



In response to feedback received from the field, the State is issuing the below clarifications on how to complete the Behavioral Health Care Collaborative (BHCC) Member Submission Template, and an update on how the BH Metric Snapshot will be calculated.

A. BHCC Member Submission Template

1. Counties served as reported in the BHCC Member Submission Template will be used in the calculation of the BH Metric Snapshot.
 - a. Claims contributing to the BHCC's snapshot will be limited using the Managed Care Enrollees county of fiscal responsibility (or borough in NYC).
 - b. Claims for Medicaid Managed Care enrolled individuals residing in the counties reported for each lead and network provider will be aggregated. Enrollees served will be counted at the BHCC (not provider) level.
2. No BHCCs will be approved to cover the entirety of the State.
3. Any providers reported as "statewide" in the Member Submission Template will have their captured claims and enrollees served restricted to the counties covered by the BHCC.
 - a. Where the BHCC has not reported a natural service area of contiguous counties, the state reserves the right to deny the application in its entirety.
4. For the State to capture claims accurately for all BHCC network providers, any FEIN and/or MMIS ID under which claims are billed should be reported in the template.
 - a. If an IPA is participating as a network partner in a BHCC, but is not billing under the IPA FEIN, the members of the IPA should be reported separately, or at whatever level the managed care billing occurs.

Important: It is possible for a provider to participate as a network provider in more than one BHCC in an RPC region. Counties reported on the Network tab for the provider in each BHCCs Member Submission Template must be unique to the BHCC. The State will not count a Network Provider's claims volume in a county towards more than one BHCC's Metric Snapshot. Where a provider indicates participation as a network provider in more than one BHCC in the same county, the state reserves the right to discount that provider's claims data from the funding calculation.

B. BH Metric Snapshot

Behavioral Health Care Collaboratives (BHCCs) approved to participate in the BH VBP Readiness Program will have an opportunity to add network and affiliate providers from proposed BHCCs that were not funded under the program, and have their BH Metric Snapshot recalculated to include the newly added network providers.

1. 30 days after the approved BHCCs are announced, Lead Agencies will have the opportunity to resubmit their BHCC Member Submission Template.
 - a. The second payment of Year 1 will be calculated using the amended list of Network Providers.



- b. No one BHCC may receive an increase of more than 20% under this new calculation.
- c. This will be the only time over the course of the BH VBP Readiness Program that the BH Metric Snapshot will be recalculated.
2. This recalculation is limited to providers formerly affiliated with a BHCC not approved under the program.
 - a. The state will not capture volume for providers moving from one approved BHCC to another, or for providers not captured by any BHCC at the time of application.

The tentative payment schedule for year one will now follow the below timeline, pending availability of funds in MCO premiums:

1. December 2017 - Approved BHCCs will receive the first distribution of their year one payment. The payment will be calculated based on the list of Network Providers submitted with the application.
2. March 2018 - Approved BHCCs will receive the second distribution of their year one payment. The payment will be calculated based on the based on 30-day resubmission of BHCC Member Submission Template.

If you have any questions about the above clarification, please direct them to the [BH VBP Readiness Mailbox](#).