Attachment B – DPP BHS Question 8

8. In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(A), describe in detail how the payment arrangement is based on the utilization and delivery of services for enrollees covered under the contract. The State should specifically discuss what must occur in order for the provider to receive the payment (e.g., utilization of services by managed care enrollees, meet or exceed a performance benchmark on provider quality metrics).

Community Mental Health Centers (CMHCs) will be eligible for payments under two components.

Component 1 is uniform dollar increase based on SFY19 (September 2018 – August 2019) units and will be paid prospectively on a monthly basis, (equal to 1/12 of the annual amount) based on the historic utilization of the 20 most utilized CMHC procedure codes from SFY19 increased by 7% to account for projected SFY19 to SFY22 enrollment growth among the three (3) Medicaid managed care programs (STAR, STAR+PLUS, and STAR Kids). An annual reconciliation will be performed to align payments with actual SFY22 utilization.

Component 2 will apply a uniform rate increase to the 15 most utilized CCBHC procedure codes as claims are adjudicated by the MCOs for the STAR, STAR+PLUS and STAR Kids programs. Procedure codes include: H2014, T1017, H2017, 99214, H2011, 99213, 90837, 90792, 90791, H0034, 90834, H0020, 99215, 96372, and H0005.