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) and Local Behavioral Health Authorities (LBHAs) will be eligible for payments under two components. Providers must report on all measures as a condition of participation.

Component 1 is a uniform dollar increase based on adjusted SFY20 (March 1, 2019 – February 29, 2020) units and will be paid prospectively on a monthly basis (equal to 1/12 of the annual amount) based on the historical utilization of the 20 most utilized CMHC and LBHA procedure codes from adjusted SFY20. An annual reconciliation will be performed to align payments with actual SFY23 utilization.

Component 2 will apply a uniform rate increase to the 20 most utilized Certified Community Behavioral Health Center (CCBHC) procedure codes as claims are adjudicated by the Managed Care Organization (MCO) for the STAR, STAR+PLUS, and STAR Kids programs. Procedure codes include: 90791, 90792, 90834, 90837, 90839, 92507, 92523, 92526, 97110, 97530, 99213, 99214, 99215, H0020, H0034, H2011, H2014, H2017, Q3014, and T1017.