

APPENDIX G BEHAVIORAL HEALTH PERFORMANCE INCENTIVES

Effective Calendar Year 2023

Introduction

The performance-based incentives for Calendar Year 2023 (henceforth referred to as CY23) are summarized below. The summary includes baseline criteria, population descriptions, strategic goals, specific performance targets, and associated available earnings.

The earnings associated with each performance-based incentive correspond with the degree of the Contractor's success in meeting the established incremental goals. The measure of the Contractor's success for each performance-based incentive is described in detail below. For each performance-based incentive, levels of success are associated with levels of payment, referred throughout this document as "Performance and Payment Levels." The Contractor shall only be paid the single amount listed within each level which corresponds to the actual results achieved based on the measurement methodologies, and not to exceed the maximum annual incentive for each performance incentive.

Methodology

The Contractor shall design a project methodology, for review and approval by EOHHS, for each of the performance-based incentives in **Appendix G**. Each methodology shall further define and clarify the purposes, goals and deliverables associated with each incentive, and shall provide the technical specification for each measurement. Methodology to be defined include, at minimum: baseline period and analytics, denominator, numerator, continuous eligibility requirements, measurement period, population exclusions, timeline and associated deliverables, and final reporting schedules. EOHHS will use **Appendix G**, the Contractor's performance to identified benchmarks and milestones, and the project methodology when reviewing the results of each project to determine the amount of incentive payments, if any, the Contractor has earned. For all measures, unless otherwise specified, the measurement period for the calculation of results shall conform with the Contract Year period.

Measures, Developing the Benchmarks and Goals

The Contractor shall produce all required baseline measurements, and shall use the same methodology when assessing performance for the measurement period. For HEDIS measures, HEDIS Technical Specifications will be used for the performance-based incentives corresponding to each measurement year. For CY23, the Contractor shall refer to the technical measure specifications for HEDIS 2023. For all non-HEDIS measures, the Contractor shall follow the 2023 technical specifications for each measure steward identified by EOHHS. For CY23, EOHHS shall set the benchmark (threshold, goal, and improvement targets) for each measure in performance incentive 1 based on national, regional, and state benchmarks, historical

performance of Contractor, baseline Contractor performance, and spread, distribution, or variation in historical performance. Benchmarks (threshold, goal and improvement targets) will be established for a five-year period. EOHHS does not anticipate changing benchmark values from year to year (or based on Contractor performance or ranking from year-to-year). However, benchmarks will be monitored and reviewed annually, with flexibility to address extenuating circumstances, including, but not limited to: benchmarks that are excessively high or low relative to overall Contractor performance, significant changes to practice standards, significant changes to measure specifications impacting results, and other unforeseen events impacting performance, e.g., the COVID-19 public health emergency.

Performance Assessment Methodology

In CY23, incentive payments for performance-based incentive 1 will be calculated using the Performance Assessment Methodology (PAM). According to the PAM, the Contractor will have the opportunity to achieve its full eligible quality incentive amount for excellent quality performance. This may be achieved by establishing a clear threshold and goal benchmark for measures, in effect over the duration of the performance year periods set (e.g., five years); providing opportunity to earn incentive for year-over-year self-improvement (e.g., using gap to goal targets); and providing opportunity to earn incentive payments for each measure based on attainment (e.g., meeting threshold, in-between threshold and goal, and goal performance), and for meeting targets for improvement.

As part of the PAM, the Contractor earns points for performance on each measure. The Contractor earns 10 points for meeting the goal for the assigned time period and can earn 1-9 points proportional for performance between the threshold performance and the goal performance. The Contractor earns zero points for performance below the assigned threshold performance for each measure. The Contractor can earn 5 bonus points for meeting the improvement target over the base year, whether or not the Contractor has met threshold or goal performance targets. Bonus points are designed to reward improvements in performance regardless of their starting rate of performance. No partial credit is awarded for bonus points for improvement that does not meet improvement target.

The Contractor can earn a maximum of 15 points per eligible measure through goal attainment and improvement (bonus points). The maximum allowable total points is 10 multiplied by the number of measures. Strong performance on one measure can offset weaker performance of other measures. The proportional score for the Contractor is equal to the sum of the Contractor's earned points divided by the maximum allowable points. Proportional scores are between 0-1. The highest proportional performance score for the Contractor is 1. The payment amount is equal to the proportional score multiplied by the eligible payment amount.

The Contractor shall develop the following strategic priorities for network performance improvement in CY23: (1) Promotion of High Quality Care; (2) Promotion of Equitable Care; (3) Value-Based Payment Development and (4) Development of Community Behavioral Health Center (CBHC) Quality and Outcomes Measures.

I. Incentive 1, Promotion of High Quality Care

The Contractor shall assess their performance for calendar year 2023 on the measures outlined below. Goals for each measure will be set for a five-year period and a modified gap-to-goal analysis will determine the improvement targets for each of the next five years. For all HEDIS measures, EOHHS has used 2021 data for the benchmarks outlined below. For the CMS IPFQR Measure, EOHHS has used the most recently available data (2019) to set the benchmarks, though prior to final performance calculation, EOHHS will compare 2019 CMS IPFQR data with 2020 CMS IPFQR data, to determine if the impact of the COVID pandemic necessitates flexibility, as described above, in revising the benchmarks. For the HEDIS and IPFQR measure, the Contractor shall calculate its performance for CY2022, which shall serve as the base year performance for the purpose of improvement goal calculation. For RY2023, the Contractor shall report on its performance for calendar year 2023 for the OUD measure (M5), and performance on this measure will not be subject to incentive payment for 2023. The Contractor shall receive two thirds of the maximum eligible incentive (\$666,666) at the end of CY2023, with the last one third (\$333,334) reserved for reconciliation of the final CY2023 performance calculation, to be conducted by the end of Q2 2024 when all claims from calendar year 2023 can be reviewed. Data should be stratified by PCC members, Primary Care ACO, and other.

Measure	Goal	Threshold Benchmark	Goal Benchmark	Improvement Goal per Year	Maximum Eligible Incentive
M1-a	FUM-7 day: Youth (<18 years old) ¹	69%	88%	1.5%	\$1,000,000
M1-b	FUM-7 day: Adult (18+ years old) ¹	61%	75%	1.5%	
M2-a	FUH- 7 day: Youth (<18 years old) ¹	60%	71%	2%	
M2-b	FUH- 7 day: Adult (18+ years old) ¹	41%	55%	2%	
M3	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility ²	23%	19%	0.5%	
M4	Pharmacotherapy for Opioid Use Disorder (POD) ¹	28%	33%	0.5%	

Measure	Goal	Threshold Benchmark	Goal Benchmark	Improvement Goal per Year	Maximum Eligible Incentive
M5	Use of Pharmacotherapy for Opioid Use Disorder (OUD) ³	Reporting Only for CY2023 ³			

¹= HEDIS Measure (or subset); Contractor to use HEDIS Technical Specifications

²= CMS IPFQR Measure; Contractor to use CMS IPFQR Technical Specifications

³= CMS Measure; Contractor to use CMS Technical Specifications. For 2023, this measure will be Reporting-Only to help establish benchmarks for future years; for 2023, performance on this measure will not be subject to incentive payment.

The maximum incentive payment for CY23 for Incentive 1 is \$1,000,000.

II. Incentive 2, Promotion of Equitable Care

In line with EOHHS's commitment to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs and health disparities demonstrated by variation in quality performance, Incentive 2 will focus on supporting the Contractor in collecting and reporting Race, Ethnicity, Language, and Disability (RELD) and Sexual Orientation and Gender Identify (SOGI) data and screening for, and reporting, Health-related Social Needs (HRSN). Measures for 2023 will include an initial assessment of currently collected beneficiary-reported RELD SOGI data and currently screened for HRSN, reporting of currently collected RELD SOGI and HRSN data, stratification of clinical quality measure performance by available RELD SOGI data, and the development of the infrastructure, practices, and procedures for robust collection of beneficiary-reported RELD SOGI data and HRSN screening in 2024. The Contractor will be incentivized through annual milestones to achieve at least 80% of data completeness for beneficiary-reported RELD SOGI data by the end of CY2027, and meaningful improvement on HRSN screening by the end of CY2027. The specific incentive measures for CY23 will be set forth in an amendment to this Appendix G by the end of Q1 2023.

The maximum incentive payment for CY23 for Incentive 2 is \$1,000,000.

III. Incentive 3, Value-Based Payment Development

In partnership with EOHHS and building upon the Contractor's existing value-based payment (VBP) strategy, the Contractor shall develop a VBP strategy which includes the expansion of existing, successful VBP arrangements to additional membership and with additional provider partnerships for high-risk populations, including those identified below. The Contractor's VBP strategy shall include meaningful targets to continually increase the amount of the Contractor's membership in a HCP-LAN Level 3 or 4 VBP arrangement by 2027.

The Contractor's VBP strategy shall include the below populations (P1-P4) with a focus on quality and outcomes measures. The Contractor will earn full incentive payments for each measure outlined below (M1-M4) if the specified requirements are met. If one of the following requirements is not met, or if any of the following requirements are not met by the outlined deadline, the Contractor may be ineligible to earn full incentive payment for that specific measure, as determined by EOHHS.

	Goal	Incentive
M1	<p>By the end of 2023 Q1, the Contractor shall submit a review that includes:</p> <ol style="list-style-type: none"> 1. A baseline analysis of each of the below populations to understand current population cost, care utilization patterns, and outcomes. 2. A market scan to identify the current landscape and evidence for value-based arrangements for each of the below populations. 	\$50,000
M2	<p>By the end of 2023 Q2, the Contractor shall submit a proposal that identifies:</p> <ol style="list-style-type: none"> 1. Detailed recommendations for opportunities to expand membership in current VBP arrangements for each of the below populations, including high-priority outcome measures, reimbursement structure, provider partnerships and multi-year implementation strategy. 2. Detailed recommendations for novel VBP arrangements for each of the below populations, including high-priority outcome measures, reimbursement structure, provider partnerships and multi-year implementation strategy 3. Collaborate with EOHHS to determine which of the below populations to prioritize for M3 and M4 	\$50,000
M3	<p>By the end of 2023 Q4, the Contractor will have concrete plans to implement a contract for a new VBP</p>	\$250,000

	Goal	Incentive
	arrangement between the Contractor and a provider organization for one of the below populations for 2024.	
M4	By the end of 2023 Q4, the Contractor will have concrete plans to advance at least one existing HCP-LAN level 1 or 2 VBP arrangement to an HCP-LAN level 3 or 4 for 2024	\$150,000

	Population	High Priority Outcomes
P1	Youth (<21 years old) with ASD	Pivotal skill development/mastery, caregiver engagement and satisfaction, improved access to care, co-morbidity management, and school retention
P2	Teens and young adults (15 to 35 years old) with a new-onset psychotic disorder (within first 3 years of onset)	Quality of life, family functioning, symptom severity (including duration of untreated psychosis), participation and progress in work or school, and community tenure/reduction in acute bed days
P3	Adults with SMI (3 years beyond first onset)	Quality of life, symptoms severity, vocational functioning, social connectedness, medication side-effect management, and community tenure/reduction in acute bed days
P4	Care for Opioid Use Disorder- Diversionary Levels of Care and Outpatient MAT induction and maintenance	<p>For Diversionary Levels of Care include increased community tenure/reduction of acute care utilization.</p> <p>For Outpatient MAT induction and maintenance include retention in MAT treatment, and increased community tenure/reduction of acute care utilization.</p>

The maximum incentive payment for CY23 for Incentive 3 is \$500,000.

IV. Incentive 4, CBHC Quality and Outcomes Measures

In partnership with EOHHS during Q1 of 2023, the Contractor shall develop and oversee CBHC quality and outcomes measure reporting (inclusive of outpatient, A/YMCI, A/YCCS services delivered by CBHCs). This development shall include methodology and collection processes, a pay-for-reporting (P4R) approach to support CBHC provider reporting of identified measures, and a proposed timeline with proposed goals for execution. The Contractor shall also provide technical assistance to the CBHC network in executing P4R for identified measures and build report templates for sharing data with MassHealth, CBHCs, and other key stakeholders.

In Q2 of 2023, after review and approval from EOHHS, the Contractor shall execute the reporting process identified in Q1 of 2023 at the agreed upon cadence, and with the agreed upon goals for execution for the remainder of CY23. The incentive payment amount will be based upon performance towards the agreed upon goals for execution set forth by the Contractor at the end of Q1 2023, and agreed upon by EOHHS.

The maximum incentive payment for Incentive 4 for CY23 is \$500,000.