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

Global Commitment Register

February 22, 2024

GCR 23-089
FINAL

Children's Integrated Services Value-Based Payment Model

Policy Summary:
The Vermont Medicaid program introduced a value-based payment component to the Children's Integrated Services (CIS) program. CIS provides health promotion, prevention, and early intervention services to pregnant and postpartum individuals, infants, and children birth to age six. CIS providers will be paid based on performance for the following measures:

1) Average service encounters provided per month per unique CIS client.
2) Percent of CIS claims that are filed 'timely' (as defined by the CIS Contract).
3) Percent of initial One Plans that are timely.
4) Percent of CIS clients who exit CIS due to "Lost to Follow-up."

Payments for these value-based measures will be paid out according to performance on the following schedule[1]:

Performance Payment	Performance Period	Measure	Max Payout
Performance Payment #1	1/1/2024 – 3/31/2024	Measure #1	$105,768
Performance Payment #2	4/1/2024 – 6/30/2024	Measure #1	$145,114
	1/1/2024 – 6/30/2024	Measures #2 and #3	
Performance Payment #3	7/1/2024 – 12/31/2024	Measures #1, #2, #3, #4	$52,884

More details on these measures are available in the *Additional Information* section 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.

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[1] This value-based payment schedule is divided into three payments across the performance year due to data and funding availability.

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Population Affected:
Pregnant and postpartum individuals, infants, and children from birth to age six.

Fiscal Impact:
The estimated gross annualized budget impact is $303,766.

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

Additional Information:
Children's Integrated Services Value-Based Payments Performance Measures

Measure #1: Average service encounters provided per month per unique CIS client	
Data Source	MMIS
Data Retrieved By	DVHA Payment Reform in monthly CAPS report
Data Schedule	Pulled 1st Monday of the month; Data reported by the last day of the month for the preceding month per CIS Contract
Measure Type	Claims
Measure Category	How Well & How Much
Specifications for Calculations	Numerator: Total number of encounters (claim rows for each service) per month. Denominator: Unique CIS client count for that same month.
Population	All per member per month (aka bundle) and encounter claims that were 'paid' during the month
Value-Based Monitoring Benchmarks	2.5 encounters/member
Goals of the measure	- Increase in encounters/CIS client - Understand how unique clients served/month impacts services/CIS client. The services/CIS client should remain stable even if numbers of unique clients increase. - See the service mix/CIS client across all providers
Scoring	Base to earn any points = 2.51 Full points are earned at 3.50 Total possible points = 3pts
This measure provides a way of understanding what is being provided for the bundled (PMPM) rate.	

Measure #2: % of CIS claims that are filed 'timely' (as defined by the CIS Contract)	
Data Source	MMIS
Data Retrieved By	DVHA Payment Reform in monthly CAPS report
Data Schedule	Pulled 1st Monday of the month; Data reported by the last day of the month for the preceding month per CIS Contract
Measure Type	Claims
Measure Category	How Well
Specifications for Calculations	Numerator: Total number of claims per month submitted within 61 days from the date of service

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	Denominator: Total number of claims per month
Population	All per member per month (aka bundle) and encounter claims that were 'paid' during the month
Value-Based Monitoring Benchmarks	90%
Goals of the measure	- All claims are submitted within 61 days of the date of service - Provider timely claims submission supports valid, accurate and reliable cost allocation planning for the Division
Scoring	Base to earn any points = 90.01% Full points are earned at 98% Total possible points = 2pts

Measure #3: Percentage of Initial One Plans That are Timely	
Data Source	CIS Semi-annual Report
Data Retrieved By	CIS
Data Schedule	January-June due July 31st; July-December due January 31st
Measure Type	Case; Self-reported
Measure Category	How Well & Better Off
Specifications for Calculations	Numerator: Initial One Plans that were completed timely based on the timeline defined in the CIS contract Denominator: All initial One Plans due to be completed during that reporting period
Population	All CIS referrals received at least 45 days prior to the 1st day of the reporting period but not less than 45 days prior to the last day of the reporting period where the referred person did not exit or become lost to follow-up during this period.
Value-Based Monitoring Benchmarks	Per the CIS Contract: _87% of individuals served by CIS_ shall receive services as outlined in the CIS Timelines (found in Attachment G), **But base for VBP = 92%**
Goals of the measure	- Also, per the CIS Contract: [For those Contractors who do not achieve the target,] _the Contractor shall demonstrate a clinically significant increase in the percent of individuals served by CIS who receive services as outlined in the CIS Timelines (found in Attachment G) since the most recent Semi-Annual Reporting Period._ - Most (95% or greater) CIS clients receive a One Plan the timelines specified by the CIS contract.
Scoring	Base to earn any points = 92.01% Full points are earned at 98% Total possible points = 2pts
CIS Contract monitoring and comparison to the CIS-EI data will be used to validate this self-reported measure.	

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Measure #4: % of CIS clients who exit CIS due to "Lost to Follow-up"	
Data Source	CIS Semi-annual Report
Data Retrieved By	CIS
Data Schedule	January-June due July 31st; July-December due January 31st
Measure Type	Case
Measure Category	How Well & Better Off
Specifications for Calculations	Numerator: All CIS clients who were made active (i.e. signed off on at least an initial One Plan) who subsequently were exited from the program due to "Lost to follow-up" as defined in the CIS Guidance Manual Denominator: All CIS clients who were made active (i.e. signed off on at least an initial One Plan) and who subsequently exited the program for any reason.
Population	All CIS clients who exited the program during the reporting period.
Value-Based Payments Benchmarks	Per the CIS contract: *Decrease from 10% of those served by CIS who exit the program because they are lost to follow-up.* **But base for VBP = 12%**
Goals of the measure	• Also, per the CIS Contract: [For those Contractors who do not achieve the target,] *the Contractor shall demonstrate a clinically significant decrease in the percent of those served by CIS who exit the program because they are lost to follow-up.* • There is consistency across every CIS Contractor of the percentage of clients who exit the program due to "Lost to Follow-up"
Scoring	Base to earn any points = 12% Full points are earned at 5% Total possible points = 3pts
CIS Contract monitoring and comparison to the CIS-EI data will be used to validate this self-reported measure.	