

Behavioral Health Incentive Payouts

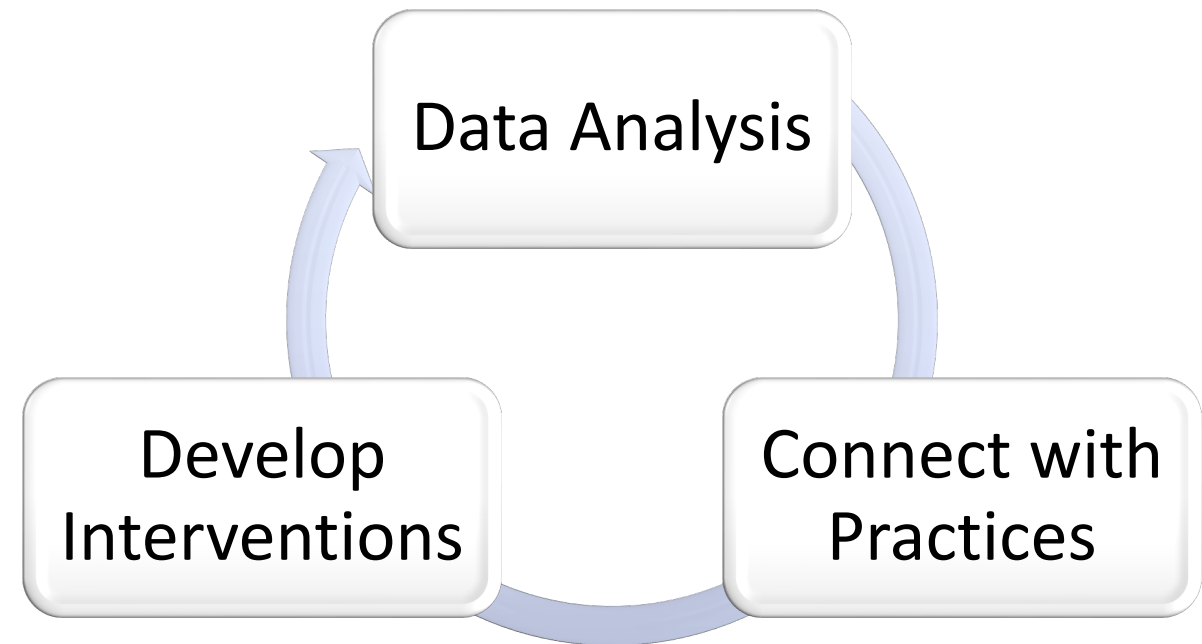
Northeast Health Partners
RAE Region 2

September 2023



Strategic Approach

- Be Guided by the Data
 - Continual Performance Assessments
 - Identify Areas of Opportunity
 - Performance Transparency without being Punitive
- Utilize a DMAIC Approach
 - Define
 - Measure
 - Analyze
 - Improve
 - Control



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
- Strategic Alignment and Integration
 - PDSAs with the BH Practice Transformation
 - PIP Project and the ED SUD BHIP Measure

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

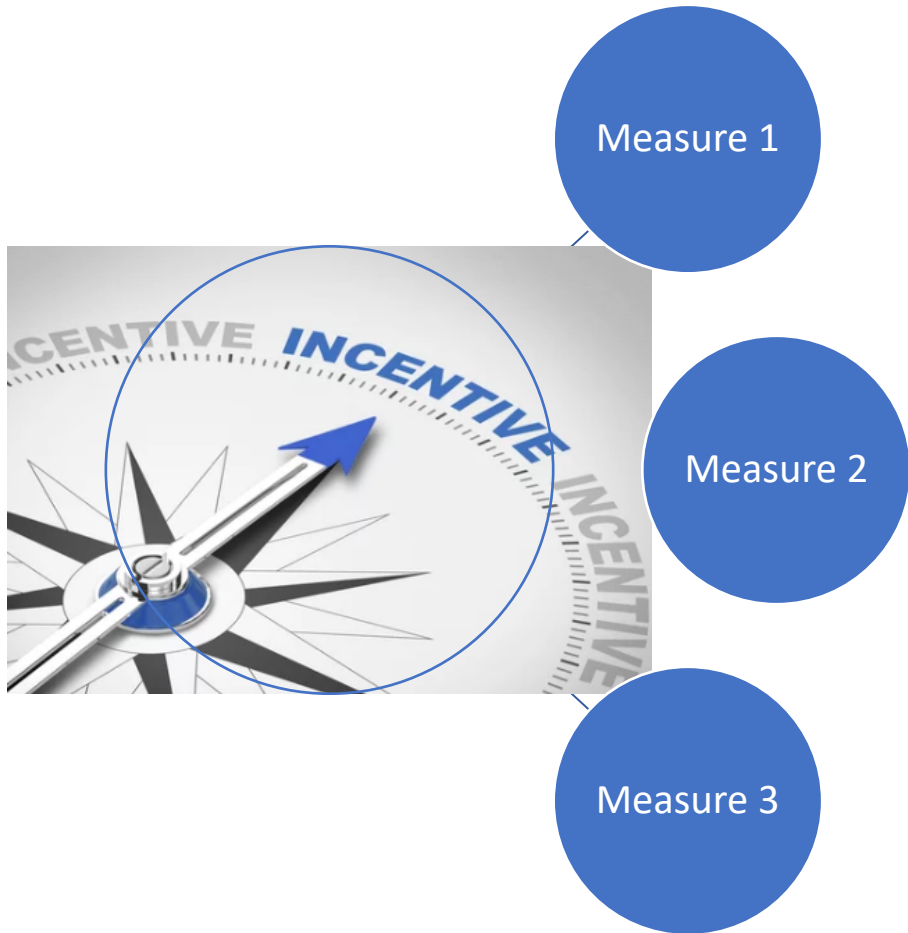
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Funding Distribution Overview

- 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 the where the visits occurred (85% of the incentive distribution)
3. Incentivize Care Coordination Entities for Support (15% of the incentive distribution)
4. Cutoff values may be created depending on the results

Questions?





Behavioral Health Incentive Program (BHIP)

Rocky Mountain Health Plans
RAE Region 1

Last Updated: 9/21/2023



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ealthcare**

RMHP's Support

- Quarterly Data Reports
- RMHP Care Management referral processes and collaborative efforts
- Provider Cross Collaboration Committee (PCCC)
 - Monthly committee for all participating practices/CMHCs
 - Discuss improvement tactics for BHIP metrics to support performance and best practices
 - Q&A
- Quality Improvement Support:
 - Integrated Behavioral Health Advisor
 - Coding & understanding measures



BHIP Payment Eligibility

All Community
Mental Health
Centers
(CMHCs)

Independent
Behavioral Health
Provider Network
(IPN)

Integrated
Behavioral Health
Providers in
Primary Care
(IBH)

66.67% of BHIP revenue received is passed through to eligible providers



BHIP Payment Structure

- RMHP distributes the 20% of the Total Provider BHIP Distribution proportionally with participating providers based on the portion of all successful follow up that provider completed during the performance period.
- Each provider’s payment will therefore depend on:
 - (1) total BHIP revenue received from HCPF
 - (2) total successful follow-up for each metric across all providers
 - (3) number of successful follow-ups conducted by that provider

The table below provides approximate payments per successful follow-up based on RMHP’s SFY22 performance.

BHIP Indicator	Estimated Amount Per Successful Follow-up*
Indicator 1: Engagement in Outpatient Substance Use Disorder (SUD) Treatment	\$95
Indicator 2: Follow-up Appointment within 7 Days of an Inpatient Hospital Discharge for a Mental Health Condition	\$500
Indicator 3: Follow-up Appointment within 7 days of an Emergency Department (ED) Visit for a Substance Use Disorder	\$250
Indicator 4: Follow-up after a Positive Depression Screen	\$150
Indicator 5: Behavioral Health Screening or Assessment for Children in the Foster Care system	N/A **

*Estimates are based on historical BHIP performance. These amounts are approximations and subject to change based on future performance and incentive reserves.

** Estimated earnings are not available for the foster care metric, due to nuanced measure specifications and added complexities with referral regulations pertaining to the Department of Human Services. Screenings, referrals and the incentives associated with this BHIP measure will be managed on an individual basis.





Use of Performance Measure Incentives

October Performance Measures & Member Engagement
(PMME) Subcommittee



HCI Colorado Performance Measures Improvement Strategy

Performance Measure Strategy #1 – Excellent Bi-Directional HCPF Communication around Performance Measures

(HCI Performance Measures Strategy Workgroup)

Element #1 Ensure measure changes communicated to all pertinent parties

Element #2 Provide comprehensive feedback to HCPF on all measures (ex. Coding Gaps)

Performance Measure Strategy #2 – Improve timeliness and accuracy of internal performance measures data

(HCI Performance Measures Data Workgroup)

Element #1 Aggregate level visualization (dashboards) data for each measure (Slice by RAE level, Care Coordination Level, Provider level - group and practice), attention to equity in data slicing

Element #2 Provider/Practice level patient detail per measure (scorecards)

Performance Measure Strategy #3 – Win on all Performance Measures **(HCI Performance Measures Strategy Workgroup)**

Element #1 Measure improvement prioritization

- Prioritization Matrix – Strategy workgroup determines criteria (possible examples: how far from target, how many stakeholders required to improve measure, resources available, inter-related measures, finances)

Element #2 Effectively engage key stakeholders for improvement

- Evaluate top performers (Gather Best Practice) and bottom performers (Facilitated Improvement) for Each Measure

Element #3 Process improvement facilitation (Dedicated Process Improvement Staff and Governance Structure)

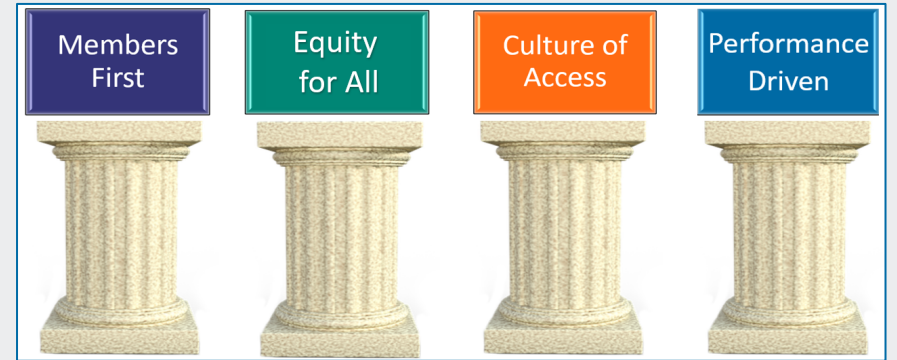
- Network/Practice Transformation (Primary Care and Behavioral Health) – Convene, motivate, and facilitate practices to improve practice level metrics and share best practice
- RAE/Neighborhood Transformation (**P**erformance **M**easures **A**ction **P**lan (PMAP)) – Convene, motivate, and facilitate key stakeholders to improve RAE level measures
- Care Coordination Transformation (Value Stream) - Convene, motivate, and facilitate key stakeholders to improve RAE level measures

Element #4 Effectively Incentivize Network to Perform on Key Measures

- Clearly articulated funds flow to Provider/Key Stakeholder for performance
- Facilitate engagement by providing meaningful/actionable data, improvement tools, and coaching

Use of Performance Measure Incentives

- Support of Practices
- Practice Transformation
- Community Grants

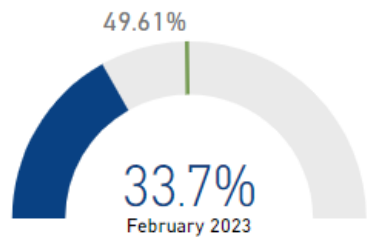


Use of Performance Measure Incentives

Support of Practices

- HCI Performance Measures Strategy Group: Meets monthly
 - Including RAE 4 partner/provider representatives to share best practices and discuss opportunities/challenges
- Performance Measures Action Planning (PMAP) work groups: Meet monthly
 - Focus on specific measures with system-wide involvement (e.g. Transitional care measures)

SUD Engagement



1,646

N

4,889

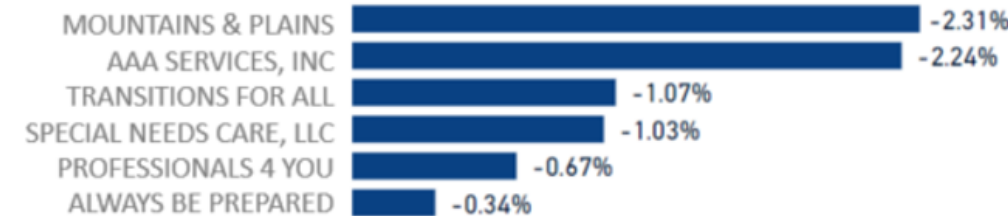
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GAP



Bottom Providers by Impact Score

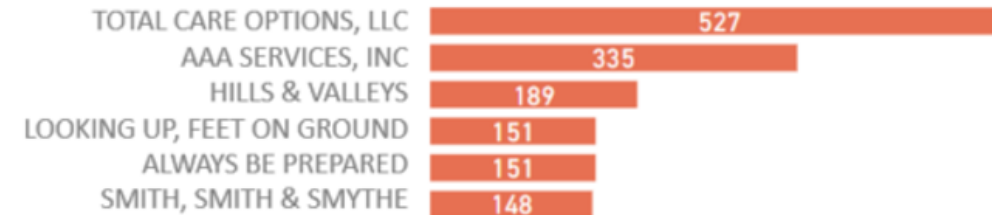


% RAE Performance is Reduced

Provider Rank

Provider	N	D	Score	Gap	Impact	Rank
COLORADO PROVIDERS, INC	244	267	91.39%	0	3.95%	1
TOTAL CARE OPTIONS, LLC	209	398	52.51%	0	2.20%	2
WHOLE PERSON, WHOLE BEING	139	287	48.43%	0	1.25	3
SUBSTANCE TREATMENT NOW	70	98	71.43%	0	0.94%	4
A WAY FORWARD, INC	71	105	67.62%	0	0.91%	5
HILLS & VALLEYS	76	28	36.84%	6	0.02%	6
UCCCC-H	45	19	42.22%	1	0.04%	7

Opportunity for Improvement



Use of Performance Measure Incentives

Behavioral Health Practice Transformation

- Milestones accomplished to earn funds
- Improve Population Health measure performance as well as engagement in quality improvement activities.

Use of Performance Measure Incentives

Community Grants

- Promote individual and community health and wellness by providing accessible care to all our members
- Health and Wellness Program supports innovative, diverse, and multidisciplinary programs that cater to urban, rural, and frontier communities.
 - We address health issues and specific needs in our local communities.



Your Connection to Complete Health Care

Thank You

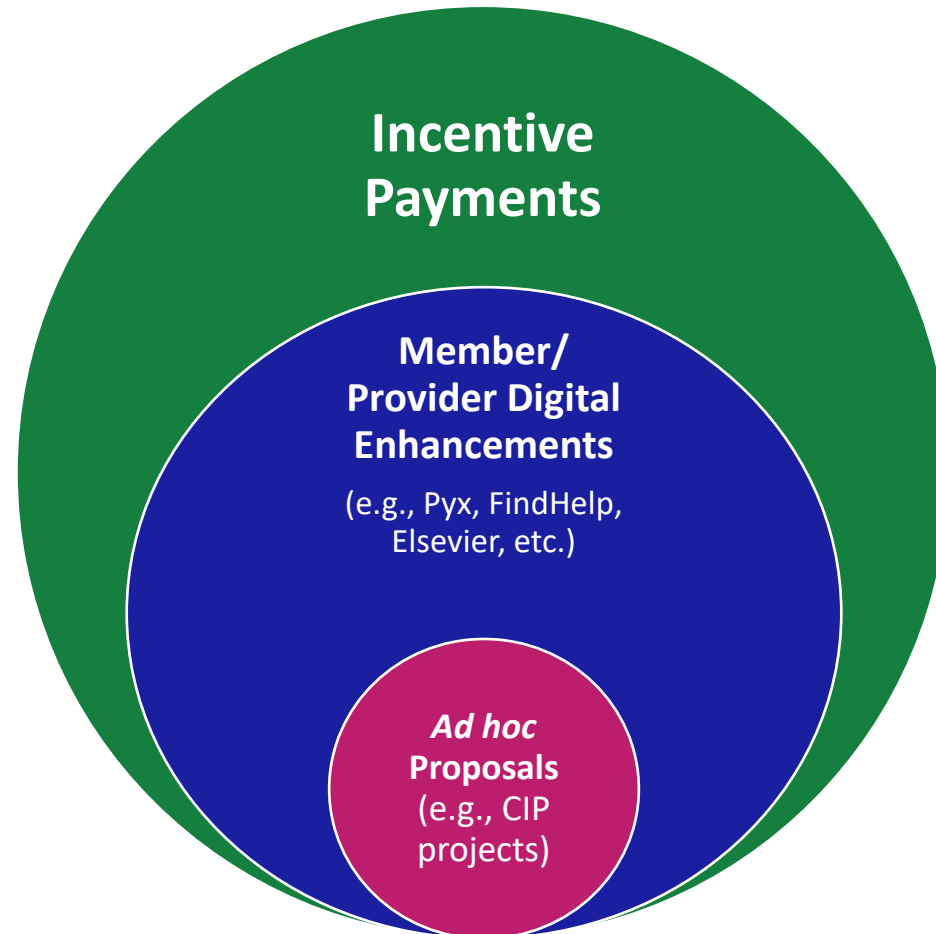


Behavioral Health Incentive Program (BHIP) Funds Disbursement

Camila Joao
September/2023

BHIP Funds Utilization

- **100%** of BHIP dollars are passed through to providers to incentivize performance or fund resources.



Behavioral Health Quality Incentive Program (BHQIP) Overview

BHQIP financially rewards providers to improve performance on clinical quality indicators, including ED utilization, follow-up after hospital discharge and substance use engagement.

- Disbursement is NOT contingent on RAE's achievement of BHIP target.

Designed for Behavioral Health providers:

- Community Mental Health Centers (CMHCs) and other high-volume BH Providers. Currently 45 providers enrolled.

BHQIP Indicators & Targets

- BH Providers receive quarterly scorecards and Practice Transformation Coaching.
- BHQIP consists of quality Performance Indicators (efficiency and quality of care).
- Performance Indicators are based on HEDIS® standards and are comparable to national quality benchmarks.
- Rewards uses a 2-tier approach to reward performance above peers and year-over-year improvement.
- Each indicator is assigned a Full Credit Target Rate/Partial Credit Target Rate.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

BHQIP Indicators and Scorecard Example

Incentive Scoring Indicator*	Max Point Value	Desired Result	Baseline Results		Program Year Performance Targets		Year End Results				
			Provider Rate	Peer Average Market Rate	Full Credit Target Rate	Partial Credit Target Rate	Numerator	Denominator	Rate	Redistrib. Max Points	Total Earned Points
Efficiency Indicators											
Acute Behavioral Health (BH) Inpatient 30-Day Readmissions	25	Lower is better	20.00%	25.06%	19.00%	22.55%	13	66	19.70%	30	12.5
Emergency Room (ER) Utilization**	25	Lower is better	1534.29	1336.54	1202.89	1457.58	170	1433	1423.6	10	12.5
Quality of Care Indicators											
Annual PCP Visits	10	Higher is better	86.87%	90.67%	95.00%	90.00%	1021	1110	91.98%	10	5
7 day Follow-Up Visit After Mental Health Inpatient Discharge (FUH)	10	Higher is better	41.67%	44.51%	54.51%	46.67%	75	134	55.97%	10	10
30-Day Follow-Up visit after Mental Health Inpatient Discharge (FUH30)	10	Higher is better	85.71%	78.03%	90.71%	81.20%	34	39	87.18%	10	5
Initiation of Alcohol and Other Drug Dependence Treatment (IET-i)	10	Higher is better	46.67%	40.09%	51.67%	50.09%	16	30	53.33%	10	10
Engagement of Alcohol and Other Drug Dependence Treatment (IET-e)	10	Higher is better	46.67%	40.09%	51.67%	50.09%	16	30	53.33%	10	5
Bonus Indicator											
FUH7 Visit: Minority Rate	5	Higher is better	85.98%	84.77%	95.00%	91.37%	408	440	92.73%	N/A	2.5
BHQIP Performance Indicator Total Earned Points											63

Behavioral Health Facility Incentive Program (BHFIP) Overview

BHFIP awards hospitals for achieving value-based quality metrics on outpatient follow-up and reduce readmission rates.

- Disbursement is NOT contingent on RAE's achievement of BHIP target.

Designed for Behavioral Health inpatient facilities:

- Psychiatric Hospitals, Freestanding mental health facilities, acute hospitals with psychiatric units. Currently 5 hospitals and IMDs enrolled.

BHFIP Indicators and Scorecard Example

BHFIP Performance Indicator	Max Point Value	Desired Result	Peer Average Rate	State-specific Target Rate	Provider Baseline Rate	Performance Measurement Full Credit Target Rate	Performance Measurement Partial Credit Target Rate	Provider Result	Achievement of Full Credit Rate Points Earned	Achievement of Partial Credit Rate Points Earned	Total Points Earned
30-Day Readmission Rate	35	Lower is better	22.2%	N/A	25%	19.98%	23.75%	19.5%	35	0	35
60 -Day Readmission Rate	15	Lower is better	25%	N/A	28%	22.5%	26.6%	25%	0	7.5	7.5
90 -Day Readmission Rate	5	Lower is better	30%	N/A	29%	26.1%	27.6%	28%	0	0	0
7-Day Follow-Up Visit After Mental Health Inpatient Discharge (FUH7)	35	Higher is better	49.5%	60%	51.3%	60%	59.5%	59.75%	0	17.5	17.5
30-Day Follow-Up Visit After Mental Health Inpatient Discharge (FUH30)	10	Higher is better	64.7%	66%	63.2%	74.7%	68.2%	75%	10	0	10
	100										70



BHIP Incentive Payments

Providers can earn funds proportional to their contribution to the achievement of BHIP measures.

- Disbursement is contingent on RAE's achievement of target and receipt of funds for each indicator.

Other large-volume Behavioral Health providers:

- Federally Qualified Health Centers (FQHCs) and providers in value-based contract arrangement (CMHCs)

Other Opportunities

Member/Provider Digital Tools:

- **Pyx Health:** Combines skilled, compassionate people with an on-demand mobile app experience to help members quickly and easily access and utilize benefits, community resources, and provide unlimited companionship and support.
- **FindHelp:** A comprehensive platform for providers and Members to quickly identify unmet social needs and make appropriate referrals to community resources (such as housing, food assistance, job training, social support, and education).
- **Provider Pathways/Elsevier:** Resource for healthcare providers to lookup journal articles and evidence-based tools to support quality of care.

Ad Hoc Proposals:

- **Community Incentive Program (CIP)** distributed to 22 facilities for innovative projects that address high-priority community and member needs.

Questions?

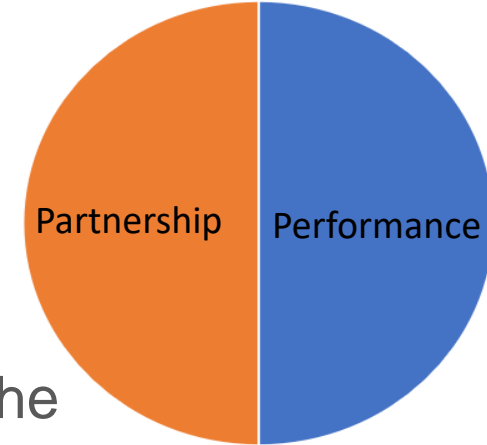




Colorado Access PMME Pay for Performance Incentive Measure Payment Overview

Behavioral Health Incentive Measure Payments

4 out of 5 Measures pay out as follows:



50% Partnership Payment – Top 100 providers that bill the most claims in the region receive a partnership payment. Payment is proportional to their percentage of the region’s total claims during the measurement period.

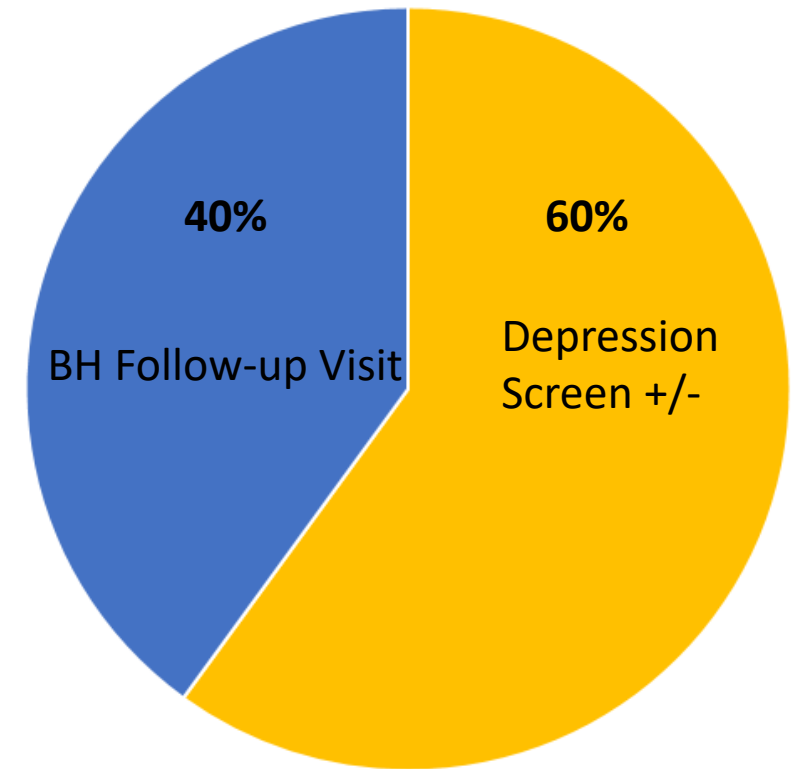
For example: If Provider A’s claims account for 7.8% of the region’s total claims volume for the year, Provider A will receive 7.8% of the total available Partnership Payment dollars

50% Performance Payment – Payment is proportional to the percentage of qualifying visits the provider performed for each metric.

For example: If Provider A performed 3.5% of all of the follow-up visits that occurred within 7 days of discharge from an inpatient hospital stay, they will receive 3.5% of performance half of the incentive dollars.

Depression Screen and Follow-up Visit

- The COA Joint Governing Council voted to do away with the partnership payment for this metric, because it requires significant efforts from both Primary Care and Behavioral Health provider efforts to meet it.
- The Council agreed that because there are so many more screens than follow-up visits, that it made sense to share a larger portion of payment with the PCPs.



Lunch

Questions?

