

# PRIMARY CARE AND BEHAVIORAL HEALTH TECHNICAL ASSISTANCE WEBINAR

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August 28<sup>th</sup>, 2023

10:00 – 11:00am ET

CENTER FOR HEALTH INFORMATION AND ANALYSIS



# Agenda

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- Discuss recent impactful statutory/regulatory changes
- Review overview of changes to Primary Care and Behavioral Health (PCBH) data collection materials
- Discuss changes to medical claims payment allocation methodology
- Review additional changes to data submission

# Massachusetts Chapter 177 An Act

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## **2022 statute charges CHIA with monitoring behavioral health costs, cost trends, price, quality and utilization**

- Statute identifies several subcategories for data collection
- Subcategories include, but are not limited to:
  - Mental health
  - Substance use disorder
  - Outpatient
  - Inpatient
  - Services for adults
  - Services for children
  - Provider types

# Overview of Changes

Topic	Change
Service Types and Categories	Service Types to include Mental Health (MH) and Substance Use Disorders (SUD), which combined represent Behavioral Health (BH).
	Service Categories to include PC Behavioral Health Screening, MH Outpatient PC, MH Outpatient Non-PC, SUD Outpatient PC, SUD Outpatient Non-PC.
	Updated Service Type and Service Category indicators.
Codes	Updated code lists to capture primary care, mental health, and SUD spending.
	BH taxonomy no longer required, except when identifying BH in primary care.
	Updated diagnoses code list to remove unspecified dementia, without behavioral health disturbance (F03.90).

# Overview of Changes (cont'd)

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Topic	Change
Demographic	Removed Pediatric Indicator.
	New Age Group column.
Cost Information	Updated incurred and member cost-sharing definitions to clarify allocation of CSR subsidies for ConnectorCare members.
	Updated clarification of capturing facility claim expenditures.

# Submission Files and Due Date

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**All files due October 18<sup>th</sup>, 2023**

Submission	Files
Required	CY 2022 Final PCBH
Requested	CY 2021 Final PCBH according to current data specifications to capture new spending breakouts
	CY 2020 Final PCBH according to current data specifications to capture new spending breakouts

# **PAYMENT ALLOCATION METHODOLOGY – MEDICAL CLAIMS**

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# Step 1: Identify Claims with a Principal Mental Health Diagnosis

Identify claims with a principal mental health diagnosis

*Based on ICD- 10 diagnosis code in excel reference file*

***Allocate spending for the claim sequentially through the Mental Health specific service categories based on code sets/logic in Appendices B & D:***



## Changes:

- MH claims broken out from aggregate SUD claims
- Outpatient claims associated with a principal MH diagnosis are now split between outpatient primary care and non-primary care

## Impact:

- CHIA can quantify mental health payments separately from aggregate SUD payments
- CHIA can quantify outpatient MH primary care payments



# Step 2: Identify Claims with a Principal Substance Use Disorder Diagnosis

Identify claims with a principal SUD diagnosis  
Based on ICD-10 diagnosis code in excel reference file

**Allocate spending for the claim sequentially through the SUD specific service categories based on code sets/logic in Appendices B & D:**

SUD Inpatient

SUD ED/  
Observations

SUD  
Outpatient PC

SUD  
Outpatient  
Non-PC

## Changes:

- Aggregate SUD claims broken out from MH claims
- Outpatient claims associated with a principal SUD diagnosis are now split between outpatient primary care and non-primary care

## Impact:

- CHIA can quantify aggregate SUD payments separately from MH payments
- CHIA can quantify outpatient SUD primary care payments

# Step 3: Identify Primary Care Claims Spending

Claims Spending not previously allocated above, plus claims without a principal MH or SUD diagnosis

*Allocate spending for the claim sequentially through the Primary Care specific service categories based on code sets/logic in Appendices B & D:*



### Change:

- Adds PC BH Screening Category

### Impact:

- PC BH Screening Category can be summed with MH Outpatient PC and SUD Outpatient PC to calculate BH claims spending in PC

# Step 4: Identify All Other Claims Spending

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All Claims Spending not previously allocated above to Mental Health, SUD, or Primary Care

*Allocate spending for the claim sequentially into Other Medical:*



Other Medical

## **Change:**

- No change

## **Impact:**

- n/a

# Step 5: Allocate Non-Claims Spending

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## Non-Claims Payments

***Allocate non-claims payments into the categories below by service type. Use the “Other” service type for non-claims payments not related to Behavioral Health or Primary Care.***

***Payers may apportion payments into the primary care and behavioral health service types for payments related to both. Do not double count.***

Non-Claims:  
Incentive  
Payments

Non-Claims:  
Capitation

Non-Claims:  
Risk  
Settlement

Non-Claims:  
Management

Non-Claims:  
Other

## Changes:

- SUD non-claims broken out from MH non-claims

## Impact:

- CHIA can quantify SUD and MH non-claims payments separately

# OTHER CHANGES

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# Code Set Updates

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## Taxonomy

BH taxonomy no longer required, except for identifying BH in primary care

- Behavioral health services no longer need to be performed by a behavioral health provider to be considered behavioral health
- Behavioral services in primary care must be performed by a primary care provider

## Other code set updates

Adjustments include:

- Services:
  - MH and SUD: Two “G” codes added related to prescribing
  - PC: Most codes added related to vaccines, care management
- Diagnoses:
  - Dementia without behavioral health disturbance removed
- NDC:
  - Methadone removed
  - Lucemyra included

# Replace Pediatric Indicator with Age Group Column

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## Pediatric indicator did not support identifying services provided to children as now required by law

- Costs associated with children who visited family medicine providers were not captured as pediatric
- Older teens and young adults' costs captured as “Pediatric” because they continued to see pediatric providers
- New age groups offer a simple approach to identifying spending for children, adults and older adults

Age Group	Definition
1	0-17
2	18-64
3	65+

# Cost Information

Allocation of spending should be distinct and mutually exclusive.

## CSR Subsidies

Clarified allocation of Cost Sharing Reductions (CSR) subsidies for ConnectorCare members:

- CSR subsidies should be included in “Expenditures: Incurred Expenses (Payer Liability)”

## Facility Claim Expenditures

Clarified use of Facility Claims:

- Facility Claims with appropriate revenue codes should be used to report:
  - Inpatient; Facility
  - Emergency Department/Observation; Facility
  - Outpatient Facility Non-PC



# Contact Slide

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For questions, please contact:

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