

The ABCs of BHCCs

In March of 2017, NYS OMH, OASAS and DOH announced the creation of a [NYS Behavioral Health \(BH\) Value Based Payment \(VBP\) Readiness Program](#). The BH VBP Readiness Program is providing funding to selected Behavioral Health providers to form Behavioral Health Care Collaboratives (BHCCs), or regional provider networks that will support improved outcomes through integration of care as well as readiness to enter into Value Based Payment arrangements.

Earlier this month, NYS awarded a total of \$60M in funding to 19 emerging BHCCs in amounts ranging from \$750K to \$5M to be used over the next three years. The funding will assist BH providers in ***creating a functional integrated network and transforming to a business model that will support Value Based Payment contracting***. Value Based Payment is a model that rewards quality of care and improved outcomes, rather than making payments simply based on service volume. The state's investment supports its goal of having 50-70% of total managed care payments tied to VBP arrangements at Level 2 or higher, by 2020 as outlined in the [NYS Value Based Payment Roadmap](#).

The funds awarded will be used to develop and implement BHCC work plans in the following four Value Based Payment Readiness Areas: **Organization, Data Analytics, Quality Oversight and Clinical Integration**. The work in these readiness areas will assist in developing the shared infrastructure to prepare the networks to:

- Collect, analyze, and respond to data to efficiently improve BH and physical health (PH) outcomes.
- Enhance quality care through clinical and financial integration and community-based recovery supports.
- Use data to manage quality and risk – and commit to continuous quality and performance improvement.
- Promote integrated care (physical and behavioral) and attention to social determinants of health and prevention through community partnerships.
- Enter into a Value Based contract.

The BHCC lead agencies are OMH or OASAS licensed/certified non-hospital community-based organizations, BH IPAs, or designated Home and Community-Based Services (BH HCBS) organizations. BHCCs are comprised of **Network Providers** and **Affiliate Providers**.

- **Network Providers** are non-hospital community-based Article 31 and 32 providers and BH HCBS providers. They are the creators of the BHCC, and also govern the BHCC, making decisions about and controlling the use of the BHCC funding, and collectively meeting the BHCC requirements.
- **Affiliate Providers** include community programs that address the social determinants of health, hospitals or Article 28 licensed providers including hospital-operated Article 31/32 programs, Health Homes, Performing Provider Systems, Federally Qualified Health Centers, state-run programs, Home Care Agencies, primary care providers as well as other physical health providers.

The required work plans (see above) are due on March 22, 2018. Again, participation in this program is designed to position BH organizations for long-term sustainability in a VBP environment, including integration with the physical health care delivery system. However, it will require significant initial and ongoing contributions of resources and time from participating agencies. We hope to bring you periodic reports on the development of BHCCs, so stay tuned!