



Office of  
Mental Health

# Behavioral Health Centers of Excellence

*Provider Information Session*

July 12, 2023

# Agenda

- **Program Overview**
- **Activities, Milestones and Measures**
- **Roles and Responsibilities**
- **Funds Flow**
- **Next Steps**

# Behavioral Health Centers of Excellence

## *Opportunity*

- As New York City's healthcare delivery system seeks to recover from the COVID-19 pandemic, **critical behavioral health capacity gaps are limiting access to inpatient beds, outpatient clinics, transitional care management, and other services.** There is an urgent need to rebuild, develop, and enhance behavioral health services throughout NYC to meet the behavioral health needs of Medicaid enrollees.

## *The Program*

- Through the Behavioral Health Centers of Excellence (BH COE) program, Medicaid managed care organizations (MCOs) and providers will be incentivized to work together to develop behavioral health system capacity and address critical gaps in inpatient, outpatient, and care management services.
- The program will leverage federal Medicaid **managed care incentive authority** (42 C.F.R. § 438.6(b)(2)) which provides a pathway for New York to address critical behavioral health system gaps in partnership with MCOs and providers, within CMS' regulatory guardrails.
- A total of \$100 million is anticipated to be available for incentive payments during state fiscal year 2023-24.
- Participation is voluntary for MCOs and providers.
- The State anticipates renewing the BH COE Program for additional contract years (subject to CMS review and approval), and will provide details on subsequent phases of the program at a later date.

**Next step after today's meeting: Submit a letter of intent to OMH by 8/1 (see slide 13 for detail).**

# Context: Medicaid Managed Care Incentive Authority

The BH COE program will leverage federal Medicaid managed care incentive authority, which provides a pathway for New York to address critical behavioral health system gaps in partnership with managed care plans and providers, within specific regulatory guardrails.

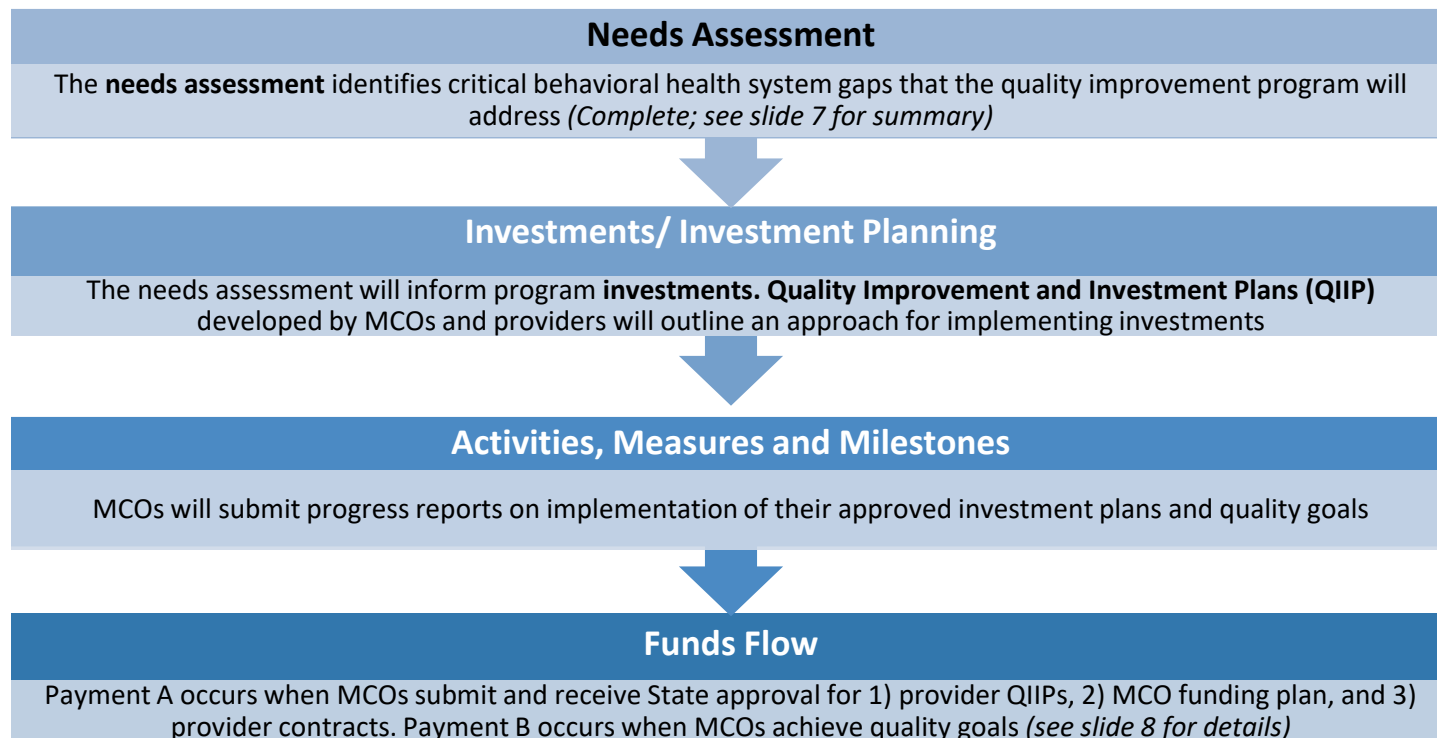
# MCOs and Contract Providers Will Need to Meet Certain Criteria to Participate

The BH COE program is voluntary for both MCOs and providers that meet the below participation criteria, which seek to maximize efficiency while ensuring broad impact on target populations.

Program Participant Type	Eligibility Criteria
<b>MCOs</b>	<ul style="list-style-type: none"> <li>The program is open to the three MCOs (Healthfirst, MetroPlus and Centene) with the highest Medicaid mainstream managed care enrollment in New York City.</li> </ul>
<b>Providers</b>	<ul style="list-style-type: none"> <li>Hospitals with licensed psychiatric beds that:               <ul style="list-style-type: none"> <li>Are located in New York City. For hospital systems, the program is open to hospitals that have at least one facility located in New York City.</li> <li>Commit to establishing a contract with participating MCOs outlining roles and responsibilities related to program implementation.</li> </ul> </li> </ul>
<b>Program Target Population</b>	<ul style="list-style-type: none"> <li>Medicaid Managed Care (Mainstream), HARP, or HIV SNP enrollees living in NYC</li> </ul>

# Key Program Components

The BH COE program will consist of several key building blocks.



Note: Stakeholders will be engaged, and Medicaid Managed Care/HIV SNP/HARP contracts **between the State and MCOs will be** amended to support the COE incentive program.

# Program Will Improve Access to Critical Behavioral Health Services For Medicaid Enrollees

New York State has identified the following needs that the BH COE program will seek to address, in line with the State's quality strategy.

#	Needs Assessment Categories
1	Inpatient Psychiatric Bed Capacity
2	Intensive Care Management for high-risk individuals (i.e. HH-Plus eligible) being discharged from MH/SUD Inpatient or ED/CPEP
3	Timely Access to Outpatient Mental Health and/or SUD Services for adults and children

# Program Activities, Milestones and Measures Overview

There will be two potential payments (A and B) in the first year of BH COE totaling \$100 million. The first payment is triggered by MCOs and providers completing a set of quality improvement activities, and the second payment is earned by meeting the MCO-level quality measure.


<p><b>Payment A</b> (\$95 Million)</p> <p><i>See next slide for additional details</i></p>	<p><b>Completion of the following three Quality Improvement Activities will trigger Payment A:</b></p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="614 525 948 882"> <p><b>1</b> QIIPs</p> <p>Outline the investments each provider will make in behavioral health system capacity.</p> <p><b>Note:</b> Each participating provider will develop a QIIP.</p> </div> <div data-bbox="993 525 1327 882"> <p><b>2</b> MCO Funding Plans</p> <p>Describe the amount of funding the MCO will retain and the amount that will be distributed to providers.</p> <p><b>Note:</b> Each MCO will develop a funding plan.</p> </div> <div data-bbox="1360 525 1694 882"> <p><b>3</b> MCO-Provider Contracts</p> <p>Memorialize roles and responsibilities documented in the QIIPs and MCO Funding Plans.</p> </div> </div>
<p><b>Payment B</b> (\$5 Million)</p>	<p><b>Meeting the following MCO-level quality measure calculated by the State will trigger Payment B:</b></p> <div data-bbox="614 972 948 1329"> <p><b>MCO Measure</b></p> <p>MCO performance equals or exceeds a baseline performance for "Follow-Up After Hospitalization for Mental Illness Within 30 Days Post Discharge".</p> </div>



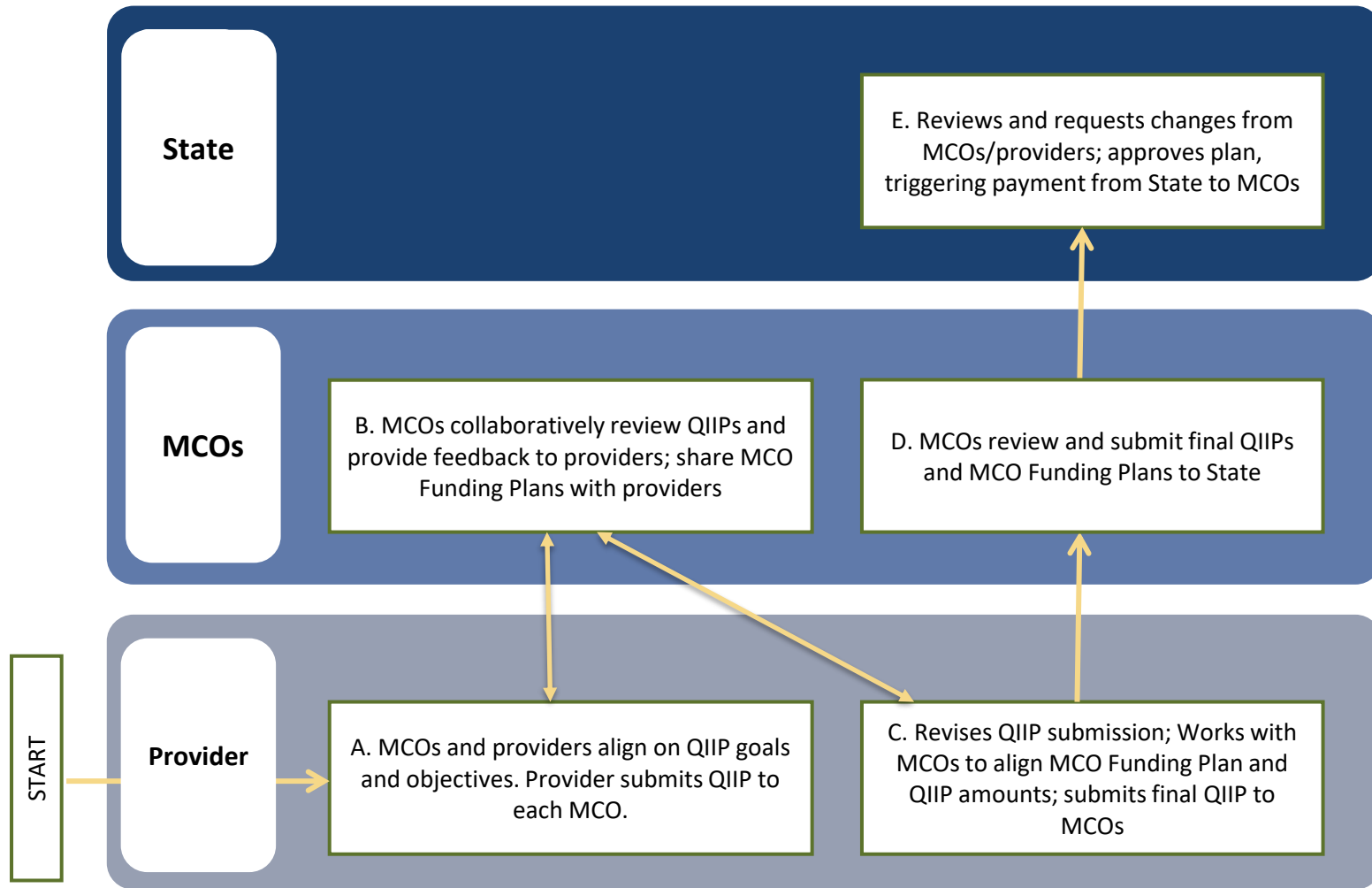
# Payment A Will Be Triggered by State Approval of the Following Quality Improvement Activities

Quality Improvement Activities	Overview
Quality Improvement and Investment Plans (QIIPs)	<ul style="list-style-type: none"> <li>Completed by each <b>participating provider</b> in collaboration with the MCOs</li> <li>QIIP will outline:               <ul style="list-style-type: none"> <li>The <b>investments</b> each provider will make in behavioral health system capacity</li> <li><b>Process milestones</b> each provider expects to achieve in SFY 2023-2024 and SFY 2024-2025 based on the above investments.</li> <li><b>Outcome measures</b> developed and calculated by the State.</li> </ul> </li> </ul>
MCO Funding Plans	<ul style="list-style-type: none"> <li>Completed by each <b>participating MCO</b></li> <li>Describe how BH COE dollars will be used, inclusive of allocations to providers, using a standardized template developed by the State.               <ul style="list-style-type: none"> <li>As one option, MCO's may tie each provider's allocation to a historical measure of inpatient behavioral health days relative to other providers.</li> </ul> </li> <li>Each MCO's approved Funding Plan will guide distributions to providers.</li> <li>MCOs have discretion to allocate funds. The State will not direct MCOs' use of incentive dollars.</li> </ul>
Contractual Agreements	<ul style="list-style-type: none"> <li>Demonstration that there is a contractual arrangement in place between each MCO and each participating provider specifying the methodology, process, and timing for funds distribution.</li> </ul>

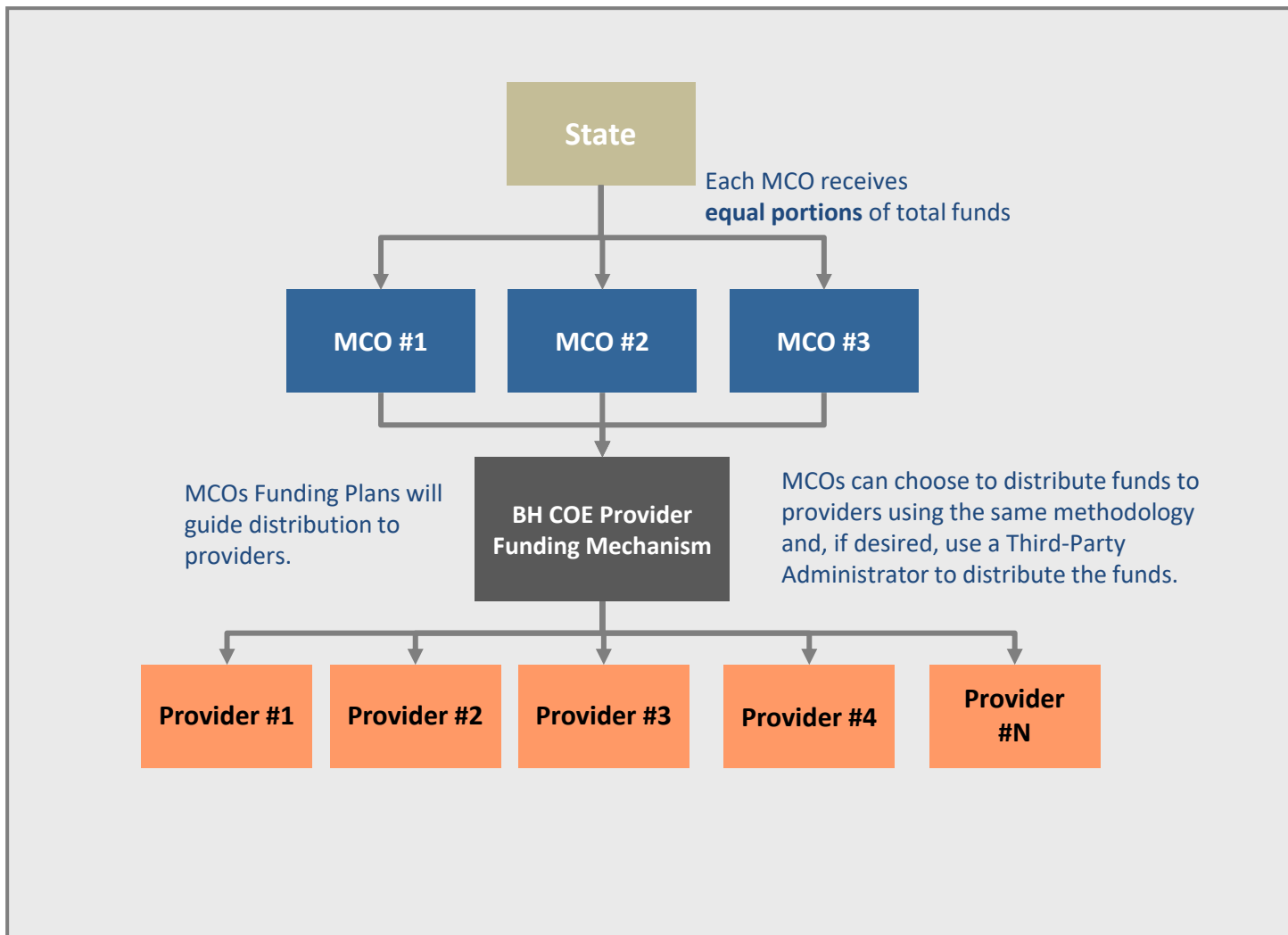
# Provider Will Propose and Make Investments That Address Access Gaps

Entity	Roles and Responsibilities		
	Overall	Payment A (\$95 Million)	Payment B (\$5 Million)
<b>State (DOH and OMH)</b>	<ul style="list-style-type: none"> <li>Sets program goals and parameters, including conducting a gap analysis to inform investments.</li> <li>Provides guidance and oversight to MCOs on program administration.</li> <li>Amend MMC/HIV SNP/HARP model contract to support the COE incentive program; will incorporate feedback from plan associations and other state agencies).</li> </ul>	<ul style="list-style-type: none"> <li>Reviews and approves package submitted by each MCO, including: MCO Funding Plans, supporting MCO-provider contracts and QIIPs</li> <li>Makes incentive payments to MCOs</li> </ul>	<ul style="list-style-type: none"> <li>Assesses MCO performance on quality measure</li> <li>Makes incentive payments to MCOs</li> </ul>
<b>MCOs</b>	<ul style="list-style-type: none"> <li>Accountable for meeting MCO-level performance targets</li> <li>Provide guidance and oversight of provider investments and reporting</li> <li>Develop approach to allocate funds among MCOs and providers</li> <li>Make incentive payment to providers</li> </ul>	<ul style="list-style-type: none"> <li>Work with providers to align on QIIP goals and objectives</li> <li>Develop MCO Funding Plan in partnership with providers</li> <li>Review and provide feedback to providers on QIIPs and partner with providers to ensure alignment with MCO Funding Plan</li> <li>Develop and sign Provider contracts that outline timing, amount, and process for payments</li> <li>Submit package to state for approval:                             <ul style="list-style-type: none"> <li>MCO Funding Plan (<b>note:</b> each MCO submits a <b>separate</b> Plan)</li> <li>MCO-Provider contracts</li> <li>QIIP (<b>note:</b> MCOs can partner to submit <b>one QIIP per provider</b>)</li> </ul> </li> <li>Make payments to providers (per approved MCO Funding Plan)</li> </ul>	<ul style="list-style-type: none"> <li>Make payments to providers (per approved MCO Funding Plan)</li> </ul>
<b>Providers</b>	<ul style="list-style-type: none"> <li>Identify and make investments aligned with the gap analysis provided by the State</li> <li>Reporting on investments to MCOs</li> </ul>	<ul style="list-style-type: none"> <li>Work with MCOs to align on QIIP goals and objectives</li> <li>Develop QIIP; partner with MCOs to ensure alignment between MCO Funding Plan and proposed investments in the QIIP</li> <li>Submit QIIP to MCOs</li> <li>Develop and sign contracts with MCOs that outline timing, amount, and process for payments</li> </ul>	

# Development and Review of Quality Improvement Activity Deliverables: Key Process Steps (Payment A)

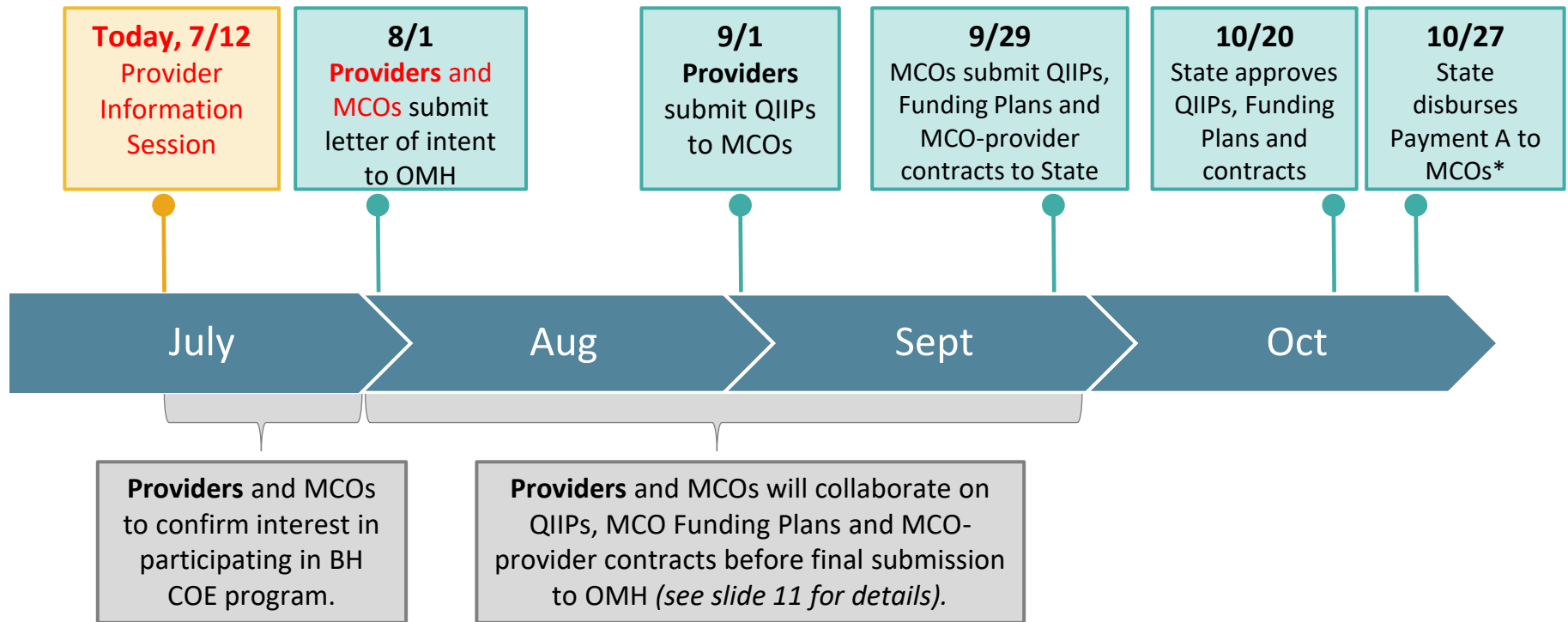


# Funds Flow



# Next Step: **Providers** to Submit Letters of Intent by 8/1 to Participate in BH COE Program

The first step to participating in BH COE program is for MCOs and providers to submit a letter of intent to OMH ([bho@omh.ny.gov](mailto:bho@omh.ny.gov)).



**In the letter of intent, each provider should identify a lead BH COE contact who will coordinate with MCOs in finalizing QIIP, MCO Funding Plans and MCO-provider contracts.**

\* MCOs will make payments to providers based on approved MCO Funding Plans and MCO-provider contracts.

# Timeline

The below table outlines the key program dates, including performance periods, reporting deadlines, and payment dates. These dates are subject to change by the State.

Payment	Performance Period	MCOs work with Providers to develop QIIPs and Contracts	MCO submission to State	State approval	State payment to MCO	MCO payment to provider
<b>A</b>	4/1/23 – 3/31/24	7/22/23 – 9/29/23	9/29/23	10/20/23	10/27/23	<i>Subject to MCO Funding Plan &amp; MCO-Provider Contract</i>
<b>B</b>	4/1/23 – 3/31/24	N/A	<i>N/A (State will run this analysis)</i>	11/1/24	12/1/24	<i>Subject to MCO Funding Plan &amp; MCO-Provider Contract</i>