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The Certified Community Behavioral Health Clinic (CCBHC) Model

Vermont Policy Academy

June 16, 2022

Agenda

- Welcome and Questions from PPS (10 minutes)
- Overview of Quality Metrics and Quality Bonus Payments (30 minutes)
- Open Discussion (15 minutes)
- Next Steps and Follow-up (5 minutes)

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Poll question: What is your level of familiarity with quality incentive or quality bonus programs for Medicaid providers?

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1. Very familiar, we use them
2. Very familiar, have researched
3. Somewhat familiar
4. It's a new concept for me

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PPS-2 Overview

States' levers of control

- Certification of CCBHCs (only state-certified clinics may receive PPS)
- Choice of PPS-1 vs. PPS-2 model
  - In PPS-1: whether to use QBPs (QBPs required in PPS-2)
  - In PPS-2: which special population groups will receive distinct PPS
- **Quality bonus payment thresholds, amounts, reporting requirements (within parameters of CMS guidance)**
- Review of clinics' cost reports
- Method for determining yearly rate adjustments
- Frequency of rebasing
- How to implement payment in managed care context

PPS-2 Guidelines (Monthly Encounter Payment)

- CCBHCs receive a single payment per month for every Medicaid beneficiary who has at least one visit in the month
  - Allows CCBHCs to establish separate reimbursement rates for distinct populations with differing clinical conditions in addition to a rate for the general population
- Payment is the same regardless of number of visits per month or intensity of services
- CCBHCs do NOT get paid in months when the patient does not receive any services (different from PMPM)
- **Quality bonus payment methodology required for demonstration**
- Includes a process for addressing outlier costs

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Risk Stratification for PPS-2

Risk Stratification is defined as an ongoing process of assigning all clients in a practice a particular risk status – risk status is based on data reflecting vital health indicators, lifestyle and medical history of adult or child populations.

Stratifying risk helps to :

- Address specific population management challenges
- Match risk with levels of care
- Individualize care plans to lower risk and improve function
- Align the practice with value-based care approaches

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PPS-2 Examples, Demonstration Year 1

TABLE III.1. New Jersey Five-Level Classification for PPS-2 Rates					
	Standard Population	**Special Population 1**	**Special Population 2**	**Special Population 3**	**Special Population 4**
Population definition	Individuals who do not have an ICD-9 or ICD-10 diagnosis code corresponding to any of the following special populations	SMI	SUD	PTSD	SED

TABLE III.2. Oklahoma Six-Level Classification for PPS-2 Rates						
	Standard Population	**Special Population 1**	**Special Population 2**	**Special Population 3**	**Special Population 4**	**Special Population 5**
Population definition	Individuals who are not classified in any of the following special populations	High-risk SMI or co-occurring SUD	High-risk SED or co-occurring condition	Adults with significant SUD	Adolescents with significant SUD	Chronic homelessness or first time psychosis episode for children and adults

Source: https://aspe.hhs.gov/system/files/pdf/263976/CCBHCPreCost.pdf

PPS-2 Oklahoma SPA

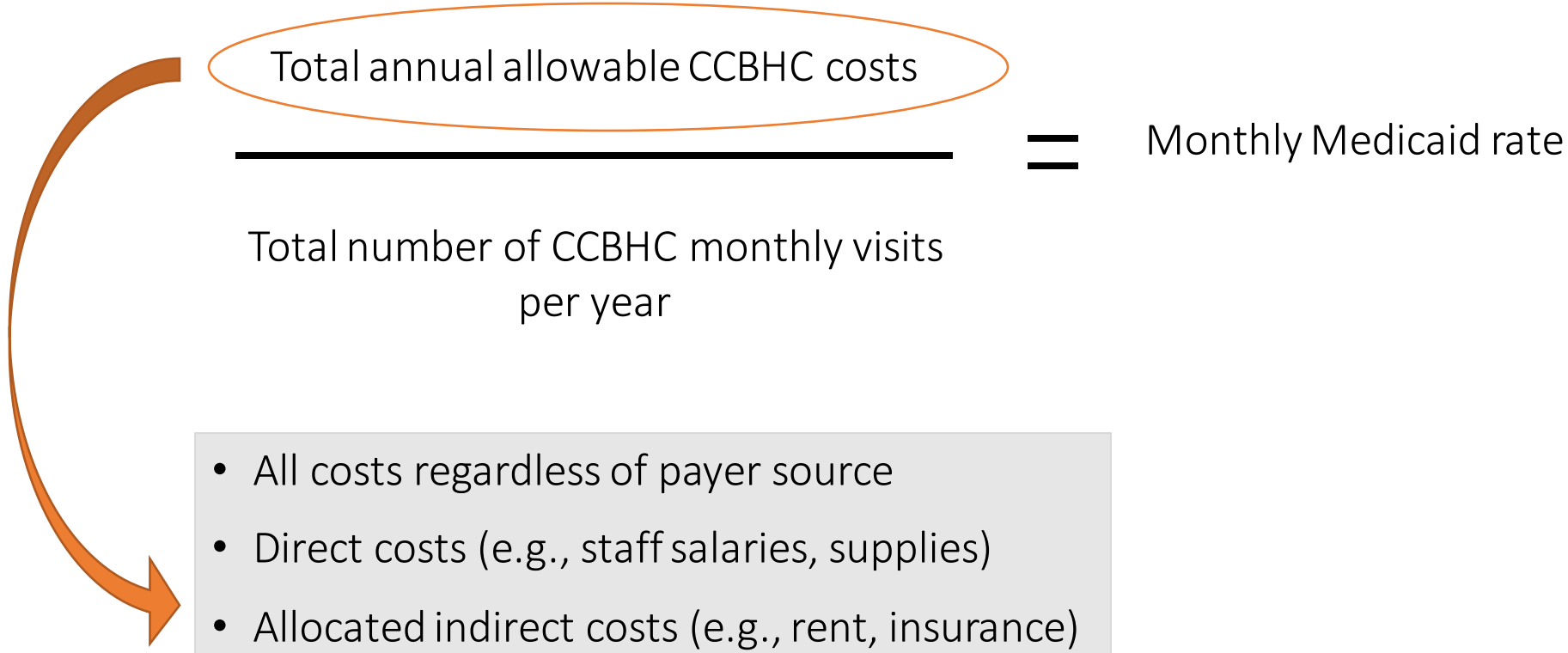
	Standard Population	Special Population 1	Special Population 2
Population Definition	Individuals who are not classified as a special population	Adult clients who meet the below criteria	Child clients who meet the below criteria

Special Populations include clients who meet the following criteria:

1. have had two or more psychiatric inpatient episodes in the past 12 months; OR
2. have had three or more community based structured crisis episodes in the past 12 months; OR
3. had have 12 or more emergency department visits with a mental health or substance abuse diagnosis; OR
4. have had two or more substance abuse residential treatment episodes in the last 12 months (but will not be shown until admission due to confidentiality laws); OR
5. has been discharged from a psychiatric inpatient episode in the last 90 days.

Source: CCBHC Manual Final SPA.pdf (odmhsas.org)

How is the PPS-2 base rate calculated?



- All costs regardless of payer source
- Direct costs (e.g., staff salaries, supplies)
- Allocated indirect costs (e.g., rent, insurance)
- Anticipated direct and indirect costs

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How is the PPS-2 special population rate calculated?

- States define the parameters of "special population" groups based on clinical condition
- **Step 1: determine the base PPS rate** (for all clinic users not part of a special population)
- **Step 2: determine PPS rates for special populations**
- **Step 3: determine the outlier payment,** which provides reimbursement in excess of a threshold defined by a state not to exceed 100 percent of cost

Calculating PPS rate for each group:

$$\frac{\text{Total annual allowable CCBHC costs, including only clinic users with specified conditions}}{\text{Total number of CCBHC monthly visits per year, including only clinic users with specified conditions}} = \text{Monthly per-visit Medicaid rate for special population group}$$

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Initial Rates and Rebasing

- Prospective Payment System includes estimated anticipated costs in a clinic's initial rate
- When a clinic submits an actual cost report after the first year, states have utilized different systems to rebase or settle up
- This is an additional opportunity to measure and respond to compliance of CCBHC

State	State Plan Amendment Rate Setting
Minnesota	MN is the first state to obtain CMS approval for inclusion of anticipated costs with a rebasing after first year and no settle up
Oklahoma	Tried a statewide initial rate and amended later to use anticipated costs and rebase after 1st year
Nevada	Using a settle up process without rebasing after first year that is becoming too costly to administer
Kansas	Still in negotiations with CMS but draft SPA specifies an initial rate inclusive of anticipated costs with rebasing after first year and no settle up

Poll question: Are there special populations VT has previously identified to focus on within a risk stratified rate?

1. Yes
2. No

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Quality Reporting

Quality Reporting Requirements

- CCBHC collects and reports on data within EHR
- State collects and reports on data within Medicaid claims
- CCBHC submits actual cost reports annually and state reviews
- CCBHC develops CQI plan and state reviews
  - CCBHC consumer suicide deaths or suicide attempts
  - CCBHC consumer 30-day hospital readmissions for psychiatric or substance use reasons
  - State defines any other required elements of CQI Plan

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Quality Reporting: 9 CCBHC Reported Measures

Source of Data	Measure or Other Reporting Requirement	NQF Endorsed
EHR, Patient records, Electronic scheduler	Number/percent of new clients with initial evaluation provided within 10 business days, and mean number of days until initial evaluation for new clients	N/A
EHR, Patient records	Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up	0421
EHR, Encounter data	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (see Medicaid Child Core Set)	0024
EHR, Encounter data	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	0028
EHR, Patient records	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling	2152
EHR, Patient records	Child and adolescent major depressive disorder (MDD): Suicide Risk Assessment (see Medicaid Child Core Set)	1365
EHR, Patient records	Adult major depressive disorder (MDD): Suicide risk assessment (use EHR Incentive Program version of measure)	0104
EHR, Patient records	Screening for Clinical Depression and Follow-Up Plan (see Medicaid Adult Core Set)	0418
EHR, Patient records	Consumer follow-up with standardized measure (PHQ-9) Depression Remission at 12 months	0710

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Quality Reporting: 12 State Reported Measures

Potential Source of Data	Measure or Other Reporting Requirement	NQF Endorsed
URS	Housing Status (Residential Status at Admission or Start of the Reporting Period Compared to Residential Status at Discharge or End of the Reporting Period)	N/A
Claims data/ encounter data	Follow-Up After Emergency Department for Mental Health	2605
Claims data/ encounter data	Follow-Up After Emergency Department for Alcohol or Other Dependence	2605
Claims data/ encounter data	Plan All-Cause Readmission Rate (PCR-AD) (see Medicaid Adult Core Set)	1768
Claims data/ encounter data	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications	1932
Claims data/ encounter data	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (see Medicaid Adult Core Set)	N/A
Claims data/ encounter data	Follow-Up After Hospitalization for Mental Illness, ages 21+ (adult) (see Medicaid Adult Core Set)	0576
Claims data/ encounter data	Follow-Up After Hospitalization for Mental Illness, ages 6 to 21 (child/adolescent) (see Medicaid Child Core Set)	0576
Claims data/ encounter data	Follow-up care for children prescribed ADHD medication (see Medicaid Child Core Set)	0108
Claims data/ encounter data	Antidepressant Medication Management (see Medicaid Adult Core Set)	0105
EHR, Patient records	Initiation and engagement of alcohol and other drug dependence treatment (see Medicaid Adult Core Set)	0004
MHSIP Survey	Patient experience of care survey; Family experience of care survey	N/A

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Quality Bonus Program

Quality Bonus Payments

- Optional in PPS-1; required in PPS-2
- For states that opted to implement QBPs, CMS specified:
  - 6 required quality measures
  - 5 additional measures states could choose from (or ask for approval of non-listed measures)
- States determined their criteria for awarding QBPs and QBP amounts
  - Pay-for-reporting?
  - Baseline period used to set improvement goals?
  - Weighted some measures more heavily than others?

Quality Bonus Payment Measures

TABLE ES.2. Quality Measures Used for Determining Quality Bonus Payments		
	Required or Optional for Determining QBPs[a]	**States with QBPs that Used the Measure to Determine QBPs[b]**
CCBHC-Reported Measures		
Child and adolescent major depressive disorder: SRA (SRA-BH-C)	Required	All
Adult major depressive disorder: SRA (SRA-BH-A; NQF-0104)	Required	All
CDF-A	Optional	MN
Depression Remission at 12 months (NQF-0710)	Optional	None
State-Reported Measures		
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-BH)	Required	All
Follow-Up After Hospitalization for Mental Illness, ages 21+ (adult) (FUH-BH-A)	Required	All
FUH, ages 6-21 (child/adolescent) (FUH-BH-C)	Required	All
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET-BH)	Required	All
PCR-AD	Optional	MN, NV, NY
Follow-up Care for Children Prescribed ADHD Medication (ADD-C)	Optional	None
Antidepressant Medication Management (AMM-A)	Optional	None

Source: https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//196041/CCBHCPreCost.pdf

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States' Quality Bonus Payments, DY1

TABLE 17. QBPs Amounts Planned and Distributed			
State (Number of Clinics)	Amount state initially estimated for QBPs per DY	DY1 QBPs distributed	Approved SPAs
Minnesota (6)	5% of total payments, or approximately $2.5 million	2 of 6 CCBHCs received QBP. Total bonus payments: $740,049.	Same as demo
Missouri (15)	1% of total payments, or approximately $4.2 million	15 of 15 CCBHCs received QBP. Total bonus payments: $17,210,855 (5% of Medicaid claims).	Same as demo
Nevada (3)	10% of DY1 payments and 15% of DY2 payments, or approximately $1.5 million	3 of 3 CCBHCs received QBP. Total bonus payments: 10% of DY1 payments (assumed).[a]	Same as demo
New Jersey (7)	Approximately $350,000	State had not yet made final decisions about awarding of QBPs at time of report.	
New York (13)	Approximately $2 million	No payments distributed; thresholds not met.	
Oklahoma (3)	1% of total payments, or approximately $1 million	No payments distributed; thresholds not met.	Using existing CMHC bonus program
Pennsylvania (7)	3% of total payments, or approximately $2.1 million	6 of 7 CCBHCs received QBP. Total bonus payments: $568,000.	

Source: https://aspe.hhs.gov/sites/default/files/documents/1faadf771e9567b0926e33739341cb50/ccbhc-report-congress-2020.pdf

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Poll question: My level of familiarity with quality incentive or quality bonus programs increased after this presentation

1. True
2. False

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Questions/Discussion