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MARYLAND

Quality Incentive Program (QuIP)

3RD QUARTER
OVERVIEW &
2ND YEAR FORECAST

OCTOBER

2013

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Overview

The Quality Incentive Program (QuIP) is intended to be a self-funded program that rewards providers, via a financial incentive derived from cost of care savings, who effectively enhance the quality of behavioral health treatment outcomes through improved member engagement in community based services and reduced spending on higher levels of care.

The goal of QuIP is to maximize engagement of program eligible members in effective and appropriate outpatient services thereby reducing the need for repetitive, ineffective inpatient hospitalizations as well as the chances for condition deterioration. Those outpatient mental health clinics who demonstrate improved quality and financial measurements are eligible for an annual incentive.

The Model

The predictive model assesses the risk factors of the actual members attributed to a particular outpatient mental health clinic to determine the global costs for care for that clinic's consumers. The model factors in a variety of member level variables gathered from OMS and claims data, including clinical, demographic, utilization and geographic location. The model was formulated to account for elements such as regression approaches, member dropout rules, population exclusion rules and baseline determination. The model is updated quarterly to reflect the changes to these elements. A provider's global cost target is updated as member attribution changes. Quality Metrics are used to evaluate provider performance. These metrics include consumer engagement with the outpatient mental health provider and completion of the OMS survey.

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Provider Participation and Reporting

Provider participation which includes acceptance and endorsement of any Pay for Performance model is crucial. ValueOptions developed a strategy to engage stakeholders and promote provider participation by hosting a series of forums and webinars which resulted in now having 42 participating providers which accounts for 47% of all eligible QuIP consumers in the OMHCs.

- Webinars on multiple dates in 2012 & 2013
- In-person forums Nov. 2012 (75 attendees) & Feb. 2013

Providers receive quarterly updates on the global cost predictions as well as the actual (paid claims) global costs. ValueOptions supplies reports to providers to ensure their ability to timely manage their population, these include:

- Real-time data on Inpatient admissions
- Emergency Department use of their population during the previous 6 months
- Quarterly Quality reports
    - OMS Engagement Rate
    - OMS Completion Rate

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Successes as of Year 1, Quarter 3

- Forty-two (42) providers are enrolled in QuIP despite no guarantee of incentive payments
- 47% of all eligible QuIP consumers are attributed to a QuIP enrolled provider
- QuIP providers are under 75% of the Global Cost Estimate at a higher percentage than Non-QuIP providers
    - 64% of QuIP providers
    - 54% of Non-QuIP providers
- QuIP providers saved on average 38% more than Non-QuIP based on all providers under the Global Cost Estimate
- QuIP providers have a higher OMS Engagement Rate (100%) vs. Non-QuIP providers (95%)
- From 1/1/13 through 5/8/13 the following report utilization has been recorded
    - Inpatient Auths run a total of 399 times
    - ED Claims run a total of 416 times

Next Steps

1. Year 1, Quart 4 results on schedule to be distributed to enrolled QuIP providers by 10/31/13.

2. MHA and ValueOptions are preparing to highlight QuIP success stories on their respective websites.

3. Provider feedback concerning (a) 90 day claims lag and (b) global costs by level of care are being vetted by the national QuIP team.

4. Communications and webinars about QuIP and best practices are ongoing.

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Notes