

Provider Notice

To: PerformCare Family Based VBP Providers
From: Dan Eisenhauer, Director of Operations
Date: March 1, 2022
Subject: MH 22 101 FBMHS Extensions in the Value Based Purchasing Program

Summary:

PerformCare, CABHC and TMCA have successfully implemented the Family Based Mental Health Services Value Based Purchasing Initiative using a tiered case rate approach based on the length of stay. However, some recent issues about extension requests require us to make a change in the model.

Background:

The Tier Four case rate allows providers to self-manage FBMHS extensions as described in the FBMHS VBP summary document referenced in provider contracts. The financial target for Tier Four case rates equate to approximately a 10 to 12 week extension time frame beyond the 24 to 32 week Tier Three case rate which is the optimal length of stay. PerformCare has not traditionally authorized a new 32-week episode of care for the same Member under the Value Based Purchasing initiative, as this is not the intention of the VBP reimbursement model.

There are, however, instances when treatment beyond the typical 2-3 month extensions built into the VBP model is medically necessary and warrants another 32-week authorization. Situations include the need to continue FBMHS until an alternative level of care is available or due to case complexity of the Member and family and require continued FBMHS treatment.

Action Needed:

Effective April 1, 2022 PerformCare will allow a second 32 week authorization for those circumstances, but PerformCare, CABHC and TMCA will not include those cases in the VBP initiative. Cases with a second full 32-week authorization will be paid fee-for-service (FFS) rates for both the initial 32 week authorization and the second 32 week authorization and the episode will not be subject to VBP case rate reconciliation. For CABHC FBMHS VBP providers, these cases will not be included in the CANS outcome analysis for incentive.

Prior to submitting a request for a second 32-week authorization for FBMHS, a treatment team meeting that includes the PerformCare Care Manager is required. Providers should not submit a discharge summary for the first 32 weeks, but instead upload a complete FBMHS request to the existing Jiva episode. If the request meets medical necessity, PerformCare will add another 32 week authorization. PerformCare, CABHC and TMCA view the second 32-week authorization to be an exception process that is not widely used and providers are encouraged to self-manage FBMHS extensions under the VBP Model with the Tier Four rate structure as outlined in the VBP Summary document.

PerformCare will update the language in our VBP Provider contract amendments to reflect this change.

If you have questions about this notice, please contact your Account Executive.

cc: Lisa Hanzel, PerformCare
Scott Suhring, Capital Area Behavioral Health Collaborative
Missy Reisinger, Tuscarora Managed Care Alliance
PerformCare Account Executives