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

Global Commitment Register

February 22, 2024

GCR 23-045
FINAL

Applied Behavior Analysis Value-Based Payment Model

Policy Summary:
Vermont Medicaid proposed to continue the value-based payment methodology for Applied Behavior Analysis (ABA) services as a withhold as opposed to an additive payment. This value-based payment methodology is available for ABA services delivered to individuals who have Medicaid as their primary insurance. In an effort to link payment to performance to support value-based care for Medicaid members, three measures were added to the 2023 reconciliation year. This performance payment approach will continue as a 1% withhold of estimated expenditures for these services. Detailed information about the measures and scoring methodology are provided below.

Effective Date:
January 1, 2024

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:
All Medicaid

Fiscal Impact:
This change is expected to be budget neutral.

Public Comment Period:
The comment period ended on January 29, 2024. No comments were received.

Additional Information:
Applied Behavior Analysis Value-Based Performance Measures & Data Requirements

Measure #1: Amount of Service Provided in Member Months	
Data Source	Claims
Data Retrieved By	DVHA
Data Schedule	Annual for previous calendar year, after 6-month claims runout

Measure Type	Utilization
Measure Category	How Much
Specifications for Calculations	• The monthly sum of hours of service will be assigned a Monthly Service Tier for each person. Only Monthly Service Tiers of 2 or higher (>6 hours of service in a month) will count for base or performance years. • Numerator = Aggregated person months of service for those people receiving Monthly Service Tiers of 2 or higher in the performance year • Denominator = Aggregated person months of service for those people receiving Monthly Service Tiers of 2 or higher in the base year
Population	Children
Value-Based Payments Benchmarks	• Minimum performance required to receive any points: > 90% of CY2021 Baseline • Target performance to receive maximum points = 110% of CY 2021 Baseline
Scoring	Eligible for up to 4 points (using "Gate and Ramp" methodology)

Measure #2: Percentage of Billed Hours that are Direct Therapeutic Service Hours	
Data Source	Claims
Data Retrieved By	DVHA
Data Schedule	Annual for previous calendar year, after 6-month claims runout
Measure Type	Process
Measure Category	How Well
Specifications for Calculations	• Numerator = Direct Therapeutic Service Hours (sum of all hours reflected in paid and final billed claims with direct therapeutic service procedure codes during the performance year) • Denominator = Total Billed Hours (sum of all hours reflected in paid and final billed claims during the performance year)
Population	Children
Value-Based Payments Benchmarks	• Minimum performance required to receive any points: > 96% • Target performance to receive maximum points = 99%
Scoring	Eligible for up to 4 points (using "Gate and Ramp" methodology)

Measure #3: Timely Claims Submission	
Data Source	Claims
Data Retrieved By	DVHA
Data Schedule	Annual for previous calendar year, after 6-month claims runout
Measure Type	Administrative
Measure Category	How Well

Specifications for Calculations	• Numerator = Number of claims submitted within 6 months of date of service • Denominator = Total number of claims submitted • If a batch resubmission of claims introduces new claims more than 6 months past the date of service, those claims with initial submission dates more than 6 months after the date of service will not be considered timely and would result in the provider earning 0 points. • Any claim submitted within 6 months would count regardless of when it achieves a final status and becomes a paid claim (claims resubmitted after 6 months because of voids or denials will not count against provider). • This measure applies to Medicaid-only claims and excludes claims if there is another known payor (e.g., Third Party Liability claims).
Population	Children
Value-Based Payments Benchmarks	• Minimum performance required to receive any points = 100% • Target performance to receive maximum points = 100% Provider will earn 2 points unless there is a new claim submitted with more than 6 months between date of service and date of submission.
Scoring	Eligible for up to 2 points (“all or nothing”)