



### Behavioral Health Independent Practice Association (BH IPA) - Hospital Discharge Planning Initiative

Webinar – April 2, 2024 | Q&As Issued April 16, 2024

#	Topic	Question	Answer
1.	Eligibility	Are BH IPAs that did not start as behavioral health care collaboratives (BHCCs) eligible to participate?	Any BH IPA or BHCC that has participated in previous BHCC initiatives (i.e., the original NYS Behavioral Health Value-Based Payment (VBP) Readiness Program and the BHCC/BH IPA Enhanced Federal Medical Assistance Percentages (eFMAP) Initiative) is eligible to participate in this initiative.
2.	Award Info	How many awards will be made? Is there a maximum number of awards?	The number of awards will depend on how many applications meet or exceed the Medicaid managed care member attribution threshold of 15,000. To be included in the attribution, Medicaid managed care members must receive and be paid for at least one children or adult behavioral health service from a BH IPA's network provider (network program types eligible for attribution can be found in <b>Section II., Awards</b> of the Program Guidance).
3.	Award Info	What is the total amount of funds being requested of Centers for Medicare and Medicaid Services (CMS)? Is there a maximum amount per award?	Pending CMS approval, the total amount of funding is anticipated to be \$10M. This will be allocated to eligible BH IPAs using the New York State (NYS) market share methodology which uses attribution, service volume, and service value. This methodology was used for the original BHCC award and can be found on page 6 in the <a href="#">NYS BH VBP Readiness Program Overview</a> on the <a href="#">NYS BH VBP Readiness website</a> . Maximum and minimum award amounts are under consideration.
4.	Award Info	Can you define the regions for the awards?	Statewide coverage will be determined using <a href="#">OMH Field Office regions</a> . There may be more than one award per region.
5.	Expenditures	Once the BH IPA is notified by NYS that funds have been awarded, what they can be spent on and is there a possibility of recoupment?	See the Program Guidance, <b>Section E. Expenditure Exclusions</b> . This is a value-based payment (VBP) arrangement. Performance goals must be met to retain the funds.
6.	Expenditures	How do you recommend a BH IPA assist providers in ensuring claims are coded correctly?	Funding from this initiative can be used for provider training and technical assistance.



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7.	Expenditures	Can a provider participate in both this initiative as members of a BHCC / BH IPA and in the OMH Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) grant for intake access?	Per the Program Guidance, <b>Section E. Expenditure Exclusions:</b> <i>If a BH IPA receives funding through any other NYS initiative, the BH IPA is responsible for clearly distinguishing allocation of funds to ensure any single expenditure is unduplicated.</i>
8.	Expenditures	Can funds be expended to reward providers for performance with bonus payments?	See the Program Guidance, <b>Section D. BH IPA Allowable Expenditures</b> and <b>Section E. Expenditure Exclusions.</b>
9.	Measures	Why aren't denied claims considered in attribution and performance measurement?	NYS Office of Addiction Services and Supports (OASAS) and Office of Mental Health (OMH) do not have reliable data sources for denied claims. Excluding denied claims will not have any directional impact on either attribution or performance achievement. Since attribution is based on the count of unique individuals, that person will still be counted if only one claim for them is paid during a specific period. As denied claims would not be included in either the baseline or the performance measurement periods, there will be no effect on performance evaluation.
10.	Measures	What is the denominator and numerator of the 4th Measure - <b>Engagement in Community Based Mental Health Care After a Mental Health Hospitalization?</b>	Technical specifications and measure definitions can be found in the Program Guidance.
11.	Measures	Since baseline performance will not be provided, do NYS recommend we refer to the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) as a source?  How can a network validate its initial attribution and measure metric-specific performance on an ongoing basis?	BH IPAs will not be able to 100% replicate the NYS results of this specific initiative using PSYCKES. In general, if there are directional changes (improvement or decline) in PSYCKES, you may expect the same direction for the measures in this initiative. This does not guarantee initiative performance measures have been met.
12.	Measures	For BH IPAs not ultimately funded in this initiative, does that mean their attribution is never seen or included in any population health outcome measure?	The four performance measures are not solely tied to this BH IPA Hospital Discharge Planning funding initiative. There may be other population health opportunities and initiatives that may include this measure, where attribution from entities applying would potentially be included.



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13.	Application	For item number 3 in the application, ‘Elements Supporting Initiative Goals’, should the response reference the network as a whole or individual providers within the network?	The response to this item should reference BH IPA networks, not individual providers within the network.
14.	Attribution	Please clarify "attribution by individual".	Attribution is by unique individual. Whether a person has one qualifying paid claim or one hundred, the attribution is one person. Multiple BH IPAs may be given attribution for the same individual if that person has qualifying claims for different program types or provider agencies in multiple BH IPAs.
15.	Attribution	Is attribution tied to billed services or paid services?	Attribution is tied to eligible paid claims. Please see the <b>Program Guidance, C. Performance and Timeframes</b> (pg. 3) <i>“Please note all criteria and performance calculations will be based on Medicaid claims that have been paid within the State or MCO's required timeframe, per the direct payment template submitted to CMS.”</i>
16.	Attribution	If an organization bills for multiple programs in multiple counties out of a single county, will OMH/OASAS accept program estimates on attribution for the purposes of application? Or does attribution have to be tied to billing for data and performance purposes?	Attribution is tied to billing for data and performance purposes.
17.	Attribution	If a Children and Family Treatment and Support Services (CFTSS) program serves multiple counties and they are split between two BH IPAs, is attribution based on the members address? One CFTSS program in the Bronx could service multiple counties.	For providers that participate in two or more BHIPAs, the attribution split is based on the members’ counties rather than the providers’ locations.
18.	Attribution	Can an Article 31 clinic located in the Bronx be listed as serving the Bronx <i>and</i> Manhattan?	Yes. One provider located in one county can be listed as serving more than that location’s county if the provider serves patients from other counties as indicated in their operating certificate, designation letter, or other State-issued approval document.



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19.	Agency Submission Template	Would NYS consider other Children's Mental Health Services such as OMH Day Treatment programs? Children's Assertive Community Treatment (ACT), Children's Mobile Crisis, and Health Homes Serving Children High Fidelity Wrap?	<p>Children's Day Treatment, Youth ACT, and Children's Crisis services are included, please see the program list on page 2 of the program guidance.</p> <p>This initiative only includes programs that are certified, licensed, or designated by OMH and OASAS. Therefore, Health Home services (including but not limited to Health Home Plus and High Fidelity Wraparound) are not included in attribution or performance measurement as the Health Home programs are designated by the NYS Department of Health.</p>
20.	Agency Submission Template	Would the Children's Health Home High Fidelity Wraparound constitute High-Intensity Care Management? Is Health Home Care Management also included as a High-Intensity Care Management?	Health Home Care Management, including Children's Health Home High Fidelity Wraparound, may be included in the application under <b>Section 3. Elements Supporting Initiative Goals</b> . However, it will not count towards attribution for eligibility or performance measurement.
21.	Agency Submission Template	Are providers attributed based on their Medicaid Management Information System (MMIS) identification (ID) or their National Provider Identifier (NPI)? Should we include all program NPIs? Should we include agency, program and/or individual NPIs?	<p>Please include NPIs the providers use for institutional billing associated with the program listed on page 2 of the program guidance.</p> <p>If these are the same, or if the same NPI is also associated with different Program types, repeat the NPI. The combination of MMIS/NPI/County/Program type would be unique. Please use only agency NPIs, not practitioner NPIs.</p>
22.	Agency Submission Template	Do we only need to provide the NPIs for affiliates who will be participating in this project?	Yes, the BH IPA only needs to provide NPIs for agencies and program types participating in this initiative.
23.	Agency Submission Template	Can you please clarify if the Tax ID / NPI combination for each program type would be sufficient, without county information, if a provider only participates in one BH IPA, and all of its clients would be attributed to that BH IPA?	While it is not required to include counties if a provider agency is only in network for one BH IPA, we recommend including counties in case there is any question about provider agency participation in other BH IPAs.
24.	Agency Submission Template	If multiple BH IPAs apply as a group can they submit separate excel forms for each BH IPA in the group or should it be submitted as one combined form?	The contracting BH IPA is responsible for submitting a single <i>Agency Submission Template</i> (Excel workbook) as part of the application process.
25.	Agency Submission Template	How do we complete this tab for providers/agencies with multiple programs and program types?	Each provider, program type, and county combination must be entered in a unique row.



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26.	Agency Submission Template	How would a BH IPA know if a provider has signed a contract to be affiliated with more than one BH IPA? Is this public information?	BH IPAs are required to list network providers on their websites. BH IPAs may also check with providers about membership contracts and affiliations.
27.	Agency Submission Template	Does each BH IPA have to obtain a letter attesting to membership from each partner? Do network providers and affiliates have to be verifiable on both the website and by letter?	Per the application, #2a: "BH IPA network agencies and affiliates must be verifiable on BH IPA websites <b>or</b> by submitting signed letters on network agency or affiliate letterhead."
28.	Agency Submission Template	How is attribution determined for BH IPAs already working collaboratively on a project on a limited basis??	Attribution will be determined based on the information submitted on the application's <i>Agency Submission Template</i> .
29.	Agency Submission Template	The list of services in the "Read Me" tab does not include OMH Residential programs. Should these programs be categorized in one of the existing services listed or excluded from the spreadsheet?	OMH Community Residence programs are not included on the <i>Agency Submission Template</i> as a BH IPA Network Program Type but may be included as a BH IPA Affiliate.
30.	Agency Submission Template	The list of services does not include OASAS or OMH Respite programs. Should this be categorized in one of the existing services listed or excluded from the spreadsheet?	Please categorize Respite under Crisis Intervention Benefit or Children's Home and Community Based Services (HCBS) in the <i>Agency Submission Template</i> , as appropriate.
31.	Agency Submission Template	The only children's service listed is "OMH Children's Day Treatment". Should other children's services not be included on the spreadsheet?	Children's HCBS and CFTSS are included in the <i>Agency Submission Template</i> as BH IPA Network Program Types. Both Adult and Youth ACT can be categorized in the ACT dropdown.
32.	Agency Submission Template	What category would OASAS Residential Reintegration belong to?	The spreadsheet has been updated to include OASAS Residential Reintegration and was distributed via email on April 5, 2024.