



New York State Behavioral Health Value Based Payment Readiness Program Frequently Asked Questions

Original FAQs

Application and Eligibility

a) *How can my agency apply for the program?*

No single agency can apply for funds. A group of agencies representing the full continuum of care available in a geographic area may apply to become a Behavioral Health Care Collaborative (BHCC). A lead agency will submit a Notification of Interest (NOI) on behalf of the prospective BHCC. The NOI is not binding, but is required to apply for the program. A full application process will be released this summer.

b) *Who can be a lead agency?*

A lead agency must be either an OMH licensed or OASAS certified community-based organization, contracted with a participating Managed Care Organization (MCO). Where an applicant is an Independent Practice Association (IPA) contracted with a participating MCO, the IPA may serve as lead agency.

A lead agency must have, at a minimum, information technology (IT) capacity, or the ability to obtain such capacity and financial infrastructure, to support the development and implementation of a BHCC. These functions will include: coordination with additional providers to form a network, development of an application, data collection and reporting around deliverables and distribution of funds.

c) *What do you mean by saying “community-based” providers only may receive the Program funds?*

Only non-hospital Article 31, 32, and designated HCBS providers may receive Program funds. Other Medicaid-billing providers, as well as non-Medicaid-billing human and social service organizations, may join BHCCs as affiliated providers. These affiliates may not receive any of the BH VBP Readiness Program funds, but their participation will be mutually beneficial, to the extent that they serve the same clients as those served by the BHCC. Affiliated providers may be paid under a contractual arrangement with the BHCC for analytics, data management and other functions.

d) Can a Performing Provider System (PPS), Health Home (HH), or an Article 28 Hospital be a lead agency, or participate in this program?

No. A PPS, Health Home, or Article 28 facility cannot be the lead agency, or receive funds under this program; however, forming relationships with PPSs, HHs, and Art 28 hospitals may be essential to creating a comprehensive BHCC.

Applications including collaborative partnerships with PPS, Health Home, or physical health providers will be stronger.

e) Will BHCCs that do not respond to the notification of interest be eligible to apply for the funds?

No. BHCCs must respond to the notification of interest to be eligible to apply to the program. Network and affiliate providers may continue to join BHCCs at any time after the NOI.

f) Once you have the information gathered through the Notification of Interest (NOI) process, is there a timeline for the application process?

Applications are anticipated to be posted by July 1.

g) Will the application process run through the MCOs or will it be done by the state and then handed off to the MCOs to contract?

The State will review applications and enroll BHCCs into the program.

Funding

a) How will funding flow to MCOs?

The State will move the money into designated Plan Premiums using State developed methodology. NYS anticipates making \$20 M available statewide for each of the three years of the program.

b) How will funding be distributed to the BHCC from the MCO?

The State will enroll approved BHCCs into the BH VBP Readiness Program and communicate the BHCC information to participating MCOs. The MCO will make the initial payment for planning activities to the Lead Agency/IPA with whom they have a contract. Further payments will vary based on the maximum amount of award and completed deliverables.

NYS anticipates MCOs will release implementation funds to the lead agency/IPA at three milestone points: initial, midpoint, and final. MCOs will receive, review, and approve the following deliverables for each milestone before they release funds. Deliverables for the implementation funds will be detailed in the application.

- c) How will money be divided up between MCOs? Will there be one MCO per region or multiple?**

Funds will be allocated regionally, based on historic behavioral health Medicaid Managed Care encounters, exclusive of inpatient.

- d) Can an existing IPA/other get money in the planning stage or just the implementation phase?**

Yes, an IPA can receive planning funds, but not for work previously accomplished. An IPA may need planning funds to expand their network to include more BH service types, or to enhance their data analytic capacity.

- e) Can Local Government Units (LGUs) receive funding from this Program?**

LGUs are eligible to participate in BHCCs. Since each jurisdiction has different policies and laws we are asking LGU providers to consult with their local government officials before applying.

- f) Will BHCCs with the most providers receive the most funds?**

Not necessarily. Funding for each awardee will depend on the needs of the population being served and the justifiable scale and complexity of the proposed BHCC addressing those needs. For the Medicaid Managed Care members served, the full BH continuum of care must be represented in the BHCC.

- g) Will this program replace other funding?**

As BH providers have not received other NYS funding for VBP readiness these funds do not replace any prior funding.

Peer-run agencies receiving funds to aid in the creation of a statewide IPA may not use these funds for purposes covered under that grant program.

Program Design

- a) Why are we doing this?**

The Medicaid system is moving towards Value Based Payments, and physical health providers are already receiving significant assistance. This program is intended to assist community-based BH providers to make the transition in a planful way.

For providers that are only beginning to work together, planning funds are intended to help BHCCs prepare strategic plans, a governance structure, and develop a network. We encourage recipients of the planning funds to use their resources to contract with consultants with experience in VBP arrangements.

b) Is this replacing Health Homes?

No. BHCCs are not replacing Health Homes.

c) What will the State's role be in overseeing the program?

The State will develop the guidelines for the program and review applications and determine enrollees. The State will also propose evaluative criteria to the MCO(s) that will oversee the implementation.

d) How will BHCCs be selected for enrollment into the program?

NYS anticipates applications will be evaluated by NYS based on several factors including: the number of Medicaid Managed Care (MMC) enrollees served by the proposed BHCC, network adequacy, provider expertise and qualifications, and potential for sustainability beyond the program period. Addressing specialty populations and/or demonstrated relationships with PPSs and other physical health organizations, as well as with human and social service organizations addressing the social determinants of health, will strengthen an application.

e) What services must a BHCC be able to deliver?

The BHCC must be able to deliver the entire spectrum of licensed, designated, and certified BH community-based services covered by Medicaid Managed Care available in the covered area.

f) What other options are there besides an IPA?

Providers may choose to work together in a contractual arrangement that is not formally incorporated. These collaborations will be required to share resources and develop a joint value proposition, but (by necessity of law) will not be permitted to collectively negotiate rates with a payer. These less formal structures can offer payers improved quality of care, and help the payer meet metrics as a demonstration of value.

g) How will New York State be evaluating the Medicaid Managed Care enrollment and service history of the proposed BHCC?

NYS will review historic claims volume and MMC utilization, for each Lead agency and network provider of the BHCC. Enrollment counts will be de-duplicated across providers, and standardized, using claims from calendar year 2016. Service and enrollment volume will be compared against the total volume for the RPC region(s).

Participant Resources

a) How should BHCCs determine their Medicaid Managed Care enrollment and service history?

Applicants are encouraged to work with all of the data resources available in their region. This may include PPSs, RHIOs, MCOs, and State data sources.

To standardize enrollment and service utilization information being used by the BHCC, the Office of Mental Health will be providing access to a limited view of historic claims data through the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES). OMH will be providing training to providers on how to access and use the PSYCKES data source.

Additional training will be available through the Managed Care Technical Assistance Center (MCTAC).

b) What technical assistance will be available as we form our BHCC?

Technical assists will be provided by MCTAC, National Council for Behavioral Health through the Care Transitions Network, RPC networking events, and OMH/OASAS.

How can BHCCs best position themselves to succeed?

a) Collaboration

Collaboration is key. You will need to outreach and work with the agencies in your area. This includes forming strategic partnerships with providers seeing (or likely to see) the same MMC members. BHCCs can take a variety of forms, and you will need to decide what works best for the providers in your region. All partners need not have equal involvement, risk, and reward.

b) Data Informed Decision Making

To best position yourself you will need to identify the population you serve, payer mix, and cost per unit delivered, and then connect it to the BHCC context. This can include an analysis of your quality metrics, which will be important in developing BHCC internal QI/QA processes.

By working through your BHCC to determine your strengths, with verifiable data, you can demonstrate your value to MCOs and the community.

FAQs Update #1

Webinar

a) *Is this webinar available to view?*

Yes. All BH VBP Readiness webinars and slide decks are available at <https://www.omh.ny.gov/omhweb/bho/bh-vbp.html>

BHCC Guidelines and Policies

a) *Can a provider be in more than one BHCC?*

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.

b) *Do I need to collaborate with other providers if my agency provides multiple BH services?*

Yes. NYS will evaluate the proposed coverage area and assumption about the number of people enrolled in MMC. Where BHCCs do not cover the entire geographic region, or multiple emerging BHCCs propose to serve the same individuals, the State may encourage consolidation or collaboration. As such, the state strongly encourages, but is not requiring, smaller networks to collaborate and together submit a BHCC application.

c) *Are there any restrictions on creating a collaborative that crosses defined RPC Regions?*

A BHCC must contain the full continuum of provider types available in each natural service area, including the ability to collaborate with physical health providers. In some instances, a BHCC may cross RPC boundaries, across a natural service area.

d) *What is the policy regarding a statewide BHCC?*

The care continuum must be complete in each RPC region, with sufficient volume to meet minimum threshold.

e) *Can any provider be an Affiliate in multiple BHCC models, e.g. Hospitals, FQHC, CCBHC?*

Yes.

f) *Can separate BHCCs share resources?*

BHCCs are encouraged to collaborate and share resources, where applicable, e.g. procuring data-sharing resources.

Weighted Average

a) *Who counts in the encounters and expenditures of Affiliate Providers that are in multiple BHCC Proposals?*

Please see funding methodology

b) *Can a BH enrollee be counted across a variety of providers, especially*

if they may be enrolled with an OMH provider and an OASAS Provider that are in different BHCCs?

We will not be de-duplicating across BHCCs. However, we will be de-duplicating across providers within each BHCC.

- c) *Can an enrollee be identified in more than one region if they receive services across different counties that are in different regions?***

Enrollees are identified by their county of fiscal responsibility.

BHCC Size

- a) *Have you defined or quantified what a "low number" of Medicaid managed care clients is, as defined for this opportunity?***

Please see funding methodology

- b) *What is the minimum network adequacy threshold to be a BHCC?***

Please see funding methodology

- c) *Any example of analysis of cost and quantity data?***

Please use the available resources at [VBP University](#).

Workplan review

- a) *Who will be reviewing the workplan and our progress, will it be DOH, OMH, OASAS?***

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. MCO approved work plans and deliverables will trigger release funds to the BHCC, per the timeline outlined by the State, and subject to state and federal funding availability.

Funding/Expenditures

- a) *The amount of funding identified in the Webex, is it per year or over 3 years?***

It is anticipated that a total of \$60M will be available over a three-year funding period. 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. All funding is subject to availability.

- b) *Are previous expenditures focused on BHCC development eligible for reimbursement?***

No previous spending may be reimbursed with BH VBP readiness funds.

FAQs Update #2

a) **To satisfy the final BHCC deliverable, and release of the final BHCC project payment; what percent of the BHCC networks providers must either be:**

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?

- Notes:
- If no Level 2 or higher arrangement is available in the BHCC's service area, participating in a Level 1 VBP arrangement is acceptable.
 - Where applicable, the BHCC may also wish to view the SDOH information on [Provider Contract Guidelines for Article 44 MCOs, IPAs, and ACOs](#).

Percentage of BHCC Network in a VBP arrangement	=	Percentage of Final BHCC Program Payment Award
80 – 100%		100%
51-79%		75%
31-50%		50%
0-30%		0%

b) **If despite due diligence as evidenced by workplan progress / activities, the BHCC is unable to secure a VBP arrangement, e.g. the BHCC IPA is unable to obtain any VBP contract with any entity; will that render a non-payment of the final BHCC payment?**

No – If the provider group has shown good faith efforts and has not executed an arrangement this would not exclude the last payment. However, the group should propose a demo or quasi-VBP proposal where they can track expenditures to a budget that is based on cost of patient care and identify metrics to achieve outside of such an arrangement.

c) **By what date must all BHCC funds be expended?**

The final BHCC **program deliverable** (see above) must be met by the end of the BHCC program 3/31/2020.

However, if a BHCC has unexpended program funds it may expend such funds on BHCC sustainability activities consistent with the workplan until 3/31/2022.

The BHCCs would report to its BHCC MCO partner / the State the BHCC activities / items that would be supported until the 3/31/2022 close out date.

Affiliate Funds Flow

a) **May a BHCC flow funds to an affiliate provider to distribute and/or complete surveys without a contract?**

The state suggests it is always in the best interest of every party involved to have a contractual arrangement to understand the responsibilities and roles of all the parties in

case a question or concern should arise down the road. So while the state recommends a contractual arrangement be made between the parties it is not a requirement within the context of the above referenced purpose. However, the BHCC should consult their own legal counsel to further determine if a contractual arrangement is not necessary.

Allowable Expenditures

a) **Please affirm current spending within the following areas as 100% BHCC allowable expense:**

- **Core, administrative, operational infrastructure (including but not limited to payroll service, human resource services, IT services, insurance policies, financial management services, office space and equipment, and recruitment of staff).**
- **BHCC work plan deliverables within the four focus areas of Organization, Quality Oversight, Data Analytics and Clinical Integration.**
- **Organizational investments in collaborative provider and community-based programs engaged in with the goal of supporting sustainability.**

As stated in the initial BHCC award letter:

“BH VBP Readiness Funds may be used to prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, clinical integration and increased cost- effectiveness. BHCC Funds will support the following VBP readiness areas: 1.

*Organization; 2. Data Analytics; 3. Quality Oversight; and 4. Clinical Integration. Funds **cannot be used** for network or affiliate agency salaries **for routine functions**, but **can be used** to hire or fund staff to focus on **specific BHCC functions**. Funds cannot be used for previously incurred expenses.”*

If the activities identified in the inquiry above are solely related to BHCC activities then the state would consider such activities and associated expense as appropriate to be supported by the BHCCs. Funds cannot be used for previously incurred expenses, defined as expense prior to receipt of award letter. Additionally, funds cannot be used to deliver services.

FAQs Update #3

Use of Funds Extension

a) **BHCC spend all of its original BHCC project award by March 31, 2022, or can they be encumbered for later use?**

NYS has determined BHCC funds may be budgeted and pre-paid for items/contracts which extend beyond the March 31, 2022 BHCC fund expenditure deadline.

All funds must be spent by March 2022. The State anticipates requiring periodic budget updates from BHCCs.

b) **COVID Hardship (update)**

Due to the COVID-19 emergency, the deadline to spend or encumber BHCC funds has been extended to December 31, 2023. Reporting on activities to cover this period will be extended commensurately.