

VBP Implementation: Behavioral Health (BH) Provider

For more information please visit:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_reform.htm

As a BH Provider, what should I be doing right now to support my transition to VBP?



Governance

Determine how your organization will participate in VBP:

- Become a **Lead VBP Contractor** and contract directly with a payer
- Become a **Provider Partner** and partner with a Lead VBP Contractor

Business Strategy

It is important for **BH providers**, especially those seeking to partner with **Lead VBP Contractors** as a non-risk bearing or upside only partner, to strengthen and communicate their **value proposition**. Remember, **BH providers**:

- may drastically improve the quality of care and lower the cost of care**, especially in the Integrated Primary Care (IPC) and HARP arrangements.
 - The IPC arrangement includes BH-related chronic conditions. Understand how you may address the BH conditions in the IPC arrangement
 - The HARP arrangement is focused on adults with serious BH needs. Medicaid members with BH conditions drive a large proportion of spend in the Medicaid program.
- provide successful delivery of specialized and quality care for people with BH needs**, which facilitate decreases in avoidable emergency department visits and hospital utilization.
- help Lead VBP Contractors leverage existing BH services**, resulting in cost savings for the Lead VBP Contractor's network.

Stakeholder Engagement

- BH providers that are Lead VBP Contractors:** Identify payer(s) to contract a VBP arrangement; engage early and often. Consider existing relationships. Also, consider the arrangement you will contract and address gaps in coverage by including other providers, such as primary care doctors or hospitals.
- Outreach with Health Homes will be critical, given the Health Home's linkage to patients with BH needs.
- BH providers that are Provider Partners:** Consider collaborating with other BH providers to create robust organizations. This creates a stronger value proposition to propose to Lead VBP Contractors.
- Regardless if you are a Lead VBP Contractor or Provider Partner:** Engage your Delivery System Reform Incentive Payment (DSRIP) Performing Provider Systems (PPS); coordinate and collaborate with them to identify parties that may be interested in contracting.

Finance

- BH providers that are Lead VBP Contractors:** Contemplate your organization's ability to take on risk; VBP Level 1 (upside only, no risk) may be the best initial step for BH providers.
- Develop a strategy to reward downstream **Provider Partners** that contract with you.
- BH Providers that are Provider Partners:** Consider your organization's potential for financial impact based on the population served
 - An advantage for BH provider participation is referrals and service volume. This is part of your value proposition!

Data

Determine the type of data your organization may obtain or develop, including:

- The cost of care per arrangement
- High-utilizing, high-cost Medicaid members—super utilizers
- Prevalence of potentially avoidable complications
- Rehab and recovery oriented data sets

Where to access the data?

- Lead VBP Contractors:** work with Payers and PPS; leverage preexisting, state provided data sets (e.g. PSYCKES)
- Provider Partners:** work with VBP Lead Contractors and PPS; leverage preexisting, state provided data sets (e.g. PSYCKES)

Value Based Payment