Performance-Based Contracting for Family Based Mental Health Services
Outline

• What is Performance-Based Contracting?

• Family Based Mental Health Services PBC criteria

• Timeline for Implementation
What is Performance-Based Contracting?

- A performance-based contract focuses on the outputs, quality, and outcomes of a service provision and may tie at least a portion of a contractor’s payment as well as any contract extensions to their accomplishment (Martin, L., 1997).

- This definition has been well received within diverse disciplines, as it has been used in several studies of Performance-Based Contracting including: Fisher, et.al. (2006); Daly, et.al (2004); Wyld (2003); Segal & Moore (2002); Liner, et.al (2000); Lahti (1999); and Vinson (1999).

Why Performance-Based Contracting?

- VBH-PA’s commitment to improve quality of care for our members in a fiscally responsible manner.

- Standardized measure of provider outputs, quality, and outcomes.

- Equitable way to reward and encourage providers.
Performance-Based Contracting Domains

- Chart Audit Score
- Concurrent Services
- Service Delivery
- Billing
- Discharge
- Compliance
Chart Audit Score

- Chart Audit score of 85% or above
  - During recent audit period
  - May be N/A
  - Weighted accordingly
Concurrent Services

• All Family Based member hospitalizations will have a Family Based claim on the same date of hospitalization.

• If answered “NO” and less than 1% are missing FB and Inpatient Hospitalization claims on the same date, look at each specific chart for hospitalization dates and times.
Concurrent Services (Continued)

• No crisis services claims will be made while the family/child is receiving Family Based treatment.
  
  • If answered “NO” and less than 1% or less members have a Crisis claim, look at each specific chart.
  
  • Each member’s chart should be answered “YES” to Question 10 (Provider follows their P&P regarding the offering and delivery of evening and weekend hours, which includes a discussion of 24/7, evening, weekend, and crisis service availability indicated in each treatment plan).
  
• Less than 5% of members that are in mental health or D&A placement (RTF, CRR, DAS) while in Family Based.
Service Delivery

- Provider will have 10% or less of cases with authorizations beyond 32 weeks.

- Average number of weeks per distinct member past initial 32 weeks is 4 weeks or less.

- Providers will provide less hours of service during the last six weeks of service compared to the first six weeks.
Service Delivery (Continued)

• Utilization rate for Authorized Family Based units is 75% or greater.

• Initial face-to-face contact must be within 7 calendar days of provider authorization.

• Provider follows their P&P regarding the offering and delivery of evening and weekend hours, which includes a discussion of 24/7, evening, weekend, and crisis service availability indicated in each treatment plan.
Service Delivery (Continued)

• Team must be staffed and supervised per Family Based regulations.
• Provider must have a full Family Based license.
• Provider will deliver services with an average of 60/40 team/individual delivered service per member team.
• Provider has notified VBH-PA any time they are at capacity.
• P&P’s that reflect the Family Based regulations. Provider must score 85% on P&P checklist.
• Provider has a letter of support from each county that they intend to serve.
Billing

• At least 90% of claims are submitted as clean claims. “A clean claim is a claim received by VBH-PA with all required data present and valid that was adjudicated without having to obtain information from an external source”

• Provider has submitted all primary (Axis I) diagnoses related to the authorization and treatment plan of the services provided.

• At least 90% of provider’s claims reflect the correct vendor location, number, service facility location, and address.
Discharge

• Less than 1% of members have inpatient admission within 30 days of discharge from Family Based.

• Less than 2% of members are admitted into mental health or D&A placement within 30 days of discharge from Family Based.

• Discharge planning will result in a treatment follow-up rate of at least 90% within 90 days after discharge from Family Based.
  
  • If score is less than 90% and 1. and 2. below are both “YES,” then this question is “YES”
    • 1. All members are discharged with a documented appointment
    • 2. All members have a discharge planning meeting 30 days prior to discharge
Compliance

• No HIPAA disclosures or breaches.

• Compliance plans that conform to CMS regulations.
Implications of Performance-Based Contracting

• Family Based Mental Health Services are one of three PBC pilots currently in progress.

• Pilot programs are not initially tied into financial incentives/penalties, but future contracts will be.
Data Collection

• The data range will be from August 1, 2011 to March 31, 2012. The audit start date of July 1, 2012 will allow for 3 months of claims run off from March 31, 2012 onward.

• The selected data range allows for all of the performance-based contracting criteria to be captured and the criteria is based on FBMHS best practice standards. These best practice standards were developed by providers and have been implemented over the past few years.
Anticipated Timeline

**April 1, 2012** – Contract amendment, audit tool, process, and weights disseminated to providers.

**July 1, 2012** – Audits begins.

**September 30, 2012** – Audit process ends.
Questions/Feedback

Thank You

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