State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

October 24, 2022

GCR 21-051
FINAL

Applied Behavior Analysis (ABA) Value-Based Payment Measures

Policy Summary:
The Department of Vermont Health Access (DVHA) will add value-based payment measures to the tiered case rate payment methodology for Applied Behavior Analysis (ABA) services delivered to Medicaid members who have Medicaid as their primary insurance. In an effort to link payment to performance to support value-based care for Medicaid members, DVHA will add three measures to the 2023 reconciliation year, which will be completed in 2024. Detailed information about the measures and scoring methodology are provided below.

Effective Date:
January 1, 2023

Authority/Legal Basis:
Medicaid State Plan

Global Commitment to Health Waiver: Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #6.8.

Population Affected:
Medicaid beneficiaries receiving ABA Services

Fiscal Impact:
The estimated gross budget impact for Calendar Year 2023 (to be reconciled in 2024) is $52,034. The funding source will be federal funds through the Enhanced Home- and Community-Based Services Federal Medical Assistance Percentage, so it will be budget neutral to the State.

Public Comment Period:
The public comment period ended September 16, 2022. Comments received and state responses can be viewed at these links.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

1. MEASURES

Measure #1 – Amount of Service Provided

- Metric is children from birth until the age of 21 years served per year (unit of measure is person months, aggregated across all members served during the year).
- Assessed for each provider; initial provider-specific baselines will be from claims data gathered during calendar year 2021.
- To receive any points, providers must achieve at least 90% of their provider-specific baseline results. Providers can receive the maximum points at 110% of the baseline result.
- Establish a minimum number of hours of service per month for a child to count towards person months. ABA best practice suggests that treatment should start with more hours and then be titrated down as progress is made. *A minimum of 6 hours in the month (the lower end of Tier 2 in the payment model) is required for the child to count towards person months.*

Measure #2 - Percentage of Billed Hours that are Direct Service Hours

- Metric is the percentage of billed hours that are direct service hours. Results will be evaluated across all ages.
- Assessed for each provider against target percentages.
- To receive any points, provider must achieve above 96%. Providers will receive the maximum points at 99%.
- Definition of direct service codes: *Parent training codes will be included and assessment and team conferencing codes without child and/or family present will be excluded.*

Measure #3 – Timely Claims Submission

- Metric is the percentage of claims submitted timely (within 6 months from date of service).
- *Providers will receive full points for 100% of claims submitted within 6 months; no points will be received for less than 100%.*
- This measure applies to Medicaid-only claims and excludes claims if we know there is another payor (e.g., Third Party Liability claims).

2. SCORING METHODOLOGY

- Weighting is determined by assigning points to each measure. *2 points for Timely Claims Submission measure; 4 points for Person Months and Direct Service Hours measures. Maximum available points = 10.*
- Providers earn points based on performance. *We will use a "gate and ramp" continuous improvement approach, as follows:*
    - *Gate = minimum performance required to earn any points*
    - *Ramp = Incremental increase in points (i.e., percentage of available payment earned) as performance improves*
    - *Target established for each measure to earn maximum points (e.g., 100% for timely claims submission measure results in 20% of funding being earned; 110% of base period for Person Hours measure results in 40% of funding being earned)*
    - *Gates and Maximum Point Targets:*

Measure	Gate	Target for Maximum Points
Children Served Per Year	90% of baseline (2021)	110% of baseline (2021)
% Billed Hours that are Direct Service Hours	Above 96%	99%
Timely Claims Submission	100% within 6 months	100% within 6 months

3. **AMOUNT OF FUNDING AND FUNDING SOURCE**
   - Calculate value-based payments of up to 1% of payments earned based on services provided ("total service level tier payments").
   - Funding source options include:
     - Provide additional payments for providers exceeding one or more measure gates in 2023, using federal funding from the Enhanced Home and Community Based Services Federal Medical Assistance Percentage. *Performance payments will be calculated during reconciliation. See table below for example of how this option will work.*
     - In subsequent years, make full tier payments with performance reductions (if any) occurring at reconciliation.

Examples of ABA Value-Based Payments

Hypothetical Providers	CY Payment Earned (Based on Claims for Services)	$ Linked to Performance (1% of Payment Earned)	Score on 3 Performance Measures	Performance $ Earned
Provider 1	$19,782	$197.82	0.67	$132.54
Provider 2	$227,477	$2,274.77	0.43	$978.15
Provider 3	$247,098	$2,470.98	1.00	$2,470.98

Please also see the Stakeholder Questions and Answers for more information regarding the performance measures.