Behavioral Health

Value Based Payment Readiness Program Deliverables

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Program Background

The New York State (NYS) Behavioral Health (BH) Value Based Payment (VBP) Readiness Program represents a unique opportunity to strengthen behavioral health providers throughout NYS, and prepare them to be successful in the transformation of the health care delivery system. To prepare for VBP, Behavioral Health Care Collaboratives (BHCCs) will invest in infrastructure to improve health outcomes, manage costs, and participate in VBP arrangements as defined in the NYS VBP Roadmap[1]. Managed Care Organizations (MCOs) will play a crucial role in supporting the development of BHCCs during the three-year program period.

The final deliverable is the BHCC lead agency and all network providers are either:

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

   OR

2. 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.

Purpose of this Document

This document outlines the State's requirements and expectations for the workplans/deliverables that must be submitted by each BHCC to its paired MCO. Following the application process, qualified BHCCs will receive year one payment one (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

Format of Document and BHCC Work Plan Submissions

This document has a separate section for each of the four VBP readiness areas: Organization, Data Analytics, Quality Oversight, and Clinical Integration.   Readiness area deliverables build upon themselves through preliminary and updated work plans. Preliminary work plans will be submitted in year one. Updated work plans will be submitted in years two and three.

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[1] NYS Department of Health Medicaid Redesign Team. A Path Toward Value Based Payment: Annual Update. New York State Roadmap for Medicaid Payment Reform. June 2016.

- Year One (SFY 2017-18): BHCC required to submit 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): BHCC required to submit updated work plan and deliverables.
- Year Three (SFY 2019-20): BHCC required to submit updated work plan and deliverables.

The State will also develop and equip partnering MCOs with a deliverable checklist consistent with this document. The checklist will be shared with the BHCCs to ensure program transparency.

BHCCs must submit their preliminary and updated work plans and deliverables to the partnering MCO with enough lead time for the MCO to review and provide comments, and for the BHCC to address any comments in time for the official deliverable deadline established by the State. MCOs will be responsible for reviewing the deliverables and ensuring their alignment with State expectations. Subsequently, MCOs will submit final work plans and deliverables together with the resulting checklists to the State for record keeping. All MCO approved work plans and deliverables will release funds to the BHCC, per the timeline outlined by the State, and subject to state and federal funding availability.

All final deliverables and accompanying checklists (per BHCC) must be submitted to the BH VBP Readiness Program Mailbox on or before the official deadline (TBD). Please use "BH VBP Readiness Program Work Plan Submission" in the subject line.

I. BHCC VBP READINESS AREA: ORGANIZATION

To be submitted during SFY 2017-18: Year One Preliminary Organization Work Plans must include the sections below. Each section must have a detailed description of all items listed. Programs are required to preserve the numbering convention in deliverable submissions.

1. **ORGANIZATIONAL STRUCTURE AND RULES**

   a. Type of legal entity or structure the BHCC is going to create for VBP contracting purposes (IPA, ACO, individual provider). BHCCs that intend on contracting directly with an MCO must form an appropriate legal entity type. The type of entity indicated in the preliminary work plan is not binding and may change over the course of the program.

   b. A visual illustration of an organizational chart that displays all participating partners and structure for BHCC decision-making. All BHCC funding decision-making authority must rest with the BH Article 31/32 and BH HCBS providers.

   c. Describe the activities that have occurred, or that will occur, to help ensure effective, timely, and productive communication and engagement between the BHCC and the MCOs, and between the BHCC and its members.

2. **BHCC NETWORK AND AFFILIATE PROVIDERS**

   a. Provide an updated list of agencies and network providers in the BHCC[2]. This should include:

      1. Lead Agency

      2. Network Providers

      3. Affiliate Providers

      Please use the same format for submission that was used in the application. Provider type definitions are also provided in the application.

   b. Provide a plan to address gaps in the continuum of care. Identify and provide a description of the approach the BHCC will use to address such gaps. The approach should include a timeline and associated milestones. Include the following key items:

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[2] Last submission was with the BHCC Application.

1. An overview of the types of provider and services included in the BHCC. Explain why those provider types are critical for the specific population being served by the BHCC.

2. Gaps in network services. Describe how gaps will be addressed, what available services are absent from your network and the plan to incorporate those services?

c. Describe the BHCC-developed standards a provider must meet to participate in the BHCC.[3] How will the BHCC address the issue of providers not meeting standards?

d. Provide a plan to address changes in the BHCC network composition. Explain the process for joining and leaving the BHCC.

3. FINANCE STRUCTURE

a. Describe approach to funds flow and BHCC funds distribution, including all partners and contracted providers. Include the reporting structure and requirements of BHCC partners.

b. Will the BHCC require agencies to pay dues? If so, will the BHCC use BH VBP Readiness funds to pay dues for financially strapped member providers? If so, how will those dues be paid after the three-year funding period is over?

c. Provide a list of the primary sources of funding that will/have support(ed) the development of the BHCC. May include: BH VBP Readiness funds, member dues, grants, in-kind contributions, reinvestment, VBP contract shared savings.

d. Using the template provided on the BH VBP Readiness Program web-page, provide annual budget for BH VBP Readiness funds received under this program. All four readiness areas must be addressed.

e. Describe a vision of the BHCC sustainability plan after the VBP Readiness program is over.

To be submitted during Year Two (SFY 2018-19) and Year Three (SFY 2019-20): Work plans must be updated to show progress in organization. Each section must have a detailed description of the items listed. Programs are required to preserve the numbering convention in submissions. Updated work plans may be submitted ahead of schedule.

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[3] Notwithstanding provider types ineligible for participation in the NYS Medicaid program, the BHCC may not include any program or agent that has been debarred or suspended by the federal or state government or otherwise excluded from participation in the Medicaid Program.

1. **ORGANIZATIONAL STRUCTURE AND RULES**

   a. Confirmation of the creation of the BHCC's legal entity or planned organizational structure, or the ongoing activities to achieve the organization's final legal entity, or planned organizational structure (e.g. approval from the State for Medicaid ACOs).

   b. An updated visual illustration of the BHCC's organizational chart that displays all participating partners. Identify the positions that have been created and filled, and any that remain vacant.

   c. An updated communication plan and self-assessment of whether it was effective, transparent, and how it has evolved since developed. The BHCC should note the key activities undertaken that support effective and frequent engagement between the BHCC and MCO partner.

2. **BHCC NETWORK AND AFFILIATE PROVIDERS**

   a. Provide an updated list of agencies and network providers in the BHCC[4]. This should include:

      1. Lead Agency

      2. Network Providers

      3. Affiliate Providers

      Please use the same format for submission that was used in the application. Provider type definitions are also provided in the application.

   b. Explain the activities that have occurred to address gaps in the continuum of care. Explain gaps that remain and the plan to address them.

   c. Did the BHCC network composition change? If so, detail the changes, including both providers and service types. Please submit a letter of intent signed by a binding authority for all new BHCC partners. Include an explanation of how the process aligned with the preliminary work plan or how the process was updated.

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[4] Last submission was with the Preliminary Work Plan.

3. **FINANCE STRUCTURE**

   a. A description of funds flow and BHCC funds distribution since the application phase. Include a self-assessment describing if the approach was effective and how it may be adjusted.

   b. Is the BHCC requiring agencies to pay dues? If so, does the BHCC use BH VBP Readiness funds to pay dues for financially strapped members? If so, how will those dues be paid after the three-year funding period is over?

   c. Provide an updated list of the primary sources of funding that will/have support(ed) the development of the BHCC. May include: BH VBP Readiness funds, member dues, grants, in kind contribution, reinvestment, VBP contract shared savings.

   d. Using the template provided on the BH VBP Readiness Program web-page, update annual budget for BH VBP Readiness funds received under this program. All four readiness areas must be addressed.

   e. Provide an updated overview of the BHCC's sustainability plan and the steps taken to meet the ongoing costs of the BHCC following the conclusion of the BH VBP Readiness Program.

   f. Provide a projection of the total dollar value of contracts to be covered in VBP arrangements by the end of the BH VBP Readiness Program.

II. BHCC VBP READINESS AREA: DATA ANALYTICS

To be submitted during SFY 2017-18: Year One Data Analytics Preliminary Work Plans must include the sections below. Each section must have a detailed description of all items listed. Programs are required to preserve the numbering convention in deliverable submissions.

1. **DATA MANAGEMENT AND REPORTING**

   a. Identify number of Medicaid Managed Care (MMC) service recipients in your BHCC.

   b. Identify the MCOs in which those recipients are enrolled, and provide the number of MMC enrolled recipients by Plan.

   c. Identify historic and ongoing service utilization trends. Minimally, the BHCC must be able to create individual profiles or summary reports of service use patterns in the domains listed below. BHCCs should have the capacity to analyze a minimum of 12 months of data in these domains. BHCCs may at their discretion identify and collect other data points.

      1. Physical Health Service Use

      2. Behavioral Health Service Use

      3. Use of Medication Assisted Treatment for substance use disorders

      4. Social Determinants of Health

      5. Use of BH Home and Community Based Services

   d. Community Needs Assessment (CNA) BHCC may use existing CNAs as a resource (e.g. DSRIP CNA, NYS Mental Hygiene County Planning, etc.)

      1. Include service gap analysis source

2. **DATA ANALYSIS AND SHARING**

   a. Provide a plan to assess the network providers' IT capabilities: applications/software used (e.g. EMRs), data used, including plan for sharing IT infrastructure in the future especially if the BHCC is creating a formal legal entity.

   b. Specify how VBP Readiness Program funds will be used to move to a shared IT platform. This platform may be built internally or contracted out with an external vendor.

c. Describe any risks, roadblocks, or obstacles that will impede the process and how they will be addressed.

3. **HOW WILL AVAILABLE DATA BE USED BY THE BHCC FOR POSITIONING IN THE VBP ENVIRONMENT?**

   a. Provide a plan for implementing performance dashboards that build or utilize high-level reporting on patient populations within each VBP arrangement, including performance against VBP arrangement goals, service mix, complications, and cost drivers; generate effective, routine monthly and quarterly reporting.

   b. Provide a plan to ensure ongoing monitoring and implementation of care planning to avoid unnecessary costs, and track and report data elements including attributed population, service mix, potentially avoidable complications, and cost distribution across the VBP arrangements. How will the BHCC link to hospitals and other BHCC providers to receive notifications of admission?

   c. Provide a plan to evaluate improvement opportunities and collaborate with MCOs to identify areas of opportunity for performance improvement and cost reduction.

To be submitted during Year Two (SFY 2018-19) and Year Three (SFY 2019-20): Work plans must be updated to show progress in Data Analytics. Each section must have a detailed description of the items listed. Programs are required to preserve the numbering convention in your submissions.

1. **DATA MANAGEMENT AND REPORTING**

   a. Attest that the BHCC is collecting all required data sets:

      1. Physical Health Service Use

      2. Behavioral Health Service Use

      3. Use of Medication Assisted Treatment for substance use disorders

      4. Social Determinants of Health

      5. Use of BH Home and Community Based Services

2. **DATA ANALYSIS AND SHARING**

   a. Identify what data platform was selected and implemented to support data sharing. Identify barriers that exist to connecting the network and affiliates and progress on

solutions. Explain how the shared IT infrastructure aligns with the BHCC organizational structure.

b. Report the status of the BHCC network's connectivity and capacity to exchange and analyze data. What percentage of the BHCC are operational on this platform?

3. **HOW WILL AVAILABLE DATA BE USED BY THE BHCC FOR POSITIONING IN THE VBP ENVIRONMENT?**

a. Update on the status of implementing performance dashboards that build or utilize high-level reporting on patient populations within each VBP arrangement, including performance against arrangement goals, service mix, complications, and cost drivers; generate effective, routine monthly and quarterly reporting.

b. Update on the status of ensuring ongoing monitoring and implementation of care planning to avoid unnecessary costs, and track and report data elements including attributed population, service mix, potentially avoidable complications, and cost distribution across the arrangements. Provide an update on notification of admission process between hospitals and the BHCC.

c. Update on the status of developing improvement opportunities and collaboration with MCOs to identify areas of opportunity for performance improvement and cost reduction.

III.   BHCC VBP READINESS AREA: QUALITY OVERSIGHT

To be submitted during SFY 2017-18: Year One Quality Oversight Preliminary Work Plans must include the sections below. Each section must have a detailed description of all items listed. Programs are required to preserve the numbering convention in deliverable submissions.

1. **QUALITY MEASUREMENT AND REPORTING**

    a. List the quality measures that will be used by the BHCC to assess performance. Each BHCC must determine which measures to use to monitor internal performance for continuous quality improvement. Additionally, BHCCs are strongly encouraged to work with payers to determine which VBP metrics would be useful to track in future arrangements. Finally, if not already included, each BHCC must choose at least two measures from the list of Integrated Primary Care and/or HARP VBP arrangement quality measures[5] as defined by the VBP Clinical Advisory Groups (CAGs) and approved by the State. At least one should reflect functional and/or recovery outcomes. The measures should reflect key clinical activities defining the BHCC network, geography, and attributed lives.

    b. Describe BHCC plan to report collected metrics and outcomes to partners.

    c. Indicate any current VBP arrangements of any BHCC agency on the "BHCC Member Submission Template" and briefly describe in your work plan.

To be submitted during Year Two (SFY 2018-19) and Year Three (SFY 2019-20): Work plans must be updated to show progress in Quality Oversight. Each section must have a detailed description of the items listed. Programs are required to preserve the numbering convention in your submissions.

1. **QUALITY MEARUREMENT AND REPORTING**

    a. Provide an updated list of quality measures that will be used in the network to assess performance. The measures should reflect key clinical activities defining the BHCC network, geography, and attributed lives.

    b. Submit reports of collected metrics and outcomes shared with partners. Describe any revisions or updates to the measure set used.

    c. Update new VBP arrangements of any BHCC agency on the "BHCC Member Submission Template" and briefly describe in your work plan.

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[5] Health and Recovery Plan (HARP) Value Based Payment Recommendations from the Behavioral Health Clinical Advisory Group

IV. BHCC VBP READINESS AREA: CLINICAL INTEGRATION

To be submitted during SFY 2017-18: Year One Clinical Integration Preliminary Work Plans must include the sections below. Each section must have a detailed description of all items listed. Programs are required to preserve the numbering convention in deliverable submissions.

1. **Clinical Integration Protocol and Standards**

   a. Plan for development of uniform clinical protocols and standards among the BHCC providers. Describe process to coordinate and connect the patient to the next level of care in the service(s) continuum and integrate care within and outside of the BHCC. To promote integration of care, the plan must address how the BHCC will collaborate with community stakeholders, recovery-oriented systems of care, and will have formal linkage agreements with:

      1. Medical and physical health providers

      2. Mental health and substance use disorder treatment providers

      3. Agencies addressing the social determinants of the health

   b. The plan should include a quality improvement process for responding when access issues or quality indicators are not being met.

   c. Develop a plan for monitoring individual programs for compliance with BHCC quality expectations and for corrective action when problems are identified.

To be submitted during Year Two (SFY 2018-19) and Year Three (SFY 2019-20): Work plans must be updated to show progress in Clinical Integration. Each section must have a detailed description of the items listed. Programs are required to preserve the numbering convention in your submissions.

1. **Clinical Integration Protocol and Standards**

   a. Submit the uniform clinical protocols and standards developed for the BHCC providers. These must include all requirements as stated in Year One.

   b. Submit the quality improvement process developed for responding when access issues or quality indicators are not being met.

   c. Submit the plan developed for monitoring individual programs for compliance with BHCC quality expectations and for corrective action when problems are identified.

Questions?

Submit questions to the [NYS BH VBP Readiness Mailbox](#).