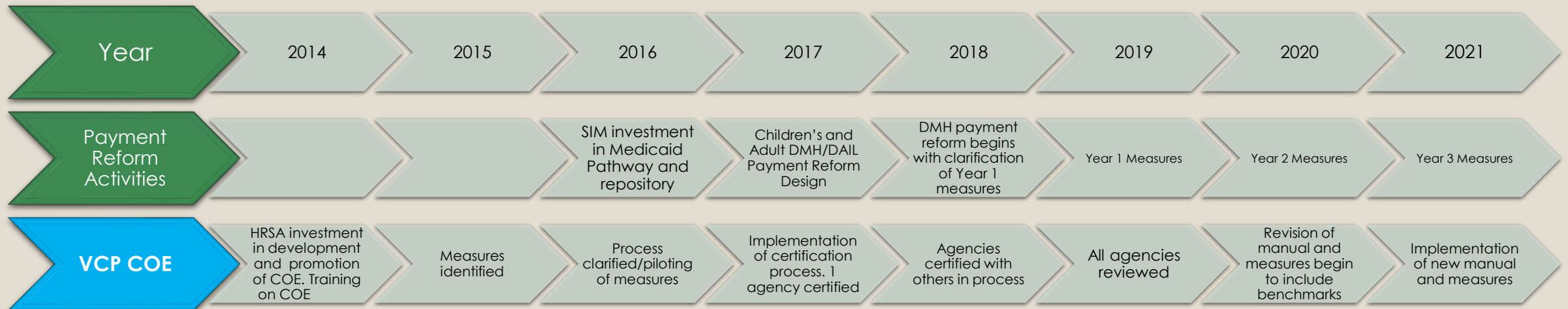


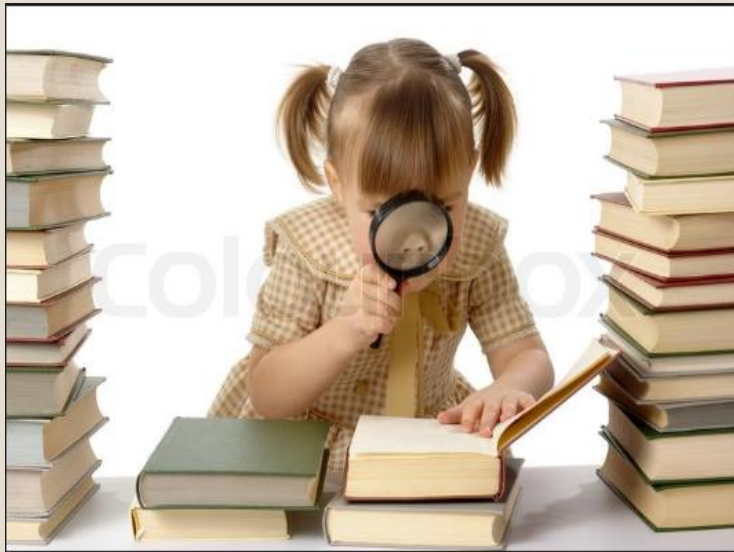
Value-Based Payments



History of VCP-COE and Value Based Payments



Where in the Manual?



Value-Based Payment Overview: Provider Manual Section 5.3

5.3 VALUE-BASED PAYMENTS

MEASURES, TARGETS AND VALUE-BASED PAYMENT STRUCTURE

The Designated Agency has two types of value-based payment measures: reporting, and performance.

- Reporting Measures are those measures that are used to establish a baseline and/or gather data. Reporting Measures are retrieved by the Designated Agency and do impact the distribution of value-based payments according to a Designated Agency's ability to meet specific criteria (as outlined in the Master Agreements).
- Performance Measures are those measures that assess an agency's work and/or outcomes of work. Performance Measures may be retrieved by the Designated Agency or the State of Vermont and do impact the distribution of value-based payments according to the Designated Agency's ability to meet specific criteria.

Where in the Manual?

Value-Based Payment Details: Provider Manual ATTACHMENT G



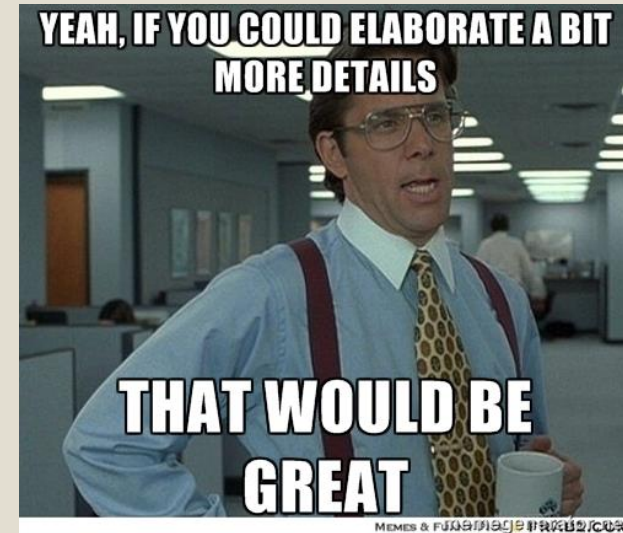
ATTACHMENT G

VALUE-BASED PERFORMANCE MEASURE SPECIFICATIONS

Measure	Required By	
	Children	Adult
1. Number of children/youth (0-17) served.	X	
2. Number of Medicaid-eligible children/youth (0-17) served.	X	
3. Number of eligible children/youth (0-17) served per 1,000 age-specific population.	X	
4. Number of young adults (18-21) served.	X	
5. Number of Medicaid-eligible young adults (18-21) served.	X	
6. Number of eligible children/youth (18-21) served per 1,000 age-specific population.	X	
7. Number of adults (18+) served.		X
8. Number of Medicaid-covered adults (18+) served.		X
9. Number of adults (18+) served per 1,000 age-specific population.		X
10. Percentage of clients indicate services were "right" for them.	X	X
11. Percentage of clients indicate they received the services they "needed."	X	X
12. Percentage of clients indicate they were treated with respect.	X	X
13. Percentage of clients indicate services made a difference.	X	X

B. Number of Medicaid-enrolled adults (18+) served	
Measure Definition	The total non-duplicated number of Medicaid-enrolled adults (18+) served by the Designated Agencies. Includes individuals with full or partial coverage, as well as non-Medicaid CRT clients.
Rationale for Measure	This measure is used to monitor the access to care, by examining total number of Medicaid beneficiaries served by the Designated Agency. The Agency of Human Services is the Single State Medicaid Authority and must be able to account for numbers of individuals served through Medicaid.
Data Source	MSR
Data Retrieved By	State of Vermont – Department of Mental Health
Data Schedule	Monthly Submission by Designated Agencies, Annual Calculation by DMH
Measure Type	Delivery System
Measure Category	How Much
Specifications for Calculations	<p>For any given year of service (Jan - Dec):</p> <ul style="list-style-type: none"> • Pull MSR services • Match service records to MSR client services on clinic-client no. • Calculate age of client from the midpoint of the service year (June 30, XXXX) • Select clients who are aged 18 and older • Select clients who are reported as Medicaid enrolled (from client file) • Aggregate to clinic client level, with flag for total services during fiscal year • Select clients who have a least 1 unit (as defined in the <i>Provider Manual</i>) <p>Report figure on a designated agency level basis</p>
Population	Adult
Value-Based Payments Benchmarks	N/A
Rationale for Benchmark (if available)	N/A
Scoring	<ul style="list-style-type: none"> • This measure is scored together with all delivery system measures submitted through the MSR; • Each MSR submission is eligible for 2 points: <ul style="list-style-type: none"> - 1 point for "on time" - 1 point for "standard and complete" • A total of 24 points are available for MSR submissions per calendar year. <p>Agency only needs to score 22 of the 24 points available to achieve 100% points for Delivery System measures.</p>
Other	The age of the individual served is captured as "point in time" and thus an individual may be served by more than one age-specific program in the calendar year, but they will only be captured in one. These counts are designed to help us understand the total number of clients each program served and are not used to inform the case rates.

Provider Manual -Attachment G Measure Specifications



In Progress

Percentage of clients offered a face-to-face contact within five calendar days of initial request.

Percentage of clients seen for treatment within 14 calendar days of assessment.

Percentage of clients with a CANS update recorded within the last 6 months.

Percentage of clients with an assessment that have been screened for substance use.

Percentage of clients with an assessment that have been screened for psychological trauma history.

Percentage of clients with an assessment that have been screened for depression.

Reporting

Number of children/youth (0-17) served.

Number of Medicaid-enrolled children/youth (0-17) served.

Number of eligible children/youth (0-17) served per 1,000 age-specific population.

Number of young adults (18-21) served.

Number of Medicaid-enrolled young adults (18-21) served.

Number of eligible children/youth (18-21) served per 1,000 age-specific population.

Number of adults (18+) served.

Number of Medicaid-enrolled adults (18+) served.

Number of adults (18+) served per 1,000 age-specific population.

Percentage of clients indicate services were “right” for them.

Percentage of clients indicate they received the services they “needed.”

Percentage of clients indicate they were treated with respect.

Percentage of clients indicate services made a difference.

Performance

None

2019 Pay for Reporting: 1 point per month for Timely

		Reporting Period	Due Date
Timely	Monthly	First day of the month – Last day of the month	“On Time”: report received on/before the last day of the following month (approx. 30 days after last reporting day)
	Annually	Jan 1 - Dec 31	“On Time”: report received on/before March 31 st (approx. 90 days after last reporting day)

2019 Pay for Reporting: 1 point per month for Complete

Definition	
Complete	<p>Standard Received in the format and standard as defined the in Master Agreements and/or in the Value-Based Payment Measure Specification document.</p> <p>Complete 80% or more of the MSR submissions for the month are for that month of service. Accepted by the MSR or the identified contact as defined the in Master Agreements and/or in Provider Manual.</p>

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Complete	20%	30%	40%	50%	60%	70%	80%	80%	80%	80%	80%	80%

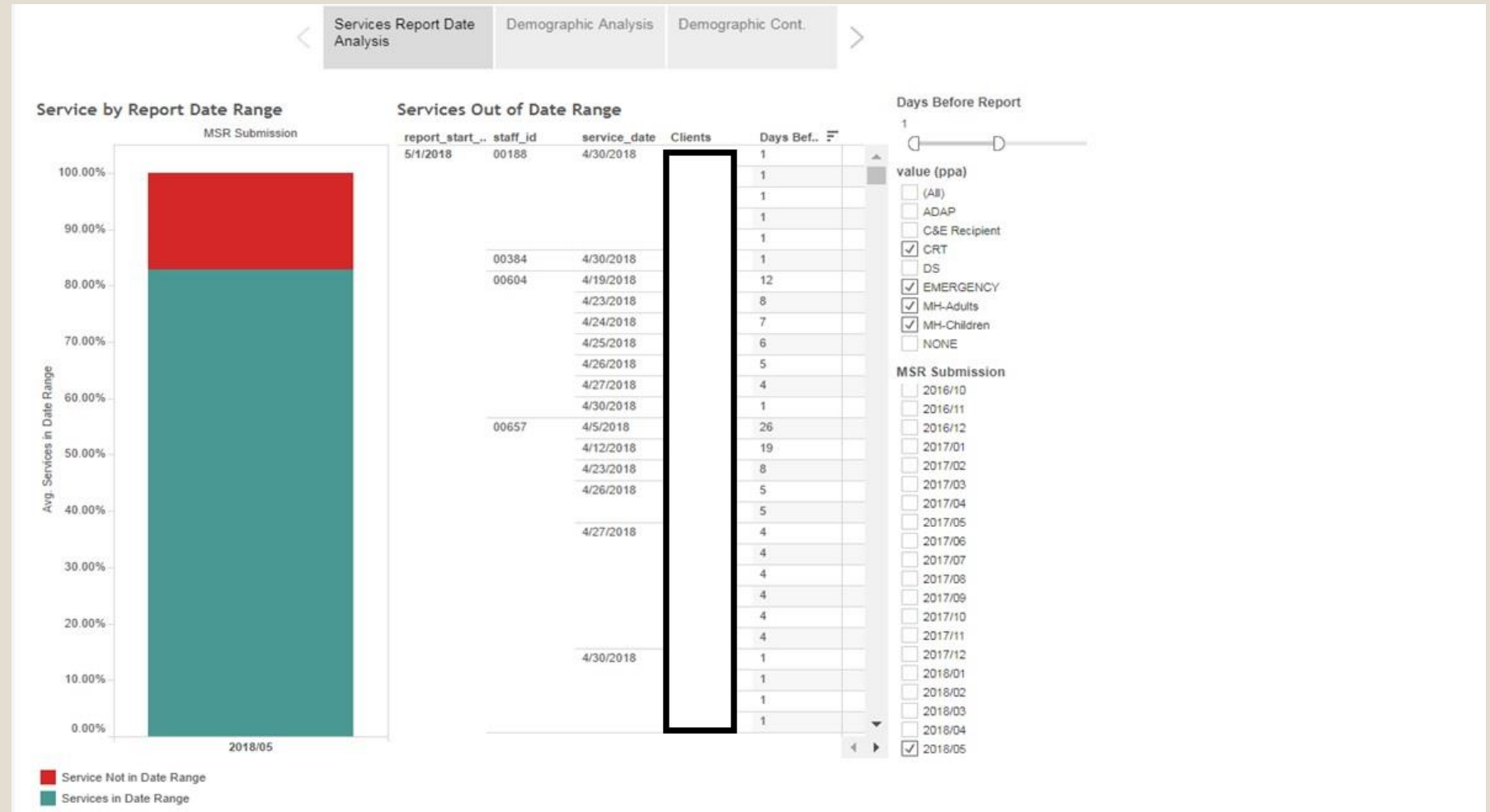
Measure	Points Available
Consumer Satisfaction Surveys (4 measures)	8
MSR (12 reports, contain delivery system measures)	24
Total Points Available for the Year	32

Incentive Payment	Score	Agencies
100%	30 or more	2
90%	27+	1
80%	24+	2
70%	21+	1
60%	18+	1
50%	15+	3
40%	12+	1
30%	9+	1

Scoring: Pay For Reporting

VCP- MSR QA Dashboard!

Want to see how your program is doing with services being submitted within the date range?



In Progress

Percentage of clients improved upon annual review of Plan of Care

A comparative analysis of annual change in [tool TBD]

Reporting

Number of children/youth (0-17) served.

Number of Medicaid-enrolled children/youth (0-17) served.

Number of eligible children/youth (0-17) served per 1,000 age-specific population.

Number of young adults (18-21) served.

Number of Medicaid-enrolled young adults (18-21) served.

Number of eligible children/youth (18-21) served per 1,000 age-specific population.

Number of adults (18+) served.

Number of Medicaid-enrolled adults (18+) served.

Number of adults (18+) served per 1,000 age-specific population.

Percentage of clients offered a face-to-face contact within five calendar days of initial request.

Percentage of clients seen for treatment within 14 calendar days of assessment.

Percentage of clients with a CANS update recorded within the last 6 months.

Percentage of clients with an assessment that have been screened for substance use.

Percentage of clients with an assessment that have been screened for psychological trauma history.

Percentage of clients with an assessment that have been screened for depression.

Performance

Percentage of clients indicate services were “right” for them.

Percentage of clients indicate they received the services they “needed.”

Percentage of clients indicate they were treated with respect.

Percentage of clients indicate services made a difference.

In Progress

None

Reporting

Number of children/youth (0-17) served.
Number of Medicaid-enrolled children/youth (0-17) served.
Number of eligible children/youth (0-17) served per 1,000 age-specific population.
Number of young adults (18-21) served.
Number of Medicaid-enrolled young adults (18-21) served.
Number of eligible children/youth (18-21) served per 1,000 age-specific population.
Number of adults (18+) served.
Number of Medicaid-enrolled adults (18+) served.
Number of adults (18+) served per 1,000 age-specific population.
Percentage of clients improved upon annual review of Plan of Care
A comparative analysis of annual change in [tool TBD]

Performance

Percentage of clients indicate services were "right" for them.
Percentage of clients indicate they received the services they "needed."
Percentage of clients indicate they were treated with respect.
Percentage of clients indicate services made a difference.
Percentage of clients offered a face-to-face contact within five calendar days of initial request.
Percentage of clients seen for treatment within 14 calendar days of assessment.
Percentage of clients with a CANS update recorded within the last 6 months.
Percentage of clients with an assessment that have been screened for substance use.
Percentage of clients with an assessment that have been screened for psychological trauma history.
Percentage of clients with an assessment that have been screened for depression.

CY 2021: Measures Overview

In Progress

None

*Highlighted text =
Measures that are shared
with Centers of Excellence*

Reporting

Number of children/youth (0-17) served.
Number of Medicaid-enrolled children/youth (0-17) served.
Number of eligible children/youth (0-17) served per 1,000 age-specific population.
Number of young adults (18-21) served.
Number of Medicaid-enrolled young adults (18-21) served.
Number of eligible children/youth (18-21) served per 1,000 age-specific population.
Number of adults (18+) served.
Number of Medicaid-enrolled adults (18+) served.
Number of adults (18+) served per 1,000 age-specific population.

Performance

Percentage of clients indicate services were "right" for them.
Percentage of clients indicate they received the services they "needed."
Percentage of clients indicate they were treated with respect.
Percentage of clients indicate services made a difference.
Percentage of clients offered a face-to-face contact within five calendar days of initial request.
Percentage of clients seen for treatment within 14 calendar days of assessment.
Percentage of clients with a CANS update recorded within the last 6 months.
Percentage of clients with an assessment that have been screened for substance use.
Percentage of clients with an assessment that have been screened for psychological trauma history.
Percentage of clients with an assessment that have been screened for depression.
Percentage of clients improved upon annual review of Plan of Care
A comparative analysis of annual change in [tool TBD]

Scoring and Metrics Committee Goals:

Develop

Refine & Define
upcoming years'
measures

Write new
(replacement)
measures

Implement

Finalize measure
specifications

Engage in testing and
making
recommendations for
revisions

Analyze

Review reporting
and/or performance
data

Make
recommendations for
performance targets /
meaningful
improvement

	Sept	Oct	Nov	Dec
Develop (2020)		Discuss CY2020 Measures: <ul style="list-style-type: none"> • 3 screeners; • 1 CANS; • 2 access to care. 		Refine & Define CY2020 Measures
Implement (2019)		Testing: <ul style="list-style-type: none"> • Review updated MSR data (timely and complete) • Review Consumer Satisfaction Surveys (CSS) 		Memorialize any revisions
Analyze (n/a)				

CY 2018: Work Plan Overview

	March	June	Sept	Dec
Develop (2021)	Finalize CY2021 Measures: <ul style="list-style-type: none"> • CMH: Improved on Plan of Care; • AMH: Improved on [TBD tool] 	Discuss CY2021 Measures	Define CY2021 Measures	Refine CY2021 Measures
Implement (2020)	Finalize CY2020 Measure Specifications: <ul style="list-style-type: none"> • 3 screeners; • 1 CANS; • 2 access to care. 	Test implementation of CY2020 measures as specified.	Make recommendations for any revisions for CY2020	Memorialize any revisions for CY2020
Analyze (2019)	Not Applicable	<ul style="list-style-type: none"> • Review CY 2019 Quarter One (Jan 1 – Mar 31) data* • Discuss performance targets / meaningful improvement for the CY 2019 measures that will turn pay for performance 	<ul style="list-style-type: none"> • Review Quarter Two (Apr 1 – June 30) data • Review Consumer Satisfaction Surveys (CSS) • Make recommendations for performance targets / meaningful improvement 	<ul style="list-style-type: none"> • Review CY 2019 Quarter Three (July 1 – Sept 30) data • Memorialize performance targets / meaningful improvement

CY 2019: Work Plan Overview

*Co-chairs receive data on/about May 15th

	March	June	Sept	Dec
Develop (2022) (If applicable)	Finalize CY2022 Measures:	Discuss CY2022 Measures	Define CY2022 Measures	Refine CY2022 Measures
Implement (2021)	Finalize CY2021 Measure Specifications: <ul style="list-style-type: none"> • CMH: Improved on Plan of Care; • AMH: Improved on [TBD tool] 	Test implementation of CY2021 measures as specified.	Make recommendations for any revisions for CY2021	Memorialize any revisions for CY2021
Analyze (2020)	<ul style="list-style-type: none"> • Review CY 2019 Quarter Four (Oct 1 – Dec 31) data • Discuss performance targets / meaningful improvement for the CY 2019 measures that will turn pay for performance 	<ul style="list-style-type: none"> • Review CY 2020 Quarter One (Jan 1 – Mar 31) data* • Discuss performance targets / meaningful improvement for the CY 2020 measures that will turn pay for performance 	<ul style="list-style-type: none"> • Review CY2020 Quarter Two (Apr 1 – June 30) data • Review Consumer Satisfaction Surveys (CSS) • Make recommendations for performance targets / meaningful improvement 	<ul style="list-style-type: none"> • Review CY 2020 Quarter Three (July 1 – Sept 30) data • Memorialize performance targets / meaningful improvement

CY 2020: Work Plan Overview