

Maryland Quality Incentive Program (QIIP)

MAY 29, 2012 and June 1, 2012

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What is QulP?

QulP is a program intended to reward providers who effectively enhance the quality of behavioral health treatment outcomes through improved engagement in community based services.



Program Highlights

- QulP participants that reach or exceed program goals will have the opportunity to receive a financial incentive.
- Program goals will be tailored to each specific OMS Provider and include a:
 - Financial component
 - Quality component
- Participating OMS Providers will continue to be paid on a fee for service basis regardless of program performance.



Financial Incentive*

- Annual incentive based on prior period performance
- Quarterly reports to measure progress versus program goal and manage program strategy
- Incentives may be paid out via rate increases or other approved method.

**Payout of Financial Incentive is contingent upon State of Maryland approval and availability of funding.*



Program Goals

- Based on each provider's specific population's characteristics
- A combination of variables
 - Acuity mix
 - Population characteristics
 - Historical performance
 - Engagement rate
 - OMS participation
- Goals are fluid
 - Adjust as a provider's population changes
 - Value Intensive Program (VIP)



Value Intensive Program

- Goal is to effectively engage program eligible consumers in effective and appropriate Outpatient Services
- Consumers with 4 or more Inpatient admissions within 3 months are eligible
- VIP consumers will be asked to select one OMS provider to be the lead in coordinating their care



Fee for Service

- Program participants' rates are not affected if program goals are not achieved
- No risk to current revenues by participating



Timeline

- Phase I: Development and Education

February 2012 - June 2012

- Phase II: Foundation

July 2012 - December 2012

- Phase III: Implementation of QulP

January 2013



Phase I – Development and Education

February 2012 – June 2012

- MHA and ValueOptions have been working together to develop plan goals and specifics
- OMS providers will develop and share strategies for creating their Quality Plans



Phase II – Foundation (to Qualify)

July 2012 – December 2012

- Develop a Quality Plan
 - Design a Plan based on quality standards
 - Review current practices to see if efficiencies can be developed
 - Strategies to better serve consumers through the use of community based services
- Be in good standing with all compliance audits
- Participate in continued training

Phase III – Implementation

January 2013

- OMS Providers will implement their Quality Plans
- All OMS Providers will continue to be paid on a fee for service basis
- OMS Providers treating a more severe case mix could receive higher financial incentives

Questions

Please send all questions to:

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