 V1



FOLLOW-UP VISIT AFTER A POSITIVE DEPRESSION SCREEN

Measure Description: This measure has 2 parts:

- **Part 1: Depression Screening:** The percentage of members aged 12 and older who were screened for depression
- **Part 2: Follow up Visit after a Positive Depression Screen:** The percentage of members aged 12 and older who received a follow-up visit on or within 30 days of screening positive for depression

Incentive is based on Part 2. To earn the incentive for part 2, the RAE must meet part 1

Exclusions:

- G9717: Documentation stating the patient has had a diagnosis of depression or bipolar disorder
- G8433: Screening for Depression not Completed, Documented Reason

Part 1: Depression Screening: The percentage of members aged 12 and older who were screened for depression

Denominator: Members aged 12 and older who had an outpatient visit

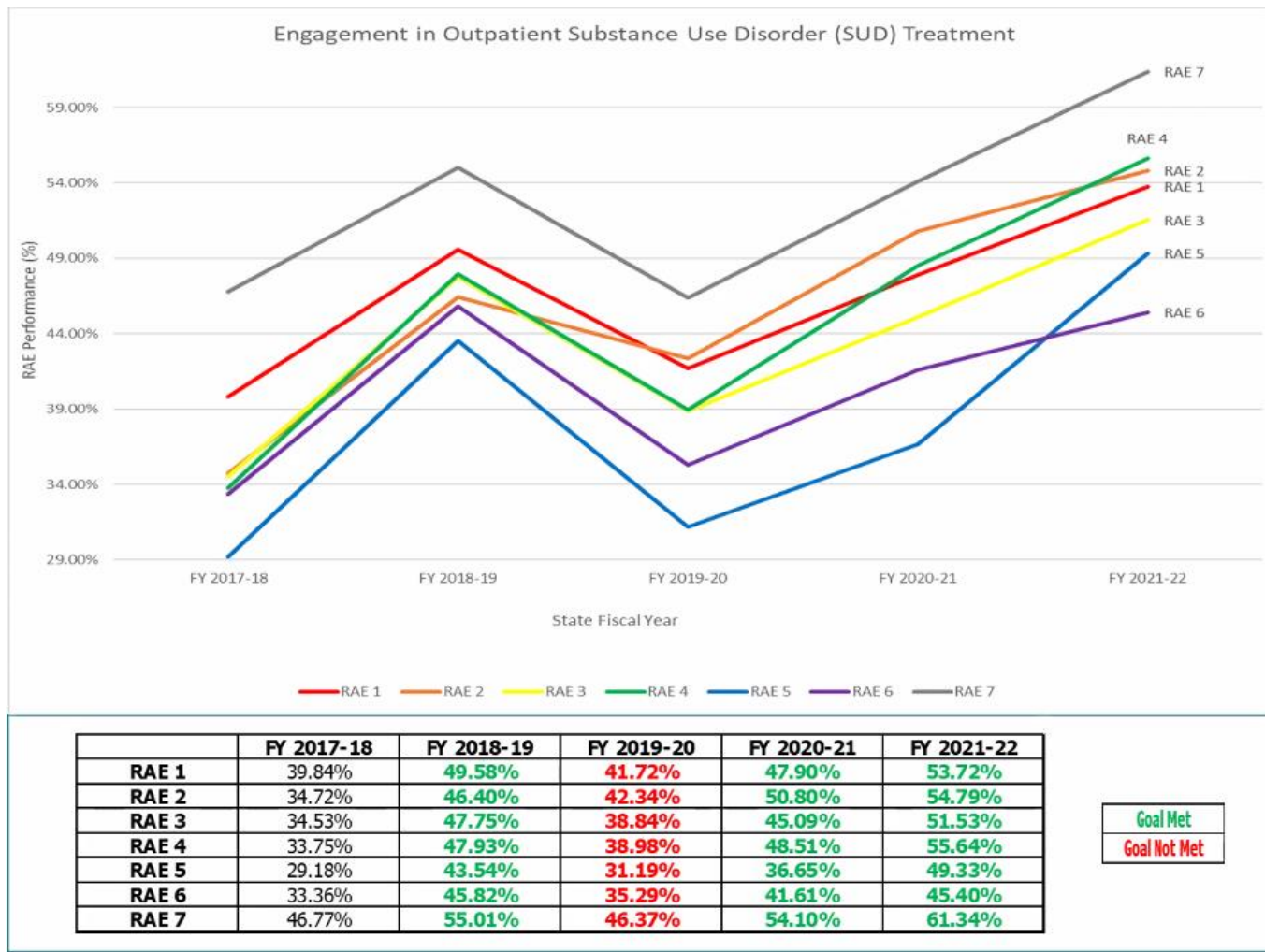
CPT Codes to Identify Outpatient Visits		HCPCS Codes to Identify Outpatient Visits
59400	99324-99328	G0101
90791, 90792	99401-99403	G0402
96136, 96138	99843, 99484	G0444
96156, 96158	99492, 99493	
99202-99205	99384-99387	
99212-99215	99394-99397	
99315, 99316, 99318		

Numerator: Members aged 12 and older who had an outpatient visit who were screened for depression

CODE	DESCRIPTION
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

08.21.23

Outpatient SUD

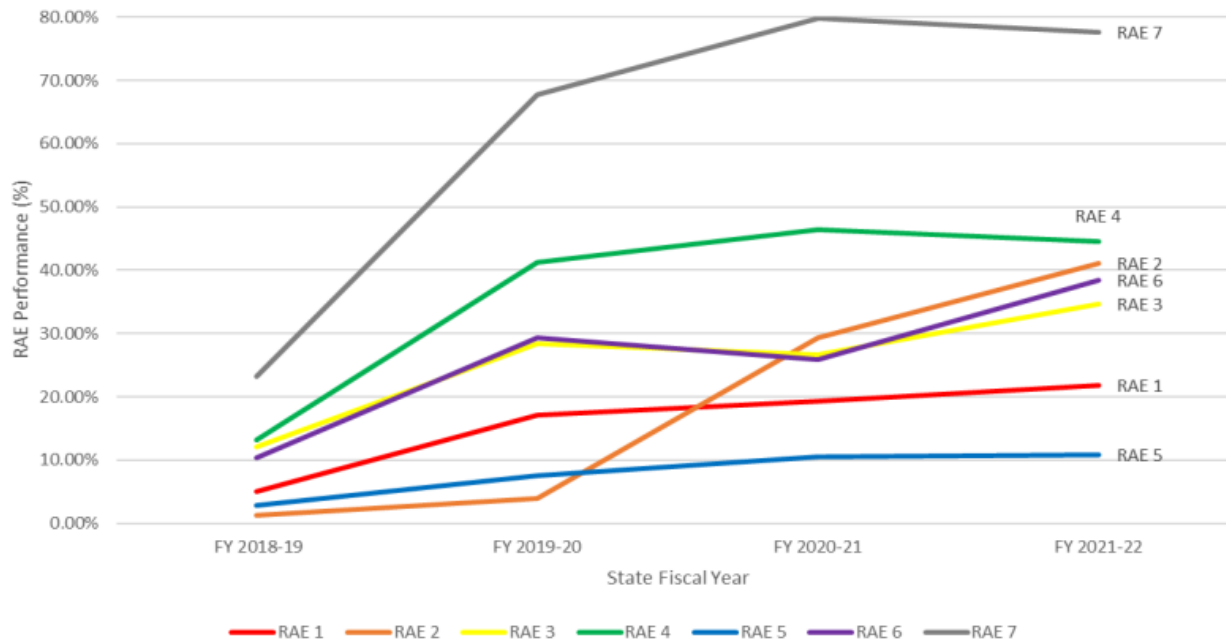


Impacts:

- BH PT Work
- Large push to educate practices
- Care Coordination emphasizes on SUD
- Employment increases
- Telehealth platforms increase access
 - WISDO
 - Charlie Health
 - Bicycle Health
- Upcoming integration with Health Equity

Depression Screening Gate Measure

Members with a Well Visit & Depression Screening within Measurement Year
(Gate Measure)



	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
RAE 1	4.99%	17.11%	19.31%	21.76%
RAE 2	1.18%	3.88%	29.34%	41.06%
RAE 3	12.05%	28.45%	26.70%	34.65%
RAE 4	13.21%	41.17%	46.47%	44.51%
RAE 5	2.89%	7.46%	10.50%	10.85%
RAE 6	10.37%	29.30%	25.81%	38.45%
RAE 7	23.15%	67.71%	79.78%	77.66%

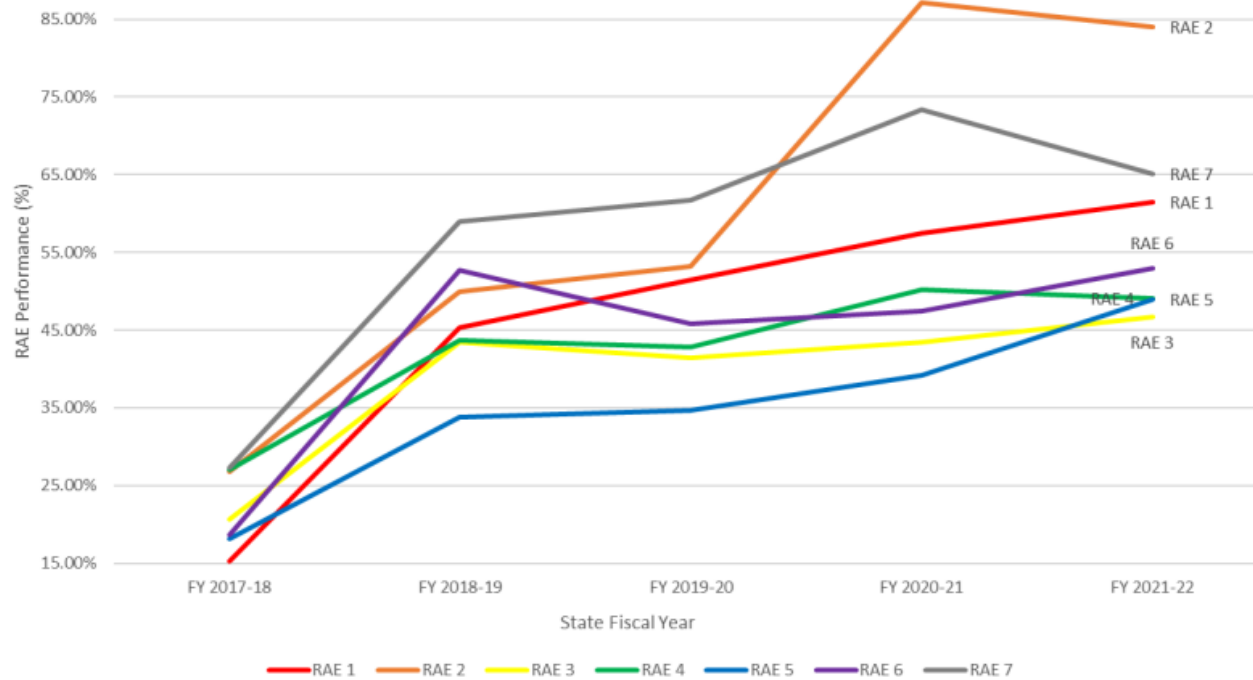
Goal Met
Goal Not Met

Impacts:

- Lots of improvement with the last PIP Cycle
- Internal calculations show us under the gate goal
- Significant work on improving depression screening codes
- Salud built automatic sheets in the EMR
- Upcoming integration with Health Equity

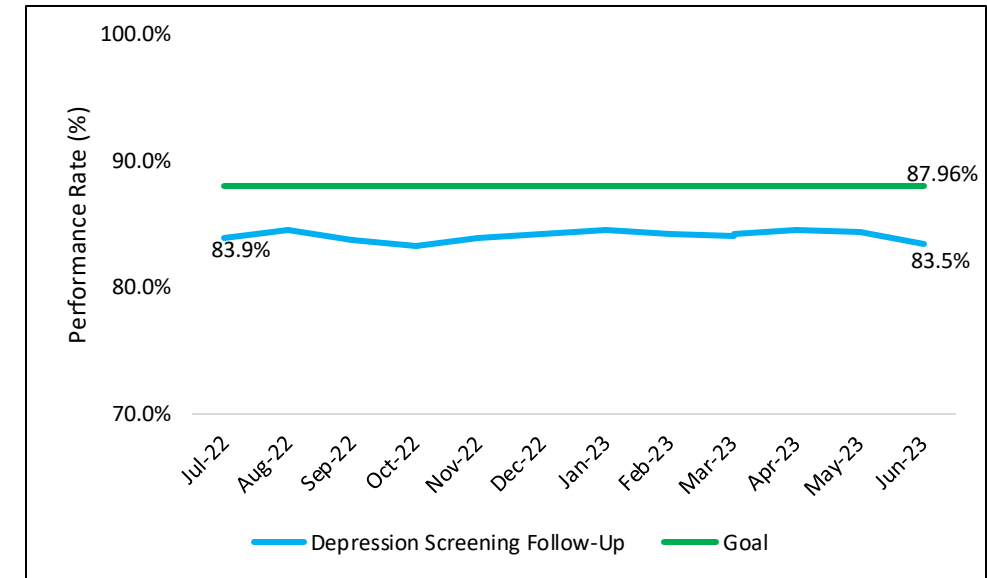
Follow-Up After Positive Depression Screen

Follow-Up after a Positive Depression Screening



	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
RAE 1	15.32%	45.32%	51.47%	57.49%	61.43%
RAE 2	26.83%	50.00%	53.25%	87.09%	83.99%
RAE 3	20.70%	43.48%	41.50%	43.47%	46.69%
RAE 4	27.10%	43.64%	42.87%	50.19%	49.03%
RAE 5	18.12%	33.82%	34.64%	39.21%	48.98%
RAE 6	18.61%	52.70%	45.87%	47.48%	52.98%
RAE 7	27.26%	58.99%	61.75%	73.39%	65.09%

Goal Met
Goal Not Met



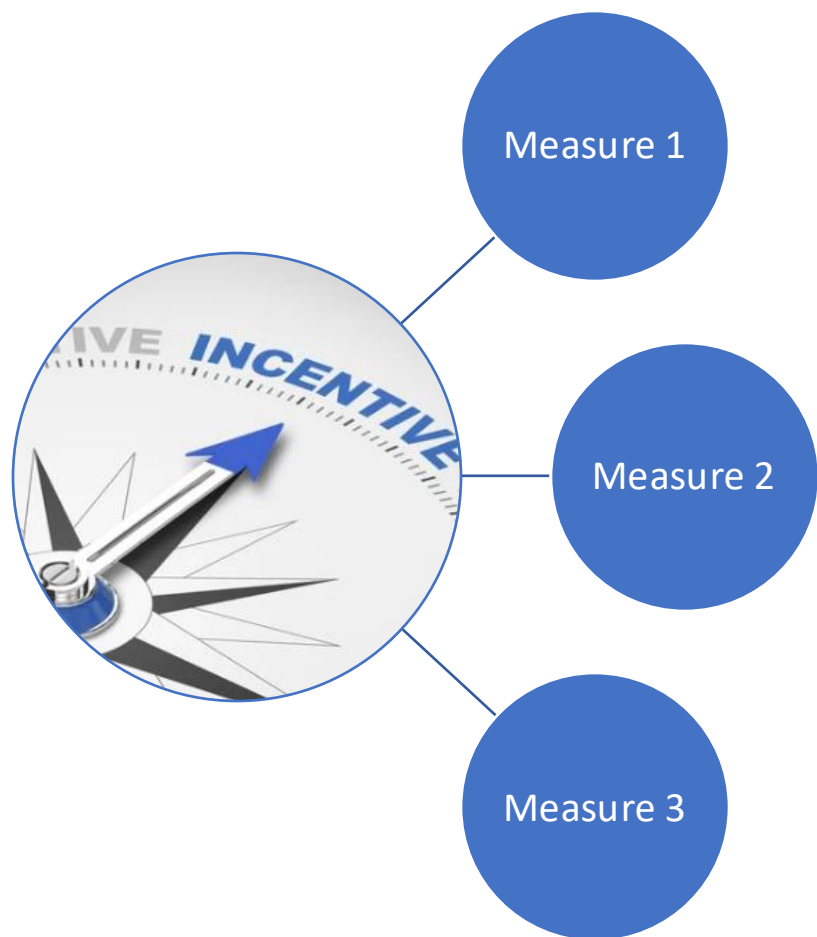
Notes

- Highest-performing RAE in SFY21 & SFY22
- Goal of 87.96%
- No payment for SFY22
- Flat performance in SFY23
- On-track for no payment in SFY23

Funding Distribution Overview

- Approach: Support the providers who contributed to meeting the measure
 - Behavioral Health Provider
 - Care Coordination Entity
 - PCMP (specifically for Depression Screening Gate)
- Incentives are paid out by the measure earned
 - NHP does not cross-pollinate funds and measures
 - If a measure is met, that measure is incentivized

BHIP Fund Distribution



Steps:

1. Look at member-level data for the measure (visit dates, providers, care coordinator group, etc.)
2. Allocate incentives based on funds received and proportion of the where the BH visits occurred (85% of the incentive distribution).
 1. X% of visits = X% of incentive dollars.
3. Incentivize Care Coordination entities for support (15% of the incentive distribution).
 1. Y% of members = Y% of incentive dollars.
4. Cutoff values may be created depending on the results

Questions?

