Summary of

State Plan #2017-008 and Episodes of Care 1-17

Effective January 1, 2018, two sections of the Episodes of Care Provider Manual will be updated to remove the Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD) Episodes of Care. The new Behavioral Health (BH) Transformation initiative transfers the episode of care incentive mechanisms to the Patient Centered Medical Home (PCMH) program. Transitional information will still be published for ADHD and ODD through July of 2018.

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
Program Development & Quality Assurance

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437
501-320-6428 · Fax: 501-404-4619
TDD TTY: 501-682-6789

TO: Arkansas Medicaid Health Care Providers – Episodes of Care

EFFECTIVE DATE: January 1, 2018

SUBJECT: Provider Manual Update Transmittal EPISODE-1-17

REMOVE		INSERT	
Section	Effective Date	Section	Effective Date
212.000	—	—	—
212.100	10-1-12	—	—
212.200	10-1-12	—	—
212.300	10-1-13	—	—
212.400	10-1-12	—	—
212.500	10-1-12	—	—
212.600	10-1-12	—	—
212.700	10-1-12	—	—
215.000	—	—	—
215.100	10-1-13	—	—
215.200	10-1-13	—	—
215.300	10-1-13	—	—
215.400	10-1-13	—	—
215.500	10-1-13	—	—
215.600	10-1-13	—	—
215.700	10-1-13	—	—

PROPOSED

Explanation of Updates

The Episode of Attention Deficit Hyperactivity Disorder (ADHD) (212.000, 212.100, 212.200, 212.300, 212.400, 212.500, 212.600, and 212.700) has been removed from the Episodes of Care Program.

The Episode of Oppositional Defiant Disorder (ODD) (215.000, 215.100, 215.200, 215.300, 215.400, 215.500, 215.600, and 215.700) has been removed from the Episodes of Care Program.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the Arkansas Payment Improvement Initiative Center at 1-866-322-4696 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 301-8311.

If you need this material in an alternative format, such as large print, please contact the Program Development and Quality Assurance Unit at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Rose M. Naff
Director

PROPOSED

TOC required

212.000 ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) EPISODES

212.100 Episode Definition/Scope of Services 10-1-12

A. *Episode subtypes:*

1. Level I: Episode of care for an ADHD beneficiary with no behavioral health comorbid conditions and for whom no qualifying Severity Certification has been completed.

2. Level II: Episode of care for an ADHD beneficiary with no behavioral health comorbid conditions who has had an inadequate response to medication management. Providers must complete a Severity Certification through the provider portal to qualify beneficiaries for a Level II designation.

B. *Episode trigger:*

Level I subtype episodes are triggered by either two medical claims with a primary diagnosis of ADHD or a medical claim with a primary diagnosis of ADHD as well as a pharmacy claim for medication used to treat ADHD. Level II subtype episodes are triggered by a completed Severity Certification followed by either two medical claims with a primary diagnosis of ADHD or a medical claim with a primary diagnosis of ADHD as well as a pharmacy claim for medication used to treat ADHD.

C. *Episode duration:*

The standard episode duration is a 12-month period beginning at the time of the first trigger claim. A Level I episode will conclude at the initiation of a new Level II episode if a Severity Certification is completed during the 12-month period.

D. *Episode services:*

All claims with a primary diagnosis of ADHD as well as all medications indicated for ADHD or used in the treatment of ADHD.

Notwithstanding any other provisions in the provider manual, medical assistance included in an ADHD episode shall not be subject to prior authorization requirements.

212.200 Principal Accountable Provider 10-1-12

Determination of the Principal Accountable Provider (PAP) is based upon which provider is responsible for the largest number of claims within the episode.

If the provider responsible for the largest number of claims is a physician or an RSPMI provider organization, that provider is designated the PAP. In instances in which two providers are responsible for an equal number of claims within the episode, the provider whose claims accounted for a greater proportion of total reimbursement will be designated PAP.

If the provider responsible for the largest number of claims is a licensed clinical psychologist operating outside of an RSPMI provider organization, that provider is a co-PAP with the physician or RSPMI provider providing the next largest number of claims within the episode. In instances in which two providers are responsible for an equal number of claims within the episode, the provider whose claims accounted for a greater proportion of total reimbursement will be designated co-PAP.

Where there are co-PAPs for an episode, the positive or negative supplemental payments are divided equally between the co-PAPs.

212.300 Exclusions 10-1-13

Episodes meeting one or more of the following criteria will be excluded:

A. Duration of less than 4 months

B. Small number of medical and/or pharmacy claims during the episode

C. Beneficiaries with any comorbid behavioral health condition or developmental disability

D. Beneficiaries age 5 or younger and beneficiaries age 18 or older at the time of the initial claim

212.400 Adjustments 10-1-12

Total reimbursement attributable to the PAP for episodes with a duration of less than 12 months will be scaled linearly to determine a reimbursement per 12-months for the purpose of calculating the PAP's performance.

212.500 Quality Measures 10-1-12

A. *Quality measures "to pass":*

1. Percentage of episodes with completion of either Continuing Care or Quality Assessment certification – must meet minimum threshold of 90% of episodes

B. *Quality measures "to track":*

1. In order to track and evaluate selected quality measures, providers are asked to complete a "Quality Assessment" certification (for beneficiaries new to the provider) or a "Continuing Care" certification (for beneficiaries previously receiving services from the provider)
2. Percentage of episodes classified as Level II
3. Average number of physician visits/episode
4. Percentage of episodes with medication
5. Percentage of episodes certified as non-guideline concordant
6. Percentage of episodes certified as non-guideline concordant with no rationale

212.600 Thresholds for Incentive Payments 10-1-12

A. *ADHD Level I*

1. The acceptable threshold is $2,223.
2. The commendable threshold is $1,547.
3. The gain sharing limit is $700.
4. The gain sharing percentage is 50%.
5. The risk sharing percentage is 50%.

B. *ADHD Level II*

1. The acceptable threshold is $7,112.
2. The commendable threshold is $5,403.
3. The gain sharing limit is $2,223.
4. The gain sharing percentage is 50%.
5. The risk sharing percentage is 50%.

212.700 Minimum Case Volume 10-1-12

The minimum case volume is 5 total cases per 12-month period.

215.000 OPPOSITIONAL DEFIANT DISORDER (ODD) EPISODES

215.100 Episode Definition/Scope of Services 10-1-13

A. *Episode subtypes:*

There are no subtypes for this episode type.

B. *Episode trigger:*

ODD episodes are triggered by three medical claims with a primary diagnosis of ODD.

C. *Episode duration:*

The standard episode duration is a 90-day period beginning at the time of the first trigger claim. Claims for a beneficiary are tracked for 180 days following the closure of the 90-day standard episode to determine the episode remission rate quality metric.

D. *Episode services:*

All claims with a primary diagnosis of ODD. Behavioral health medications will be excluded from the episode, but utilization of medications will be tracked as a quality metric for providers "to pass."

Notwithstanding any other provisions in the provider manual, medical assistance included in an ODD episode shall not be subject to prior authorization requirements.

215.200 Principal Accountable Provider 10-1-13

Determination of the Principal Accountable Provider (PAP) is based upon which provider is responsible for the largest number of claims within the episode.

The provider responsible for the largest number of claims is designated the PAP. In instances in which two providers are responsible for an equal number of claims within the episode, the provider whose claims accounted for a greater proportion of total reimbursement will be designated PAP.

Providers eligible to be PAPs include primary care physicians, psychiatrists, clinical psychologists, and RSPMI provider organizations.

215.300 Exclusions 10-1-13

Episodes meeting one or more of the following criteria will be excluded:

A. Beneficiaries not continuously enrolled in Medicaid during the 90-day episode

B. Beneficiaries with any comorbid behavioral health condition

C. Beneficiaries age 5 or younger and beneficiaries age 18 or older at the time of the initial claim

215.400 Adjustments 10-1-13

An episode with fewer than 10 therapy visits over 30+ days will not be applied to reduce a PAP's average episode cost but may count toward risk sharing. PAPs who in an entire performance

period have no episodes with 10 or more therapy visits over 30+ days will not be eligible for gain sharing.

215.500 Quality Measures 10-1-13

A. *Quality measures "to pass":*

1. Percentage of episodes with completion of either Continuing Care or Quality Assessment certification – must meet minimum threshold of 90% of episodes.
2. Percentage of new episodes (i.e., a PAP's first ODD episode for this beneficiary) in which the beneficiary received behavioral health medications – must be under maximum threshold of 20%.
3. Percentage of repeat episodes (i.e., all episodes other than a PAP's first ODD episode for this beneficiary) for which the beneficiary received behavioral health medications – must be equal to 0%.
4. Percentage of episodes resulting in beneficiary remission (no repeat ODD episode for this beneficiary within 180 days after the end of the episode) – must meet minimum threshold of 40%. If a PAP has <5 episodes used for the calculation in a performance period, the metric becomes a quality measure "to track" – not "to pass".

B. *Quality measures "to track":*

1. Percentage of episodes with >9 visits over >30 days
2. Percentage of episodes certified as non-guideline concordant care
3. Average number of visits per episode
4. Average number of behavioral therapy visits per episode
5. Percentage of episodes with >9 therapy sessions over a period of 30+ days and of which >7 are family therapy sessions (CPT 90846 OR CPT 90847)

215.600 Thresholds for Incentive Payments 10-1-13

A. The acceptable threshold is $2,671.

B. The commendable threshold is $1,642.

C. The gain sharing limit is $984.

D. The gain sharing percentage is 50%.

E. The risk sharing percentage is 50%.

215.700 Minimum Case Volume 10-1-13

The minimum case volume is 5 cases per 12-month period.

5. Physicians' Services (continued)

A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY (CONTINUED)

V. APPLICATION: Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx and also at the Arkansas Health Care Payment Improvement Initiative website at http://www.paymentinitiative.org/Pages/default.aspx.

Effective for dates of service on or after October 1, 2012, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Acute Ambulatory Upper Respiratory Infection (URI) Episodes
(2) Perinatal Care Episodes

Effective for dates of service on or after February 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Congestive Heart Failure (CHF) Episodes
(2) Total Joint Replacement Episodes

Effective for dates of service on or after October 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Tonsillectomy Episodes
(2) Cholecystectomy Episodes
(3) Colonoscopy Episodes
(4) Acute Exacerbation of Chronic Obstructive Pulmonary Disease (COPD) Episodes
(5) Percutaneous Coronary Intervention (PCI) Episodes
(6) Acute Exacerbation of Asthma Episodes
(7) Coronary Arterial Bypass Graft (CABG) episodes

Mark Up

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE October 1, 2013

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)

(17) Psychology Services (Continued)

A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY (CONTINUED)

V. APPLICATION: Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at https://www.medicaid.state.ar.us/InternetSolution/Provider/does/does.aspx and also at the Arkansas Health Care Payment Improvement Initiative website at http://www.paymentinitiative.org/Pages/default.aspx.

Effective for dates of service on or after October 1, 2012, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) **Attention Deficit Hyperactivity Disorder (ADHD) Episodes**

Effective for dates of service on or after October 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) **Oppositional Defiant Disorder (ODD) Episodes**
(2) **Attention Deficit Hyperactivity Disorder (ADHD) / Oppositional Defiant Disorder (ODD) Comorbid Episodes**

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Revised: ~~October 1, 2013~~ January 1, 2018

5. Physicians' Services (continued)

A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY (CONTINUED)

V. APPLICATION: Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx and also at the Arkansas Health Care Payment Improvement Initiative website at http://www.paymentinitiative.org/Pages/default.aspx.

Effective for dates of service on or after October 1, 2012, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Acute Ambulatory Upper Respiratory Infection (URI) Episodes
(2) Perinatal Care Episodes
~~**(3) Attention Deficit Hyperactivity Disorder (ADHD) Episodes**~~

Effective for dates of service on or after February 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) **Congestive Heart Failure (CHF) Episodes**
(2) **Total Joint Replacement Episodes**

Effective for dates of service on or after October 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Tonsillectomy Episodes
(2) Cholecystectomy Episodes
(3) Colonoscopy Episodes
~~**(4) Oppositional Defiant Disorder (ODD) Episodes**~~
~~**(5) Attention Deficit Hyperactivity Disorder (ADHD) / Oppositional Defiant Disorder (ODD) Comorbid Episodes**~~
~~(6)~~(4) **Acute Exacerbation of Chronic Obstructive Pulmonary Disease (COPD) Episodes**
~~(7)~~(5) **Percutaneous Coronary Intervention (PCI) Episodes**
~~(8)~~(6) **Acute Exacerbation of Asthma Episodes**
~~(9)~~(7) **Coronary Arterial Bypass Graft (CABG) episodes**

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan (Continued)

(d) Rehabilitative Services (Continued)

Rehabilitative Services for Persons with Mental Illness (RSPMI) (Continued)

Incentives to improve care quality, efficiency, and economy (CONTINUED)

V. APPLICATION: Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx and also at the Arkansas Health Care Payment Improvement Initiative website at http://www.paymentinitiative.org/Pages/default.aspx.

Effective for dates of service on or after October 1, 2012, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Attention Deficit Hyperactivity Disorder (ADHD) Episodes

Effective for dates of service on or after October 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Oppositional Defiant Disorder (ODD) Episodes
(2) Attention Deficit Hyperactivity Disorder (ADHD) / Oppositional Defiant Disorder (ODD) Comorbid Episodes