

Community Behavioral Health Center (CBHC) Incentive Program Performance Year 1 (2024) Implementation Plan

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Section 1. Overview of the Community Behavioral Health Center Incentive Program and Scope of this Implementation Plan

A. Overview

As part of the Roadmap for Behavioral Health Reform, 27 Community Behavioral Health Centers (CBHCs) have launched since January 2023 to provide front-door access to care for members experiencing behavioral health (BH) crises in the community. To support the CBHCs' efforts of continuous quality improvement and to incentivize positive quality and equitable care outcomes for MassHealth members, EOHHS is implementing a CBHC Incentive Program with two components: a quality component, the CBHC Clinical Quality Incentive program (CCQI) and a health equity component, the CBHC Quality and Equity Incentive Program (CQEIP) for the CBHC provider network. These incentives are part of larger efforts at EOHHS to center equity alongside quality as a pillar of value-based care and as a priority for the state's health care system.

B. Scope of this Implementation Plan

This implementation plan provides additional detail related to implementation of EOHHS's CBHC Incentive Program for the first Performance Year (PY1) from January 1, 2024-December 31, 2024. The CBHC Incentive Program, with the CCQI and CQEIP components, is anticipated to be part of a five-year performance program, and information pertaining to subsequent PY2-PY5, representing Calendar Years 2025-2028, will be forthcoming. Further details for each measure in the PY1 CCQI and CQEIP will be provided to the CBHCs through a forthcoming single PY1 CCQI and CQEIP Technical Specifications document. Total eligible incentive payment for PY1 shall total no more than \$17 million, with \$8.5 million total eligible incentive payment possible in the CCQI and \$8.5 million total eligible incentive payment possible in the CQEIP. Incentive payments will be determined by the performance of each CBHC's Tax Identification Number (TIN)-billing entity. Each CBHC's TIN-billing entity, whether operating one or more CBHC sites, is eligible to earn one incentive payment based on the performance of all CBHC sites operated by that entity. For the purposes of this document, references to "CBHC" refer to both a single CBHC site operating under a TIN- billing entity and multiple CBHC sites operating under one TIN-billing entity.

Section 2: Qualifications for Participation in the CBHC Incentive Program

Subject to any necessary legislative authorization, compliance with all applicable federal and state statutes, regulations, state plan provisions, the availability of funds, and full federal financial participation, qualifying CBHCs may earn CCQI and CQEIP incentive payments regarding their respective completion of requirements and performance during PY1. In order to qualify for payments, CBHCs must meet the following criteria:

1. Be a contracted CBHC in good standing, as determined by EOHHS;
2. Qualify for incentive payments as per performance assessment methodology, as described in Section 3 and Section 4 below; and
3. **For CQEIP only:** Submit a timely and complete PY1 CQEIP Participation Attestation by, 4/25/24 in which each CBHC attests that it intends to participate in the CQEIP throughout PY1 and that it intends to complete the following activities by the end of PY1. CBHCs have until the end of PY1 to complete the following activities:
 - a. Establish and maintain a Health Quality and Equity Committee (HQEC).
 - i. The HQEC shall have representation from various stakeholders, including but not limited to:
 - a. CBHC clinical staff;
 - b. CBHC non-clinical staff; and
 - c. At least two MassHealth members or family members of MassHealth members.
 - ii. Responsibilities of the HQEC must include but are not limited to:
 - a. Developing and steering implementation of the CBHC's QEIP strategy;
 - b. Monitoring progress towards addressing inequities;
 - c. Developing Health Equity reporting;
 - d. Sharing all relevant information with the CBHC's Community Accountability Board
 - b. Establish and maintain a Community Accountability Board (CAB).
 - i. Duties of the CAB must include, but are not limited to:
 - a. Providing regular feedback to the governing board on issues of care and services;
 - b. Identifying and advocating for preventive care practices to be utilized by the CBHC;
 - c. Being involved with the development and updating of cultural and linguistic policies and procedures, including those related to Quality Improvement, education, and operational and cultural competency issues affecting groups who speak a primary language other than English;
 - d. Advising on the cultural appropriateness and member-centeredness of necessary member or provider targeted services, programs, and trainings; marketing materials and campaigns; and partnerships; and
 - e. Providing input and advice on member experience survey results and other appropriate data and assessments.

- ii. The CAB shall be exclusively made up of MassHealth members and family members of MassHealth members.
- iii. The composition of the CAB shall, to the extent possible, reflect the diversity of the MassHealth population, with a membership that:
 - a. Considers cultural, linguistic, racial, disability, sexual orientation, and gender identities, among others; and
 - b. Includes representatives from parents or guardians of pediatric members.
- iv. The CBHC shall ensure:
 - a. Reasonable accommodations, including interpreter services, as well as other resources are provided as may be needed to support participation by members and their family members in the CAB; and
 - b. That the process and opportunity for joining the CAB is publicized such that any member (or family members as applicable) may have the opportunity to apply or otherwise participate.

EOHHS anticipates monitoring the progress of these activities in the PY1 Health Quality and Equity Strategic Plan.

Section 3: Incentive 1. CBHC Clinical Quality Incentive (CCQI)

CBHCs are a unique provider type designed to provide members experiencing a BH crisis with front-door urgent access to care in their community. The CCQI seeks to incentivize CBHCs in their efforts to improve upon three goals contributing to high quality care:

- Provide quick and appropriate access to care for members experiencing a BH crisis.
- Provide timely and effective crisis stabilization to members experiencing a BH crisis.
- Effectively coordinate care for members experiencing a BH crisis.

A. Performance Measures and Associated Performance Assessment Methodologies of the CCQI
In line with the three goals described above, for PY1 of the CCQI, CBHCs will be assessed on their performance across the following quality measures.

1. CBHC-CQI Measure 1 (CCQI-1): Access Standards

This measure assesses the time required of CBHCs to successfully connect all MassHealth members experiencing a behavioral health crisis and are new to CBHC urgent care services to a set of appointment types. This measure requires CBHCs to provide time-stamped data to EOHHS, as directed by EOHHS, for certain events and CBHC appointment types, as described in more detail in a forthcoming technical specifications document.

a. Performance Assessment Methodology for CCQI-1

Performance on CCQI-1 for PY1 will be assessed in the following way:

1) CCQI-1- Anticipated date of 12/31/2024:

- a) CBHCs may earn 100% of their respective eligible incentive payment for CCQI-1 by successfully submitting to EOHHS an accurate test file in the specified format with data fields and a sample of time-stamped visit data, as per EOHHS technical specifications, by 12/31/2024.

- b) The PY1 payment for CCQI-1 will issue in 2025 upon successful submission of the member-level test file.

2. CBHC-CQI Measure 2 (CCQI-2): Follow-Up After Acute BH Episode of Care

This claims-based measure assesses timely access to care with a CBHC provider within seven days following the discharge from an acute BH episode of care, including Emergency Department, Inpatient Psychiatry, or High-Intensity Care for SUD, as specified in forthcoming technical specifications.

- a. Performance Assessment Methodology for CCQI-2

Performance on CCQI-2 will be assessed in the following way:

1) CCQI-2 – Anticipated date of 12/31/2025:

- a) Each CBHC will earn their incentive payment for CCQI-2 based on eligible CBHC follow-up visits accumulated throughout Performance Year 1. EOHHS will determine the proportion of each CBHC's relative incentive payment for CCQI-2 through review of claims from PY1 (allowing for claims runout and processing) to identify the number of eligible CBHC follow-up visits throughout Performance Year 1.
- b) The PY1 payment for CCQI-2 will issue in 2025 upon successful calculation of follow-up rates by our Comprehensive Quality Measurement Vendor (CQMV).

3. CBHC-CQI Measure 3 (CCQI-3): Readmission to Acute BH Care

This claims-based measure assesses readmission to the same or higher level of BH care within 30 days following a visit to a CBHC after an initial admission to acute BH care, as per technical specifications.

- a. Performance Assessment Methodology for CCQI-3

Performance on CCQI-3 will be assessed the following way:

1) CCQI-3 – Anticipated date of 12/31/2025:

- a) EOHHS will calculate each CBHC's relative readmission rates within Performance Year 1 through review of claims from PY1 (allowing for claims runout and processing) to identify the percentage of patients who were readmitted to inpatient care with a timely follow-up visit at a CBHC.
- b) For PY1, CCQI-3 will be a "reporting-only" measure with no eligible incentive payment associated, as EOHHS will use PY1 to establish performance benchmarks for PY2, in which CCQI-3 is anticipated to move into performance status, with an associated eligible incentive payment.

B. Performance Status and Eligible Incentive Allocation for the CCQI

Table 1 outlines the status in PY1 (and the anticipated PY2 status) for each measure as it relates to:

- 1. Performance status:

- a. Pay-for-reporting: CBHCs may earn an incentive payment through timely reporting of required data for the measure; CBHCs' actual performance on the measure will not determine the incentive payment, but the performance may be used to inform benchmarks for the measure that may transition to pay-for-performance status in future years.
 - b. Pay-for-performance: CBHCs may earn an incentive on their performance for the measure, based on scoring of the measure and applying a performance assessment methodology.
 - c. Reporting-only: EOHHS will report data for the measure to CBHCs for review, but no incentive payment is available.
2. Total eligible incentive payment allocated to each measure across all CBHCs: Each quality measure's total eligible incentive payment amount across all qualified CBHCs represents a percentage of the total eligible incentive payment assigned to the CCQI, \$8.5 million, as described in Table 1.

Table 1. Overview of CCQI performance status and eligible incentive allocation for each measure in PY1 and anticipated in PY2.

Quality Measure	PY1 Performance Status	PY1 Total Eligible Incentive Payment	Anticipated PY2 Performance Status	Anticipated PY2 Eligible Incentive Payment
CCQI-1: Access Standards	Pay-for-reporting	\$4.25 million	Pay-for-performance	\$2.5 million
CCQI-2: Follow-Up After Acute BH Episode of Care	Pay-for-performance	\$4.25 million	Pay-for-performance	\$3 million
CCQI-3: Readmission to Acute BH Care	Reporting-only	Not applicable for PY1	Pay-for-performance	\$3 million

C. Payment Methodology and Payment Schedule for CCQI

For PY1 2024, CBHCs will receive both an interim estimated payment and a final reconciliation payment or recoupment, where the maximum eligible incentive payment will be determined in the following way:

1. **Interim estimated payment:** Of the total \$8.5 million allocated to the CCQI component, each CBHC's TIN-billing entity will be assigned an estimated eligible proportion equal to their pro rata share of unique MassHealth members served across all CBHC sites operated by that TIN-billing entity from 4/1/23 through 9/30/23, as determined by EOHHS. Each CBHC's TIN-billing entity is then anticipated to receive 50% of their estimated eligible CCQI proportion no later than 4/30/24, paid by each of

the MCE plans¹, proportional to the unique MCE membership served by each CBHC's TIN-billing entity from 4/1/23-9/30/23.

2. Final reconciliation or recoupment payment:

- a. CCQI-1: Final performance will be calculated for CCQI-1 to determine if each CBHC will either be paid, or required to recoup, the difference between the maximum eligible incentive payment and the final calculated earned incentive. Final reconciliation payment or recoupment will be determined by each CBHC's successful submission of a member-level test file to EOHHS by 12/31/2024.
- b. CCQI-2: The final reconciliation payment will be drawn from the remainder of the allocated incentive for CCQI-2. For each CBHC, payment will be determined by their relative proportion of total eligible CBHC follow-up visits across all CBHCs.

Section 4. Incentive 2. CBHC Quality and Equity Incentive Program (CQEIP)

A key goal of the Commonwealth is to advance health equity, with a focus on initiatives addressing health-related social needs (HRSN) and health disparities demonstrated by variation in quality performance. To support achievement of this goal for CBHCs, EOHHS is instituting the CQEIP which will align with other equity programming across EOHHS. To this end, the CQEIP will include performance incentive measures tied to each of the three domains described in Table 2. Each successive PY, the CQEIP is anticipated to include existing and/or new performance measures that will help incentivize and support CBHCs to build upon gains made each prior year.

Table 2. Overview of Targeted Domains for the CQEIP

Domain 1: Demographic and Health-Related Social Needs Data	The CBHC will be assessed on the completeness of beneficiary-reported demographic and health-related social needs data submitted in accordance with EOHHS specifications. Demographic and health-related social needs data will include at least the following categories: race, ethnicity, primary language, disability status, sexual orientation, gender identity, and health-related social needs. Data completeness will be assessed separately for each data element.
Domain 2: Equitable Quality and Access	The CBHC will be assessed on performance and demonstrated improvements on quality and access metrics, including associated reductions in disparities. Metrics will focus on overall access; access for individuals with disabilities and/or a preferred language other than English; care for behavioral health; and care coordination.
Domain 3: Capacity and Collaboration	The CBHCs will be assessed on improvements in provider cultural competence as evidenced by patient experience of courtesy, communication, and respect.

A. Performance Measures of the CQEIP

¹ MCE plans refers to MassHealth Accountable Care Partnership Plans, Managed Care Organizations, Senior Care Options Plans, One Care Plans, and the Managed Behavioral Health Vendor

To establish a robust foundation for equity improvement and to begin making progress towards five-year health equity goals, the first performance year of the CQEIP holds the CBHCs accountable to metrics listed in Table 3 in each performance domain.

Table 3. Overview of the PY1 CQEIP Measures and Their Relative Performance Status in PY1

Subdomain	Metric (Steward)	Performance Year 1 status*
Domain 1. Demographic and Health-Related Social Needs Data		
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (EOHHS)	Pay for Reporting (P4R)
Health-Related Social Needs Screening	HRSN Screening (EOHHS/CMS)	P4R
Domain 2. Equitable Quality and Access		
Equity Reporting	Quality Performance Disparities Reduction (EOHHS)	P4R
	Equity Improvement Interventions (EOHHS)	P4R
Access	Meaningful Access to Healthcare Services for Persons with a Preferred Language other than English (EOHHS)	P4R
	Disability Competent Care (EOHHS)	P4R
	Disability Accommodation Needs (EOHHS)	P4R
Domain 3. Capacity and Collaboration		
Capacity & Collaboration	Patient Experience: Communication, Courtesy, and Respect	P4R

*Reporting/performance requirements for each measure will be described in forthcoming technical specifications

B. Performance Measure Requirements of the PY1 CQEIP

Recognizing that taking on accountability for equity is new for the CBHC network, interim and annual goals for PY1 are designed to promote essential foundational capacity and readiness to assume progressive risk for health equity performance in Performance Years 2-5. Summarized performance expectations are described in Table 4; detailed performance expectations will be described in forthcoming technical specifications.

Table 4. Summary of PY1 CQEIP Metric Performance Requirements

Equity Measure	Measure #	Performance Requirements for PY1*	Anticipated Due Date (at EOHHS Discretion)
Domain 1. Demographic and Health-Related Social Needs Data			
Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (EOHHS)	CQEIP-1	Timely and complete submission to EOHHS of a mapping and verification deliverable which may include descriptions of member- reported demographic data collection efforts as specified by EOHHS.	September 30, 2024
Health-Related Social Needs Screening (EOHHS)	CQEIP-2	Timely and complete submission to EOHHS of an initial assessment of 1) patient-reported HRSN data adequacy and completeness, and 2) strategies employed to provide information about referrals including to community resources and support services.	September 30, 2024
		Complete and timely submission of a report to EOHHS describing: 1) One or more health-related social needs screening tool(s) selected by the CBHC for intended use in screening members beginning in PY2; the selected tool(s) must meet requirements for screening tools for the “Health-Related Social Needs Screening” metric; and 2) An implementation plan to begin screening for health- related social needs in Q1 2025, in order to have capacity to report on the “Health-Related Social Needs Screening” metric beginning in PY2. 3) Strategies to provide information about community resources and support services available to members who screen positive for HRSNs.	December 1, 2024
Domain 2. Equitable Quality and Access			

Equity Measure	Measure #	Performance Requirements for PY1*	Anticipated Due Date (at EOHHS Discretion)
Quality Performance Disparities Reduction (EOHHS)	CQEIP-3	Complete and timely submission, as directed by EOHHS, of an accurate and successful test file, containing time-stamped, member-level visit data for MassHealth patients, including self-reported demographic data.	December 31, 2024
Equity Improvement Interventions (EOHHS)	CQEIP-4	Organizational Assessment and Quality Planning Document. Deliverable describes current capacity to conduct performance improvement projects and identifies resources and infrastructure to support future equity improvement intervention planning and implementation. Deliverable may include: 1. Identification of key CBHC personnel to support equity improvement interventions. 2. Description of CBHC resources including but not limited to, access to population and health disparities data; ability to regularly use data to measure improvement. 3. Identification of potential needs to support quality improvement efforts such as additional staff, trainings, technical assistance. 4. Descriptions of CBHC relationships with external entities, such as those involved in the care or support of a sizeable volume of CBHC patients (i.e. hospitals and community organizations) that can be leveraged or expanded to support quality improvement efforts. 5. Descriptions of current health equity goals and priorities. PY1 planning will support CBHC efforts to develop a PIP Baseline Report in PY2	November 1, 2024
Meaningful Access to Healthcare Services for Persons with a Preferred	CQEIP-5	Complete and timely reporting of an organizational self-assessment of capacity related to providing access to high quality language services to members.	January 31, 2025

Equity Measure	Measure #	Performance Requirements for PY1*	Anticipated Due Date (at EOHHS Discretion)
Language other than English (EOHHS)			
Disability Competent Care (EOHHS)	CQEIP-6	Complete and timely submission to EOHHS of the following: 1) CBHC's completed Disability- Competent Care Self-Assessment Report (DCCSAR), and; 2) A plan for improving competency in targeted competency areas during PY 2, including: selected training tools and/or educational resources; which staff that will be assessed (including self-assessed) for post- educational/training competency; and approaches that will be used to assess post-education or post- training organizational and staff competency.	1) November 1, 2024 2) February 28 2025
Disability Accommodation Needs (EOHHS)	CQEIP-7	Complete and timely submission to EOHHS of a report describing CBHC's current practice and future plans for the following: <ul style="list-style-type: none"> • Screening members for accommodation needs related to a disability before or at the start of a patient encounter, and how the results of this screening are documented. • Other methods, if any, for documenting accommodation needs related to a disability. • Asking patients, at or after the end of a patient encounter, if their accommodation needs related to a disability were met. • Analyses that are performed at the organizational level to understand whether accommodation needs related to a disability have been met. 	September 30, 2024
Domain 3.Capacity and Collaboration			
Patient Experience: Communication, Courtesy, and Respect	CQEIP-8	Complete and timely submission to EOHHS of an initial assessment of current practices for eliciting patient experience of care with CBHC services, with a focus on equitable experience, including:	September 30, 2024

Equity Measure	Measure #	Performance Requirements for PY1*	Anticipated Due Date (at EOHHS Discretion)
		<ul style="list-style-type: none"> • Description of how CBHC currently evaluates or plans to evaluate patient experience of care • Instruments currently in use or development, such as survey or focus group questions, and survey or group location(s) and method(s) of collection • How or whether any existing methods assess patient experience with regard to communication, courtesy, and respect; • Results collected from instrument, if available, including insights garnered, and changes considered or implemented in response to results. 	

*Detailed reporting/performance requirements for each measure will be described in forthcoming technical specifications

C. Payment Methodology of the PY1 CQEIP

Total maximum eligible incentive payments for each measure in the PY1 CQEIP is determined by percentage weighting, as described in Table 7. Each CBHC's TIN-billing entity's individual maximum eligible incentive payment will be based on their relative pro rata share of unique MassHealth members served from 4/1/23 to 9/30/23. Each CBHC's TIN-billing entity may earn their respective full maximum eligible incentive amount for each measure described in Table 7 if the specified performance requirements are met (performance expectations for each measure are summarized in Table 6 above and detailed further in forthcoming technical specifications). If any of the specified requirements are not met, or if any of the requirements are not met by the outlined deadline, the CBHC's TIN-billing entity may be ineligible to earn full incentive payment for that specific measure, as determined by EOHHS.

Table 7: PY1 CQEIP Measure Weights and Maximum Eligible Incentive Amounts

Subdomain	CQEIP Measure	PY1 Weight (%)	Maximum Eligible Incentive across all CBHCs
Domain 1. Demographic and Health-Related Social Needs Data		25	\$2.125 Million
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (<i>EOHHS</i>)	12.5	\$1.0625 Million
Health-Related Social Needs Screening	HRSN Screening (<i>EOHHS/CMS</i>)	12.5	\$1.0625 Million
Domain 2. Equitable Quality and Access		50	\$4.25 Million
Equity Reporting	Quality Performance Disparities Reduction (<i>EOHHS</i>)	10	\$850,000
	Equity Improvement Interventions	10	\$850,000
Access	Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (<i>EOHHS</i>)	10	\$850,000
	Disability Competent Care (<i>EOHHS</i>)	10	\$850,000
	Disability Accommodation Needs (<i>EOHHS</i>)	10	\$850,000
Domain 3. Capacity and Collaboration		25	\$2.125 Million
Capacity	Patient Experience: Communication, Courtesy, and Respect (<i>EOHHS</i>)	25	\$2.125 Million

D. Payment Schedule for the PY1 CQEIP

For PY1, CBHCs will receive both an interim estimated payment and a final reconciliation payment or recoupment:

- a. Interim estimated payment: Of the total \$8.5 million allocated to the CQEIP, each CBHC will be assigned an estimated eligible proportion equal to their pro rata share of unique MassHealth members served from 4/1/23 through 9/30/23, as determined by EOHHS. Each CBHC is then anticipated to receive 50% of their estimated eligible CQEIP equity component proportion no later than 4/30/24, paid by each of the MCE plans, proportional to the unique MCE membership served by each CBHC from 4/1/23-9/30/23.
- b. Final reconciliation or recoupment payment: In the summer of 2025, when final performance is calculated for each CBHC on CQEIP-8, CBHCs will either be paid, or required to return, the difference between the interim estimated payment and the final calculated earned incentive. Final reconciliation payment or recoupment will be completed by each of the MCE plans, proportional to the unique MCE membership served by each CBHC's TIN-billing entity from 4/1/23 through 9/30/23.

In order to receive the final reconciliation payment, CBHCs must meet a key milestone ("gate") determined by EOHHS to be foundational to successful performance in the CQEIP; this "gate" is a form of "pay-for-reporting" where timely and complete submission of the "gate" deliverable will be required for the release of the PY1 reconciliation payment. If CBHCs do not earn an amount equal to or greater than their interim estimated payments, the payment will be recouped based on final performance.

Table 8: CBHC-QEIP Payment Gate

Gated Payment	Gate Description	Anticipated Gate Deliverable Due Date (At EOHHS Discretion)
PY1 Reconciliation Payment	Health Equity Strategic Plan: Timely and complete submission to EOHHS of a Health Equity Strategic Plan.	December 31, 2024