

State of Idaho Medicaid Provider Agreement

Additional Terms - Reimbursement and Value-Based Payment Program for Hospital Institutions for Mental Diseases (IMDs)

The DEPARTMENT reserves the right to amend the following definitions, quality metrics, reimbursement and IMD VBP payouts for in-state and out-of- state providers, calculations, and audits outlined in this document titled, “Additional Terms - Reimbursement and Value-Based Payment Program for Hospital Institutions for Mental Diseases (IMDs),” in accordance with the Medicaid Provider Agreement, as amended.

PROVIDER shall comply with all applicable provisions of the Idaho Administrative Code, as amended, including but not limited to: IDAPA 16.03.09, “Medicaid Basic Plan Benefits,” sections 000-450, 700–706.

A-1. Definitions

A-1. Institution for Mental Diseases (IMD). A hospital, nursing facility or other institution of seventeen (17) beds or more that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. A specific licensure is not necessary to meet this definition.

A-2. Institutions for Mental Diseases Value Based Payment (IMD VBP) Program. The program established through these additional terms between the Department and IMDs was designed with the intent of improving the quality of care, reducing the overall cost of care, advancing preventive care and promoting better health outcomes, through the realization of the following program goals:

- a. Triple-aim of better care for patients, better health for communities and lower costs;
- b. Patient-centered care that is highly coordinated;
- c. Payment methodologies that reward accountability, quality, efficiency and access;
and
- d. Low administrative costs.

A-3. IMD VBP Payout. Lump sum quality payment of up to eight percent (8%) of the ninety-one percent (91%) of the inpatient Medicare rate as set forth in Section 56-265, Idaho Code, leveraged to pay for patient care. The total payout is derived from the percentage earned in each metric, as described below.

A-4. IMD VBP Calculator. Tool used to evaluate the metrics and calculate the IMD VBP payout. An IMD’s performance will be recorded and communicated back through the IMD VBP Calculator.

A-5. “Quality Metric” or “Metric.” The four quality measures against which IMD performance will be assessed.

A-2. Quality Metric

A-2.1. Quality of care will be measured across four metrics:

A-2.1.1. Follow-Up Within Seven (7) Days Post-Discharge

- a. Metric achieved if the participant saw an outpatient behavioral health professional, either in-person or via telehealth, within seven (7) days after IMD discharge
- b. Includes all inpatient discharges
- c. Outpatient behavioral health professional appointments that occur on the same day as discharge, also known as Bridge Appointments, count as achieving this metric

A-2.1.2. Metric 2: Follow-Up Within Thirty (30) Days Post-Discharge

- a. Metric achieved if the participant saw an outpatient behavioral health professional, either in-person or via telehealth, within thirty (30) days after IMD discharge
- b. Includes all inpatient discharges
- c. Outpatient behavioral health professional appointments that occur on the same day as discharge, also known as Bridge Appointments, count as achieving this metric
- d. This appointment does not need to occur separately from the completed appointment described in Metric 1

A-2.1.3. Metric 3: Percent of participants who have an outpatient behavioral health professional follow-up appointment scheduled prior to discharge

- a. Metric achieved if an appointment was scheduled with an outpatient behavioral health professional prior to discharge
- b. Includes all inpatient discharges
- c. Outpatient behavioral health appointments that occur on the same day as discharge, also known as Bridge Appointments, count as achieving this metric
- d. In most cases, this appointment will be the same as the appointment referenced in Metric 1 or Metric 2; however, credit is given for appointments that are scheduled, even if the participant does not keep the appointment.
- e. This metric will be self-reported. Data for self-reporting will need to include the total number of participants with an outpatient behavioral health professional appointment scheduled at discharge consisting of the following:
 - i. The calculated percent of participants who meet this criterion
 - ii. Patient data including Medicaid ID, Date of Birth, and Name
 - iii. Follow-up appointment data including date.
 - iv. Any additional data or documentation, including time and name of behavioral health professional with whom the participant was scheduled to meet, must be available upon request by the Department to satisfy audit or metric review.

A-2.1.4. Metric 4: Percent of participants with an Opioid Use Disorder (OUD) diagnosis who: 1) receive a prescription for naloxone for reversal of overdose prior to discharge; and 2) receive a prescription for medication-assisted treatment for OUD prior to discharge.

a. Metric achieved if a participant with an OUD diagnosis receives a prescription for naloxone, and receives a prescription for medication-assisted treatment for OUD or an appointment at an Opioid Treatment Program (OTP), prior to discharge

b. The OUD diagnosis will be recognized if it appears as any diagnosis listed on claims

c. Medication-assisted treatment for OUD is defined as either a prescription for buprenorphine, buprenorphine-naloxone, ER-naltrexone or oral naltrexone (as bridge to ER-naltrexone) or an appointment scheduled at an OTP

d. This metric will be self-reported. Data for self-reporting will need to include the percent of participants with an OUD diagnosis who receive a prescription for naloxone for reversal of overdose prior to discharge, and percent of participants who receive a prescription for medication-assisted treatment for OUD or an appointment at an OTP prior to discharge, consisting of the following:

i. The calculated percent of participants who meet these criteria.

ii. Patient data including Medicaid ID, Date of Birth, and Name

iii. Prescription data including attestation that naloxone was prescribed and that medication-assisted treatment was prescribed or an OTP appointment made.

iv. Any additional data or documentation, including evidence of written or electronic prescriptions for naloxone for reversal of overdose, written or electronic prescriptions for medication-assisted treatment for OUD, and/or an appointment scheduled at an OTP, must be available upon request by the Department to satisfy audit or metric review

A-2.2. The data source for measuring the metrics will be obtained using Medicaid Fee-For-Service data, Optum/Idaho Behavioral Health Plan claims data, and pharmacy claims data utilizing paid dates starting with State Fiscal Year (SFY) 2022.

A-2.3. In addition to the data source outlined in section A-2.2, Metric 3 and Metric 4 will also utilize self-reported data starting with State Fiscal Year (SFY) 2022. This self-reported data will:

A-2.3.1. Be reported quarterly with the first quarter beginning July 1, 2021.

A-2.3.2. be securely emailed to the Reimbursement Unit at

MedicaidReimTeam@dhw.idaho.gov

A-2.3.3. Follow the parameters of sections A-2.1.3 and A-2.1.4 for Metric 3 and Metric 4 respectively.

A-2.4. The data collected for IMD stays will include:

A-2.4.1. Participants who are active Medicaid enrollees during their stay

A-2.4.2. Participants who are active Medicaid participants thirty (30) days from the admit date.

A-2.4.3. Participants who are alive upon discharge

A-2.5. Quality metrics will be applied to IMD claims data and self-reported data starting with the period July 1, 2021 through June 30, 2022.

A-2.6. To account for inpatient hospital claims, a 365-day runout for claims submission will occur before claims data is measured against the metrics.

A-3. Reimbursement and IMD VBP Payout for In-state Providers

A-3.1. Starting with SFY 2022, in-state IMD providers may qualify for reimbursement up to ninety-one percent (91%) of the Medicare rate for inpatient IMD claims under the following conditions:

A-3.1.1. Providers will receive eighty-three and seventy-two hundredths percent (83.72%) of the current Medicare rate for inpatient IMD reimbursement ; and

A-3.1.2. Eight percent (8%) of the ninety-one percent (91%) of the current Medicare rate for inpatient IMD reimbursement will be tied to the metrics outlined in A-2 of this agreement. Payment will be realized in the form of the IMD VBP payout paid on or before July 31, 2023. The eight percent (8%) will be split across the four metrics. Providers can earn up to the following percentages for each metric:

- a. Metric 1 – three percent (3%) of ninety-one percent (91%) of inpatient Medicare rate
- b. Metric 2 – three percent (3%) of ninety-one percent (91%) of inpatient Medicare rate
- c. Metric 3 – one percent (1%) of ninety-one percent (91%) of inpatient Medicare rate
- d. Metric 4 – one percent (1%) of ninety-one percent (91%) of inpatient Medicare rate

A-4. Reimbursement and IMD VBP Payout for out-of-state providers

A-4.1. Starting with SFY 2022, out-of-state hospital IMD providers may qualify for reimbursement up to ninety-one percent (91%) of the Medicare rate for inpatient IMD claims under the following conditions:

A-4.1.1. Providers will opt into the IMD VBP program; and

A-4.1.2. Providers will receive eighty-three and seventy-two hundredths percent (83.72%) of the current Medicare rate for inpatient IMD reimbursement; and

A-4.1.3. Eight percent (8%) of the current Medicare rate for inpatient IMD reimbursement will be tied to the metrics outlined in A-2 of this agreement. Payment will be realized in the form of the IMD VBP payout paid on or before July 31, 2023. The eight percent (8%) will be split across the four metrics. Providers can receive a payout up to the following percentages for each metric:

- a. Metric 1 – three percent (3%) of ninety-one percent (91%) of inpatient Medicare rate

- b. Metric 2 – three percent (3%) of ninety-one percent (91%) of inpatient Medicare rate
- c. Metric 3 – one percent (1%) of ninety-one percent (91%) of inpatient Medicare rate
- d. Metric 4 – one percent (1%) of ninety-one percent (91%) of inpatient Medicare rate

A-4.2. Those out-of-state IMDs that do not opt into the IMD VBP program shall be reimbursed at a per diem equivalent to ninety-five percent (95%) of cost as outlined in Section 56-265, Idaho Code.

A-5. IMD VBP Program Calculations

The methodology and formulas used to evaluate IMD's performance for each metric are outlined in this section.

A-5.1. Metric 1

A-5.1.1. Methodology: Of the three percent (3%) at risk, provider will receive fifty percent (50%) when forty percent (40%) of the metric is achieved. An additional one percent (1%) will be received for each percentage point that is earned after the initial forty percent (40%). Provider will receive one-hundred percent if ninety percent (90%) of the metric is achieved.

A-5.1.2. The formula for calculating the total earned is completed in the following steps:

- a. The first step is to find the Measure Score by taking the number of outpatient visits occurring within seven (7) days of discharge from an IMD (Numerator = outpatient Visit within seven (7) days) and dividing it by the number of IMD admissions (Denominator = Admissions).

- i. Measure Score = Numerator outpatient visits within seven (7) days / Denominator Admissions

- b. The second step is to determine the percentage of the measure earned (% of Measures Earned). If the Measure Score is greater than or equal to ninety percent (90%), the provider will earn one hundred percent (100%) of the measure. Otherwise, if the Measure Score is greater than or equal to forty percent (40%), the provider will earn fifty percent (50%) of the measure. Each percentage point beyond the initial forty percent (40%) will result in additional percentage points being earned.

- i. % of Measure Earned = if ninety percent (90%) or greater is earned on the Measure Score then one hundred percent (100%) of the score is earned, otherwise;

- ii. % of Measure Earned = if forty percent (40%) or greater is earned on the Measure Score then fifty percent (50%) of the score is earned + each additional percentage point over the first forty percent (40%)

- b. The third step is to find the three percent (3%) of the Annual Amount Paid to the IMD to determine the percent at risk (% at risk). The Annual Amount Paid

reflects the amount paid to an IMD for calendar year 2020 at ninety-one percent (91%) of the inpatient Medicare rate based on claims data.

$$\text{ii. \% at Risk} = (\text{Annual Amount Paid} \times 0.03)$$

c. The fourth step is to find the amount earned (\$ Earned) for the metric.

$$\text{iii. \$ Earned} = \% \text{ of Measure Earned} \times \% \text{ at Risk}$$

A-5.2. Metric 2

A-5.2.1. Methodology: Of the three percent (3%) at risk, provider will receive fifty percent (50%) when forty percent (40%) of the metric is achieved. An additional one percent (1%) will be received for each percentage point that is earned after the initial forty percent (40%).

A-5.2.2. The formula for calculating the total earned includes the following steps:

a. The first step is to find the Measure Score by taking the number of outpatient visits occurring within seven (7) days of discharge from an IMD (Numerator = outpatient visit within seven (7) days) and dividing it by the number of IMD admissions (Denominator = Admissions).

$$\text{i. Measure Score} = \text{Numerator outpatient visit occurring within seven (7) days} / \text{Denominator Admissions}$$

b. The second step is to determine the percentage of the measure earned (% of Measure Earned). If the Measure Score is greater than or equal to forty percent (40%), the provider will earn fifty percent (50%) of the measure. Each percentage point beyond the initial forty percent (40%) will result in additional percentage points being earned.

$$\text{i. \% of Measure Earned} = \text{if forty percent (40\%)} \text{ or greater is earned on the Measure Score, then fifty percent (50\%)} \text{ of the score is earned} + \text{each additional percentage point over the first forty percent (40\%)}$$

c. The third step is to find the three percent (3%) of the Annual Amount Paid to the IMD to determine the percent at risk (% at risk). The Annual Amount Paid reflects the total paid to an IMD for calendar year 2020 at ninety-one percent of the inpatient Medicare rate based on claims data.

$$\text{ii. \% at Risk} = (\text{Annual Amount Paid} \times 0.03)$$

d. The fourth step is to find the amount earned (\$ Earned) for the metric.

$$\text{iii. \$ Earned} = \% \text{ of Measure Earned} \times \% \text{ at Risk}$$

A-5.3. Metric 3

A-5.3.1 Methodology: Of the one percent (1%) at risk, provider will receive one percent (1%) for every one percent (1%) earned.

A-5.3.2. The formula for calculating the total earned includes the following steps:

a. The first step is to find the percentage of the measure earned (% of Measure Earned) by taking the total number of participants who have an outpatient appointment scheduled at discharge from the IMD (Numerator = outpatient

appointments scheduled at discharge) and dividing it by the total discharges of inpatient IMD claims (Denominator = discharges).

i. $\% \text{ of Measure Earned} = \text{outpatient appointments scheduled at discharge} / \text{Denominator Admissions}$

b. The second step is to find the one percent (1%) of the Annual Amount Paid to the IMD to determine the percent at risk (% at risk). The Annual Amount Paid reflects the total paid to an IMD for calendar year 2020 at ninety-one percent (91%) of the inpatient Medicare rate based on claims data.

ii. $\% \text{ at Risk} = (\text{Annual Amount Paid} \times 0.01)$

c. The third step is to find the amount earned (\$ Earned) for the Metric.

iii. $\$ \text{ Earned} = \% \text{ of Measure Earned} \times \% \text{ at Risk}$

A-5.4. Metric 4

A-5.4.1. Methodology: Of the one percent (1%) at risk, provider will receive one percent (1%) for every one percent (1%) earned.

A-5.4.2. The formula for calculating the total earned is completed in the following steps:

a. The first step is to find the percentage of the measure earned (% of Measure Earned) by taking the total number of participants who: 1) fill a prescription for naloxone for reversal of overdose within fourteen (14) days; and 2) fill a prescription for medication-assisted treatment for OUD within fourteen (14) days (Numerator = Rx Filled within fourteen (14) days) and dividing it by the total discharges of inpatient IMD claims (Denominator = discharges).

i. $\% \text{ of Measure Earned} = \text{Rx Filled within fourteen (14) days} / \text{Denominator Discharges}$

b. The second step is to find the one percent (1%) of the Annual Amount Paid to the IMD to determine the percent at risk (% at risk). The Annual Amount Paid reflects the total paid to an IMD for calendar year 2020 at ninety-one percent (91%) of the inpatient Medicare rate based on claims data.

ii. $\% \text{ at Risk} = (\text{Annual Amount Paid} \times 0.01)$

c. The third step is to find the amount earned (\$ Earned) for the metric.

iii. $\$ \text{ Earned} = \% \text{ of Measure Earned} \times \% \text{ at Risk}$

A-5.5. IMD VBP Payout

The IMD VBP payout is the sum of the \$ Earned for each metric, using the following formula:

a. $\text{IMD VBP Payout} = \$ \text{ Earned for Metric 1} + \$ \text{ Earned for Metric 2} + \$ \text{ Earned for Metric 3} + \$ \text{ Earned for Metric 4}$

A-5.6 IMD VBP Program Calculations

A-5.1. Sample Image of the IMD VBP Calculator:

IMD VBP Calculator						IMD VBP Payout:	
						\$	336,000.00
METRIC 1: MH 7-Day Follow-Up							
Provider Name Claim	Denominator Admissions	Numerator outpatient Visit within 7 days	Measure Score	Annual Amount Paid (91% of MCR)	% at Risk (3% of 91% of MCR)	% of Measure Earned	\$ Earned
Provider	500	200	40%	\$ 8,000,000.00	\$ 240,000.00	50%	\$ 120,000
Methodology: 40% receive 50% of risk, 1% for every % increase over 40%. 90% or more receive 100% of risk.							
METRIC 2: MH 30-Day Follow-Up							
Provider Name Claim	Denominator Admissions	Numerator OP Visit within 30 days	Measure Score	Annual Amount Paid (91% of MCR)	% at Risk (3% of 91% of MCR)	% of Measure Earned	\$ Earned
Provider	500	200	40%	\$ 8,000,000.00	\$ 240,000.00	50%	\$ 120,000
Methodology: 40% receive 50% of risk, 1% for every % increase over 40%							
METRIC 3: Percent of patients who have an outpatient (OP) appointment scheduled at discharge							
Provider Name Claim	Denominator Discharges	OP appointments scheduled at discharge	Measure Score	Annual Amount Paid (91% of MCR)	% at Risk (1% of 91% of MCR)	% of Measure Earned	\$ Earned
Provider	100	60	60%	\$ 8,000,000.00	\$ 80,000.00	60%	\$ 48,000
Methodology: 1%-1% earnings							
METRIC 4: Percent of patients with OUD dx* who receive a prescription for naloxone for reversal of overdose AND medication for OUD at discharge**							
Provider Name Claim	Denominator Discharges	Rx Filled within 14 days	Measure Score	Annual Amount Paid (91% of MCR)	% at Risk (1% of 91% of MCR)	% of Measure Earned	\$ Earned
Provider	100	60	60%	\$ 8,000,000.00	\$ 80,000.00	60%	\$ 48,000
Methodology: 1%-1% earnings							
*Any primary, secondary, or tertiary OUD diagnosis across all claims							
**buprenorphine, buprenorphine-naloxone, ER-naltrexone, oral naltrexone (as bridge to ER-naltrexone) based on pharmacy claims OR claims for OTP weekly bundled visit through IBHP							
Data Manually Keyed	IMD VBP Payout		Methodology				

A-6. Audits and Reporting

A-6.1. IMD shall comply with reasonable requests by the Department to audit IMD's records including clinical notes and/or processes to ensure that IMD's operations remain in compliance with this Agreement.

A-6.2. The Department shall comply with reasonable requests by the IMD to audit claims data from all data sources described in A-2.2, and the Department will provide quarterly reporting of metric compliance to IMD based on claims review.

A-6.3. The Department, CMS, the Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of the IMD, or its subcontractors related to participation in the IMD VBP program. Pursuant to IDAPA 16.03.09.330, PROVIDER'S RESPONSIBILITY TO MAINTAIN RECORDS, the right to audit under this section exists for five (5) years from the final date of the Agreement period or from the date of completion of any audit, whichever is later.

A-6.4. If an audit, litigation or other action involving records is initiated before the five (5) year period has expired, the IMD shall maintain records until all issues arising out of such actions are resolved.

A-6.5. If a federal or state audit indicates the IMD has failed to comply with provisions of this agreement or applicable federal or state laws, rules or regulations, the IMD shall refund and pay to the Department any compensation paid to the IMD arising from such noncompliance, plus any applicable civil and monetary penalties.

A-7. Appeals and Administrative Review

A-7.1. Providers that wish to challenge the Department's calculations may file a written request in for an administrative review, pursuant to Section 56-133, Idaho Code. The provider may also request hearing on an adverse decision within thirty (30) days of such decision.

FOR THE PROVIDER:

Administrator

Date

Name of Provider: _____

Address of Provider: _____

Phone: _____

Idaho Medicaid Provider Number: _____

NPI Number: _____