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

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.