Center for Evidence to Practice

Practice Brief:

EBP Capacity and Sustainability Funding Pilot

Introduction

A priority of the Center for Evidence to Practice, in collaboration with the Louisiana Department of Health's (LDH) Office of Behavioral Health (OBH), is to expand the breadth of the utilization of evidence-based programs (EBPs) in Louisiana by facilitating training for clinicians, making these programs known to referring entities, and tracking their use. The **EBP Capacity and Sustainability Funding project** directed additional funds to Louisiana behavioral health providers offering specific child EBPs in Medicaid-funded outpatient therapy services. This one-time funding opportunity was made available in recognition of the extra time and expense required to become qualified in and implement EBPs (Reference Brief 4: Financial & Policy Challenges to EBP Implementation: Insight from Louisiana Providers). In addition, the funding provided financial incentives and technical assistance from the Center to support the integration of EBP Tracking Codes in Medicaid claims submissions. Providers had not previously made use of these outpatient EBP tracking codes for their Medicaid claims (Reference Brief 5: Provider Survey of Use of EBP Billing Codes vs. Utilization).

The goals of the project were to offset the costs to providers for: 1) achieving EBP qualifications; 2) integrating EBP tracking codes within claims processes; and, 3) delivering EBP services. The Center for Evidence to Practice administered the distribution of the funding and provided technical assistance to support providers and Managed Care Organizations (MCOs). Through this process we identified successes and challenges, while learning several lessons related to integrating and tracking EBP service delivery into Medicaid claims. This practice brief summarizes these findings and offers recommendations for future financial incentives and implementation support activities to advance EBPs.

The Funding Opportunity

LDH-OBH, allocated one-time capacity and sustainability funds to support Medicaid practitioners and agencies that were delivering one of the following EBPs:

- Child-Parent Psychotherapy (CPP)
- Eye Movement Desensitization and Reprocessing (EMDR) for adolescents
- Parent-Child Interaction Therapy (PCIT)
- Preschool PTSD Treatment (PPT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Positive Parenting Program (Triple P – Level 4)
- Youth PTSD Treatment (YPT)

Participants responded to a Request for Applications issued by The Center for Evidence to Practice. To be eligible for this funding, providers had to be contracted with at least one of the state's Medicaid MCOs and the EBP had to be delivered in an outpatient therapy setting by a licensed mental health practitioner who achieved the qualification (i.e., training completion and certification requirements specific to each EBP) as outlined in the LDH Behavioral Health Provider Manual.

Funding was distributed based on providers' use of EBP tracking codes in Medicaid Claims. Practitioners had to submit documentation of qualification to each MCO to use the Medicaid EBP tracking code. Funding amounts ranged from $3500 - $10,000 per service location. Agencies with multiple locations were eligible for up to $40,000. Funding was determined based on the number of EBP-qualified practitioners using the EBP claim tracking codes during the contract period of approximately 5-months (March-July 2022). A "volume bonus" of $3,000 was also available for delivering multiple sessions of an EBP to multiple clients (three or more EBP sessions with at least three clients).

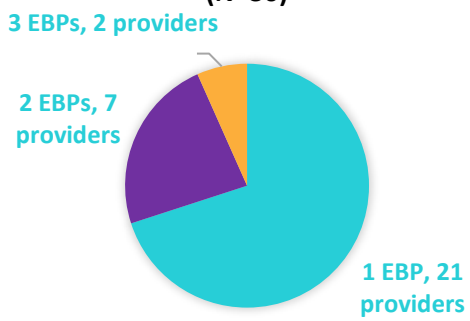
Participants in the Capacity & Sustainability Funding Project

The Center received a total of 59 initial applications for this funding opportunity, and through the LSUHSC School of Public Health contracting process, 42 entities contracted to participate. Seventeen applicants did not contract to participate due to clinicians not being qualified in the EBP, not providing outpatient psychotherapy services, or the entities chose not to participate due to time or staffing limitations.

Of the 42 applicants that contracted, 25 (59.5%) entities, consisting of 30 clinicians all together, completed the funding expectations. This included twenty-two independent practitioners and three agencies with multiple providers who were qualified in one or more of the EBPs (see Figure 1).

A total of $167,500 was distributed, to the twenty-five providers, including fourteen that received the bonus ($3000 each) for volume of EBP services delivered.

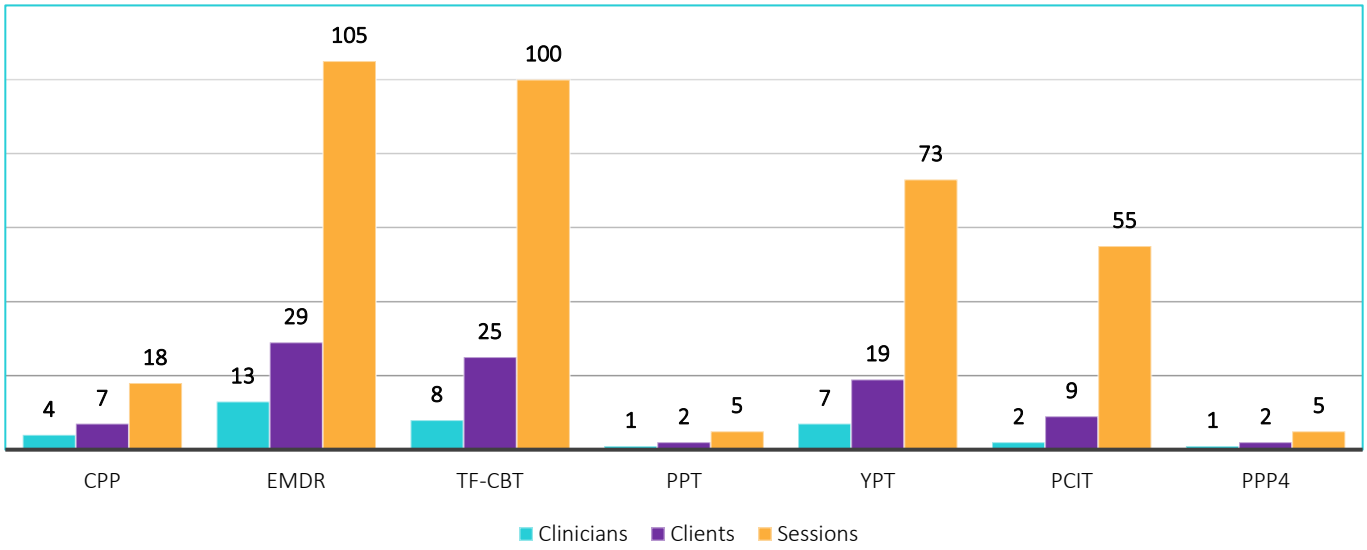
FIGURE 1:
CLINICIANS QUALIFIED IN 1 OR MORE EBPS (N=30)



EBP Service Delivery in the Capacity & Sustainability Funding Project

The thirty EBP clinicians (some clinicians qualified in more than one EBP), reported providing EBPs to 93 clients, through 361 sessions, during a short period of claims entry (primarily April through June 2022). The reach of these services is illustrated in Figure 2.

FIGURE 2: CLINICIANS, CLIENTS AND SESSIONS BY EBP



Survey of Funding Participants

A survey was conducted with entities that participated in this funding opportunity. Of the twenty-five respondents, **96% would recommend this type of funding opportunity to other providers.** The reasons for this recommendation included:

- Funding encouraged the continued delivery of EBPs in the Medicaid provider network
- Encouraged providers to continue to learn EBPs
- Provided support and recognition of the time and costs that goes into these models and helped work out the challenges of using the EBP tracking codes

When asked how the funding will be/was used? Respondents offered:

- To help sustain and grow practices
- Train more clinicians and see more clients
- Continue learning and needed resources and supplies
- Reward EBP providers

Additionally, respondents self-reported qualitative data regarding their experience in this project as highlighted below.

"I think this has been a great opportunity as a therapist and as someone who wants to continue providing services to underrepresented children."

"This funding opportunity exposed me to resources and training I did not know existed. It was also great for networking with other agencies."

"I would recommend this type of funding opportunity to other EBP providers because it brings awareness to all of the hard work, training, and experience that professionals within this field are utilizing."

"A lot of providers either quit or change their course of action because of the expenses related to EBP practice. This funding opportunity provides the opportunity for providers to participate in trainings and receive some extra much-needed support."

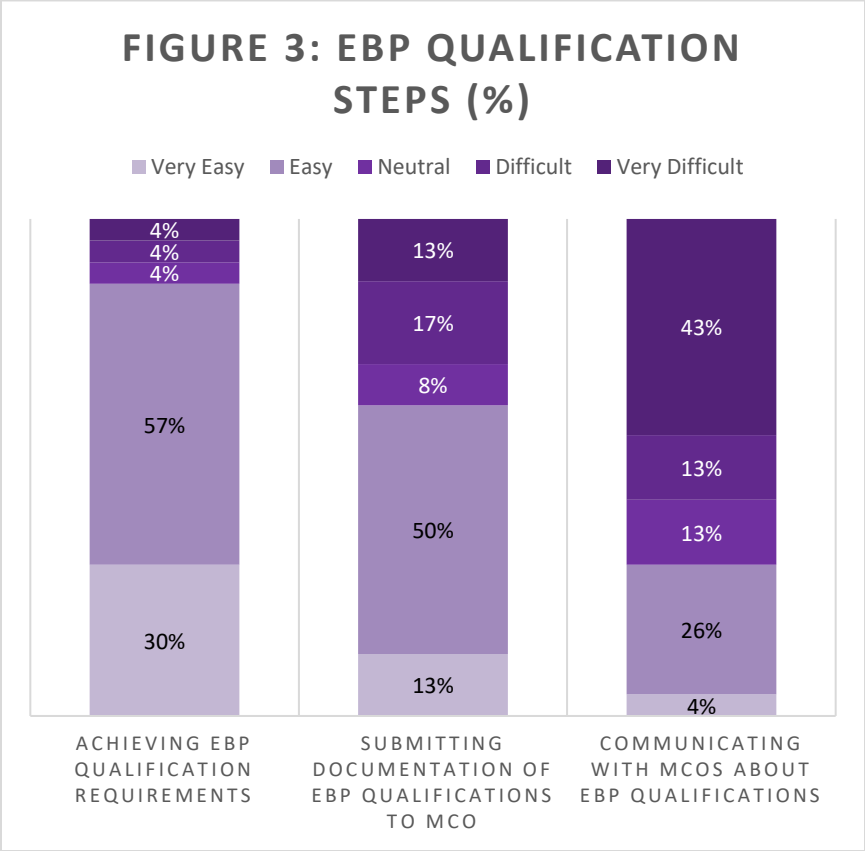
EBP Qualification and Claims Submission

When asked about the process of achieving EBP qualifications, providers reported an ease of efforts with engaging the training and qualifying process that became more difficult as they attempted to translate those qualifications to MCOs. See Figure 3.

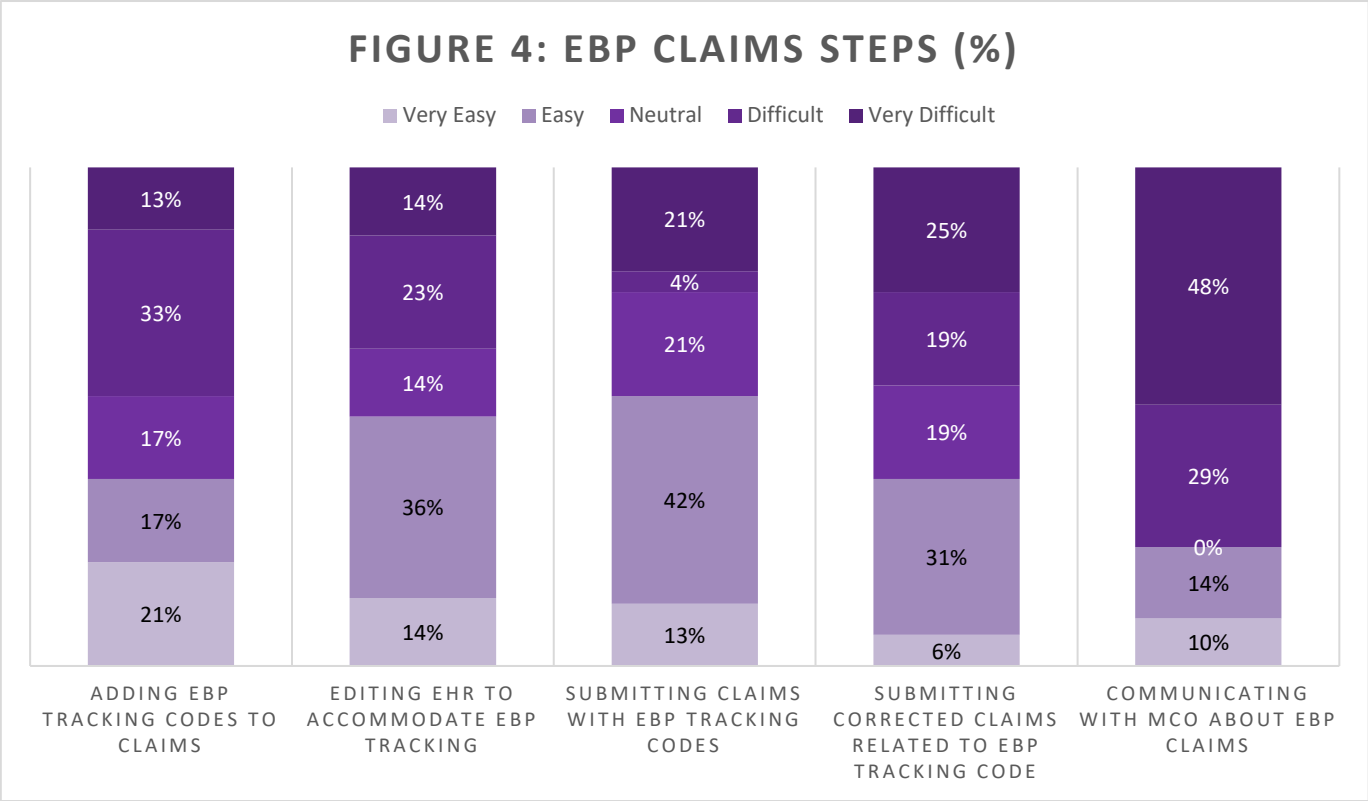
As part of the qualitative follow-up, providers offered the following:

"Working with 5 MCOS who all were trying to figure out how to make the EBP tracking codes work in systems used to working with modifiers...was challenging as each had a different internal process for approval...

"It was also very challenging to figure out where the 'qualifications' were being added on the credentialing side; and it was not clear who at each MCO was responsible for ensuring that everything connected in their own systems - so you would send in the credentialing documents but never heard back if they had been 'added' so you start submitting claims with tracking codes and still get no feedback on whether everything is lining up..."



In order to record service delivery and qualify for the additional funding, providers had to submit Medicaid claims with EBP tracking codes. This process was described as challenging in regards to making their own internal changes to record codes as well as communicating with MCOs as issues arose in the process. See **Figure 4** below.



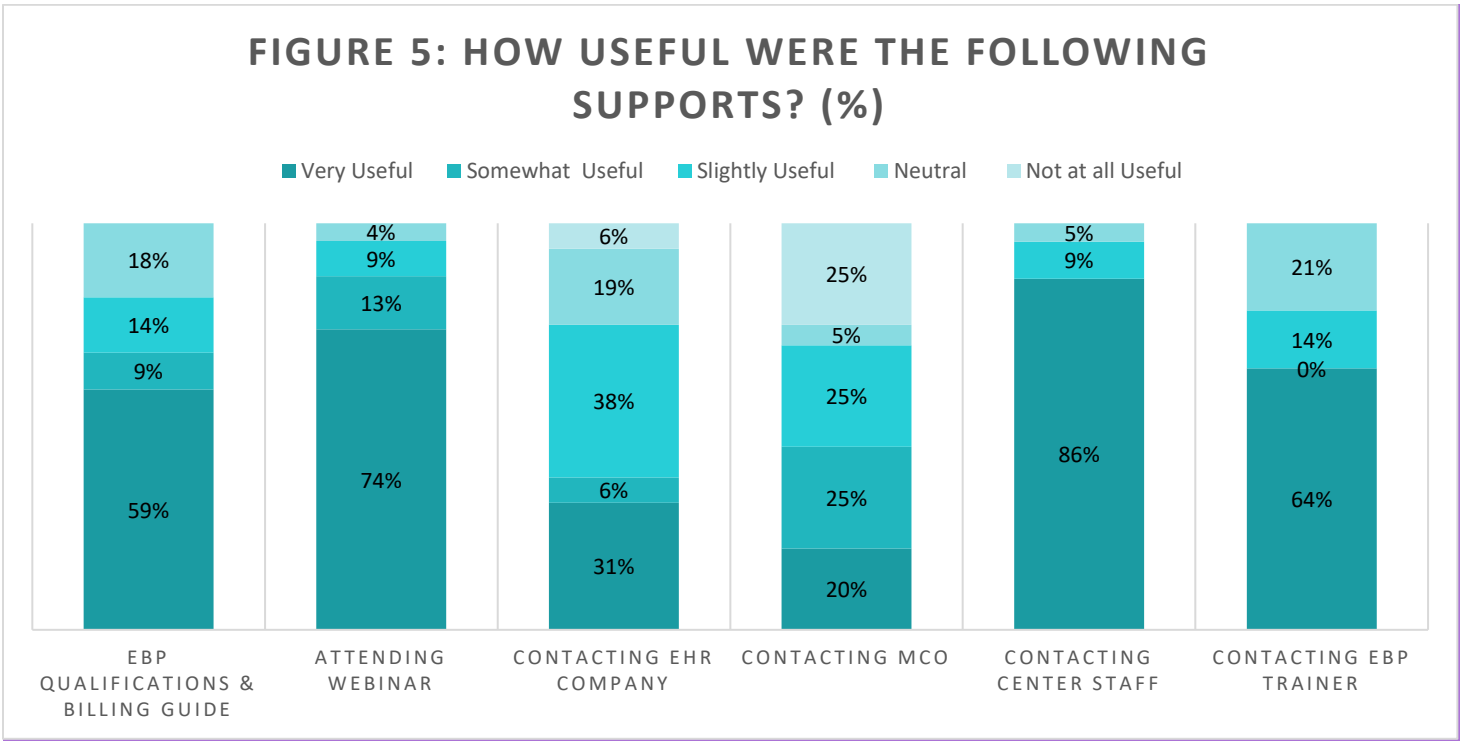
In responding to the survey regarding this experience, providers offered the following detail to explain their rankings.

> ***"I had to use the MCO portal to submit claims and they were denied stating I was not eligible to use the tracking code even after they had verified they received my certification. I still [had] not received payments after contacting the MCO."***

> ***"MCO did not return calls or emails to answer questions. MCO should make it so you can put the code on any EHR portal and not have to submit through their portal. Claims were denied, stating not eligible, even after (I) sent verification of the tracking code. Each MCO should have the same procedure so providers don't have to remember each MCO requirement."***

Support and Technical Assistance

The Center for Evidence to Practice offered support to providers and facilitated communication with MCOs by developing an *EBP Qualification and Billing Guide*, hosting webinars to facilitate contact and problem-solving with MCOs, and creating certification clarifying discussions with EBP trainers. Survey respondents reported that many of these efforts were useful but that contacting MCOs on their own was a challenge. See **Figure 5** below.



Lessons Learned

This opportunity was a pilot project intended to better understand how additional supports might impact EBP providers. It was also an opportunity to learn for future incentive programs that might be offered. In regards to EBP qualification expectations, providers and MCO staff *needed clarification* about the EBP qualification requirements and documentation. Submitting qualification documentation and receiving confirmation of acceptance from multiple MCOs, was *cumbersome and time-consuming* for clinicians.

Providers described several *frustrating and onerous barriers* to submitting EBP qualifications and claims with the EBP tracking codes to MCOs. These challenges needed to be addressed separately for each MCO the provider contracted with. Examples included:

- Not receiving confirmation that EBP qualification documentation had been accepted by the MCO
- Claims with the EBP tracking codes being rejected and not receiving payment
- Needing to submit corrected claims to address problems that included using the EBP tracking codes
- Having to use the MCO portal instead of their electronic health record to submit EBP claims
- Some MCOs did not have all of the EBP tracking codes ready for use and did not have correct information about the codes on their website
- Several providers had problems with communication and responsiveness from the MCOs regarding their efforts to use the EBP tracking codes

In addition, while expectations about the use of these EBP tracking codes had been in place several years prior to this funding, many of the MCOs had not ensured that they were compatible with provider billing systems and the MCO credentialing processes. The way the EBP tracking codes are submitted with claims, using a notes field, is not a part of standard billing practices. Billing personnel were not familiar with the procedure and could not easily integrate the codes into current processes.

Furthermore, when considering alignment of service delivery with funding expectations, EBP trained providers are serving children and families with Medicaid in various settings, such as schools, community (e.g., MHR), and child advocacy centers. Some were not eligible for the funding opportunity because the *EBP tracking codes are limited to outpatient licensed mental health practitioners.*

Conclusions & Recommendations

There were strengths and challenges in this funding opportunity worth recognizing. The funding opportunity **raised awareness** and **increased motivation to achieve the EBP qualification**. Providers reported that they are **grateful for EBP training opportunities and are eager to have their efforts implementing EBPs recognized and financially compensated.**

Challenges included **communication and technical barriers** with the MCOs which, providers reported, made this funding opportunity **frustrating and time-consuming for a workforce that is already stretched thin**. Additionally, it was noted that Medicaid claims with the EBP tracking codes are **not adequately capturing** the full scope of EBP service provision and the impact of OBH and the Center for Evidence to Practice efforts.

In recognition of these strengths and challenges, several recommendations to continue supporting EBP capacity building and sustainability might be considered. First, identify opportunities to **simplify the process for distributing financial incentives to support EBP providers**. For example, centralize the EBP qualification process so providers do not have to submit documentation to each MCO separately and MCOs could access one source of information for adding EBP qualifications to a clinicians' credentials. The Center may be an ideal resource for managing such a role.

Second, ensure that the technical aspects for tracking EBP delivery have been **fully tested**, are **well communicated** to providers, and, if possible, **embedded within existing processes.** We had hoped that this funding opportunity would highlight the best way to scale up the use of these EBP tracking codes; however, the current tracking codes are not a part of standard billing practices, cumbersome for providers to use, frequently rejected, and not capturing the range of settings for EBPs are provided.

Third, consider the **reach of the funding** and if the qualifications are aligned with who and where the EBP services are being delivered. The current funding opportunity was limited to licensed mental health practitioners delivering outpatient psychotherapy and excluded some of the other professionals that have received EBP training through OBH and the Center for Evidence to Practice.

Fourth, continue the Center for Evidence to Practice's service as a **bridge between providers, MCOs, EBP trainers, and OBH**. As an independent intermediary, the Center was able to identify common challenges, facilitate communication, and problem-solve with providers and MCOs.

Last, **provide additional supports for achieving EBP qualification**. The Center for Evidence to Practice, in partnership with EBP trainers, can clarify expectations, provide additional consultation, offer booster trainings, encourage and track achievement of qualifications (e.g., EBP-specific learning community), and make efforts to re-engage clinicians who received EBP training but do not achieved EBP qualifications.

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The Center's partnership with the state focuses on creating a trained workforce, increasing access to EBPs, and examining improved utilization of EBPs to better serve the behavioral health needs of youth and families throughout Louisiana. More information on the Center is available at https://laevidencetopractice.com/ .