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# **New York State Behavioral Health Value Based Payment Readiness Program Applicants Webinar**

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# VBP Readiness Background and Overview



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# BH VBP Readiness Program

## Background and Program Overview

- Provide funding to selected BH providers who will form Behavioral Health Care Collaboratives (BHCC)
- A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area, including the ability to collaborate with physical health providers
- A BHCC cannot be a single provider
- It includes, but is not limited to, all licensed/certified/designated OMH/OASAS/BH HCBS programs and service types

# BH VBP Readiness Program

## Background and Program Overview

The Readiness Program is designed to achieve two high level goals:

- Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
- Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Funds will support four VBP Readiness areas: Organization, Data Analytics, Quality Oversight, and Clinical Integration

# BH VBP Readiness Program

## Background and Program Overview

The final deliverable is that BHCC leads and network members are either:

- Participating in a Level 2 or higher arrangement as a Level 1 provider network

OR

- A contracted entity in a Level 2 or higher arrangement

\*\*\* If no Level 2 or higher arrangement is available in the BHCC's service area, participating in a Level 1 VBP arrangement with an MCO is acceptable.

# VBP Readiness Pre-Application Creating a Collaborative



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# BHCC Eligibility

- Non-hospital Medicaid managed care community-based providers licensed/certified as an Article 31 or Article 32 provider, or designated BH HCBS providers may apply on behalf of a group of providers for BHCC funding. BH IPAs may also apply to participate.
- BHCCs must include the full spectrum of regionally available BH programs as defined in application.
- Exclusion of these programs due to unavailability or unwillingness to participate will not disqualify the BHCC.
- A BHCC cannot be a single provider.
- BHCCs must also seek participation from affiliate providers, as defined later in this presentation.



# BHCC Eligibility

- The State will evaluate BHCC applications holistically and select applicants whose proposals the State deems most likely to benefit affected Medicaid Managed Care enrollees and who are likely to be successful in accomplishing stated goals, achieving sustainability, and entering into VBP arrangements.
- Application submission does not guarantee eligibility for program funds.

# Creating a Collaborative

BHCCs must:

- Be comprised of Network and Affiliate Providers (defined later in this presentation)
- Meet the needs of the region served
- Meet minimum network adequacy threshold

# Creating a Collaborative

## BHCCs MUST include:

- a full spectrum of regionally available BH service types
- peer-run agencies
- CCBHCs
- community rehabilitation providers
- smaller agencies
- community-based programs addressing social determinants of health
- hospitals or Article 28 licensed providers including hospital operated Article 31/32
- Health Homes (HH)

# Creating a Collaborative

BHCCs must make a good faith effort to include:

- Performing Provider Systems (PPS)
- Federally Qualified Health Centers (FQHCs)
- State-run programs
- Primary care providers
- Other physical health providers
  - Exclusion of these programs due to unavailability or unwillingness to participate will not disqualify the BHCC

# Affiliate and Network Providers

Network Providers: OMH Licensed Art 31 or OASAS Certified Art 32 non-hospital community-based organizations and BH HCBS providers that create the BHCC. They control the use of BHCC funding and collectively meet BHCC requirements.

Affiliate Providers: include, but are not limited to, hospital and community physical health providers, non-Medicaid providers, and providers addressing the social determinants of health. They are critical partners in achieving VBP goals and should be connected to any BHCC. They may only receive BHCC funds under a contractual arrangement with the BHCC for analytics, data management, and other functions supporting the BHCC.

# Creating a Collaborative

BHCCs will not qualify if:

- It has low Medicaid managed care enrollment of people served by the BHCC and/or low ambulatory behavioral health volume.
- A single BHCC provider makes up more than 60% of the weighted percentage average of the three BHCC Lead and Network provider metrics (defined later)
- Children's BH Services claims exceed 50%

# BHCC: Additional Requirements

- BHCC must select a lead provider.
- When a BH IPA is the lead entity, the BHCC must include additional providers to qualify.
- When an FQHC Article 31/32 is the lead entity, the BHCC must include additional non-FQHC Article 31/32 providers to qualify.
- Eligible providers may participate as a lead or network provider in only one BHCC per RPC region. If they choose to participate in additional BHCCs within the same RPC region, they may only participate as an affiliate provider.

# BHCC: Additional Requirements

- Where VBP Readiness documents refer to claims volume, this is defined as a weighted average of MMC enrollees served, ambulatory BH encounter/claim service volume, and ambulatory BH encounter/claim service dollars.
- Only the lead and network providers' claims will be included in the selection calculation.
- Children Services can not exceed 50% claims volume for the BHCC
- BHCCs that do not meet the minimum weighted average of the three lead and network provider metrics will not qualify
- No one BHCC provider may make up more than 60% of the weighted percentage average of the three BHCC lead and network provider metrics.



# Collaboration Considerations

- Do you meet minimum requirements to be selected as lead?
- Would you benefit from collaborating with others in your area?
- How do you fit into the mix in your service area?
- To find potential partners, check the NOI leads posted on the [website](https://www.omh.ny.gov/omhweb/bho/bh-vbp.html): <https://www.omh.ny.gov/omhweb/bho/bh-vbp.html>

# Lead Agency Roles and Responsibilities



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# BHCC Lead Provider

BHCC Lead Providers must be either:

- OMH Licensed Art 31 or OASAS Certified Art 32 non-hospital community-based organization.
- Designated BH Home and Community-Based Services (BH HCBS) organization
- BH IPA

AND:

- Contracted with a Managed Care Organization

# BHCC Lead Provider

BHCC roles and responsibilities will transition through:

- Pre Application
- Application Submission
- Post Application Selection

# BHCC Lead Provider: Roles / Responsibilities

## Pre-Application

Engage network and affiliate partners

- Network partner examples: OMH Licensed Art 31 or OASAS Certified Art 32 non-hospital community-based organizations, designated BH HCBS providers
- Affiliate partner examples include, but are not limited to: State, County, and Hospital-operated BH providers, PPSs, HHs, programs that address the Social Determinants of Health

# BHCC Lead Provider: Roles / Responsibilities

## Pre-Application

Coordinate Pre-Application discussions that:

- Inform the development of the submitted network
- Orient potential BHCC partners to a general understanding of VBP
- Include discussion / review about the general VBP readiness status of BHCC providers, e.g. are some already engaged in VBP arrangements
- Review how the BHCC currently coordinates services

Discuss / Coordinate the process for application submission among anticipated Network and Affiliated partners

# BHCC Lead Provider: Roles / Responsibilities

## Application Submission

- Responsible to properly submit complete BHCC application by State Due Date (tentatively November 10, 2017)
- Application must include, completed and in original format, as provided by the State:
  - Behavioral Health Care Collaborative (BHCC) Member Submission Template
  - Fillable PDF Application Narrative Form
  - All signed Lead, Network, and Affiliate Provider Attestation Letters

# BHCC Lead provider: Roles / Responsibilities

## On-going /Post Application Selection

### MCO Partnership

- Contract with a participating Medicaid Managed Care Organization (MCO).
- Act as a liaison between the BHCC and the MCO.

### Communication

- Communicate with the State on behalf of the BHCC.
- Coordinate communication for the BHCC.



# BHCC Lead Provider: Roles / Responsibilities

## On-going/Post Application Selection

Coordinate BHCC process to develop and submit:

- Year One: Preliminary work plan addressing the four Readiness Areas.
  - As part of the preliminary work plan, the lead agency will identify the fund distribution mechanism to support completion of BHCC deliverables.
- Year Two and Three: Updated work plans and deliverables, as reflected in approved work plans, to contracted MCOs and the State.
- Address, respond, and follow-up with the MCO and the State, regarding work plans and deliverables.

# BHCC Lead Provider: Roles / Responsibilities

## On-going/Post Application Selection

### Funding Management:

- The lead provider will receive funds from the selected MCO and distribute funds to support approved BHCC related activities.
- Funds are used to support BHCC activities as identified in Preliminary and Updated work plans.
- The lead provider does not have sole discretion on use of BH VBP Readiness funds, but must work with other network partners as defined within the BHCC's organizational structure. Funds will be distributed based on BHCC policy and rules.
- The State reserves the right to retroactively review work plan activities and deliverables and recoup BHCC funds from lead provider in the event it is determined it inaccurately represented activity progress.

# Network and Affiliates

## Roles and Responsibilities



# Network Providers

## Roles/Responsibilities

Network providers control the use of BHCC funding and collectively meet BHCC requirements. They are responsible to participate in:

- BHCC Governance
- Decisions about, and control of, BHCC funding
- Collectively meeting the BHCC requirements

# Affiliate Providers

## Roles/Responsibilities

- Affiliate providers are critical partners in achieving VBP goals.
- Affiliates may receive BHCC funds under a contractual arrangement with the BHCC for analytics, data management, and other functions supporting the BHCC.
- BHCC applications that do not incorporate such providers as affiliates, without demonstrating a good faith effort to engage them, will not be eligible for BH VBP Readiness funds.

# Affiliate and Network Provider Additional Guidelines

Only the lead and network providers' claims will be included in the weighted average percentage calculation of three BHCC Lead and Network provider metrics (more about these later in the PPT):

- BH Medicaid managed care enrollees served
- ambulatory BH claims/encounter volume
- ambulatory BH claims/encounter expenditures

# VBP Readiness Application



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# VBP Readiness

## Timeline of Submissions

### Application

- Targeted posting date is September 15<sup>th</sup>
- Tentatively due November 10, 2017

### Year One (SFY 2017-18)

- Preliminary work plan addressing all four BH VBP Readiness Areas. This is the only work plan that must be submitted in the program's first year

### Year Two (SFY 2018-19) and Year Three (SFY 2019-20)

- Updated work plan and deliverables



# Application Required Components

Following items must be submitted to: [VBP-Readiness@omh.ny.gov](mailto:VBP-Readiness@omh.ny.gov) with “BHCC Application” in the subject line:

1. BHCC Member Submission Template
2. PDF Fillable Application Form
3. Attestation Letter signed by Lead Agency – template provided by NYS
4. Attestation Letters signed by all Network and Affiliate Providers - template provided by NYS

# Application

## BHCC Member Submission Excel Template

- Application must use the state provided Excel submission template to indicate the membership of the proposed Behavioral Health Care Collaborative (BHCC). This template must be submitted in Excel (.xls or similar) format. No PDFs of this template will be accepted.

# Application

- PDF fillable form of mandatory elements that speak to what is currently in place that prepares your BHCC for the VBP environment.
- BHCC Mission and Vision Statement
  - To address regional service needs, readiness of applicant providers to engage in VBP arrangements, the existing VBP environment, status of applicant providers in meeting program goals, and BHCC sustainability beyond the three-year program period.

# VBP Readiness Areas

- Readiness Areas support VBP understanding and implementation among coordinated networks.
- Funds support and prepare community-based behavioral health programs to develop sustainable, data-informed collaborations among BH, physical health, and support services.

# Readiness Area: Organization

## Readiness Objective

- Creation of the BHCC's structure, addressing the needs of the BHCC lead, network, and affiliate providers, and the community being served, including the ability to work collaboratively with primary care providers.

## Application

- Creating a BHCC that meets VBP Readiness Program requirements.
- All BHCC providers must include an attestation letter of participation. Forms letters will be provided.

# Readiness Area: Data Analytics

## Readiness Objective

- Develop / Select and maintain a data analytics platform
- Allow the review and analysis of cost and quality data

## Application Questions

- Identify healthcare-related data sharing platforms that connect to all BHCC providers to facilitate collaborations among the BH, physical health, and support service community.
- Describe the BHCC's envisioned strategy to link participating agencies, who are not already connected, to a data sharing platform.
- Describe the measures network providers are currently collecting and reporting on for clinical and fiscal purposes.

# Readiness Area: Quality Oversight

## Readiness Objective

- Monitor continuous quality improvement activities of the BHCC and individual programs using VBP metrics and BHCC developed metrics

## Application

- For BHCCs that have already come together (e.g. IPAs, ACOs, FQHCs, etc.), describe any and all internal quality measures that are currently in place to monitor provider performance. When applicable, indicate which measures align with either DSRIP and/or the VBP Roadmap.
- For BHCCs that have not come together describe how the BHCC will create a Quality Oversight Committee.

# Readiness Area: Clinical Integration

## Readiness Objective

- Establish practices, protocols, or service coordination activities that support care coordination and integration of clinical activities across the BHCC.

## Application

- Describe any current protocols, practices, or service coordination efforts between any BHCC network and affiliated organizations.
- These efforts should facilitate integrative care among multi-disciplinary providers, including but not limited to: physical health providers and community-based agencies addressing social determinants of health.



# Signed Attestation Letters Required

- Lead Agency – Signifies understanding of the BH VBP Readiness Program, the responsibilities of a lead agency, and obligation to meet those requirements.
- Network Providers / Affiliate – Signifies understanding of the BH VBP Readiness Program and intent to participate as part of the lead agency's BHCC.

# BHCC Application Review

- Mission/vision of the BHCC and the short and long term plan for accomplishing its goals
- Network adequacy number of people enrolled in Medicaid Managed Care and served by BHCC
- Volume of non-hospital BH services provided to enrollees in the service region
- Demonstrated connection to the local system of care
- Application must include all required information. Applications missing content will not be considered for the BH VBP Readiness program.

# VBP Readiness Funding



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# VBP Readiness Funding

- In Year One (SFY 2017-18) it is anticipated that \$10.5 M will be available to BHCCs in the NYC/ LI region, and \$9.5 M in Rest of State.
- Funding per BHCC will be based upon the quality of the application and the weighted average percentage of three BHCC Lead and Network provider metrics:
  - BH Medicaid managed care enrollees served
  - ambulatory BH claims/encounter volume
  - ambulatory BH claims/encounter expenditures

# Minimum Weighted Average

- There is a minimum weighted average per RPC to qualify for BH VBP Readiness funds. Therefore, BHCC applicants are encouraged to collaborate to submit one application.
- Data used is from July 2015 – June 2016
- Data includes ambulatory MH and SUD service types
- Meet or exceed the application threshold

# BH VBP Readiness funding is limited

- If multiple applications are qualified for the same region, they will receive a share of the funds available in that region.
- Award size will be determined based upon market share.

# VBP Readiness Year One

## Funding Year One (SFY 17-18)

- Payment One:

Selected BHCCs will receive an initial release of start up/planning funds equal to one half of the award amount.

# VBP Readiness Year One

## Funding Year One (SFY 17-18)

- Payment Two

Upon notification of award, the BHCC will begin to support development and execution of the preliminary workplan which must include projected activities in all four readiness areas. Submission and approval of this preliminary workplan will release year one payment two.

Prior to submission of the preliminary work plan to the BHCC's partnered MCO, the BHCC may choose to work with the State agencies/MCOs to verify completeness.

The MCO reserves the right to authorize future year advance payments of unspent dollars, where a BHCC has met workplan deliverables to receive the next payment.



# VBP Readiness

## Year 1

### Preliminary Workplan



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# Preliminary Workplan

Following the application process, selected BHCCs will receive start-up funding to support work plan development. BHCCs must meet the requirements prescribed within this document for each of the four BHCC readiness areas:

- Organization Structure
- Data Analytics
- Quality Oversight
- Clinical Integration

# Organization

## *Readiness Objective*

- Creation of the BHCC's structure, addressing the needs of the BHCC lead, network and affiliate providers, and the community being served.
- Activities/Item eligible for funding may include, but are not limited to:
  - Forming of BHCC committees to ensure compliance and consistency
  - Creating governance and decision-making structures
  - Creating plans to address network gaps

# Data Analytics

## *Readiness Objective*

- Develop/Select and maintain a data analytics platform
- Allow the review and analysis of cost and quality data
- Activities/Item eligible for funding may include, but are not limited to:
  - Data analytics and warehousing software/hardware
  - Data management and analytics staff, contractors, and/consultants
  - Connecting to RHIOs and/or other data sharing platforms

# Quality Metrics

## *Readiness Objective*

- Monitor continuous quality improvement activities of the BHCC and individual programs
  - VBP metrics
  - BHCC developed metrics
- Activities/Item eligible for funding may include, but are not limited to:
  - Selecting, tracking, and reporting VBP and BHCC metrics
  - data collection tools
  - systems to facilitate quality assurance and oversight

# Clinical Integration

## *Readiness Objective*

- Establish practices, protocols, or service coordination activities that support care coordination and integration of clinical activities across the BHCC
- Activities/Item eligible for funding may include, but are not limited to:
  - care coordination trainings
  - supporting provider and stakeholder meetings related to care coordination practices
  - co-occurring treatment practices including screening, treatment, and referral

# VBP Readiness Year 2 and 3



# Funding Years Two and Three (SFY 18-19, SFY 19-20)

- Year Two and Three payments will be released upon successful submission and approval of updated work plans/deliverables demonstrating progress as detailed in the deliverables document.
- The State reserves the right to authorize, with the cooperation of the MCO, future year advance payments of unspent dollars, where a BHCC has met deliverables to receive the next payment.
- Upon receipt and approval of updated work plan, and any available deliverables, the funds will be released to the lead BHCC entity.



# Funding Years Two and Three (SFY 18-19, SFY 19-20)

- Achievement of the final deliverable in either Year Two or Three - participation of all lead and network providers in a VBP arrangement - will release the final portion of available funds to the BHCC, subject to availability of funds.
- The State reserves the right to retroactively review work plan activities and deliverables and recoup BHCC funds from the lead agency in the event it is determined it inaccurately represented activity progress.

# Final Deliverable

Lead and Network Providers must

- Contract with an entity in a Level 2 or higher arrangement
- OR
- Participate in a Level 2 or higher arrangement as a Level 1 provider network

\*\*\*\*If no Level 2 or higher arrangement is available in the BHCC's service area, participating in a Level 1 VBP arrangement with an MCO is acceptable

# VBP Arrangements

- No need to wait until end of 3-year program to pursue participation in a VBP arrangement
- Understand the current VBP environment in your area
- Get involved early with potential payers, understand their needs

# Resources / Questions

- [VBP-Readiness@omh.ny.gov](mailto:VBP-Readiness@omh.ny.gov)
- <https://www.omh.ny.gov/omhweb/bho/bh-vbp.html>