

Behavioral and Physical Health and Aging Services Administration
Bureau of Community Based Services

FY 2022

Performance Bonus Incentive Program (PBIP)



Revised September 19, 2022

Performance Bonus Incentive Program

2. Contractor-only Pay for Performance Measures (45% of total withhold)

Measure	Description	Deliverables
<p>P.1. PA 107 of 2013 Sec. 105d (18): Identification of beneficiaries who may be eligible for services through the Veteran's Administration. (25 points)</p> <p>The State acknowledges that not all Veterans interacted with by the Veteran Navigator and on the VSN will have a CMHSP contact and thus will not have a BH-TEDS file.</p>	<p>a. Improve and maintain data quality on BH-TEDS military and veteran fields.</p> <p>b. Monitor and analyze data discrepancies between VSN and BH-TEDS data.</p>	<p>a. Due in January 2022</p> <ol style="list-style-type: none"> Resubmission of October 1 through March 31 of FY2021 comparison of the total number of individual veterans reported on BH-TEDS and the VSN form. Submission of April 1 through September 30 of FY2021 comparison of the total number of individual veterans reported on BH-TEDS and the VSN form. <p>b. The Contractor must compare the total number of individual veterans reported on BH-TEDS and the VSN between October 1 through March 31 of FY2022 and conduct a comparison. By July 1, the Contractor must submit a 1–2-page narrative report on findings and any actions taken to improve data quality. Timely submission constitutes metric achievement.</p>
<p>P.2. PA 107 of 2013 Sec. 105d (18): Increased data sharing with other providers. (25 points)</p>	<p>Send ADT messages for purposes of care coordination through health information exchange.</p>	<p>For multi-county PIHPs, two or more CMHSPs within a Contractor's service area, or the Contractor, will be submitting Admission Discharge and Transfer (ADT) messages to the Michigan Health Information Network (MiHIN) Electronic Data Interchange (EDI) Pipeline daily by the end of FY21. By July 31, the Contractor must submit, to the State, a report no longer than two pages listing CMHSPs sending ADT messages, and barriers for those who are not, along with remediation efforts and plans. In the event that MiHIN cannot accept or process Contractor's ADT submissions this will not constitute failure on Contractor's part.</p>
<p>P.3. Initiation, Engagement and Treatment (IET) of Alcohol and Other Drug Dependence (50 points)</p>	<p>The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:</p> <ol style="list-style-type: none"> Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis. Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or 	<p>The Contractor must participate in DHHS-planned and DHHS-provided data validation activities and meetings. PIHPs will be provided IET data files by January 31 each year, and within 120 calendar days, return their data validation template, completed, to DHHS. The points will be awarded based on contractor participation. The total potential points will be the same regardless of the number of race/ethnicity group combinations for a given contractor. MDHHS will use the same racial/ethnicity logic for P. Metrics as J. Metrics, as produced by Joint Metrics</p>

Measure	Description	Deliverables
	Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit.	workgroup and agreed at/by PIHP Negotiating Team. Note: The State recognizes the Contractor does not have a full data set for analyses.
P.4. PA 107 of 2013 Sec. 105d (18): Increased participation in patient-centered medical homes (25% of total withhold)	Narrative report summarizing participation in patient-centered medical homes (or characteristics thereof). Points for Narrative Reports will be awarded on a pass/fail basis, with full credit awarded for submitted narrative reports, without regard to the substantive information provided. The State will provide consultation draft review response to the Contractor by January 15th. The Contractor will have until January 31st to reply to the State with information.	The Contractor must submit a narrative report of no more than 10 pages by November 15th summarizing prior FY efforts, activities, and achievements of the Contractor (and component CMHSPs if applicable) to increase participation in patient-centered medical homes. The specific information to be addressed in the narrative is below: <ol style="list-style-type: none"> 1. Comprehensive Care 2. Patient-Centered 3. Coordinated Care 4. Accessible Services 5. Quality & Safety

3. MHP/Contractor Joint Metrics (30% of total withhold)

Joint Metrics for the Integration of Behavioral Health and Physical Health Services

To ensure collaboration and integration between Medicaid Health Plans (MHPs) and the Contractor, the State has developed the following joint expectations for both entities. There are 100 points possible for this initiative. The reporting process for these metrics is identified in the grid below. Care coordination activities are to be conducted in accordance with applicable State and federal privacy rules.

For J.2.2 and J.3.2 listed below, the PIHP metric scoring will be aggregate of/for all their MHPs combined, not each individual MHP-PIHP dyad.

Category	Description	Deliverables
J.1. Implementation of Joint Care Management Processes (35 points)	Collaboration between entities for the ongoing coordination and integration of services.	Each MHP and Contractor will continue to document joint care plans in CC360 for beneficiaries with appropriate severity/risk, who have been identified as receiving services from both entities. Risk stratification criteria is determined in writing by the Contractor-MHP Collaboration Work Group in consultation with the State.
J.2 Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days using HEDIS descriptions (40 points)	The percentage of discharges for beneficiaries six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days.	<ol style="list-style-type: none"> 1. The Contractor must meet set standards for follow-up within 30 Days for each rate (ages 6-17 and ages 18 and older.) The Contractor will be measured against an adult minimum standard of 58% and a child minimum standard of 70%. Measurement period will be calendar year 2021. 2. Data will be stratified by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2020 with calendar year 2021. The points will be awarded based on MHP/Contractor combination performance measure rates. <p>The total potential points will be the same regardless of the number of MHP/Contractor combinations for a given PIHP.</p>

Category	Description	Deliverables
		See MDHHS BHDDA reporting requirement website for measure specifications (query, eligible population, and additional details) and health equity scoring methodology, at MDHHS - Reporting Requirements (michigan.gov)
J.3. Follow-Up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence (25 points)	Beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days.	<p>1. The Contractor must meet set standards for follow-up within 30 days. The Contractor will be measured against a minimum standard of 27%. Measurement period will be calendar year 2021.</p> <p>2. Data will be stratified by the State by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2020 with Calendar year 2021.</p> <p>The points will be awarded based on MHP/Contractor combination performance measure rates.</p> <p>The total potential points will be the same regardless of the number of MHP/Contractor combinations for a given PIHP.</p> <p>See MDHHS BHDDA reporting requirement website for measure specifications (query, eligible population, and additional details) and health equity scoring methodology, at MDHHS - Reporting Requirements (michigan.gov)</p>