

Behavioral Health Alternative Payment Model & Value Base Payments Updates



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Agenda

Objectives:

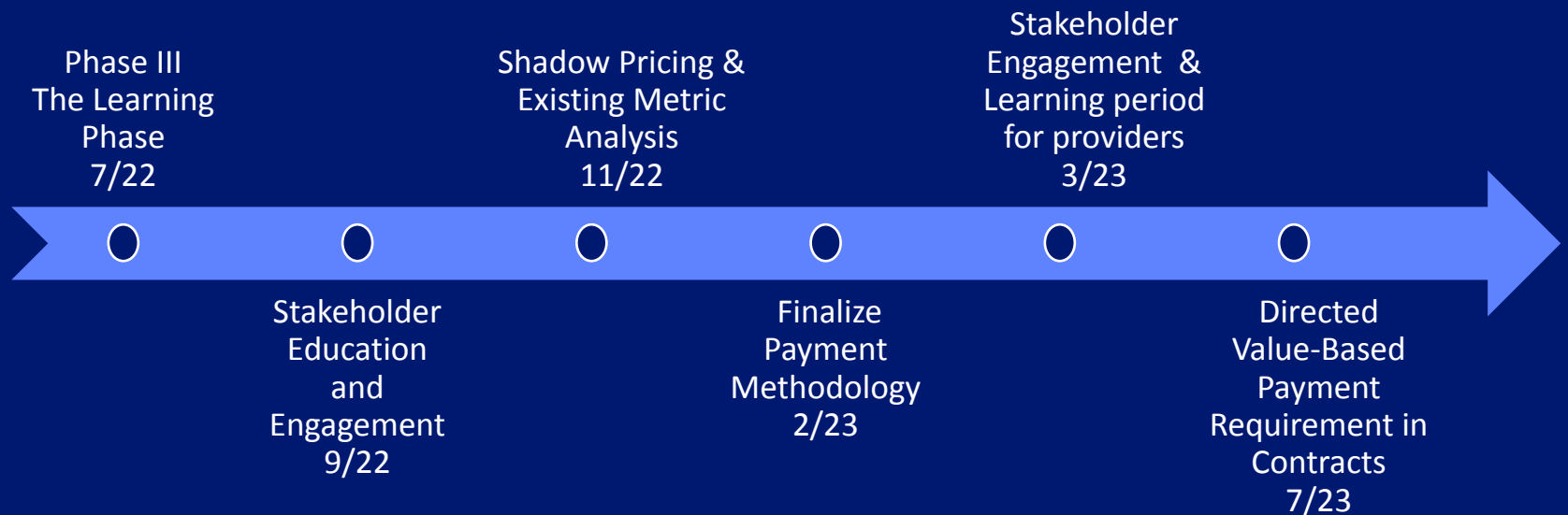
- Goal of Behavioral Health APMs/VBPs
- SFY20-23 Timeline
- Work to Date
- Next Steps
- Safety Net Connection



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Alternative Payment Models & Value Based Payments



State Fiscal Year 22-23
Timeline



Alternative Payment Models & Value Based Payments

Learning Period- Next Steps

The “Learning Period” is preparation for thoughtful implementation of broader payment reform. Important bodies of work include:

- Developing population data stratification that can be used for all future behavioral health quality measures
- An analysis to understand link between APMs and value-based purchasing and managed care rate setting- *Seeking directed payment authority from CMS*
- Develop longer-term quality and access framework
- Preparation for provider-level performance monitoring and operationalization of initial quality and access framework
- Data informed refinement of new encounter-based model



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Learning Period

There are three versions of the encounter-based model being evaluated - all with provider-specific rates

- Daily encounter rate for each managed care cohort
- Daily encounter rate for four categories of service



Stratification by Populations



Stratification by Services

Level 1 - Community Supportive Services
Level 2 - Psychotherapy Services
Level 3 - Evaluation and Management Services
Level 4 - Intensive Outpatient Services

- Single daily/monthly encounter rate



No Stratification



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Learning Period

HCPF Proposed Measures for Trial period
These would be stratified by sub-populations.

1. Engagement in Outpatient Substance Use Disorder (SUD) Treatment
2. Follow-up within 7 days of an Inpatient Hospital Discharge for a Mental Health Condition
3. Follow-up within 7 days of an Emergency Department (ED) Visit for Substance Use Disorder
4. Follow-Up after a Positive Depression Screen

Risk Stratification of these measures by:

- ✓ Race and or ethnicity
- ✓ Rural, urban or frontier Member home address
- ✓ Mental health diagnosis only, substance use disorder diagnosis only, or co-occurring diagnoses
- ✓ Intellectual and Developmental Disability
- ✓ Age bands that includes children and youth
- ✓ Serious Mental Illness-Needs to be developed and could (within HCPF and or with BHA)
- ✓ Enrollment categories, waiver eligibility and other demographics as determined.



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Behavioral Health Safety Net Services in Colorado

Comprehensive Safety Net Services	Additional Safety Net Services
Emergency or crisis behavioral health services	Behavioral health residential services
Mental health and substance use outpatient services	Withdrawal management services
Behavioral health high-intensity outpatient services	Behavioral health inpatient services
Mental health and substance use recovery supports	Integrated care services
Care management	Hospital alternatives
Outreach, education, and engagement services	Additional services that the BHA determines are necessary in a region or throughout the state
Outpatient competency restoration	
Care coordination	
Screening, assessment, and diagnosis, including risk assessment, crisis planning, and monitoring to key health indicators	

All defined by C.R.S. 27-50-301 (3)(a)



Characteristics for Behavioral Health Providers	Medicaid Providers	Essential Providers	Comprehensive Providers
Enrollment			
Enrolled in Medicaid, signed provider participation agreement	Green	Green	Green
Contracted with RAEs	Yellow	Green	Green
Contracted with BHASOs	Red	Yellow	Green
Payment			
Receive market-based, negotiated rates	Green	Red	Red
Receive cost-based, negotiated rates	Red	Green	Green
Receive outcome-based rates for BH (Alternative & Value-Based Payments)	Yellow	Yellow	Green
Standards			
Licensed to practice in CO as individual (DORA) or as agency (CDPHE and/or BHA)	Green	Green	Green
Meet BHA safety net criteria, designation/endorsement from BHA	Red	Green	Green
Provide at least one safety net service, as defined by the BHA	Red	Green	Green
Provide a comprehensive set of defined safety net services	Red	Red	Green
Data Collection and Reporting			
Submits all claims data as required by Medicaid	Green	Green	Green
Submits outcome and access measures to the RAEs and BHASOs	Yellow	Yellow	Green





Questions?



Thank you!

