

Behavioral Health Outpatient Workgroup:

Background: Connecticut currently has Enhanced Care Clinics which receive enhanced rates for meeting certain performance measures. There are clinics who are not ECCs which have expressed interest in becoming an ECC and some ECC sites have expressed interest in adding additional sites. The state has not been able to expand ECC sites due to budget constraints.

The ECC model appears to be an effective approach at addressing problems associated with access. The ECC model does not measure outcome data; therefore, we do not know if ECCs have better outcomes compared to non-ECCs.

Is there a more innovative way to pay for outpatient services based on the value-based purchasing model that pays providers an enhanced fee (prospectively or retrospectively) that meet measures related to access, quality of care and outcomes?

Work group goal: The state agencies would like to initiate a deliberate and collaborative process with stakeholders to explore innovative payment models that will help inform the state agencies as they think about the next evolution of how we pay for outpatient services. We are not necessarily abandoning the ECC model, but rather, we are interested in how to improve upon the model and make the payment process accessible to all providers. In addition, the state agencies are interested in maintaining a pay for performance component that rewards providers who meet standards related to: 1) access; 2) quality services; and 3) outcomes.

Workgroup Timetable:

August: Review goals, determine workgroup, establish tasks, responsibilities and future timeframes

September: Review models of reimbursement and consider pros and cons for Connecticut system and in light of findings, determine if a modified ECC model is preferred

October: Determine optimal model and establish fiscal impact study parameters and roles

November: Determine metrics for access, quality and outcomes and how the metrics will be obtained and shared

December: review fiscal analysis done by state agencies

January/February: make final recommendations

March/April: develop HP implementation plan

July 1, 2014: Implement new model

Initial Questions/Thoughts/Tasks:

- Review national payment models to determine if there is an existing “best-practice” payment model that considers access, quality, and outcomes (examples: case rate, enhanced tier payment, etc.).
- Should we change outpatient clinical services to rehab services instead of clinic services and what are the pros and cons related to that decision?
- Should we have a tiered payment model within the clinics depending on the professional providing the service?
- What are the measures related to access, quality care and outcomes?
- How will the state pay out the performance payment? Prospectively or Retrospectively?