

## ATTACHMENT B

### SITE INTERVIEW PROTOCOL CCBHC ADMINISTRATION AND FINANCE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-NEW. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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**SITE VISIT INTERVIEW QUESTIONS- CCBHC ADMINISTRATION AND FINANCE STAFF**

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On-site interviews will be conducted with program leadership, providers, and administrative staff from CCBHC demonstration sites in 4 states. The interviews will address specific factors that shape CCBHC policies, and will be tailored based on the information already gathered through applications and other sources—or gaps in that information—regarding participating sites' program characteristics. The interviewer will transfer the information gathered from the interviews into a Debrief Template that organizes data by criteria domain and corresponding research questions. The general protocol for site visit interviews with CCBHC administration and finance staff is presented below.

**A. Introduction**

1. Please describe your current role/position.
  - a. For how long have you held this position?
  - b. [For CCBHC staff] What are your key responsibilities in the CCBHC?
  - c. [For CCBHC staff] If you were at this agency prior to CCBHC certification, how has your role changed with CCBHC certification?

**B. Changes associated with CCBHC certification**

1. What are the major ways that administrative and financial systems changed when the clinic became a CCBHC?
  - a. What are the major differences between the way that the CCBHC is administered and how other non-CCBHC community behavioral health clinics (e.g., CMHCs) are administered in your state?
2. How do billing processes differ for the PPS from usual practice with other clients/payers? For clients served prior to CCBHC?

**C. Quality and other reporting**

1. Aside from the demonstration, how do you generally monitor your clinic's performance?
  2. How is the performance of your CCBHC monitored for the demonstration?
    - a. What sources of data are used?
      - Any challenges getting necessary data?
    - b. How are required quality measures calculated and reported by your CCBHC?
      - Any challenges performing calculations or defining populations for measures?
    - c. Do you track CCBHC clients' utilization information related to health care costs?
  3. Are any performance measures, in addition to the required quality measures, collected and used by your CCBHC?
  4. Does the state provide you with feedback on state reported quality measures associated with the demonstration?
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## **D. Data collection and sharing**

1. How are data required for billing claims and encounter records collected?
2. What types of data are collected?
  - a. Who records data?
  - b. Who has access to data?
3. Are electronic health records used in the CCBHC?
  - a. What is the name and version of the EHR software?
  - b. Is billing information integrated into the EHR system?
    - If not integrated, what is the name and version of the billing software?
  - c. Do all clinicians use the same system? Including providers at designated collaborating organizations (DCOs)?
  - d. If not, how are billing records compiled from multiple information systems?
  - e. Describe the flow of information that goes into clinic claims and encounters. Who collects what data, and when? Who enters data?
  - f. How often are records checked for accuracy and by whom?
  - g. Is quality reporting information integrated into the EHR system?
  - h. If yes, was this an existing function/tool, or did it require modification to the system?
4. How are encounter records (reports of clinical procedures submitted along with PPS reimbursement claims) captured and reported for the CCBHC? For DCOs?
  - a. How does the clinic monitor reporting of PPS claims and encounter data?
  - b. How significant is the additional administrative burden associated with the PPS, relative to other payment systems you've worked with?
5. Describe any burdens/challenges associated with data collection?
  - a. What technical assistance tools would help?
6. In what way are the data analyzed? What are plans for ongoing/future data analysis?
  - a. Who is responsible for data analysis (e.g., internal staff member, contracted external evaluator, etc.)?
  - b. How will data collection and analysis be used to benefit the CCBHC, for example, for quality improvement initiatives?
  - c. Describe any challenges and solutions associated with data sharing and analysis?
7. Are any data or data reports shared with clients or their families?
  - a. Does the CCBHC have an interactive website or patient portal to support CCBHC client access to data or data reports?

8. Are you involved in required CCBHC reporting to the state or federal government?  
Probe about the following:
  - Quality measures
  - Cost Reports
  - Other reporting requirements
9. What reporting requirements are in place between CCBHC and DCO(s)?
  - a. Do DCOs report encounter data?
  - b. How is the information shared?
  - c. Is a health information exchange function integrated in the EHR system?
    - If no, what is the name and version of the HIE system?
    - Is HIE system or integrated HIE function compliant with 42 CFR 2 (substance abuse confidentiality) requirements?
  - d. Have you had any challenges in managing payment for care provided in DCOs?

#### **E. Payment systems**

1. What type of payment system is used at your CCBHC?
    - a. [If PPS-1 with Bonus or PPS-2 system] Do you track or target performance on measures linked to the Quality Bonus Payment?
    - b. What proportion of your billing work involves the PPS as opposed to other payers?
      - Is the administrative burden of submitting claims different for consumers covered by the PPS system? In what ways?
  2. Thinking about client caseload and their payers, approximately how many patients are (approximate percentage of total patients seen):
    - a. Have Medicaid?
    - b. Are uninsured?
    - c. Are privately insured?
    - d. Are sliding scale fee patients?
    - d. Have Medicare only vs. dual eligible?
    - e. Are dual eligible patients payed through PPS?
    - e. Are recipients of 1915(c) waivers?
    - e. Others?
  3. How are clients covered by the PPS system distinguished from other consumers?
    - a. Are Medicaid clients tracked separately from other consumers? And dual eligible?
    - b. Are services for clients covered by the PPS managed differently from the way services are managed for other consumers?
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4. How are clients notified about payment options?

Probe about:

- Medicaid enrollment
- Sliding fee scale

5. Are clients required to pay co-payments or other fees?

If yes, probe on type, amount, and frequency.

6.

7. How is the payment system working for your clinic? Have you encountered any difficulties or received any feedback from staff or clients?

- a. What steps have been taken to address these issues?
- b. [If PPS-2 system]: How are the various components of the rate mechanism working at your clinic (i.e., stratification of rates by patient severity, outlier payments, and quality bonus payments)?
- c. Have you encountered any issues regarding payment for clients who are dually eligible/enrolled (Medicare/Medicaid)? For individuals who are recipients of 1915(c) waivers?

8. Who in the clinic prepares the required cost reports?

- a. What is the process for preparing the cost reports?
  - How are the costs and clients documented or estimated?
  - Has this changed over time?
  - (1) Did your clinic have experience preparing cost reports prior to CCBHC certification?
  - (2) If yes, how did previous cost-reporting process differ from CCBHC reporting?
    - Have you encountered any difficulty producing or updating the cost reports? Please describe the major challenges in preparing the cost reports.
- b. Are costs monitored on an ongoing basis?
  - How frequently are costs assessed/reviewed?
  - What costs are examined (e.g., total quarterly cost, cost by resource, cost per client/provider/encounter, etc.)

**F. CCBHC implementation successes and barriers**

- 1. What features of the CCBHC model have worked well so far during the implementation process? How have these improved work/processes in your clinic?
- 2. What barriers have you faced in implementing the CCBHC model? (If necessary, prompt with: Types of barriers may include problems hiring qualified staff, coordinating MH and DCO leadership, billing/financing issues, and poor client engagement and/or retention.)
  - a. What strategies have you used to overcome them?

3. What plans do you have for maintenance and sustainability of the CCBHC services?
  - a. Do you have any concerns regarding CCBHC program sustainability?

**G. Interviewee feedback/open discussion**

1. What have we missed? What else do we need to know that we haven't asked you?
2. Is there anyone else from administration/finance who should be included in these interviews?