



Office of
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Office of Alcoholism and
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New York State Behavioral Health Value Based Payment Readiness Program

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VBP Readiness Background and Overview



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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.

BH VBP Readiness Program

Background and Program Overview

Provides funding to selected BH providers who will form Behavioral Health Care Collaboratives (BHCC) and support four VBP Readiness areas: Organization, Data Analytics, Quality Oversight, and Clinical Integration

All materials including background information; application; and deliverables are available:

<https://www.omh.ny.gov/omhweb/bho/bh-vbp.html>

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 VBP arrangement as a Level 1 provider network

OR

- A contracted entity in a Level 2 or higher VBP 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 or other payer is acceptable.

BHCC Eligibility

- 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 Network and Affiliate Providers

Network Providers: OMH Licensed Article 31 or OASAS Certified Article 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 through a contract as payment for work-for-hire at the discretion of the network providers.

BHCCs: 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)

BHCCs: 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******

BHCCs: Creating a Collaborative

BHCCs will not qualify if:

- It does not meet the minimum weighted average threshold, as described later in this presentation
- 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%

BHCCs: Additional Requirements

- BHCC must select a lead provider.
- When an 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.

Lead Agency Roles and Responsibilities



Lead Agency

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

Lead Agency

On-going/Post Application Selection

Coordinate BHCC process to develop and submit:

- Year One: Preliminary work plan addressing 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, to contracted MCOs and the State.
- Address, respond, and follow-up with the MCO and the State, regarding work plans and deliverables.

Lead Agency

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.

Lead Agency: Roles / Responsibilities

On-going/Post Application Selection

Funding Management, con't:

- 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



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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.

VBP Readiness Application Materials



Application Materials – Posted

<https://www.omh.ny.gov/omhweb/bho/bh-vbp.html>

All components must be submitted using the state forms/format provided.

Applications must **include these four items** AND all items **must be complete**:

1. BH VBP BHCC PDF Fillable Application Form
2. BHCC Member Submission Excel Template (.xls or similar) NO PDF
3. Lead Agency Attestation
4. Network and Affiliate Attestations for each BHCC Network and Affiliate Partner

*****Incomplete applications and/or subsections
will render application ineligible.*****

VBP BHCC Readiness Application

Due Date / Where to Submit

Due date: **November 10, 2017**

Submit applications to: VBP-Readiness@omh.ny.gov

- Must indicate “(name of lead agency) BH VBP Application” in the subject line.
- Must include all required application components.
- Incomplete applications (including incomplete subsections) will render application ineligible.

BHCC Application

State Review, Evaluation and Selection Process

- 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.

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
 - Data analytic resource development may be shared across BHCCs
- Allow the review and analysis of cost and quality data

Application Questions

- Identify any healthcare-related data sharing platforms that currently 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 / Affiliate Providers– 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, including 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

- Anticipate \$60 million will be available over a three-year funding period to support BHCC readiness activities, dependent on State and Federal approval.
- 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.

Minimum Weighted Average

- An approved BHCC will receive a minimum of \$750,000 over the 3 years of the program.
- The remainder of the funding available to that funding region will be distributed based on a snapshot (described below) of the total volume of claims, dollars billed, and number of clients within a region.
- No single BHCC may receive more than \$5 M over the 3 years of the program.

BH VBP Readiness funding is limited

- Funding per BHCC will be based upon the **quality of the application** and **the weighted average percentage** of the following three BHCC Lead and Network provider BH metrics (snap shot):
 - Number of Medicaid managed care enrollees served
 - Ambulatory BH claims/encounter volume
 - Ambulatory BH claims/encounter expenditures

Additional Funding Metrics Information

- BH ambulatory service volume is calculated using FFS and Encounter data
- Metrics will be calculated using the July 2015 – June 2016 ambulatory BH claims history for MMC enrollees served by the Article 31, Article 32, and BH HCBS BHCC lead and network providers.
- Enrollees served will be de-duplicated within the BHCC, but not across BHCC applicants
- Affiliate provider volume will not be included in this calculation.

BH VBP Readiness funding is limited

To be approved as a BHCC, the Lead and Network providers must meet at least 2.5% of the BH metric snapshot as described for the funding region they have applied to serve.

VBP Readiness Payments Year One (SFY 2017-18)



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VBP Readiness Year One

Payment One

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

VBP Readiness Year One

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.

VBP Readiness Year One

- 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 MCO Partners



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MCO Partners

- VBP BHCC funds will move through Healthfirst for NYC and LI, and Fidelis for rest of state.
- MCO partners will work with selected BHCC throughout the project including, but not limited to: release of funds; and, review of reporting materials / deliverables.

MCO Partners

Review of BHCC Deliverables

Contract will be between the MCO and BHCC lead agency.

- Year one:
 - BHCC workplan for the four BHCC readiness areas.
- Year two / three:
 - BHCC will submit updated workplans and evidence of deliverables.
 - MCOs will review workplans / deliverable using the specific BHCC workplan

MCO Partners

Communication between BHCC / MCOs / State

- BHCCs / MCOs / State will communicate throughout each BHCC program year.
- Communication will be at least quarterly with a potential for monthly if needed
- Communication is intended to support dialog between MCO / BHCC / State to facilitate plan review of workplans / deliverables

VBP Readiness

Year 1

Preliminary Workplan



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Behavioral Health VBP Readiness Program Deliverables

- Outlines the State requirements and expectations for workplans
- Deliverables must be submitted by the selected BHCC to the paired MCO and the State BH VBP Readiness mailbox

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 BHCC committees to ensure compliance and consistency
 - Creating governance, funds flow, and decision-making structures
 - Contracts with legal and business consultants
 - 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 Oversight

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



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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.
- 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 in a VBP arrangement - will release the final portion of available funds to the BHCC, subject to availability of funds, with the approval of the partner MCO.
- 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.

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

Final Deliverable

Lead and Network Providers must

- Contract with an entity in a Level 2 or higher VBP arrangement

OR

- Participate in a Level 2 or higher VBP 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

Resources / Questions

- VBP-Readiness@omh.ny.gov
- <https://www.omh.ny.gov/omhweb/bho/bh-vbp.html>