

## Regionalized Intensive Behavioral Health Services (IBHS) Value Based Payment (VBP) Arrangement

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*Updated 9/5/24 to reflect changes to the specifications for the Concurrent Services performance measures. Please see the Performance Evaluation section below.*

This bulletin is to alert providers to the implementation of the Regionalized Intensive Behavioral Health Services (IBHS) Value Based Payment (VBP) arrangement effective January 1, 2024.

### Payment Strategy

The VBP payment structure is a Performance Based Contracting (PBC) model. Performance Based Contracting as a Value Based Purchasing (VBP) model is considered a low-risk payment strategy with fee-for-service contracts and incentive payments and/or penalties linked to performance. Performance is measured against quality benchmarks and/or through incremental improvement benchmarks. Providers should submit claims as previously submitted.

### Rates

A 25% rate increase went into effect on July 1, 2023, for Regionalized IBHS levels of care. A second 25% rate increase will be implemented January 1, 2024, for a compounded 56.25% increase.

### Reconciliation Plan

Beginning with the January 2024 PBC model, CBH will provide a reconciliation process\* for Providers with paid claims\*\* between 50% and 85% of actual or budgeted expenses (actual costs cannot exceed approved budget). Please note that any paid claims under 50% or over 85% of approved budgets will not qualify for reconciliation. Payments will be processed upon request by Provider (Reconciliation request schedule to be released in 2024). Approved budgets are required for reconciliation consideration. Providers should contact CBH VBP if there are any significant changes to their 2024 calendar year budget after approval.

\*Reconciliation strategy is pending OMHSAS approval.

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\*\*Claims are subject to Compliance review.

### **Performance Evaluation**

Performance Evaluation is a crucial component of the PBC model. Incentives of up to 15% may be earned.

<i>Measure Category</i>	<i>Measure Title</i>	<i>Measure Goal</i>
Community Tenure	Concurrent Crisis Services	Concurrent Crisis service rate of 4% or less
Community Tenure	Concurrent Acute Inpatient or Acute Partial Hospital Services	Concurrent Acute Inpatient or Acute Partial Hospital services rate of 3% or less
Access*	Average Number of Days from Claim Date for Written Order to Start of Assessment*	Average number of days from the date on the claim for the Written Order to the start date of the assessment is 23 Days or Fewer*

**This bulletin was updated on 5/7/24 to reflect the following changes to the language regarding the Access performance measure:**

- ➔ The measure title was updated from “Days from Receipt of Written Order to Start of IBHS Assessment” to “Average Number of Days from the Claim Date for Written Order to Start of the IBHS Assessment.”
- ➔ The language of the measure goal was updated from “The number of days from the Written Order to the Start of the Assessment is 23 Days or Fewer” to “The average number of days from the date on the claim for the Written Order to the Start Date of the Assessment is 23 Days or Fewer.”

**This bulletin was updated on 8/26/24 to alert providers to the implementation of the following changes to the specifications for the Concurrent Services performance measures:**

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- ➔ The measurement period has been changed from a calendar month to a calendar quarter.

<i>Measure Number and Label</i>	<i>Old Specifications</i>	<i>New Specifications</i>
IBHS01: Concurrent Crisis Services	<b>Denominator:</b> Total number of open IBHS authorizations in the measurement period <b>Numerator:</b> Total number of open IBHS authorizations with one or more concurrent crisis services during the IBHS episode	<b>Denominator:</b> Total number of open IBHS authorizations in the measurement period <b>Numerator:</b> Total number of open IBHS authorizations with one or more concurrent crisis services during the measurement period
IBHS02: Concurrent Acute Inpatient (AIP) or Partial Hospital Services (APHP)	<b>Denominator:</b> Total number of open IBHS authorizations in the measurement period <b>Numerator:</b> Total number of open IBHS authorizations with one or more concurrent acute inpatient or partial hospital services during the IBHS episode*	<b>Denominator:</b> Total number of open IBHS authorizations in the measurement period <b>Numerator:</b> Total number of open IBHS authorizations with one or more concurrent acute inpatient or partial hospital services during the measurement period*

\*Step-downs from acute inpatient to acute partial hospital services within the measurement period are only counted once.

There are no changes to measure IBHS03: Days from Written Order to Assessment. In addition, attainment of goals for all measures will remain worth **1 point** each. However, due to the changes to the specifications for IBHS01 and IBHS02, performance goals have been re-calculated according to the new provider baseline **mean + 1 standard deviation (sd)** for calendar year 2023 services:

- ➔ IBHS01: Concurrent Crisis Services, **2024 goal = mean (2.3%) + sd (0.9%) = 2.9%**
- ➔ IBHS02: Concurrent AIP or APHP, **2024 goal = mean (1.3%) + sd (0.4%) = 1.7%**

These updated specifications and goals take effect with the evaluation of **Q1 2024 IBHS services**.

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The IBHS Performance Measures will be weighted equally.

Providers will be given 1 point for achievement of the goal for each measure. The total # of points achieved will be divided by the total # of points possible (3) and converted to a performance percentage. Providers will have possible scores of 0%, 33.3%, 66.7%, or 100%. That performance percentage will be multiplied by the amount that the 15% (highest percentage of potential bonus) represents for each provider.

Although previously discussed as a performance measure, CBH has made the decision not to include the IBHS Paid to Auth performance measure for the 2024 Regionalized IBHS VBP Plan. CBH is looking forward to collaborating with Providers in working towards preparing for a Paid to Auth Measure for 2025 and beyond. In preparation for incorporating the Paid to Auth measure in the 2025 Regionalized IBHS VBP plan, the Paid to Auth measure will be run as a contextual measure in 2024. This topic will be discussed throughout 2024 in the Regionalized IBHS VBP Provider Workgroups and Quarterly meetings.

Goals will be reevaluated annually and adjusted accordingly.

Should you have any questions, please contact [CBH.VBP@phila.gov](mailto:CBH.VBP@phila.gov).