Behavioral Health Incentive Program (BHIP)

Rocky Mountain Health Plans, RAE Region 1

Last Updated:2/21/2024

United Healthcare Community Plan

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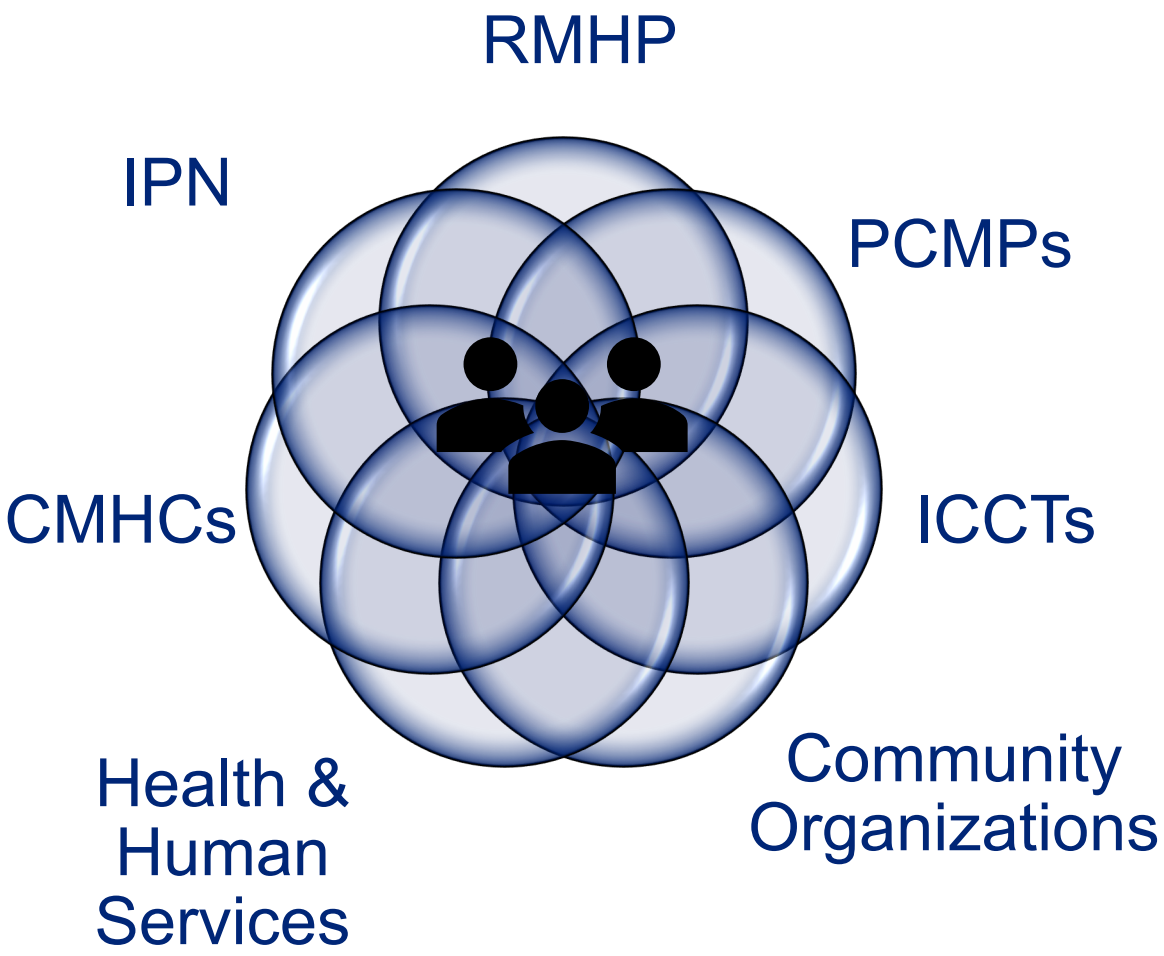
Integrated Approach to Quality Improvement



Current BHIP Performance

Monitoring Data

	Measure Description	January 2024
		RAE BHIP
Met Benchmark	Measure	RMHP Monitor Rate
Met Target 1	Follow-up after Emergency Department Visit for Substance Use (7-day rate) (FUA)	(32.04) 28.52 
	Follow-up after Hospitalization for Mental Illness (7-day rate) (FUH)	(38.29) 29.89 
	Initiation and Engagement of Substance Use Disorder (SUD) Treatment (Engagement) (IET)	(27.51) 18.92 
Not Meeting Target	Follow-up after a Positive Depression Screen (Performance)	(58.96) 64.52 
	Behavioral Health Screening or Assessment for Children in the Foster Care System	(13.51) 14.99 

BHIP Program

BHIP Payment Eligibility

All Community Mental Health Centers (CMHCs)

Independent Behavioral Health Provider Network (IPN)

Integrated Behavioral Health Providers in Primary Care (IBH)

66.67% of BHIP revenue received is passed through to eligible providers

BHIP Payment Structure

- RMHP evenly distributes the total BHIP revenue across each measure with participating providers based on individual performance.
- Each provider's payment will therefore depend on:
  - (1) total BHIP revenue received from HCPF
  - (2) total successful follow-ups for each metric across the region
  - (3) number of successful follow-ups conducted by that provider

The table below provides approximate payments per successful follow-up based on RMHP's SFY22 performance.

BHIP Indicator	Estimated Amount Per Successful Follow-up*
Indicator 1: Engagement in Outpatient Substance Use Disorder (SUD) Treatment	$95
Indicator 2: Follow-up Appointment within 7 Days of an Inpatient Hospital Discharge for a Mental Health Condition	$500
Indicator 3: Follow-up Appointment within 7 days of an Emergency Department (ED) Visit for a Substance Use Disorder	$250
Indicator 4: Follow-up after a Positive Depression Screen	$150
Indicator 5: Behavioral Health Screening or Assessment for Children in the Foster Care system	N/A **

*Estimates are based on historical BHIP performance. These amounts are approximations and subject to change based on future performance and incentive reserves.

** Estimated earnings are not available for the foster care metric, due to nuanced measure specifications and added complexities with referral regulations pertaining to the Department of Human Services. Screenings, referrals and the incentives associated with this BHIP measure will be managed on an individual basis.

RMHP Support Model

Care Management

Partner with providers and Community Mental Health Centers, Independent Provider Network and Primary Care with streamlined referrals and collaboration. (SDoH needs, access to care, etc.)

Streamlined process with hospitals for direct care coordination referrals for Members (SDoH needs, access to care, etc.)

Work closely with community organizations and Human Services departments.

Integrated care coordination with providers and federally qualified health centers (FQHCs). Care coordination occurring within the Members' community.

Provider Cross Collaboration Committee (PCCC)

Monthly workgroup for all participating practices/CMHCs

Discuss improvement tactics for BHIP metrics to support performance and best practices based upon performance data.

Opportunity for Q&A and synergy amongst RMHP and provider partners across the regions.

Practice Transformation Support

Clinical Program Manager - Behavioral Health Advisor – *Alexandra Hulst, PhD, LMFT*

1:1 practice support (HB1302)

eConsult implementation

Provider education

Connects BH clinical workflows to performance and VBP

Provider Education – Building BH Capacity

- Providing Mental Health Treatment to Persons with Intellectual and Developmental Disabilities Remote Learning Course
- Behavioral Health Skills Training
- Pediatric Psychiatry Webinar Series
- Handouts, toolkits, on-demand learning

Looking Ahead

1

Continue to implement data-driven & Member informed solutions

Further evaluate disparities by geographic location, race/ethnicity, language and other population stratifications and implement interventions that are community informed.

2

Strengthen the medical neighborhood

Assist hospitals/emergency departments in creating strong referral processes and relationships with outpatient behavioral health in an effort to improve access and reduce disparities.

3

Continue to invest in behavioral health value-based payments & provider education.

Integrate behavioral health best practices and access to care by incentivizing providers to perform on key metrics and provide whole-person care. This includes continuously offering providers behavioral health education on clinical care and accurate coding.

4

Vendor partnership expansion

Continue to explore and implement technology that support whole person health such as mobile apps for Members and eConsult for primary care.

Questions?

Thank You!