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Enhanced FMAP Funding Program Guidance for NYS BHCCs and BH IPAs

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This document provides information and guidance to Behavioral Health Care Collaboratives (BHCC) and Behavioral Health Independent Practice Associations (BH IPA) participating in the New York State (NYS) Behavioral Health Value Based Payment Readiness Initiative. These BHCCs and BH IPAs are eligible to receive funding as a part of NYS' approved spending plan for the enhanced federal medical assistance percentage (eFMAP) authorized under section 9817 of the American Rescue Plan Act of 2021 (Public Law 117-2).

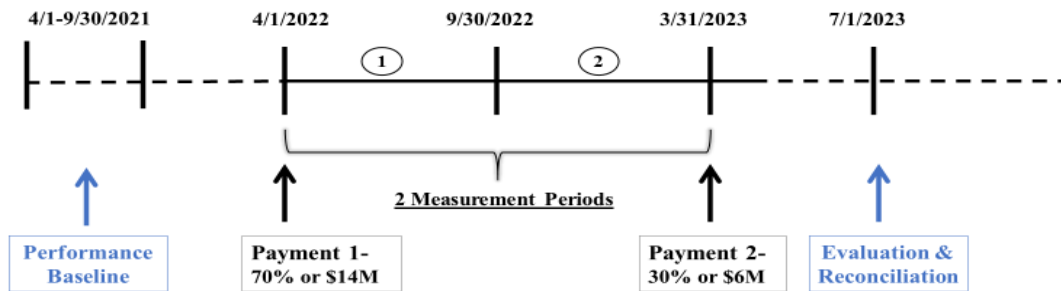
Eligible BHCCs/BH IPAs will partner with a specific Medicaid Managed Care Plan (MMCP) in this value-based payment (VBP) arrangement to support increased access to behavioral health rehabilitation services, integration of behavioral health and physical health, and increased implementation of value-based reimbursement strategies.

A. Overview

NYS will make this eFMAP funding available through MMCPs. BHCCs/BH IPAs will contract with one of the participating MMCPs to receive eFMAP awards. BHCC/BH IPA eFMAP award amounts are determined using a State-defined methodology consisting of historical service utilization, including unique recipients, service volume, and service revenue from April 1 – September 30, 2021. The funding methodology evenly split the number of unique lives an agency serves between the BHCC/BH IPAs in which they are members. For example, if an agency participates in two BHCC/BH IPAs, each received 50% of the attribution.

BHCCs/BH IPAs will work towards improvement on State-identified performance measures during two six-month performance periods. BHCCs/BH IPAs will receive 70 percent of the total award after submitting the *BHCC/BH IPA eFMAP Attestation* and executing a contract with the partner MMCP. The second payment of the remaining 30 percent of the award amount will be received at the end of the second performance period. Performance measurement and fund reconciliation will occur approximately three months after the second performance period ends.

BHCC / BHIPA Payment and Reconciliation Timeline



B. Performance and Funds Flow

BHCCs/BH IPAs must contract with a partner MMCP to receive funds. By accepting these funds, the BHCC/BH IPA understands it will receive the funding in two installments, which may only be retained if the BHCC/BH IPA meets performance goal requirements. The requirements are the achievement of at least one performance measurement goal during the first performance period and achievement of at least two performance measurement goals during the second performance period.

Using Medicaid claims, the State will track achievement on the following five performance measures for Medicaid Managed Care (MMC) (Mainstream, Health and Recovery Plan, and HIV-Special Needs Plan) enrollees attributed to the BHCC/BH IPAs (see attribution definition in Appendix A). The State intends to work with the BHCCs/BH IPAs to measure and improve performance on all selected measures. See *Appendix A- BHCC/BH IPA Performance Measure Technical Specifications* for definitions.

Performance measures will be evaluated in aggregate, across all partner agencies in the BHCC/BH IPA network. NYS will attribute each agency's performance towards all BHCC/BH IPA networks in which it participates. Agencies will not be removed from a BHCC/BH IPA network due to participation in more than one BHCC/BH IPA in the same county.

All agencies which participated in the BHCC/BH IPA networks during the baseline period, performance period 1, and performance period 2 will be included in the measures. If an agency joins a BHCC/BH IPA, the agency's metrics will be included in the performance and baseline calculations to ensure consistency and comparability across different measurement periods. If an agency leaves the BHCC/BH IPA, the agency's metrics will be excluded from the performance and baseline calculations to ensure consistency and comparability across different measurement periods. BHCC/BH IPAs must submit any network changes to the NYS VBP Readiness Mailbox: VBP-Readiness@omh.ny.gov.

The five performance measurement goals are:

- I. Increase in Opioid Use Disorder (OUD) Medication Initiation
- II. Increase in Opioid Use Disorder (OUD) Medication Adherence
- III. Decrease in emergency room (ER) Utilization
- IV. Increase in Behavioral Health Rehabilitation Services Utilization
- V. Increase in 30-day Follow-Up After Hospitalization for Mental Illness

C. Timeframe

This funding initiative will occur between April 1, 2022, and March 31, 2023. BHCCs/BH IPAs will receive the first payment in April 2022, or as soon as possible after contract execution with the partner MMCP. Second payments will be disbursed in March 2023.

The performance periods are:

- Performance period 1: April 1, 2022- September 30, 2022
- Performance period 2: October 1, 2022- March 31, 2023

The performance baseline will be established using paid Medicaid claims between April 1, 2021 – September 30, 2021. This is the most recent period for which complete claims information is available.

Performance period 1 measurement goal will be measured against the baseline period.

Performance period 2 measurement goals will be measured as either:

- Improvement from performance period 1 goal attained and one new goal against the baseline period: OR
- Two new goals attained against the baseline period.

NYS will not provide baseline measures. NYS will advise BHCC/BH IPAs of the preliminary results from the first measurement period in early 2023, after the claims runout period. NYS will determine whether BHCCs/BH IPAs sufficiently attained performance measurement goals from the first and second performance periods approximately three months after the end of the second performance period. If a BHCC/BH IPA has not demonstrated attainment, MMCPs will reconcile funds as appropriate.

D. Attestation & Reporting Requirements

BHCCs/BH IPAs must respond to the BHCC/BH IPA eFMAP Award notification by completing and submitting the State-provided *BHCC/BH IPA eFMAP Attestation* by April 29, 2022. BHCCs/ BH IPAs will submit attestations by emailing their partner MMCP and copying the NYS VBP Readiness Mailbox: VBP-Readiness@omh.ny.gov.

NYS may issue future guidance on additional reporting requirements.

E. Allowable Expenditures

BHCCs/BH IPAs may use the eFMAP funds within the parameters outlined below. There is no required spend down date for earned eFMAP funds.

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. Funds will support the four VBP readiness areas as defined in the BHCC project, see below. More details may be found in the [New York State Behavioral Health Value Based Payment Readiness Program Overview](#).

1. Organization - Support a BHCC/BH IPA structure that can address the needs of the BHCC/BH IPA, its member provider agencies, and the community being served. The structure will include oversight monitoring as well as membership, referral, and compensation procedures for providers within and outside the BHCC/BH IPA network.
2. Data Analytics - Support activities that allow the BHCC/BH IPA to either develop internally, or contract/purchase externally, a data analytics platform allowing for the review and analysis of cost and quality data for covered BHCC/BH IPA Medicaid managed care enrolled people.
3. Quality Oversight - Use data analytics to help monitor continuous quality improvement activities and track BHCC/BH IPA and individual program performance against metrics including, but not limited to, applicable state VBP metrics and BHCC/BH IPA developed metrics. Examples include consumer engagement, rapid contact after hospital discharge, immediate crisis response, clinical risk management focused on rehabilitation and recovery and collaboration across provider types, including housing and treatment providers.
4. Clinical Integration - Establish practices, protocols, or service coordination activities that support care coordination and integration of clinical activities across the BHCC/BH IPA network, as well as with physical health providers and community-based agencies addressing social determinants of health. Examples include incorporating face-to-face hand-offs upon intake and discharge from hospital inpatient units, rapid triage of new referrals to avert or moderate need for higher levels of care, clinical consultation across health care disciplines, creation of referral format for connecting clients with services within and beyond the BHCC/BH IPA, and standard practices that increase engagement and retention between BH agencies.

F. Expenditure Exclusions

Funds cannot be used to support agency salaries for routine functions but can be used to hire or fund staff to focus on specific BHCC/BH IPA functions.

If a BHCC/BH IPA receives funding through any other NYS initiative, including the Infrastructure Program Extension, the BHCC/BH IPA is responsible for clearly distinguishing allocation of funds to ensure any single expenditure is unduplicated.

Appendix A - BHCC/BH IPA Performance Measure Technical Specifications

1. Performance Measure Definitions

Performance goals will be measured during two performance periods outlined in *Section C. Timeframe*.

#	Measure Name	Source/Developer	Numerator	Denominator
I	Increase ¹ in Opioid Use Disorder (OUD) Medication Initiation	QARR , with modification Pages 23-25 (Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence)	MMC enrollees 18 years and older attributed ² to a BHCC/BH IPA who initiated pharmacotherapy treatment within 30 days following an index visit ³ with a diagnosis of opioid dependence.	MMC enrollees 18 years and older attributed ² to a BHCC/BH IPA who during the intake period ⁴ had an index visit with a diagnosis of opioid dependence.
II	Increase ¹ in Opioid Use Disorder (OUD) Medication Adherence	HEDIS, with modification (Pharmacotherapy for Opioid Use Disorder)	MMC enrollees 16 years and older attributed ² to a BHCC/BH IPA who had a diagnosis of OUD and new OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days without a gap in treatment of 8 or more consecutive days.	MMC enrollees 16 years and older attributed ² to a BHCC/BH IPA who had a diagnosis of OUD and new OUD pharmacotherapy events during the intake period ⁵ .

¹ The State will calculate the increase or decrease of the measures in the performance periods to determine the achievement.

² MMC enrollees attributed to a BHCC/BH IPA include MMC enrollees who received at least one behavioral health service from any network provider of the BHCC/BH IPA.

³ The index visit is the earliest visit with an opioid dependence disorder diagnosis during the Intake Period. The patients must have a period of 60 days before the index visit when the member had no claims/encounters with a diagnosis of opioid dependence disorder.

⁴ Intake period for Baseline Period is 4/1/2021 through 8/31/2021. Intake period for Performance Period 1 is 4/1/2022 to 8/31/2022. Intake period for Performance Period 2 is 10/1/2022 to 2/28/2023.

⁵ Intake period for Baseline Period is 10/1/2020 through 3/31/2021. Intake period for Performance Period 1 is 10/1/2021 through 3/31/2022. Intake period for Performance Period 2 is 4/1/2022 to 9/30/2022.

#	Measure Name	Source/Developer	Numerator	Denominator
III	Decrease ¹ in ER Utilization Rate 1 or ER Utilization Rate 2 (see footnote 6)	NYS	ER Utilization Rate 1 - MMC enrollees attributed to a BHCC/BH IPA who had medical or behavioral health emergency room admissions. ER Utilization Rate 2 - Total number of medical or behavioral health emergency room admissions for MMC enrollees attributed to a BHCC/BH IPA.	MMC enrollees attributed ² to a BHCC/BH IPA for both ER Utilization Rate 1 and 2.
IV	Increase ¹ in Behavioral Health Rehabilitation Services Utilization	NYS	MMC enrollees attributed ² to a BHCC/BH IPA who received rehabilitative services (i.e., OASAS and OMH rehabilitation services, including Community Oriented Recovery and Empowerment (CORE) Services and Behavioral Health Home and Community Based Services (BH HCBS)).	MMC enrollees attributed ² to a BHCC/BH IPA.

⁶ ER Utilization Rate 1 is defined as percentage of MMC enrollees attributed to a BHCC/BH IPA who had medical or behavioral health emergency room admissions. ER Utilization Rate 2 is defined as number of medical or behavioral health emergency room admissions per MMC enrollee attributed to a BHCC/BH IPA.

#	Measure Name	Source/Developer	Numerator	Denominator
V	Increase ¹ in 30-day Follow-Up After Hospitalization for Mental Illness	HEDIS, with modification (Follow-Up After Hospitalization for Mental Illness)	Number of inpatient discharges with a primary diagnosis of mental illness or intentional self-harm for MMC enrollees (age 6 - 64) attributed ² to a BHCC/BH IPA who had a follow-up visit with a mental health provider within 30 days after discharge.	Number of inpatient discharges with a primary diagnosis of mental illness or intentional self-harm during the first 5 months of the measurement period for MMC enrollees (age 6 - 64) attributed ² to a BHCC/BH IPA.

2. BHCC/BH IPA Performance Measure Supplemental Specifications

I. Opioid Use Disorder (OUD) Medication Initiation

Percentage of MMC enrollees 18 years and older attributed to a BHCC/BH IPA who initiated pharmacotherapy treatment within 30 days following an index visit with a diagnosis of opioid dependence

Definitions

Intake period Intake period for baseline period is 4/1/2021 through 8/31/2021. Intake period for performance period 1 is 4/1/2022 to 8/31/2022. Intake period for performance period 2 is 10/1/2022 to 2/28/2023.

Index visit The index visit is the earliest visit with an opioid dependence disorder diagnosis during the intake period. The patients must have a period of 60 days before the index visit when the member had no claims/encounters with a diagnosis of opioid dependence disorder.

Denominator

MMC enrollees 18 years and older attributed to a BHCC/BH IPA who during the intake period had an index visit with a diagnosis of opioid dependence. Eligible population also meet the following criteria:

Ages	18 years and older as of the end of the measurement period.
Continuous enrollment	Continuous enrollment in Medicaid 60 days prior to the index visit through 29 days (inclusive) after the index visit.
Exclusion	Individuals in hospice or individuals with Medicare eligibility are excluded from the eligible population (e.g., denominator)
Event/diagnosis	<p>An index visit with a diagnosis of opioid dependence. Any of the following meet criteria for an index visit:</p> <ul style="list-style-type: none"> • An outpatient visit, intensive outpatient visit, or partial hospitalization with a diagnosis of opioid abuse or dependence. • An Emergency Department (ED) visit with a diagnosis of opioid abuse or dependence. • A detoxification visit with a diagnosis of opioid abuse or dependence. • An acute or nonacute inpatient discharge with a diagnosis of opioid abuse or dependence.

Numerator

Eligible population (defined in the denominator) who initiated pharmacotherapy treatment within 30 days following an index visit with a diagnosis of opioid dependence. Any of the following will identify initiation of pharmacotherapy treatment for opioid abuse or dependence:

- A Medication Assisted Therapy Dispensing Event.
- Dispensed a prescription for Opioid Abuse or Dependence.

II. Opioid Use Disorder (OUD) Medication Adherence

Percentage of MMC enrollees 16 years and older attributed to a BHCC/BH IPA who had a diagnosis of OUD and new (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days without a gap in treatment of eight or more consecutive days.

Definitions

Intake period	Intake period for baseline period is 10/1/2020 through 3/31/2021. Intake period for performance period 1 is 10/1/2021 through 3/31/2022. Intake period for performance period 2 is 4/1/2022 to 9/30/2022.
New OUD pharmacotherapy event	An OUD pharmacotherapy event can be either an OUD dispensing event (identified using pharmacy data) or an OUD medication administration event (identified using medical claims data). An OUD pharmacotherapy event is considered a new event if there is a period of 31 days prior to the OUD dispensing event or OUD medication administration event when the member had no OUD dispensing events or OUD medication administration events or was not already receiving OUD pharmacotherapy.
Treatment period start date	The date of a new OUD pharmacotherapy event.
Treatment period	A period of 180 calendar days, beginning on the Treatment Period Start Date through 179 days after the Treatment Period Start Date.

Denominator

MMC enrollees 16 years and older attributed to a BHCC/BH IPA who had a diagnosis of OUD and new (OUD) pharmacotherapy events during the intake period. Eligible population also meet the following criteria:

Ages	16 years and older as of the end of the measurement period.
Continuous enrollment	Continuous enrollment in Medicaid 31 days prior to the Treatment Period Start Date through the end of Treatment Period (211 total days).
Exclusion	Individuals in hospice or individuals with Medicare eligibility are excluded from the eligible population (e.g., denominator).
Event/diagnosis	A new OUD pharmacotherapy event for members who had a diagnosis of OUD. Any events where the member had an acute or nonacute inpatient stay of eight or more days during the Treatment Period are excluded.

Numerator

Eligible population (defined in the denominator) who had OUD pharmacotherapy for 180 or more days without a gap in treatment of eight or more consecutive days.

For members with multiple new OUD pharmacotherapy events during the intake period, the member is included in the numerator if any one of the events had OUD pharmacotherapy for 180 or more days without a gap in treatment of eight or more consecutive days.

III. Emergency Room (ER) Utilization

Utilization of medical or behavioral health emergency room services for MMC enrollees attributed to a BHCC/BH IPA. ER utilization measurement goal will be measured as either decrease in ER Utilization Rate 1 or ER Utilization Rate 2 defined below.

ER Utilization Rate 1: Percentage of MMC enrollees attributed to a BHCC/BH IPA who had medical or behavioral health emergency room admissions.

ER Utilization Rate 2: Number of medical or behavioral health emergency room admissions per MMC enrollee attributed to a BHCC/BH IPA.

Denominator

MMC enrollees attributed to a BHCC/BH IPA. Eligible population also meet the following criteria:

Continuous Enrollment Continuous enrollment in Medicaid through the measurement period with up to 1-month allowable gap.

Exclusion Individuals with Medicare eligibility are excluded from the eligible population (e.g., denominator).

The denominator definition applies to both **ER Utilization Rate 1** and **ER Utilization Rate 2**.

Numerator

ER Utilization Rate 1 Eligible population (defined in the denominator) who had medical or behavioral health emergency room admissions.

ER Utilization Rate 2 Total number of medical or behavioral health emergency room admissions for eligible population (defined in the denominator).

IV. Behavioral Health Rehabilitation Services Utilization

Percentage of MMC enrollees attributed to a BHCC/BH IPA who received behavioral health rehabilitative services.

Denominator

MMC enrollees attributed to a BHCC/BH IPA. Eligible population also meet the following criteria:

- | | |
|------------------------------|--|
| Continuous enrollment | Continuous enrollment in Medicaid through the measurement period with up to 1-month allowable gap. |
| Exclusion | Individuals with Medicare eligibility are excluded from the eligible population (e.g., denominator). |

Numerator

Eligible population (defined in the denominator) who received behavioral health rehabilitative services. Any of the following meet criteria for a behavioral health rehabilitative service:

- OMH rehabilitation services: Assertive Community Treatment (ACT) and Personalized Recovery Oriented Services (PROS)
- OASAS rehabilitation services: Part 822 Outpatient Clinic, Part 822 Opioid Treatment Program, Part 822 Outpatient Rehabilitation, Part 822 Medical Services (Clinic/Opioid), Part 820 Residential Rehabilitation, and Part 820 Residential Stabilization
- Adult Behavioral Health Home and Community Based Services (BH HCBS)
- Community Oriented Recovery and Empowerment (CORE) services
- Children and Family Treatment and Support Services (CFTSS) (except Other Licensed Practitioner (OLP))
- Children's Home and Community Based Services (HCBS)

V. 30-day Follow-Up After Hospitalization for Mental Illness

Percentage of inpatient discharges with a primary diagnosis of mental illness or intentional self-harm for MMC enrollees (age 6 - 64) attributed to a BHCC/BH IPA who had a follow-up visit with a mental health provider within 30 days after discharge.

Denominator

Number of inpatient discharges with a primary diagnosis of mental illness or intentional self-harm during the first five months of the measurement period for MMC enrollees (age 6 - 64) attributed to a BHCC/BH IPA. Eligible population also meet the following criteria:

Ages	6 to 64 as of the date of discharge.
Continuous enrollment	Continuous enrollment in Medicaid from the date of discharge through 30 days after discharge.
Exclusion	Individuals in hospice or individuals with Medicare eligibility are excluded from the eligible population (e.g., denominator).
Event/diagnosis	An inpatient discharge with a primary diagnosis of mental illness or intentional self-harm on the discharge claim during the first five months of the measurement period. Any discharges followed by readmission or direct transfer to an inpatient/residential care setting within the 30-day follow-up period are excluded.

Numerator

Number of inpatient discharges with a primary diagnosis of mental illness or intentional self-harm for eligible population (defined in the denominator) who had a follow-up visit with a mental health provider within 30 days after discharge. Any of the following meet criteria for a follow-up visit. Visits that occur on the date of discharge are not included.

- OMH licensed outpatient services (identified using rate codes) except mobile crisis, crisis residence and Comprehensive Psychiatric Emergency Program (CPEP).
- Other mental health services defined by HEDIS Follow-Up After Hospitalization for Mental Illness (FUH) measure (identified using combination of procedure codes, revenue codes, place of service codes and specialty codes), please refer to HEDIS manual for more details.

Appendix B - Enhanced FMAP Funding Questions and Answers

Q#	Topic	Question	Answer
1.	Contracting	If a BHCC/BH IPA failed to achieve measures and needed to repay 70%, 30% or all 100% of the eFMAP funds, could unspent BHCC funding be used to pay back the eFMAP funds?	BHCC funding must be used in accordance with the New York State Behavioral Health Value Based Payment Readiness Program Overview Guidance document.
2.	Funding Restrictions	For BHCC/BH IPAs that have unspent BHCC/BH IPA funds, is there any requirement regarding which funds are spent first – BHCC or eFMAP?	Funds from these separate programs are to be used by BHCC/BH IPAs as appropriate, following each program's guidelines.
3.	Performance Measures	Will NYS provide data at the individual provider level? This would serve as an opportunity to help focus on the providers who may need more support.	NYS cannot provide information broken down by individual agencies as the risk of a HIPAA violation would increase significantly. In addition, this information could cause confusion when a numerator and/or denominator is too small.
4.	Performance Measures	Are CCBHC claims included in any of the performance measures?	CCBHC visits count as follow-up care in the 30-day follow-up after Hospitalization for Mental Illness measure. However, CCBHC services are not one of the rehabilitative services defined in the Behavioral Health Rehabilitation Services Utilization measure.
5.	Performance Measures	Would a BHCC/BH IPA get "credit" for MAT initiation in the OUD measure if a medical provider/prescriber is not employed by an agency in the BHCC/BH IPA that initiates/prescribes MAT and that external physician drops the Medicaid claim?	Yes, any OUD medication from any provider gives credit to the BHCC/BH IPA network for this metric.