Behavioral Health Outcomes Stakeholder Workgroup

February 28, 2024

HFS
Illinois Department of
Healthcare and Family Services

Agenda

1. Welcome
    - Roll Call
    - Approval of 1/24 minutes
2. Overview of Value-Based Payment (VBP) Models
3. Group Discussion/Feedback/Q&A
4. Next Steps
5. Adjournment

Reminder – Workgroup Purpose

- 305 ILCS 66/20-10
- Provide feedback to HFS on the redesign of reimbursement rates for Medicaid funded team-based behavioral health services.
- Advise HFS in the identification of metrics and outcomes that should be utilized for team-based behavioral health services.
- Provide input to HFS in the development of a pay-for-performance (P4P) model for team-based services, with the goal of implementing the P4P model in state fiscal year 2025.

What does payment have to do with outcomes?

- Payment structures reflect a system's priorities and values
  - More ≠ better
  - Customer-centered vs. provider-centered
  - Accountability for customer care
- Impacts how providers structure clinical operations
  - Volume-based models (fee-for-service) necessitate a focus on productivity and the delivery of discrete billable activities
- Quality improvement requires sustainable investment

Triple Aim Framework

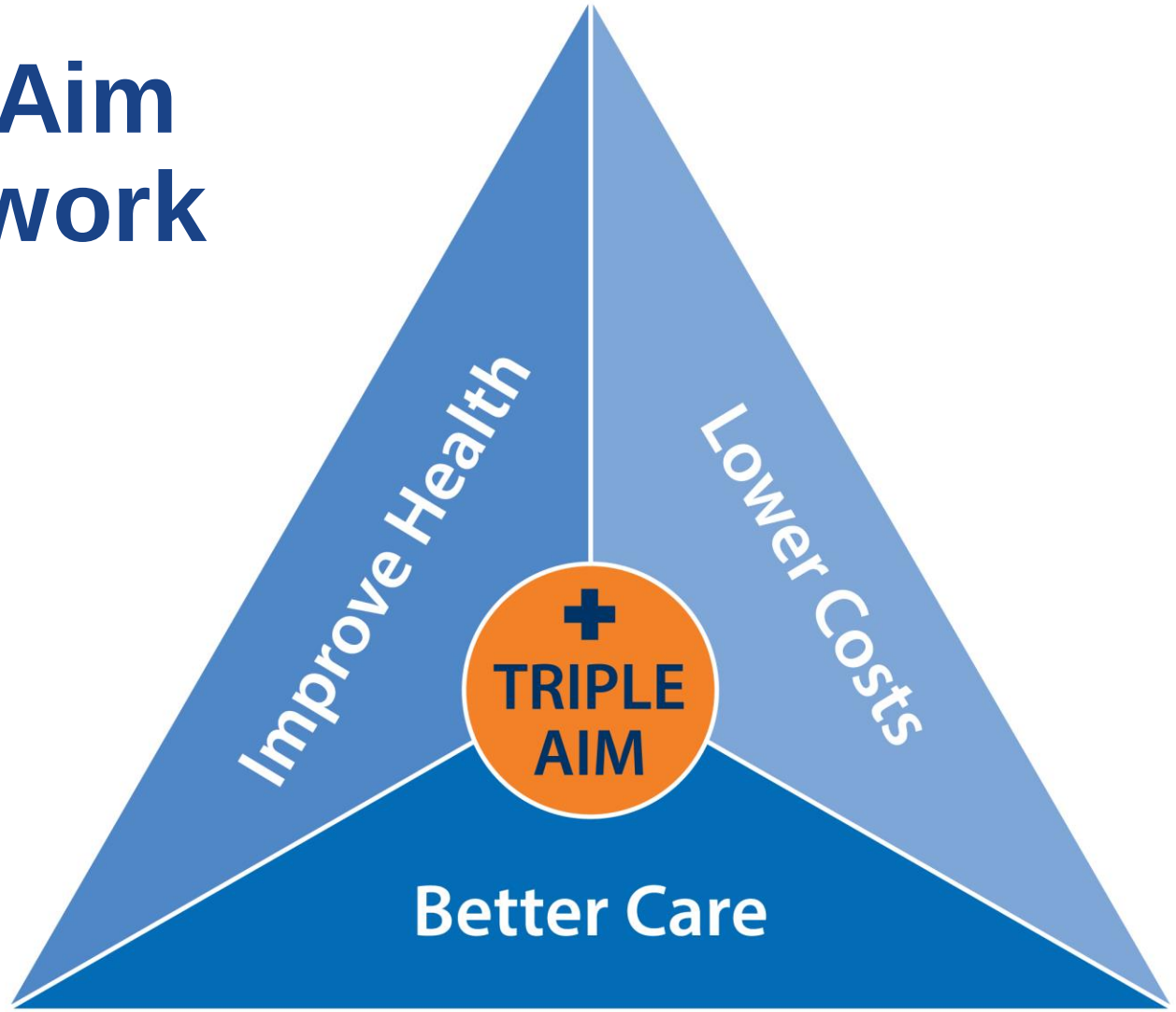


Image Credit:
Massachusetts eHealth Institute

Healthcare Payment Models

Fee-for-Service (FFS)

- Traditional payment model
- Pays a set amount for each service provided using a fee schedule or a menu of services and fees
- Most Illinois payments are currently FFS, including team-based behavioral health services.

Value-Based Care (VBC)

- An approach to aligning healthcare payments to the quality, efficiency, and effectiveness of care provided.
- Aim to hold providers accountable for improving outcomes while providing more flexibility in service delivery.

Alternative Payment Models (APMs)

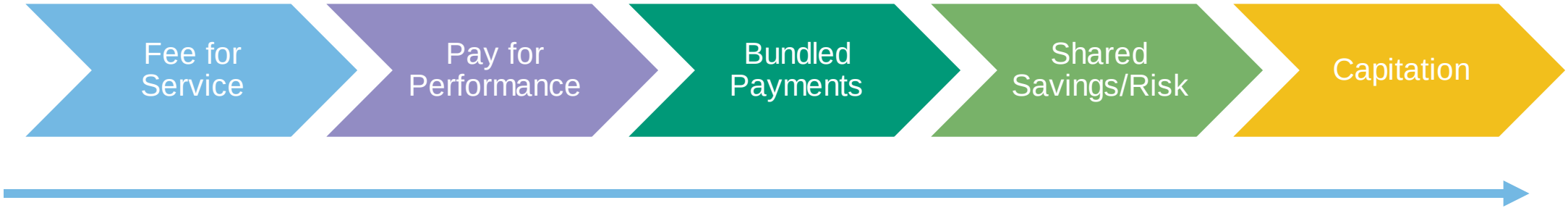
- Mechanism for implementing VBC approaches
- Umbrella term used to describe payment models that deviate from FFS
- Have varying levels of risk and rewards for providers

Common APM Approaches

Approach	Description
Pay for Performance (P4P)	• Payment is directly linked to the achievement of specific performance targets that indicate quality or efficiency. • Often structured as bonus payments but can be structured to include financial penalties if targets are not met.
Bundled Payments	• Paying a set amount for a defined set of services, for a set period (often daily or monthly) and across clinical settings, procedures, or a specific condition.
Shared-Savings and Shared-Risk Models	• Incentivizes providers to reduce spending for a defined population by offering them a percentage of any net savings (upside risk), or recouping payments if the population experiences (downside risk). • Shared-saving models are most common but can be structured as a two-sided risk arrangement (both upside and downside risks).
Capitation and Sub-Capitation	• Organizations are paid a set amount upfront to cover the predicted cost of a defined set of services for a specific customer over a set period. • Most commonly thought of in relation to Managed Care Organizations but can be established with provider organizations too (e.g., primary care capitation with a physician's group).

Note: multiple payment approaches can be combined

Continuum of Medicaid APM Approaches



Types of Quality Metrics

Type	Definition	Examples
Structural	Measures that assess an organization's capacity to provide high-quality care.	• Ratio of staff to customers • Percent of providers using an electronic health record (EHR)
Process	Measures that focus on the steps or activities that should increase the likelihood of a desired outcome.	• Percent of customers screened for depression • Number of customer visits in a month
Outcome	Measures that assess the results (positive or negative) of care provided.	• Hospital readmission rates • Reduction in behavioral health symptoms
Customer Experience	A type of outcome measure that focuses on the customer's experience of care using information that comes directly from the customer or their family.	• Experience with care • Patient-reported outcomes measures

APMs and Team-Based Services

- Reimbursement gaps in team-based services remain common, despite the growth of these models.
- Fee-for-service limits payments to direct services and doesn't account for other activities that can be vital to the success of the model (e.g., coordination with other providers, outreach, documentation, on-call hours).
- It is becoming more common to move payment for team-based services to an alternative payment model to ensure sustainability and to provide greater flexibility in service delivery.
- Promotes a shift in focus from compliance to quality.

Feedback and Public Comments

Next Steps

- Next Meeting Date: 3/27 at 2:30-3:30pm
- Questions or concerns, please contact: omi.cbho@uillinois.edu
- All agendas, minutes, and related materials will be uploaded to HFS's Behavioral Health Outcomes Stakeholder Workgroup webpage:

  https://hfs.illinois.gov/medicalproviders/behavioral/communitymentalhealthcenter/behavioralhealthoutcomesstakeholderworkgroup.html