



# Behavioral Health Incentive Program (BHIP) Funds Disbursement

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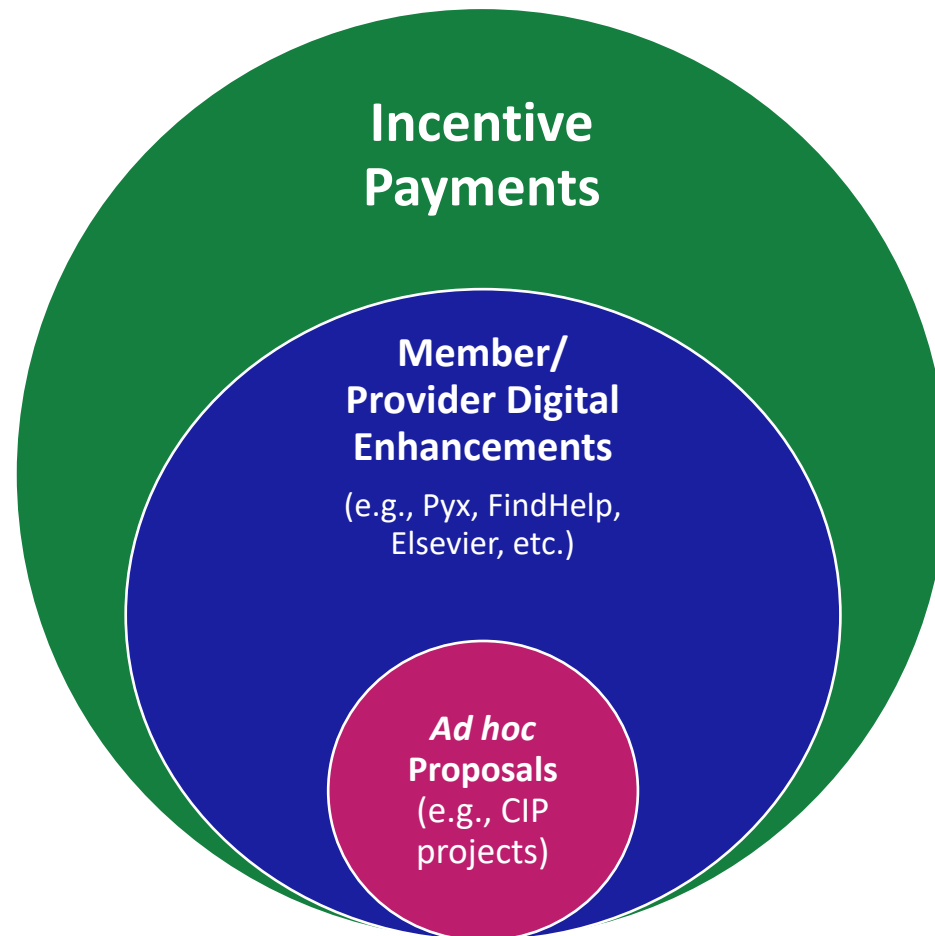
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# Behavioral Health Incentive Program (BHIP)

Indicator #	FY24 Measure	Baseline	SFY24 Target
1	0004 NCQA: Initiation and Engagement of Substance Use Disorder Treatment (Engagement will be incentivized)	R6: 15.30%	R6: 16.07%
		R7: 17.15%	R7: 17.74%
2	0576 NCQA: Follow-Up After Hospitalization for Mental Illness (Seven day follow up will be incentivized)	R6: 30.80%	R6: 33.52%
		R7: 26.99%	R7: 30.09%
3	3488 NCQA: Follow-Up After Emergency Department Visit for Substance Use (Seven day follow up will be incentivized)	R6: 24.83%	R6: 26.16%
		R7: 34.70%	R7: 35.05%
4 - Part 1	Depression Screening Rate	R6: 38.45%	R6: 43.15%
		R7: 77.66%	R7: 78.43%
4 - Part 2	Follow-Up within 30 days from Positive Depression Screen	R6: 52.98%	R6: 56.92%
		R7: 65.09%	R7: 67.82%
5	Behavioral Health Screening or Assessment for Children in Foster Care System	R6: 18.09%	R6: 19.46%
		R7: 16.12%	R7: 17.69%

# BHIP Funds Utilization

- **100%** of BHIP dollars are passed through to providers to incentivize performance or fund resources.



# Behavioral Health Quality Incentive Program (BHQIP) Overview

**BHQIP** financially rewards providers to improve performance on clinical quality indicators, including follow-up after hospital discharge or ED visit for SUD, and substance use engagement.

- Disbursement is NOT contingent on RAE's achievement of BHIP target.

## **Designed for Behavioral Health providers:**

- Community Mental Health Centers (CMHCs) and other high-volume BH Providers. Currently 45 providers enrolled.

# BHQIP Indicators & Targets

- BH Providers receive quarterly scorecards and Practice Transformation Coaching.
- BHQIP consists of quality Performance Indicators (efficiency and quality of care).
- Performance Indicators are based on HEDIS® standards and are comparable to national quality benchmarks.
- Rewards uses a 2-tier approach to reward performance above peers and year-over-year improvement.
- Each indicator is assigned a Full Credit Target Rate/Partial Credit Target Rate.

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# BHQIP Indicators and Scorecard Example

Incentive Scoring Indicator*	Max Point Value	Desired Result	Baseline Results		Program Year Performance Targets		Year End Results				
			Provider Baseline Rate	Peer Group Avg. Rate	Full Credit Target Rate	Partial Credit Target Rate	Numerator	Denominator	Rate	Redistrib. Max Points	Total Earned Points
<b>Efficiency Indicators</b>											
Acute Behavioral Health (BH) Inpatient 30-Day Readmissions	25	Lower is better	20.00%	25.06%	19.00%	22.55%	13	66	19.70%	30	12.5
Emergency Room (ER) Utilization**	25	Lower is better	1534.29	1336.54	1202.89	1457.58	170	1433	1423.6	10	12.5
<b>Quality of Care Indicators</b>											
Annual PCP Visits	10	Higher is better	86.87%	90.67%	95.00%	90.00%	1021	1110	91.98%	10	5
7-day Follow-Up Visit After Mental Health Inpatient Discharge (FUH)	10	Higher is better	67.86%	48.32%	72.86%	58.32%	24	32	75.00%	10	10
30-Day Follow-Up visit after Mental Health Inpatient Discharge (FUH30)	10	Higher is better	85.71%	78.03%	90.71%	81.20%	34	39	87.18%	10	5
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA7)	10	Higher is better	46.67%	40.09%	51.67%	50.09%	16	30	53.33%	10	10
Engagement of Alcohol and Other Drug Dependence Treatment (IET-e)	10	Higher is better	46.67%	40.09%	51.67%	50.09%	16	30	53.33%	10	5
<b>Bonus Indicator</b>											
FUH7 Equitable Access Rate	5	Higher is better	55.25%	57.88%	65.25%	60.25%	53	87	60.92%	5	2.5
<b>BHQIP Performance Indicator Total Earned Points</b>										62.5	

# Behavioral Health Facility Incentive Program (BHFIP) Overview

**BHFIP** awards hospitals for achieving value-based quality metrics on outpatient follow-up and reduce readmission rates.

- Disbursement is NOT contingent on RAE's achievement of BHIP target.

## **Designed for Behavioral Health inpatient facilities:**

- Psychiatric Hospitals, Freestanding mental health facilities, acute hospitals with psychiatric units. Currently 5 hospitals and IMDs enrolled.

# BHFIP Indicators and Scorecard Example

BHFIP Performance Indicator	Max Point Value	Desired Result	Peer Average Rate	State-specific Target Rate	Provider Baseline Rate	Performance Measurement Full Credit Target Rate	Performance Measurement Partial Credit Target Rate	Provider Result	Achievement of Full Credit Rate Points Earned	Achievement of Partial Credit Rate Points Earned	Total Points Earned
30-Day Readmission Rate	35	Lower is better	22.2%	N/A	25%	19.98%	23.75%	19.5%	35	0	35
60 -Day Readmission Rate	15	Lower is better	25%	N/A	28%	22.5%	26.6%	25%	0	7.5	7.5
90 -Day Readmission Rate	5	Lower is better	30%	N/A	29%	26.1%	27.6%	28%	0	0	0
7-Day Follow-Up Visit After Mental Health Inpatient Discharge (FUH7)	35	Higher is better	49.5%	60%	51.3%	60%	59.5%	59.75%	0	17.5	17.5
30-Day Follow-Up Visit After Mental Health Inpatient Discharge (FUH30)	10	Higher is better	64.7%	66%	63.2%	74.7%	68.2%	75%	10	0	10
	100										70



# BHIP Incentive Payments

Providers can earn funds proportional to their contribution to the achievement of BHIP measures.

- Disbursement is contingent on RAE's achievement of target and receipt of funds for each indicator.

## **Other large-volume Behavioral Health providers:**

- Federally Qualified Health Centers (FQHCs) and providers in value-based contract arrangement (CMHCs)

# Other Opportunities

## Member/Provider Digital Tools:

- **Pyx Health:** Combines skilled, compassionate people with an on-demand mobile app experience to help members quickly and easily access and utilize benefits, community resources, and provide unlimited companionship and support.
- **FindHelp:** A comprehensive platform for providers and Members to quickly identify unmet social needs and make appropriate referrals to community resources (such as housing, food assistance, job training, social support, and education).
- **Provider Pathways/Elsevier:** Resource for healthcare providers to lookup journal articles and evidence-based tools to support quality of care.

## Ad Hoc Proposals:

- **Community Incentive Program (CIP)** fund proposals focused on supporting BH needs that are not billable services.

