APPENDIX G
BEHAVIORAL HEALTH PERFORMANCE INCENTIVES (SECTION 8.6.C)

Effective Contract Year Six A

Introduction

The performance-based incentives for Contract Year Six A are summarized below. The summary includes baseline criteria, population descriptions, project goals, specific performance targets, and associated available earnings. For the purposes of this Appendix, a member is "Enrolled" in the CMP if the Contractor has had one or more in-person or telephonic encounter(s) with the Enrollee, for the purposes of completing a comprehensive health assessment, creating and implementing an Individual Care Plan (ICP). Such encounters occur at a frequency dependent on the clinical needs of the Participant.

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 in the single level which corresponds to the actual results achieved based on the measurement methodologies.

Methodology

The Contractor shall design a project methodology, for review and approval by EOHHS, for each of the performance-based incentives **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. Elements to be defined include, at minimum: baseline, denominator, numerator, continuous eligibility requirements, measurement period, population exclusions, deliverables, and final reporting schedules. EOHHS will use **Appendix G** 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, the measurement period for the calculation of results shall conform with the Contract Year period.

Developing the Baseline and Percent Change

The Contractor shall produce all required baseline measurements, and shall use the same methodology when producing the repeat measurements for non-HEDIS indicators. The Contractor shall follow this methodological pattern in each Contract Year. For HEDIS measures, HEDIS Technical Specifications will be used for the performance-based incentives corresponding to each measurement year. The performance level benchmarks must correspond to the national NCQA Medicaid HEDIS percentiles.

To the extent that the payment described in each level is an incremental percentage change over a baseline rate, such incremental change is a "relative" change.

Example: a baseline rate of 50% with a relative 5% improvement would result in a new rate of (0.50 x 1.05 x 100) = 52.5%. Fractional rates shall be rounded to the nearest whole number.

Incentive 1. **Initiation and Engagement in Alcohol and Other Drug Dependence Treatment (HEDIS measure: IET)**

Goal Statement: The Contractor shall continue to deploy a new model of care integration and Member Engagement to improve the rate at which Enrollees enter and sustain participation in treatment for alcohol and other drug dependence through effective interventions that involve Members, their families, Providers, doctors, ED facilities, and community supports.

Technical Specifications:

The technical specifications for this measure, including the denominator and numerator definitions, shall conform to the HEDIS IET specifications, published by NCQA, and shall be applied to the measurement period corresponding to the current the Contract Year.

Measure	Tier 2 Goal	Tier 1 Goal
M1. the rate for the initiation of treatment of AOD treatment per HEDIS specifications	greater than or equal to the HEDIS 2016 50th percentile $87,500	greater than or equal to the HEDIS 2016 75th percentile $125,000
M2. the rate for Engagement in treatment of AOD treatment per HEDIS specifications	greater than or equal to the HEDIS 2016 50th percentile $87,500	greater than or equal to the HEDIS 2016 75th percentile $125,000

The maximum incentive payment for this P4P is $250,000.

Incentive 2. **Follow-up After Hospitalization for Mental Illness (HEDIS measure: FUH)**

Goal Statement: The Contractor shall continue to the model of care integration and Member Engagement (as described in **Section 6**) to improve the rate at which Enrollees who had been hospitalized for a mental illness shall receive timely and adequate mental health aftercare using Behavioral Health Covered Services and reduction in the rate of re-hospitalization.

Technical Specifications:

A. The technical specifications for measures one and two (M1 and M2), including the denominator and numerator definitions, shall conform to the HEDIS FUH specifications published by NCQA, and shall be applied to the measurement period corresponding to the current Contract Year.
B. Within M3, the definition of *Readmission* shall mean the number of episode discharges from a 24-hour Level of Care and the number of discharges that were followed by a subsequent admission to the same or equivalent 24-hour Level of Care within 0-90 days

of the discharge date of the episode. Using the count of discharges and the count of readmissions, the rate of readmission is calculated.

C. Within M4, the definition of "*arranged prior to discharge*" shall mean as evidenced within either the *MHS*/*Connect* (the Contractor's clinical documentation application) or the Provider's medical record, documentation of: Member and/or family involvement and agreement, the name of the Behavioral Health Covered Service, name of the Provider, and the date and time of the first appointment

Measure	Tier 2 Goal	Tier 1 Goal
M1. the rate for 7-day follow-up per HEDIS specifications	greater than or equal to the HEDIS 2016 50th percentile $37,500	greater than or equal to the HEDIS 2016 75th percentile $75,000
M2. the rate for 30-day follow-up per HEDIS specifications	greater than or equal to the HEDIS 2016 50th percentile $37,500	greater than or equal to the HEDIS 2016 75th percentile $75,000
M3. A decrease of up to 1.5 percent relative change in the rate of readmission within 90 days	≥1% decrease from the 2015 rate $200,000	≥1.5% relative decrease from the 2015 rate $250,000
M4. The rate for aftercare appointments being arranged prior to discharge as documented in Contractor's system	50%-79% rate $75,000	≥80% rate $150,000

The maximum incentive payment for this P4P is $550,000.

Incentive 3. Follow-up for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication (HEDIS measure: ADD) Is this still a problem?

Goal Statement: The Contractor shall improve the treatment of Enrollees (6-12 years of age) who have been newly prescribed medication for ADHD, through follow-up care designed to result in effective symptom management, improved functional status of the Enrollee, and adherence to medication regimen.

Technical Specifications:

The technical specifications for this measure, including the denominator and numerator, shall conform to the HEDIS ADD specifications, published by NCQA, and shall be applied to the measurement period corresponding to the current Contract Year.

Measure	Tier 2 Goal	Tier 1 Goal
M1. the rate for Initiation of Follow-up Care for Children Prescribed ADHD Medication per HEDIS specifications	greater than or equal to the HEDIS 2016 ≥50th percentile $37,500	greater than or equal to the HEDIS 2016 ≥75th percentile $75,000
M2. the rate for Continuation and Maintenance (C&M) of Follow-up Care for Children Prescribed ADHD Medication per HEDIS specifications	greater than or equal to the HEDIS 2016 ≥50th percentile $37,500	greater than or equal to the HEDIS 2016 ≥75th percentile $75,000

The maximum incentive payment for this P4P is $150,000.

Incentive 4. Practice Based Care Management (PBCM) Engagement

Targets: In CY6A, by December 31, 2017, the Contractor shall:

A. Increase PBCM Engagement of Enrollees to an overall Engagement total of 913. To facilitate the increase in the PBCM Engagement, the Contractor will add PBCM programs as necessary; and

B. Engage 1200 total Enrollees in ICMP.

Performance and Payment Levels:

A. If the Contractor engages 913 Enrollees in PBCM, it will receive $5,000.

B. If the Contractor engages 600 Enrollees in ICMP, it will receive $70,000.

The maximum payment for this incentive is $75,000.

Incentive 5. Incentive Program to Support a Provider-Based Care Management System

Goal Statement: A goal of the CMP is to support the transition of Enrollees into Provider-Based care management programs delivering quality care management services for Enrollees assigned to their practice. EOHHS and the Contractor shall support this effort by establishing an incentive program aimed at rewarding Providers whose efforts contribute

toward this desired outcome. Within forty-five (45) days of the execution of this amendment, the Contractor shall submit for EOHHS review and approval a plan for CY6A that will provide an enhanced fee for new admissions to the CMP and a fee for monthly ongoing care management. This incentive applies to July 1, 2017 to December 31, 2017.

Subject to EOHHS's approval of the Contractor's plan and the Contractor's successful implementation of the incentive program, the maximum incentive payment for this Outcome measure is $150,000.

Incentive 6. Service Integration Project for Covered Individuals Prescribed Antipsychotic Medication at Risk for Diabetes (at least for youth, this seems duplicative)

- **Goal Statement:**
  1. The Contractor shall continue to support and deliver interventions to improve the frequency of metabolic screenings, increase ongoing monitoring, and support diabetes management for all Covered Individuals including children, adolescents and adults who are prescribed antipsychotic medication(s).
  2. The Contractor shall continue to demonstrate that care integration and Covered Individuals Engagement will improve the care of Covered Individuals with diabetes who are also DMH Clients, in accordance with clinical guidelines. The goal is to improve the rate of Covered Individuals with diabetes who are also DMH Clients whose blood glucose levels, as measured through the HbA1c blood test, are < 8.0%; whose blood pressure is < 140/90 mm Hg; and who received a retinal eye examination and screening for nephropathy.

- The interventions will support behavioral health and medical integration as both delivery systems serve Covered Individuals on antipsychotics who are at increased risk for developing diabetes, including those with serious and persistent mental illness (SPMI).
- The interventions will support access to evidence-based, integrated primary care among DMH clients with diagnosed diabetes as measured by both the HEDIS Comprehensive Care for Diabetes measure, and, for youth, HEDIS APM metabolic monitoring measure, based on consensus guidelines from the American Diabetes Association and American Psychiatric Association.

Deliverables: By December 31, 2017, the Contractor shall:

1) Identify all Members receiving antipsychotic medications with HEDIS-based gaps in care for routine metabolic monitoring, including screening as well as, for youth, BMI, waist measurement, blood pressure, lipid, and glucose screening.
2) Identify 2-3 interventions for rapid cycle quality improvement with pediatric and adult-serving primary care entities, pharmacies, outpatient behavioral health providers, practice-based care management participants.

3) Provide trainings and/or educational campaign for PCC providers serving a large number of PCC Plan/MBHP Members prescribed antipsychotics and at impending risk of diabetes, leveraging existing network management infrastructure for direct work with PCC or other entities as appropriate to QI opportunities.

Within sixty (60) days of the end of the Contract Year, the Contractor shall:

1) Report and evaluate findings on:
    a. Number of Members screened for target interventions
    b. SSD HEDIS rate
    c. APM HEDIS metabolic monitoring rates for youth
    d. HEDIS Diabetes measure – claims based indicators for adults
    e. Number of patients in intervention groups that had annual follow up monitoring tests as compared to control
2) Report lessons learned from interventions
3) Plan for improvements to existing quality work plan
4) Discuss findings and opportunities for improvement with participating providers

The maximum payment for this incentive is $300,000.

Incentive 7. Incentive to Improve Integrated Follow-up for Acute Care Episodes: PCC Discharge Notification

The Contractor shall hold all Providers of Inpatient BH Covered Services accountable for notifying Primary Care Clinicians for all Covered Individuals discharged from inpatient psychiatric hospitals.

The Contractor shall provide technical assistance and/or infrastructure support for inpatient psychiatric hospitals in the development and implementation of discharge notification protocols, tools and technologies, including but not limited to:

- Standardization of Operating Procedures,
- Report Formatting,
- Consent Management,
- Workflow Optimization,
- HIE Technology/Use of Mass HIway,
- Tracking and Reporting. Of Notification and Loop Closure.

The Contractor shall drive implementation of discharge notification within all inpatient psychiatric hospitals, including both acute and non-acute hospital Network Providers for all Enrollees.

The Contractor shall produce reporting at the facility level on rates of notification of PCCs for all discharges.

Incentive Payments associated with successful implementation of discharge notification shall be made as follows:

Percent of inpatient psychiatric episodes for Which PCC is Notified upon discharge as reported to the Contractor by discharging facilities.	50%-79% rate $150,000	≥80% rate $275,000

The maximum payment for this incentive is $275,000.

Incentive 8. Incentive to Improve Timely Access to Outpatient Treatment Services: Open/Technology Enabled Access Solutions

The Contractor shall support the development of practice redesign and technology enabled solutions to optimize timely and efficient access to outpatient services across the entire network of outpatient providers with whom it is contracted. The Contractor shall develop and implement, whether through centralized procurement, provider incentives, or other provider financing innovations, access solutions that, through practice redesign and use of technology:

- Extend workforce capacity, flexibility, and extensibility
- Reduce slack in the system resulting from no-shows
- Optimize scheduling for same day access.

Incentive payments for successfully cultivating access solutions within the network shall be made as follows:

Percent of Outpatient Clinics reporting Less than 3 days until next available appointment for urgent care as reported to the Contractor by Outpatient Clinics	50%-79% rate $100,000	≥80% rate $150,000
Increase Open Access with a minimum of 10 outpatient provider sites	5 provider sites $50,000	10 provider sites $100,000

The maximum payment for this incentive is $250,000.

Incentive 9. Incentive to Support Clinical Design of Specialized Inpatient Psychiatric Treatment Services for ASD/IDD Youth

The Contractor shall facilitate the design of an evidence-based clinical model and resultant performance specifications for inpatient psychiatric treatment services specially designed to meet the comprehensive needs of youth with autism spectrum disorder and/or intellectual or developmental disabilities.

Within 10 days of execution of this amendment the Contractor shall work with EOHHS to produce a workplan for the design project to encompass the following deliverables, which shall be completed by the end of the Contract Year:

- 2-3 working sessions convening key stakeholders from across EOHHS and other relevant agencies, including the Department of Elementary and Secondary Education, and involving regional/national experts in clinical care for the ASD/IDD population
- Core components, competencies, and requirements of the clinical model for these services
- Development of detailed performance specifications formalizing requirements and credentialing requirements
- Plan for contracting with one or two providers capable of meeting requirements by 1/1/18 or, comparable plan for staging development of clinical capacity amongst current and prospective future providers.

Total payments associated with successful completion of these deliverables not to exceed $250,000.

Incentive 10. Antidepressant Medication Management (HEDIS measure: AMM)

Goal Statement: In Contract Year Six A, the Contractor shall measure and report the rate for antidepressant medication management using the HEDIS AMM 2015 technical specifications. The Contractor shall continue to demonstrate that care integration and Member Engagement will improve the rate at which Enrollees, who had been newly diagnosed with depression, and started on antidepressant medication, remain on the medication for an effective course of treatment.

- The interventions will support behavioral health and medical integration as both delivery systems serve Covered Individuals on antidepressant medication.
- The interventions will support access to evidence-based, integrated primary care among clients with diagnosed depression as measured by the HEDIS Antidepressant Medication Management Measure.
- The interventions will support improvement in depression management and continuity of care among clients who receive care for depression in specialty behavioral health settings.

Deliverables: By December 31, 2017, the Contractor shall:

1) Identify all Members receiving antidepressant medication with HEDIS-based gaps in care.
2) Design and deliver 2-3 interventions implemented for rapid cycle quality improvement involving primary care entities, pharmacies, outpatient behavioral health providers, and/or practice-based care management participants.
3) Leverage existing network management infrastructure for direct work with PCC, outpatient behavioral health, or other entities as appropriate to implement QI opportunities.

Within sixty (60) days of end of Contract Year, the Contractor shall:

1) Report and evaluate findings on:
    a. Number of Members identified with gaps in care
    b. Number of Members targeted for intervention as part of QI initiative implementation
    c. Number of patients in intervention groups whose HEDIS rates improved
2) Report lessons learned from interventions
3) Plan for improvements to existing quality work plan
4) Discuss findings and opportunities for improvement with participating providers

The maximum payment for this incentive is $100,000.

Incentive 11. Development and Validation of New Measures (Pay for Reporting)

Goal Statement:

1. In CY6A, the Contractor shall report baseline measurement on new HEDIS and HEDIS-derived measures related to continuity and coordination of care for Covered Individuals experiencing acute episodes of behavioral health care. The Contractor shall report performance on these measures for calendar years 2016 and 2017 so as to establish a sufficiently robust baseline. The Contractor shall complete all activities necessary to collect, measure, and validate reporting on these metrics during CY6A.
2. The Contractor shall collaborate with EOHHS on the development and refinement of these new measures for reporting as well as the form and frequency of reporting going forward.

Measures for Reporting shall include the following measures and technical specifications:

New Measure	Description	Specification	Incentive	Maximum Payout
FUH after ED for MH	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit. 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit. 3. Each of the above rates excluding ESP encounters	1-2. HEDIS 3.HEDIS Numerator Minus ESP Visits	Reporting	$125,000

FUH after ED for SUD	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow up visit for AOD. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit. 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit.	HEDIS	Reporting	$125,000
Med Mgmt FUH	Rates of follow-up Medication Management Visits within 7 and 30 days of Inpatient Psychiatric Hospitalization	HEDIS FUH Denominator; Numerator Counting Medication Management Visits Only	Reporting	$200,000
PCC FUH	Rates of Follow-up Primary Care Visits within 7 and 30 Days of Inpatient Psychiatric Hospitalization	HEDIS FUH Denominator; Numerator Counting PCC visit within 7 and 30 days	Reporting	$200,000

The maximum payment for this incentive is $650,000.