Rehabilitative Services: Certified Community Behavioral Health (CCBH) Center

The Medicaid program will provide coverage for a bundle of medically necessary rehabilitative services as described in Attachment 3.1-A, Page 6e provided by practitioners employed by, or associated with, provider entities to be known as Certified Community Behavioral Health Centers (CCBHCs). CCBHCs are provider entities certified by the Nevada Department of Public and Behavioral Health (DPBH) as meeting the State's qualifications for a CCBHC.

The State agency will reimburse CCBHC practitioners a clinic-specific bundled daily rate applicable to providers affiliated with CCBHCs. It pays these rehabilitative practitioners a daily rate that is a fixed amount for all CCBHC services provided on any given day to a Medicaid beneficiary. Encounters with more than one health practitioner and multiple encounters with the same health practitioner that take place on the same day and that share the same or like diagnoses constitute a single billable encounter.

The CCBHC rate is effective for services provided on and after July 1, 2019. All rates are published on the Agency's website at: http://dhcfp.nv.gov.

Quality Incentive Payments

All CCBHC practitioners are eligible for a Quality Incentive Payment (QIP) based on achieving specific numerical thresholds with regard to state mandated performance measures. The performance period shall be a state fiscal year (July 1 – June 30). The eligibility of each CCBHC practitioner to receive a QIP is judged independently; and in order for a provider to receive a QIP, the CCBHC must achieve the thresholds on all of state mandated performance measures. A CCBHC can achieve a threshold on a particular performance measure by meeting or exceeding the statewide mean for that measure, or by improving upon its own performance with regard to that measure compared to the previous performance period. A CCBHC with no prior performance level on a particular measure is required to meet or exceed the posted statewide mean on that measure. Performance measures shall be calculated exclusively on the basis of data for Medicaid beneficiaries, excluding beneficiaries dually eligible for the Medicaid and Medicare programs.

Each CCBHC will be required to submit electronic health record data to the State on a quarterly basis for calculation of the measures on an ongoing basis. CCBHCs that fail to submit all required data within six months following the end of the performance year will not be eligible for a QIP. Final results of the performance of each CCBHC on the required measures will be posted by June 30 of each year on DPBH website CCBHC pages and shared directly with each CCBHC.

The DPBH shall establish the minimum patient volume in each performance measure denominator necessary for the performance measure to be valid. The amount of QIP to a CCBHC will be based on multiplying the total PPS payments made to the CCBHC in the performance period by a statewide percentage not to exceed 10% in the first year and 15% in each consecutive year. When applicable, QIPs will be made in a lump sum payment, within 1 year following the end of the relevant measurement year (July 1 to June 30), and after all final data needed to calculate the QIP is received.

The state mandated QIP performance measures, technical specifications, patient volume minimums and thresholds including the statewide mean for each measure are effective July 1, 2019 and are located at: http://dpbh.nv.gov/Reg/CCBHC/CCBHC-ProgramInfo/