

Notice of MaineCare Reimbursement Methodology Change

AGENCY: Department of Health and Human Services, Office of MaineCare Services

AFFECTED SERVICES: Chapter 101, MaineCare Benefits Manual, Section 92, Chapters II and III, Behavioral Health Home (BHH) Services

NATURE OF PROPOSED CHANGES: The Department plans to request approval from the Centers for Medicare and Medicaid Services for the following changes to Behavioral Health Home reimbursement:

- Add a pay-for-performance provision that will apply to one percent (1%) of total Behavioral Health Home Organization (BHHO) Per Member Per Month (PMPM) payments. Providers will be assessed every six (6) months based on their performance on a select quality measure related to chronic disease management. The quality measure is:
 - Numerator: MaineCare members assigned to the BHH who had two (2) or more prescriptions filled for an anti-psychotic medication (anti-psychotic medications are those included in the most recently published HEDIS listing which is available at www.ncqa.org) AND who had an HbA1c or blood glucose test during the twelve (12)-month time period.
 - Denominator: MaineCare members assigned to the BHH who had two or more prescriptions filled for an anti-psychotic medication during the twelve (12)-month period.
- This State Plan Amendment (SPA) will also describe how the performance threshold will be established, noticed, implemented, and assessed. Providers shall be notified of their quality scores and have an opportunity to rebut findings. Providers also shall be notified of any recoupment and afforded the opportunity to appeal pursuant to 22 M.R.S. § 1714-A and Ch. 1, Sec. 1, of the MaineCare Benefits Manual. The Department shall not impose any recoupments until all appeal rights have been exhausted.
- This SPA removes the one-hour minimum billable activity requirement in order to receive the PMPM payment and replaces it with the requirement that at least one of the monthly services must include a member encounter (including encounters with a member's family, guardian(s), or caregiver(s), if appropriate and pursuant to the Plan of Care). There is an exception that for a single month the BHH may attest to meeting BHHO attestation requirements if a Section 92 service was delivered and a member encounter was attempted, but not achieved.
- Strengthen language around the required actions of the BHHO and Health Home Practice (HHP) if gaps in care are identified through a review of utilization reports and/or other data; providers will be required to address any identified gaps in care.

REASON FOR PROPOSED CHANGES: To institute pay-for-performance in the BHH program and to institute different requirements for minimum attestation for monthly provider reimbursement. The change to the minimal billable activity requirement was discussed in the 2015 independent rate study which resulted in the higher BHH PMPM payment.

ESTIMATE OF ANY EXPECTED INCREASE OR DECREASE IN ANNUAL AGGREGATE EXPENDITURES: This rulemaking is estimated to save \$19,736 in SFY 2018, which includes \$7,038 in state dollars.

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ACCESS TO PROPOSED CHANGES AND COMMENTS TO PROPOSED CHANGES: The public may review the proposed methodology changes and written comments at any Maine DHHS office in every Maine county. To find out where the Maine DHHS offices are located, call 1-800-452-1926.

CONTACT INFORMATION

FOR RECEIPT OF COMMENTS:

Kristin Cook

Kristin.cook@maine.gov

AGENCY NAME:

Office of MaineCare Services

ADDRESS:

242 State Street, 11 State House Station

Augusta, Maine 04333-0011

TELEPHONE:

(207) 624-4006 FAX: (207) 287-1864

TTY: 711 Maine Relay (Deaf or Hard of Hearing)

See <http://www.maine.gov/dhhs/oms/rules/index.shtml> for rules and related rulemaking documents.