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Nevada CCBHC Quality Incentive Payment (QIP) Methodology Summary

This methodology is for CCBHCs who enroll and operate under the guidance outlined within State Plan Amendment (SPA)

Nevada CCBHC Quality Incentive Payment Measures

1. Clinic-Lead Quality Measures
 - a. Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
 - b. Major Depressive Disorder: Suicide Risk Assessment
2. State-Lead Quality Measures
 - a. Adherence to Antipsychotic Medications for Individuals with Schizophrenia
 - b. Follow-up after Hospitalization for Mental Illness, Ages 21+
 - c. Follow-up after Hospitalization for Mental Illness, Ages 6-21
 - d. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
 - e. Plan All-Cause Readmission Rate*

*Not a federally required measure for Quality Incentive Payment

General Information

- A. CCBHC Year 1 = July 1, 2017 through June 30, 2018
- B. Year 1 = Baseline Year
- C. Year 2 = July 1, 2018 through June 30, 2019
- D. *For the State to make QIPs CCBHCs must demonstrate it has achieved all 6 required quality measures. and in order for a provider to receive a QIP, the CCBHC must achieve the thresholds on all state mandated performance measures.*
- E. A CCBHC will have met the particular performance measure by meeting or exceeding the posted incentive target goal for the measure. If the State chooses a measure for which there is no incentive target goal, the CCBHC can achieve the threshold for that measure by meeting or exceeding statewide mean for the measure.
- F. Performance measures shall be calculated exclusively on the basis of data for Medicaid beneficiaries, excluding beneficiaries dually eligible for the Medicaid and Medicare programs.

- G. The Plan All-Cause Readmission Rate Measure is not a federally required measure for QIPs but was added by the State to be included in the QIP methodology (decided during the Executive Committee meeting on 8/1/16).

Quality Incentive Payment Methodology

- H. QIP's will be up to 15% of annual PPS payments in the respective FY.

a. CCBHC Year 1

- i. **Pay-for-Reporting** – 10% of annual PPS Payments to CCBHC based on requirements:
1. Clinics submit all measurement data for 2 Clinic-Lead Measures to compute complete and accurate baseline percentage
 2. State submits data for 5 State-lead measures to compute complete and accurate baseline percentage
 3. In the first year a 10% QIP is issued for submitting the required datasets, if a full year is reported. For a CCBHC practitioner who comes online partially through a fiscal year and a full year is not submitted, then a prorated amount will be paid for each full month reported. For example, a CCBHC practitioner who came online effective January 1 would be eligible for 50% of the payment they would otherwise be eligible for the entire year.
 4. Frequency
 - a. Data to be submitted quarterly throughout year
 - b. QIP Payment frequency will be a lump payment to each eligible CCBHC after Year 1.

b. CCBHC Measurement Year 2 and each consecutive year

- i. **Pay-for Reporting** - 5% of annual PPS Payments to CCBHC based on requirement:
1. **Data Submissions** - CCBHCs submit data (all Medicaid) for 2 Clinic-Lead Measures to compute complete and accurate performance percentage, State submits data for 5 State-lead measures to compute complete and accurate performance percentage
 2. **Frequencies:**
 - a. Data to be submitted quarterly throughout year
 - b. QIP Payment frequency will be a lump payment to each eligible CCBHC after Year 2.
- ii. **Pay-for-Performance** – 10% of annual PPS Payments to CCBHC based on the following requirements:
1. **Payment Types**
 - a. 8.5% payment for attaining performance on all 6 required measures.
 - b. 1.5% payment for attaining performance for 1 optional measure (Plan All-Cause Readmission Rate)
 2. **Payment Frequency:** 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.
 3. **Performance Payment Triggers**
 - a. 10% Annual reduction in CCBHC-specific gap = (Incentive target goal – minus Year 1 Baseline prior year performance) x 10% OR the incentive target goal is achieved.

i. QIP Measures/Incentive target goals

1. *Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment*

2. *Major Depressive Disorder: Suicide Risk Assessment*

Incentive target goal:

- i. 90% compliance (process)

3. *Follow-up after Hospitalization for Mental Illness, Ages 21+*

4. *Follow-up after Hospitalization for Mental Illness, Ages 6-21*

Incentive target goal:

- i. NCQA/HEDIS National Medicaid HMO results:
Follow-up within 7 days Post-Discharge 43.9%,
Follow-up within 30 days Post-Discharge 63%

5. *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*

Incentive target goal:

- i. NCQA/HEDIS National Medicaid result: 60.1%

6. *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*

Incentive target goal:

- i. NCQA/HEDIS National Medicaid benchmarks:
Initiation of AOD Treatment within 14 days 38.3%;
Engagement of AOD Treatment within 30 days 11.3%

7. *Plan All-Cause Readmission Rate*

Incentive target goal:

- i. CMS Chartbook National hospital-wide 30-day risk-standardized readmission rate: 15.2%

4. Unmet CCBHC QIP Requirements/Targets

CCBHC does not receive the QIP (reserves or competitive pool do not apply since the demonstration is enhanced matching only)

5. Minimum Denominator Size for Quality Incentive Payment

Denominator for Medicaid population for each quality incentive payment measure must be at least 30. If a quality incentive payment measure denominator is less than 30, the clinic will not be eligible for payment for that measure, but it does not prevent a proportioned payment where the minimum denominator and QIP requirements are achieved on all remaining required measures. Equal weight will be attributed to each of the six (6) required QIP measures.

Attachment 4.19-B, page 8C

In the second and subsequent years a 5% QIP will be issued if the required datasets are submitted. An additional 10% can be added to this payment and is broken down into 8.5% payment for attaining performance on all six

(6) required measures with another possible 1.5% payment for attaining performance for 1 optional measure (Plan All-Cause Readmission Rate).

Quality Incentive Payment Percentage Estimates

CCBHC Year 1

QIP as an estimated percentage of payment made through the PPS rate: 10%

CCBHC Year 2 and each consecutive year

QIP as an estimated percentage of payment made through the PPS rate: 15%