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## Nevada CCBHC Quality Improvement 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 Improvement 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 Improvement 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 improvement target goal for the measure. If the State chooses a measure for which there is no improvement 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 Improvement 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** - Clinics 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 = (Improvement target goal – minus Year 1 Baseline prior year performance) x 10% OR the improvement target goal is achieved.

**i. QIP Measures/Improvement target goals**

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

**Improvement 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*

**Improvement 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*

**Improvement target goal:**

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

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

**Improvement 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*

**Improvement target goal:**

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

**4. Unmet CCBHC QIP Requirements/Targets**

Clinic 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 Improvement Incentive Payment**

Denominator for Medicaid population for each quality incentive payment measure must be at least 30. If a quality improvement 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 required QIP measures.

## **Quality Improvement 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%