



Department of
Medicaid

How to read your attribution file webinar

January 16, 2019

Agenda

BHCC program status update

Attribution file that was shared last week

Next steps

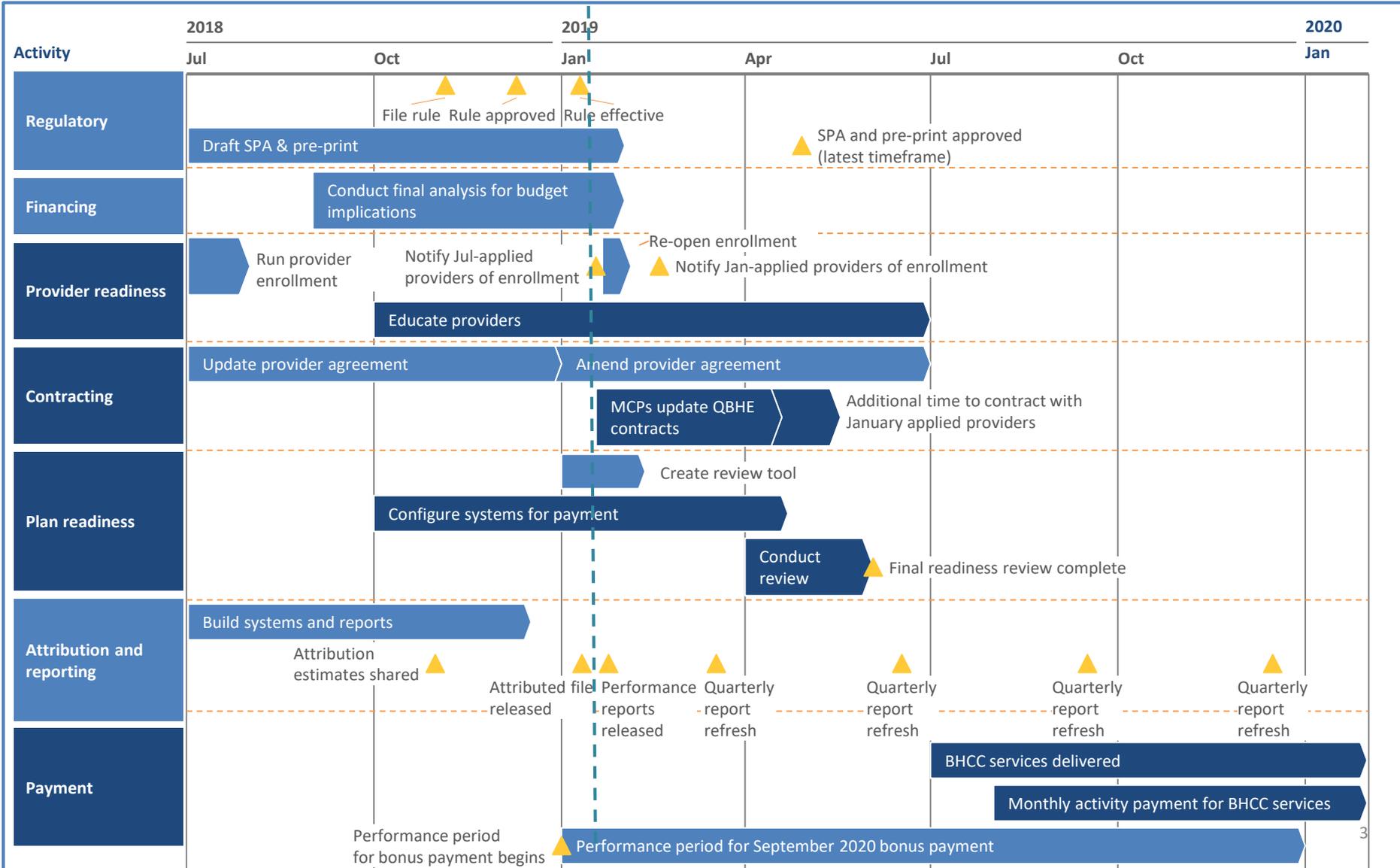
STATUS UPDATE

Current date

State responsibilities

MCP and shared responsibilities

Detailed workplan for service start on July 1st, 2019



Progress made to date

Regulatory

- Rule effective as of January 10th, 2019
- Have been meeting with SAMHSA and CMS to discuss the BHCC program
- Finalizing drafts of SPA and pre-print for submission to CMS

Financing

- Incorporating BHCC program into ODM budget narrative as a priority initiative

Provider readiness

- 82 providers applied July 2018 for participation in the BHCC program. Providers will be notified of their enrollment status by January 18th
- Enrollment is re-opening January 21st-February 1st, with a webinar on January 15th
- Holding webinar with providers who applied July 2018 on how to read your attribution file. Will have a webinar on how to read your performance reports January 30th

Contracting

- Provider agreement is updated to reflect the BHCC program
- MCPs have 90 days to contract with providers once notified of acceptance into program

Plan readiness

- Final service workbook and MCP FAQs shared with the plans
- Plans configuring their systems per provided BHCC program specifications

Attribution and reporting

- Initial member eligibility files shared with and QA'd by plans at the end of 2018
- Attribution file for visit-attributed members shared with providers who applied July 2018 January 11th. Performance summary and member-level detail to be shared by January 24th

Payment

- Monthly payment for July 1st service start will begin in August 2019
- Aligned on bonus payment methodology, to begin September 2020 for calendar year 2019 performance period

ATTRIBUTION FILE

Overview of BHCC program reports

For discussion today

Attribution file

Contains member-level detail on an entity's attributed members and associated information (e.g., demographics, payer and provider information, conditions, utilization)

Files included

1 quarterly (.csv) file

Released

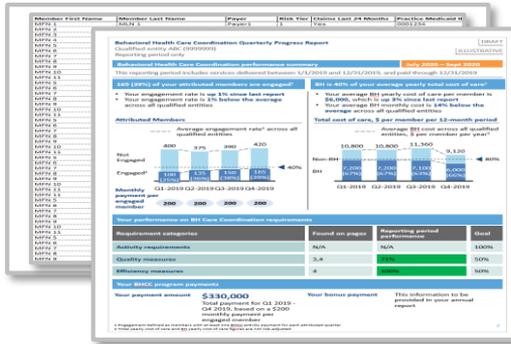
January 11th

Data lag

3 months

Performance reports

Contain an entity-level summary and a member-level detail of Ohio BHCC program performance over a rolling 12-month period for an entity's attributed members



Files included

1 quarterly (PDF) file
1 quarterly (.csv) file

Estimated release

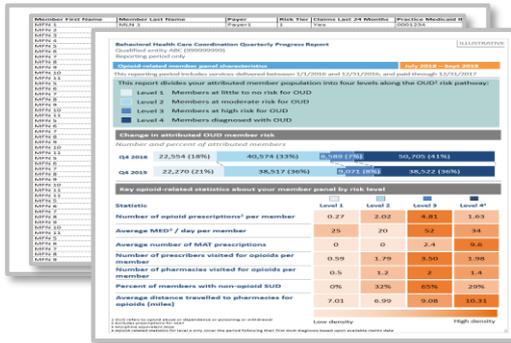
By January 24th

Data lag

6 months

Opioids reports

Contain an entity-level summary and a member-level detail of key statistics related to opioid use disorder prevention and treatment over a rolling 12-month period for an entity's attributed members



Files included

1 quarterly (PDF) file
1 quarterly (.csv) file

Estimated release

Q1 2019

Data lag

6 months

ATTRIBUTION FILE

Attribution file that was shared last week

- Entities who applied for the BHCC program in July 2018 **received their learning period attribution file last Friday, January 11th**
- This file represents the **list of visit-attributed members for the BHCC program that have been attributed to each QBHE and basic information** about the members
- Applied QBHEs should use the attribution file to **familiarize themselves with the visit-attributed members** attributed to their practice and **prepare for service start** (e.g., staffing, member engagement, etc.)
- **Data is for only visit-attributed members.** Data for geographically attributed members will be shared in late March/early April
- Data is at the Tax-ID level **and represents 4 quarters** of data from September 2017 – September 2018
- **This is not:**
 - Service start. Service start is July 1st, 2019
 - The entirety of the data to be received by QBHEs. Data will be updated in late March/early April to include geographically-attributed members and additional fields (more detail later)
 - Static member list. Target population and QBHE attribution will be updated quarterly, with the next refresh coming in late March/early April for Q2 2019

ATTRIBUTION FILE

How you can access the attribution file

- The attribution file is **located in the MITS Provider Portal** under the Reports Section
- The attribution file **can be accessed by the MITS Portal Administrator**, who is at the billing ID level. The majority of applied entities have a MITS Portal Administrator
 - Each provider must identify their billing ID’s MITS Portal Administrator. The MITS Portal Administrator **may be different than the point of contact on the BHCC application**
 - The **MITS Portal Administrator can delegate access** to the MITS Portal and attribution file by assigning a new Agent the “Reports Role”. The new Agent must be affiliated with the same billing ID
 - Not all Medicaid Billing IDs have a MITS Portal Administrator
- If you are unable to identify your MITS Portal Administrator, assign a new Agent to the Reports Role, or otherwise unable to access your BHCC Program Reports, you should:
 - **Call Medicaid Providers Services @ 1-800-686-1516** and speak with a representative
 - **Visit the Ohio Department of Medicaid website Provider tab**, and click on the blue box in the right corner called “Access the MITS Portal”
(<http://medicaid.ohio.gov/PROVIDERS.aspx>)



Example of how providers can access attribution file on MITS

 In BHCC program

Example MITS portal details for applied BHCC providers

1 Applied provider tax ID	Applied provider billing ID	2 Applied provider MITS portal admin	Applied provider MITS portal admin billing ID	3 BHCC POC for applied provider tax ID
123456789	1234567	Jane Laus ¹	1234567	John Klein
123456789	2345098	Nick Smith	2345098	John Klein
123456789	7654321	Suzy Chi	7654321	John Klein
123456789	7891234	N/A	7891234	John Klein

- 1** BHCC reports generated at tax ID level. One tax ID may have multiple billing IDs. Reports shared with every billing ID for that tax ID in the BHCC program
- 2** Most billing IDs have a MITS portal administrator who is affiliated with a billing ID and can access the reports. This person may be different than the BHCC application POC, so entities need to find out who the MITS portal administrator is. The MITS portal administrator will be emailed when reports are posted
- 3** Although the MITS portal administrator may not be the same as the BHCC POC, the MITS portal administrator can delegate the “Reports Role” to another person affiliated with the same billing ID to grant access to the reports (e.g., the BHCC POC can get access to the BHCC reports by having the MITS portal administrator for their billing ID delegate the “Reports Role” to them). The Reports Role will not be emailed when reports are posted

¹ Applied provider discovers Jane Claus works in the Billing Department of Billing ID 1234567

What you will see when you first access your file

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
1	Memb	Memb	Memb	Memb	Memb	Memb	Memb	Memb	Memb	Memb	Memb	Memb	New to	Attribut	Group	Engage	Payer	Attribu	QBHE	IA
2	12345	Mary	Contra	123-45	123 Bu	Apt 1	Colum	Frankli	OH	43213	#####	Female	Yes	G	1	Yes	Buckey	1E+08	Better	1
3	20198	John	Jacob	213-45	321 Easy	Stre	Akron	Summi	OH	44311	#####	Male	No	C	2	Yes	Caresc	1E+08	Better	1
4	54321	Jack	Dup	231-45	213 Breezy	St	Clevel	Cuyah	OH	44121	#####	Male	No	V	1	Yes	Molin	1E+08	Better	1
5	12345	Martha	Washir	234-15	312 M	Apt 2	Cincin	Hamilt	OH	45207	#####	Female	No	V	2	Yes	Param	1E+08	Better	1
6	12111	Adam	Madar	234-51	123 Elm	Aven	Toledc	Lucas	OH	43659	#####	Male	No	V	1	Yes	United	1E+08	Better	1
7	45678	Anna	Bernar	234-56	213 Oak	Aven	Colum	Frankli	OH	43209	#####	Female	Yes	V	2	Yes	Buckey	1E+08	Better	1
8	11111	George	Iporgi	234-56	321 Fir	Apt 3	Akron	Summi	OH	44313	#####	Male	No	V	1	No	Caresc	1E+08	Better	8

Notes on accessing your attribution file:

- Upon first opening, the file will be in a compressed excel form
 - This will not be an easily interpretable form and will need to be formatted in excel for legibility
- In order to manipulate and conduct analysis on the Excel file, it may be helpful to pull in someone from your data/technical team

Reminder: The BHCC program target population

In partnership with clinicians, we have developed a claims-based definition that focuses on identifying individuals who have a behavioral health condition and a high likelihood of either:



Significant utilization of behavioral health services – members of the target population have a **behavioral health PMPM \$520 higher¹** than other members who seek behavioral health services



An adverse event (e.g., attempted suicide) as a result of the behavioral health condition – members of the target population **have ~24x more BH-related IP visits²** than other members who seek behavioral health services

¹ Target population had an average PMPM of \$665 in CY17; other BH members had an average PMPM of \$145 in the same period

² Target population had an average of 3.9 bh-related IP visits per 1,000; other BH members had an average of 0.2 bh-related IP visits in the same period

ATTRIBUTION FILE

Reminder: Definition of BHCC target population

Target population	Group 1: Diagnostic criteria only	<p>Criteria</p> <p>Presence of the following diagnosis¹...</p> <ul style="list-style-type: none"> • Schizophrenia • Bipolar disorder with psychosis • Major depression with psychosis • Attempted suicide or self-injury • Homicidal ideation • Substance use with pregnancy or one year postpartum 		<p>OR a claim with a procedure for</p> <ul style="list-style-type: none"> • Injection antipsychotics 																	
	Or	Group 2: Diagnostic and utilization criteria	<p>One or more behavioral health-related utilization</p> <table border="0"> <tr> <td>• Inpatient visit</td> <td>• Rehab facility visit</td> </tr> <tr> <td>• Crisis unit visit</td> <td>• Medication-assisted treatment for substance use</td> </tr> <tr> <td>• Residential facility visit</td> <td>• Day treatment (members under 21)</td> </tr> </table> <p>AND presence of one of the following diagnoses¹</p> <table border="0"> <tr> <td>• Bipolar disorder without psychosis</td> <td>• PTSD</td> <td>• Personality disorders</td> </tr> <tr> <td>• Major depression without psychosis</td> <td>• Substance use disorder</td> <td>• Psychosis</td> </tr> <tr> <td>• Other depression</td> <td>• Conduct disorder</td> <td>• ODD</td> </tr> <tr> <td></td> <td></td> <td>• Eating disorders</td> </tr> </table>		• Inpatient visit	• Rehab facility visit	• Crisis unit visit	• Medication-assisted treatment for substance use	• Residential facility visit	• Day treatment (members under 21)	• Bipolar disorder without psychosis	• PTSD	• Personality disorders	• Major depression without psychosis	• Substance use disorder	• Psychosis	• Other depression	• Conduct disorder	• ODD		
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• Other depression	• Conduct disorder	• ODD																			
		• Eating disorders																			

We expect the majority of members to be identified using claims identification; however, additional referral channels (with appropriate MCP review) will be available to provide faster access than is available through claims review²

¹ Diagnosis in primary field on the claim

² Additional details on following page

Reminder: Approach to attribution

Attribution is...



- Matching members with a QBHE best positioned to deliver care by:
 - Identifying opportunities to connect members not currently in care with entities that best meet their needs
 - Preserving continuity of care in cases where relationships already exist with QBHEs

Attribution is NOT...



- A limitation on member choice
- A gatekeeper restricting choice of provider when utilizing other BH services

ATTRIBUTION FILE

Reminder: Attribution logic

- The attribution logic uses the following hierarchy to attribute members to providers:
 - **BH care coordination visits:** Identify care coordination visits with BHCC program entities in the past 6 months
 - **BH OP visits:** Identify outpatient visits with BHCC program entities in the past 18 months
 - **CPC relationship:** Identify BHCC program entities who also have attributed members under CPC and maintain this relationship
 - **Geographic proximity:** Identify BHCC program entities closest to the member who may best serve the member's needs
- A member **can request to switch QBHEs** at any time by contacting their MCP. The QBHE to which the member is attributed on the 1st of the month can bill for the month
- After becoming a QBHE of the BHCC program, if a **QBHE wishes to opt out** from the BHCC program, they must give notice 60 days prior to quarter end and continue providing BH care coordination until the members can be reattributed in quarterly attribution. If the QBHE misses the 60 day deadline, then it is to continue providing BH care coordination until the end of the next quarter

ATTRIBUTION FILE

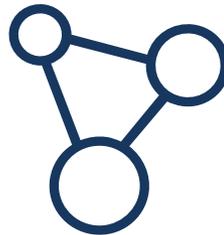
Overview of the attribution file

Demographic information for the member



- E.g., Member Medicaid ID and contact information

Attribution to provider info



- E.g., Payer, attributed QBHE, attributed PCP

Chronic conditions flags



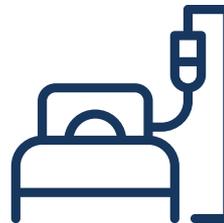
- E.g. Flag for cardiovascular disease and diabetes

Clinical risk indicator



- E.g., Clinical risk indicator for combination of BH, SDOH, and utilization-based risk

Utilization history



- E.g., Number of claims in past 12 months, last visit with PCP

Opioids-related information (to be discussed at a later date)



- E.g., OUD risk level, opioid-related ED visits, most recent MAT episode length

ATTRIBUTION FILE

Detail on demographic information

What it contains:

- Names of members and Medicaid ID
- Contact information
- Age and gender

How to use it:

- See the list of members who have been attributed to you
- Use Medicaid ID as a unique identifier to link to other data sets
- Leverage contact information to assist with member outreach

<u>Field name</u>	<u>Description</u>	<u>Format</u>	<u>Values</u>
Member Medicaid ID	12-digit Medicaid identification number of the attributed member	Number	000000000001-999999999999
Member First Name	First name of the attributed member	Text	N/A
Member Last Name	Last name of the attributed member	Text	N/A
Member Phone Number	Contact information of the attributed member – phone number	Number	10-digit phone number
Member Address 1	Residential address of the attributed member	Text	N/A
Member Address 2	Residential address of the attributed member (continued)	Text	N/A
Member City	Residential city of the attributed member	Text	N/A
Member County	Residential county of the attributed member	Text	N/A
Member State	Residential state of the attributed member	Text	N/A
Member ZIP	ZIP code of the residential address of the attributed member	Number	5-digit ZIP code
Member DOB	The birth date of the attributed member	Date	mm/dd/yyyy
Member Gender	The gender identified by the attributed member	Text	Male/Female

ATTRIBUTION FILE

Detail on attribution to provider information

What it contains:

- How the member was identified and attributed to a QBHE
- Member’s payer, QBHE, and PCP

How to use it:

- Understand the member’s previous relationship to the BHCC program
- Understand your previous relationship to the member
- Engage the member’s MCP and PCP, clarify roles/responsibilities, and share data

Field name	Description	Format	Values
New to Provider	Whether the member exists on this quarter’s file for the QBHE but not the previous one	Text	Yes/No
Attribution Type	Whether the member chose the QBHE (C) or was visit- (V) or geographically-attributed (G)	Text	C/V/G
Group Number	Which target population group criteria the member meets, with 1 taking precedence	Text	1, 2
Engaged	Whether the member has had a BHCC program visit previously	Text	Yes/No
Payer	Name of the MCP via which the member is enrolled in Medicaid	Text	N/A
Attributed QBHE TaxID	TIN of the QBHE to whom the member is attributed for the quarter	Number	000000001-999999999
QBHE Name	Name of the QBHE to whom member attributed	Text	N/A
Attributed QBHE Medicaid ID	7-digit Medicaid identification number of the QBHE to whom member attributed	Number	0000001-9999999
Attributed PCP Medicaid ID	7-digit Medicaid identification number of the PCP to whom member attributed	Number	0000001-9999999
Attributed PCP Name	Name of the PCP to whom member attributed	Text	N/A
Attributed PCP NPI	10-digit national provider identifier of the PCP to whom member attributed	Number	0000000001-9999999999
Attributed PCP in CPC	Whether the PCP to whom the member attributed participates in the CPC program	Text	Yes/No

ATTRIBUTION FILE

Detail on chronic condition flags

What it contains:

- Flags which indicate select physical health chronic conditions a member may have

How to use it:

- Understand if a member has select physical health chronic conditions which may inform the development and maintenance of the member's care plan

<u>Field name</u>	<u>Description</u>	<u>Format</u>	<u>Values</u>
Asthma_COPD	Whether the member has Asthma or COPD based on claims in the past 12 months	Text	Yes/No
Diabetes	Whether the member has Diabetes based on claims in the past 12 months	Text	Yes/No
Cardiovascular Disease	Whether the member has a cardiovascular condition (hypertension, hyperlipidemia, IVD, AMI) based on claims in the past 12 months	Text	Yes/No
Stroke	Whether the member had a stroke based on claims in the past 12 months	Text	Yes/No
Obesity	Whether the member had obesity based on claims in the past 12 months	Text	Yes/No

ATTRIBUTION FILE

Detail on clinical risk indicator

What it contains:

- An indicator of members who are potentially at high risk for an adverse event in the near future

How to use it:

- Use to identify members who should be prioritized for outreach and engagement

<u>Field name</u>	<u>Description</u>	<u>Format</u>	<u>Values</u>
Clinical Risk Indicator	<p>Flag to identify members who may be a clinical priority. Any member with at least one of the following factors present will be flagged:</p> <ul style="list-style-type: none"> ▪ Pregnancy in the past 12 months ▪ Attempted suicide or self-injury in past 6 months ▪ Homicidal ideation in past 6 months ▪ Overdose in past 6 months ▪ Eating disorder in past 6 months (to qualify for the target population, requires associated adverse utilization) ▪ Inpatient admission, crisis visit, or rehab facility visit in past 3 months ▪ Homelessness 	Text	Yes/No

ATTRIBUTION FILE

Detail on utilization history

What it contains:

- A member's recent utilization of the broader healthcare system

How to use it:

- Use to identify members who might benefit from additional care coordination and engagement (i.e., members with higher utilization in settings such as the ED or IP facilities and lower utilization of outpatient services)

Field name	Description	Format	Values
Claims in last 12 Months	Number of claims submitted on behalf of member in last 12 months	Number	0-999
<i>ED Visits¹</i>	<i>Number of visits to the Emergency Department in the last 12 months</i>	<i>Number</i>	<i>0-999</i>
<i>IP Admissions¹</i>	<i>Number of Inpatient stays in the last 12 months</i>	<i>Number</i>	<i>0-999</i>
<i>BH Professional Claims¹</i>	<i>Number of BH Professional claims submitted on behalf of member in last 12 months</i>	<i>Number</i>	<i>0-999</i>
Last visit with PCP	Date of last visit member had with a Primary Care Provider	Date	mm/dd/yyyy
Medicaid ID of last PCP Visit	7-digit Medicaid identification number of the PCP the member last visited	Number	0000001-9999999
Practice Name for last PCP	Name of the PCP the member last visited	Text	N/A
NPI of last PCP visit	Organizational NPI of the PCP the member last visited	Number	0000000001-9999999999
Potential Inactivity	Whether the member was in the QBHE's Attribution File last and current quarter and has not engaged in the program OR received BH professional care	Text	Yes/No

ATTRIBUTION FILE

Now let's see how this all comes together in an illustrative attribution file...

ATTRIBUTION FILE

How you can access the attribution file instructions

https://www.bh.medicaid.ohio.gov/Provider/BHCC

Behavioral Health Redesign

HOME ABOUT INDIVIDUAL **PROVIDER** NEWSLETTERS CONTACT US

BHCC Payments

QBHEs will receive two types of payments for the BHCC program:

- (1) monthly payment of \$200 and
- (2) a bonus payment designed to reward high performing entities to begin in 2020.

Monthly payments will be distributed to practices from the Medicaid managed care plans. Details on the definition and methodology for these two payments are included below:

- [Monthly payment](#)
- [Bonus payment structure](#)

Additional Resources

- [Full Program Description](#)
- [Frequently Asked Questions](#)
- [Most recent BHCC Provider Webinar](#)
- [How to Read your BHCC Program Attribution File](#)

Attribution file instruction details

- In addition to today's webinar, instructions have been posted to the BHCC page on the BH Redesign website (www.bh.medicaid.ohio.gov/Provider/BHCC)
 - Scroll down to "Additional Resources"
 - Click on "How to Read your BHCC Program Attribution File"
 - Contents include further detail on each metric
- As always, questions can be directed to BHCareCoordination@medicaid.ohio.gov

NEXT STEPS

Next steps

- **Use the attribution file** to familiarize yourselves with the visit-attributed members attributed to your practice and prepare for service start (e.g., staffing, member engagement, etc.) on July 1, 2019
 - Additional instructions available on the BHCC website
- **Expect to be notified of whether you have been accepted into the BHCC program** by January 18th. Within 90 days of being notified, you must have an **active contract in place with each MCP**
- **Prepare to receive the performance reports** by January 24th and attend a how to read your performance reports webinar on January 30th