

Family Based Services Value Based Payment Arrangement

This bulletin is to alert providers to the implementation of the Family Based Services (FBS) Value Based Payment (VBP) arrangement effective July 1, 2024. This transition applies to in-network FBS Providers only.

Payment Strategy

The VBP payment structure is a Bundled/Episodic model. Bundled/Episodic as a Value Based Purchasing (VBP) model is considered a medium-risk payment strategy that includes all services rendered to treat a member for an identified condition during a specific period. The payment structure for the FBS VBP model will be a monthly case rate with tiers.

Claims and Payment Reconciliation

Providers should continue to submit claims as previously submitted with services billed in increments of 15 minutes. Providers will be paid as each tier is triggered. The tiered case rate pays at a percentage of the posted monthly case rate based on days per month and total hours per month (see above). CBH will be scheduling meetings for Providers' billing staff to review details of what to expect to see on Schedule A and 835 Remittance.

Tiered Case Rate

In-network FBS Providers will be paid using a monthly case rate with tiering to account for varying levels of intensity based on individual members' clinical needs. Also included in this payment model is a modified tiered case rate for admission and discharge months.

Providers will see one rate on their updated Schedule A. This rate depicts the highest tier of the monthly case rate for that LOC. Claims will be submitted and adjudicated as usual and will pay a percentage of the monthly case rate when each tier is met. The table below shows the breakdown of the tiers and rate amounts for service months and the modifications for admission and discharge months.

Consistent across all Service Month tiers is a minimum requirement of four days of billable contacts per service month (all authorized months excluding admission and discharge) to align with State regulations requiring weekly service contacts. Please note that four contact days means four days and not four services (for example: two services on the same day will count as one contact day). The expectation is that most FBS Providers will fall into Tier 2 or Tier 3 based on the clinical model of FBS.

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Case Rate per member per month: ADMISSION & DISCHARGE MONTH
Partial case rate trigger 1: at least 1 day and from 1 hour to 5.75 hours Pays at 15.384615%
Partial case rate trigger 2: at least 2 days and from 6 up to 11.75 hours Pays at 61.5384%
Full case rate trigger 3: at least 3 days and from 12 up to 17.75 hours Pays at 88.4614%
Case Rate trigger: 4 days and 18+ hours Pays at 100%
Case Rate per member per month: SERVICE MONTH
Partial case rate trigger 1: at least 4 days and from 4 to 5.75 hours Pays at 30.7692%
Partial case rate trigger 2: at least 4 days and from 6 up to 11.75 hours Pays at 61.5384%
Full case rate trigger 3: at least 4 days and from 12 up to 17.75 hours Pays at 88.4614%
Case rate trigger: 4 days and 18+ hours Pays at 100%

Percentages apply to the monthly case rate on Schedule A.

Level of Care (LOC) Codes

Please note the following updates for LOC codes authorizations related to the tiered case rate:

In-Network Providers

Services with an authorization date beginning 7/1/24 or after will be paid using the FBS Value Based payment tiered case rate. Authorizations for members receiving Family Based Services with an authorization date beginning 7/1/2024 or after will use the 800-47 and 800-46 (Specialized) LOC codes on Schedule A.

Services with an authorization date beginning 6/30/24 or before will continue to be paid using a Fee for Service model. Any members receiving Family Based Services with an authorization date beginning 6/30/24 or before will continue to use the 800-8 and 800-1 (Specialized) LOC codes on Schedule A.

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<i>Level of Care</i>	<i>Service</i>	<i>Authorization Date</i>
800-1	COMMUNITY SUPPORT PSYCHIATRIC - Family Based Mental Health Services-Specialized	Up to and including 6/30/2024
800-46	COMMUNITY SUPPORT PSYCHIATRIC - Family Based Mental Health Services-Specialized	7/1/2024 and after
800-8	COMMUNITY SUPPORT PSYCHIATRIC - Family Based Mental Health Services	Up to and including 6/30/2024
800-47	COMMUNITY SUPPORT PSYCHIATRIC - Family Based Mental Health Services	7/1/2024 and after

Out-of-Network (OON) Providers

Services authorized for OON Providers will continue to be paid using a Fee for Service model. Any member receiving Family Based Services with an authorization for OON Providers will continue to use the 800-8 and 800-1 (Specialized) LOC codes on Schedule A.

Performance Evaluation

Performance Evaluation is critical in any VBP arrangement. Quality measures for the FBS VBP model are:

1. Timely and Clean Submission of Modified Family Assessment Form (MFAF)
2. Concurrent Crisis Services
3. Concurrent Acute Inpatient/Partial Hospital Services
4. Length of Stay of 30 days or more.

With these performance measures, incentives of up to 10% may be earned. Goals will be reevaluated annually and adjusted accordingly. Additional details and the bonus payment schedule are forthcoming.

Should you have any questions about the FBS VBP arrangement, please contact CBH.VBP@phila.gov.