

New York State Behavioral Health Value Based Payment Readiness Program Funding Methodology

A total of \$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.

Depending on the availability of funding, 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 snap shot (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.

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):

1. Number of Medicaid managed care enrollees served
2. Ambulatory BH claims/encounter volume
3. Ambulatory BH claims/encounter expenditures

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.

The weighted average of BH services and recipients is calculated using the following formula:

$$= \left(\frac{\text{(Number of unique MMC enrollees served)}}{\text{(Total MMC enrollees served in funding region)}} + \frac{\text{(BH ambulatory Medicaid claims volume for MMC enrollees)}}{\text{(Total BH Medicaid claims volume in funding region)}} + \frac{\text{(BH ambulatory Medicaid claims expenditures for MMC enrollees)}}{\text{(Total BH MMC claims expenditures in funding region)}} \right) \times \frac{1}{3}$$



Tentative BH metric denominators:

	New York City and Long Island	Rest of State
Total MMC enrollees served in funding region	100,226	71,749
Total Ambulatory BH Medicaid claims volume in funding region	2,617,478	1,459,979
Total Ambulatory BH MMC claims expenditures in funding region	\$312,528,739.67	\$155,473,188.12

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.

No single BHCC provider may make up more than 60% of the weighted average. No BHCC will be approved where more than 50% of the service volume is for individuals under age 21. Affiliate provider volume will not be included in the total BHCC’s claims volume for determination of funding. For BHCCs that cross more than one RPC region the state reserves the right to award funds consistent with available funding and volume and ensure a minimum distribution of funding around the state.

BH ambulatory service volume is calculated using FFS and Encounter data for the following services:

- Clinics Licensed by the Office of Mental Health (Article 31)
- Assertive Community Treatment (ACT)
- Personalized Recovery Oriented Services (PROS)
- Continuing Day Treatment (CDT)
- Intensive Psychiatric Rehabilitation Treatment (IPRT)
- Partial Hospitalization
- Children’s Waiver Services
- OASAS Title 14 NYCRR Part 822 Outpatient Clinic (Article 32)
- OASAS Title 14 NYCRR Part 822 Outpatient Rehabilitation Programs (Article 32)
- OASAS Title 14 NYCRR Part 822 Opioid Treatment Programs (OTP) (Article 32)
- OASAS Title 14 NYCRR Part 816.7 Medically Supervised Inpatient Withdrawal (MSIW) (Article 32)
- OASAS Title 14 NYCRR Part 816.8 Medically Supervised Outpatient Withdrawal (MSOW) (Article 32)
- OASAS Title 14 NYCRR Part 818 Inpatient Rehabilitation (Article 32)
- OASAS Title 14 NYCRR Part 820 Residential Programs (Article 32)
- Adult BH HCBS Providers