

Moda Health's Behavioral Health Incentive Program (BHIP)

Phase One

Program Guidelines and Structure

1. Purpose and rationale

The Moda Health Behavioral Health Incentive Program-Phase One (*BHIP Phase One*) sustains the guiding vision of *BHIPs* in previous years. *BHIP Phase One* is an opt-in program designed to support your behavioral health organization's delivery of quality care. It is a combination pay-for-participation and pay-for-performance model, meaning that all BH organizations who opt in and participate in the elements of the model will receive an incentive. Additionally, if Moda's overall performance target is achieved then an additional bonus will be added. These programs are based on the following shared beliefs:

- 1.1. Member health and welfare are at the center of our work and our outlook in securing effective care. Care delivery is enhanced when the member's voice is guiding treatment.
- 1.2. Our practitioners are our primary means of delivering quality care. And building on that relationship will directly enhance all involved. Access and attention to outcome data renders clarity of treatment goals, empowers member engagement, shapes effective modalities while nurturing a culture of clinical curiosity over conviction.
- 1.3. Coordinated and collaborative care enhances our members' ability to access effective care readily, timely, and easily.
- 1.4. The adoption of evidence-based practices improves outcomes. Research supports the effectiveness of treatment which attends to the member's voice by systematically inviting member feedback on the process of care and member-reported outcomes (**Feedback Informed Care [FICare]** or Feedback Informed Treatment [FIT], also variously known as Patient-Reported Outcome Measures [PROMs], Outcome Informed Care [OIC], Measurement Based Care [MBC], Routine Outcomes Measures [ROM], etc.).
- 1.5. **FICare** data collection is pan-theoretical and is meant to be incorporated into a wide variety of clinical practices, treatment modalities and analytic paradigms to enhance care delivery.
- 1.6. Some members' chronic, comorbid, or catastrophic conditions and symptoms complicate and perpetuate their ongoing care. We would like to work with our BH organizations to recognize how the coordination of care and integration of care can enhance the quality of life for our members and better manage their **Total Cost of Care (TCoC)**.
- 1.7. Through this program we eventually hope to create a more fluid exchange of data, better informing the respective parties of the opportunities for collaboration and effective delivery of care.
- 1.8. Moda further believes this will lead to significant payment improvement for providers as our partnerships and mutual dependence deepen.

BH organizations and practitioners are strongly encouraged to reach out with questions and insights to:
Clinical Liaison ClinicalLiaison@modahealth.com

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2. Provider Eligibility

Behavioral Health providers serving Moda's Oregon membership are eligible to participate in BHIP. BH organizations are encouraged to consider participating in **BHIP Phase One** prior to participating in **BHIP Phase Two**. BH organizations are eligible to participate in **BHIP Phase Two** for two calendar years. BH organizations may participate in Moda Health's **BHIP Phase Three** following at least one year in Phase Two. The table below represents the program structure for calendar year 2025. Moda may modify the program in future years in response to provider feedback and program needs.

BHIP	Phase One – 1 st yr	Phase One – 2 nd yr	Phase Two – 1 st yr	Phase Two – 2 nd yr	Phase Three
Can all contracted BH providers participate?	Yes, for 1 st year	Yes, for a single 2 nd year	Yes, for 1 st year	Yes, for a single 2 nd year	Yes, no current time limit
FICare tools in use	Not likely	Not necessarily	Yes or w/in 9 months	Yes	Yes
FICare emphasis	YES	YES	YES	YES	YES
FICare Incentive	4% retrospective	2% retrospective	2% prospective & 4% retrospective	4% retrospective	6% retrospective
FICare data shared	No	No	Not necessary	Aggregate	Moving toward individualized data
TCoC emphasis	YES	YES	YES	YES	YES
TCoC Incentive – See 5.2.	2% when OHA goals are met	2% when OHA goals are met	2% when OHA goals are met	2% when OHA goals are met	2% when OHA goals are met
Eligible for APM	No	No	Not likely	Yes, possible	Encouraged
PHASE FOUR will follow with APM being primary as will data exchange.					

3. Member Eligibility

All members in the following Oregon commercial Moda Health business segments who have opted in are included in this program:

- Fully insured group and individual members including those enrolled through the Marketplace.
- Members of the Oregon Educators Benefit Board.
- Members of the OHSU, Salem Health, and Moda Health Employee Plans.

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4. Provider Deliverables

Within section 4, these green highlighted forms will receive your narratives and constitute your registration for this **BHIP Phase One** engagement. Of significant note: **all responses in this Initial Reporting Form will be accepted, and no responses will exclude a BH organization's involvement in Moda Health's BHIP Phase One.**

The **BHIP supplemental document (BHIP-SD)** will expand your resources and support your work in these endeavors.

4.1. Please Identify who your primary contacts for this work with Moda Health will be.

4.1.	REGARDING THE IMPLEMENTATION OF THIS BHIP Phase One , OUR PRIMARY STAFF CONTACT WITH MODA HEALTH:			
	NAME:	TITLE:		
4.1.A				
	EMAIL:	PHONE:		
4.1.B				
4.1.	AND A SECONDARY CONTACT:			
	NAME:	TITLE:		
4.1.C				
	EMAIL:	PHONE:		
4.1.D				
4.1.	OUR BH ORGANIZATION NAME:	ALSO DOING BUSINESS AS:		
4.1.E				
	OUR BH ORGANIZATION TAX IDENTIFICATION NUMBER:	OUR BH ORGANIZATION EXECUTIVE DIRECTOR:		
4.1.F				
	IS THIS YOUR BH ORGANIZATION'S FIRST YEAR OR SECOND YEAR IN MODA'S BHIP Phase One			
4.1.G		<input type="radio"/> FIRST YEAR		<input type="radio"/> SECOND YEAR

4.2. You are asked to attend to your BH organization's change capacity and your stage of change as the fidelity of **FiCare** is realized.

4.2.	OUR PRACTITIONERS CAN IDENTIFY THE STRONG PREDICTORS OF EFFECTIVE BH SERVICE DELIVERY.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	Contemplating	Preparing To Actualize	Actively In Place	Evaluating Results
4.2.A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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OUR PRACTITIONERS APPRECIATE THE WEAK OR NON-PREDICTORS OF EFFECTIVE BH SERVICES.					
4.2.B	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	○	○	○	○	○
OUR PRACTITIONERS DISCERN THE DIFFERENCES AND SIMILARITIES BETWEEN “EVIDENCE-BASED PRACTICE,” “EMPIRICALLY-SUPPORTED TREATMENTS” AND “PRACTICE-BASED EVIDENCE.” THE STRENGTHS AND CHALLENGES OF “RANDOMIZED CLINICAL TRIALS” AND THE “MEDICAL MODEL” IN PSYCHOTHERAPY ARE ALSO APPRECIATED.					
4.2.C	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	○	○	○	○	○
WE RECOGNIZE THAT THERE ARE BARRIERS TO EFFECTIVE IMPLEMENTATION OF FICARE . GOING THROUGH THIS LIST (4.2.D THROUGH 4.2.K), WE HAVE INCLUDED “ANOTHER” IN OUR LIST. AND WE HAVE RANKED THESE FOR OUR WORKING ENVIRONMENT FROM GREATEST “1” DOWN TO THE LEAST “8” OBSTACLES.					
4.2.D		LACK OF FINANCIAL RESOURCES.			
4.2.E		PRACTITIONER CONCERNS OF HOW THE DATA WILL BE USED.			
4.2.F		LACK OF CHANGE AGENTS FOR AN EFFECTIVE IMPLEMENTATION.			
4.2.G		MANAGEMENT HAS NOT FOUND A WAY TO HIGHLIGHT FICARE ’S IMPORTANCE.			
4.2.H		SUPERVISION AND ONGOING INTEGRATION OF TRAININGS HAS NOT BEING CENTRAL.			
4.2.I		DIMINISHED FOLLOW THROUGH OF FICARE DEVELOPMENT.			
4.2.J		NOT HAVING “PLUG AND PLAY” TECHNOLOGY RESOURCES.			
4.2.K		ANOTHER:			
OTHER COMMENTS WE WOULD LIKE TO ADD CONCERNING OUR BH ORGANIZATION’S INTEGRATION OF FICARE :					
4.2.L					

- 4.3. The work here is to move the use of FICare measures from an administrative task to being indispensable clinical tools.
- Such measures will be empirically valid.
 - **FICare** is most effective when it routinely reflects each member’s voice by gathering feedback on clinical symptoms as well as therapeutic alliance.
 - The therapeutic process is informed in this process.
 - Guiding the selection of targeted outcomes for therapy.
 - Implementing evidenced based treatment modalities.

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- Creating a common understanding of the member's engagement with the treatment environment.
- Providing a common language across medical and behavioral health practitioners to effectively coordinate treatment.

Note the BHIP-SD's suggestions on **FICare**.

4.3.	FICARE DATA ARE ROUTINELY ACCUMULATED AT EVERY MEMBER INTERSECTION.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
4.3.A	○	○	○	○	○
4.3.B	TO GATHER CLINICAL SYMPTOMS AND THERAPEUTIC ALLIANCE OUR FICARE MEASURES INCLUDE:				

4.4. You have an opportunity here to identify some S.M.A.R.T. ([S.M.A.R.T. history](#)) aspirational outcomes you seek to realize this calendar year which will entrench your BH organization in the effective use of FICare measures.

4.4	THIS IS A DESCRIPTION OF AN ASPIRATIONAL OUTCOME WE WILL FOCUS ON REGARDING OUR CONTINUED IMPLEMENTATION OF FICARE IN OUR BH ORGANIZATION:				
4.4.A					
4.4.B	SPECIFIC TO THIS FICARE (4.4.A) OUTCOME, OUR BH ORGANIZATION IS IN THIS STAGE OF CHANGE :				
	PRECONTEMPLATION	CONTEMPLATION	PREPARATION	ACTION	MAINTENANCE
	○	○	○	○	○
4.4.C	THIS IS ONE OF THE TASKS WE HAVE IDENTIFIED TO ENABLE THIS FICARE (4.4.A) TARGET OUTCOME.				
	THIS IS A SECOND TASK TO ENABLE OUR FICARE (4.4.A) TARGET OUTCOME.				

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4.4.D	
4.4.E	<p>HERE IS A THIRD TASK WHICH WILL ENABLE THIS FICARE (4.4.A) TARGET OUTCOME.</p> <div style="border: 1px solid #0070c0; height: 100px; margin-top: 5px;"></div>

4.5. You have an opportunity to enhance your BH organization’s coordination of care to facilitate **TCoC** goals by:

- Integrating [Moda Health’s Provider Reports](#) into clinical practice. This will include establishing protocols for accessing and dispensing relevant data.
- Identifying other data sources, content, as well as service providers who manage other forms of care with your common members as well.
- Recognizing how multi-dimensional our members’ needs are and the importance of broad community resource coordination.

Note the **BHIP-SD**’s suggestions on **TCoC** and [Moda Health’s Provider Reports](#).

4.5.	<p>OUR BH ORGANIZATION RECOGNIZES THE OPPORTUNITIES WE HAVE IN THIS WEB OF HEALTHCARE DELIVERY AND HOW SIGNIFICANT A ROLE WE PLAY IN ASSISTING MEMBERS WHOSE WELLNESS IS MORE FRAGILE OR COMPLEX. WE MANAGE THE DATA IN MODA HEALTH’S PROVIDER REPORTS ASSIGNING SUCH TASKING TO:</p>	
4.5.A	NAME:	EMAIL:
4.5.B	AND A SECONDARY CONTACT: NAME:	TITLE:
4.5.C	<p>WE RELAY THIS RELEVANT DATA TO OUR PRACTITIONERS SERVING THOSE “TARGETED MEMBERS” BY:</p> <div style="border: 1px solid #0070c0; height: 80px; margin-top: 5px;"></div>	

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OUR BH ORGANIZATION RECOGNIZES THE NECESSITY TO COMPLEMENT OTHER HEALTH SERVICES AND COMMUNITY SERVICES WHO MIGHT ALREADY BE WORKING WITH A GIVEN MEMBER. WE HAVE A WORKFLOW TO GATHER A WHOLISTIC VIEW OF EACH MEMBER'S WELLBEING; TO ENSURE THERE IS AN EXCHANGE OF DATA TO COORDINATE CARE; AND TO FACILITATE ADDITIONAL CARE AS NEEDED.

	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
4.5.D	○	○	○	○	○

OTHER COMMENTS TO BE MADE AROUND THE MANAGEMENT OF THESE "TARGETED MEMBERS":

4.5.E

THIS IS A DESCRIPTION OF OUR SECOND ASPIRATIONAL OUTCOME WE WILL FOCUS **TOTAL COST OF CARE**:

4.5.F

SPECIFIC TO THIS **TCoC (4.5.F)** OUTCOME, OUR BH ORGANIZATION IS IN THIS STAGE OF CHANGE:

4.5.G

	PRECONTEMPLATION	CONTEMPLATION	PREPARATION	ACTION	MAINTENANCE
	○	○	○	○	○

THIS IS ONE OF THE TASKS WE HAVE IDENTIFIED TO ENABLE THIS **TCoC (4.5.F)** TARGET OUTCOME.

4.5.H

THIS IS A SECOND TASK TO ENABLE OUR **TCoC (4.5.F)** TARGET OUTCOME.

4.5.I

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HERE IS A THIRD TASK WHICH WILL ENABLE THIS **TCOC (4.5.F)** TARGET OUTCOME.

4.5.J

4.6. Having procedures in place to keep [Moda Heath's Find Care](#) up to date will enhance our primary pathway for members to access your BH organization. Moda Health's [Find Care Provider Profile](#) allows you to directly update your provider profiles. This allows members' discernment and establish their therapeutic alliance earlier in their engagement. Note the *BHIP-SD*'s description of [Moda Heath's Find Care](#) as well as the [Better Doctor](#) website to support our compliance with the Centers for Medicare & Medicaid Service. Here is an opportunity to target how you will keep your providers' profiles current. Or perhaps you'd prefer to identify some other additional *FiCare* or *TCoC* targeted outcome.

4.6. THIS IS A DESCRIPTION OF AN ADDITIONAL ASPIRATIONAL OUTCOME WE SEEK TO FOCUS ON AND REACH FOR WITH THIS **BHIP PHASE ONE**:

4.6.A

SPECIFIC TO THIS **4.6.A** OUTCOME, OUR BH ORGANIZATION IS IN THIS [STAGE OF CHANGE](#):

	PRECONTEMPLATION	CONTEMPLATION	PREPARATION	ACTION	MAINTENANCE
4.6.B	○	○	○	○	○

THIS IS ONE OF THE TASKS WE HAVE IDENTIFIED TO ENABLE THIS **4.6.A** TARGET OUTCOME.

4.6.c

THIS IS A SECOND TASK TO ENABLE OUR **4.5.A** TARGET OUTCOME.

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4.6.D	
4.6.E	<p>HERE IS A THIRD TASK WHICH WILL ENABLE THIS 4.6.A TARGET OUTCOME.</p>

4.7. The evolution toward **FICARE** is evidence based, advances treatment effectiveness and frames enhanced integration of care with other provider specialties. Additionally, **FICARE** will eventually provide a platform on which alternative payment models can be executed. Moda seeks to adapt and provide the means which enable effective data exchange. Such exchange will include data and a cadence which is mutually agreed upon. As a reminder, engagement in **Phase One** of the **BHIP** is primarily meant to build relationships and foster considerations of how these implementations would enhance your clinicians' effectiveness. We are not looking for exclusion factors in this survey. It is, nonetheless, helpful for us to appreciate your capacity for this work as you are willing to share.

4.7.	OUR BH ORGANIZATION HAS THE CAPACITY TO EXCHANGE DATA INCLUDING COLLECTED FICARE BASED DATA.				
4.7.A	PRECONTEMPLATION	CONTEMPLATION	PREPARATION	ACTION	MAINTENANCE
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.7.B	BEYOND CLAIMS SUBMISSIONS WE CURRENTLY EXCHANGE OR SHARE DATA WITH OTHER HEALTHCARE ENTITIES:				
	<input type="radio"/>	YES		<input type="radio"/>	NO
4.7.C	PLEASE EXPLAIN:				

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SOME CONSIDERATIONS WE HAVE AROUND TIMELINESS; WHO THE CONTACTS AT OUR BH ORGANIZATION FOR THIS WORK ARE; IMPLICATIONS FOR AND IMPACTS ON OUR WORKFLOW; FLEXIBILITY OF EXPECTED SOFTWARE OR HARDWARE PROCUREMENT AND COSTS; AS WELL AS THE EXTENT OF DATA EXCHANGE INCLUDE:

4.7.D

- 4.8. After your completion and submission of this registration (the green highlighted forms above) along with the signed **Attestation** (page 11), during the remaining calendar year, engage with Moda's staff 5 times to discuss the progression of your stated outcomes; how your outcomes are taking shape in the course of your service delivery; along with other considerations discussed in this and the **BHIP supplemental document**. These discussions can be routinely scheduled for 30 min every other month.
- 4.9. At the end of this calendar year, you will be asked to rate your capacity to reach the identified outcomes (4.4.A, 4.5.F, & 4.6.A) and to represent your experience in the **BHIP Phase One**. This concise report will not be extensive or overburdensome.

5. Incentives of the BHIP-Phase One

BH organizations who participate in Moda's **BHIP Phase One** are eligible for incentive payment based upon the total contracted amount for outpatient behavioral health services delivered to eligible members (identified in section 3.) in the previous calendar year.

- 5.1.A BH organizations will be moving toward a practice of engaging every member in the gathering of **Feedback Informed Care (FICare)** data in almost every encounter. In the first year of **BHIP Phase One** there will be 4% incentive payment after the conclusion of the first year. In the second year of **BHIP Phase One** the incentive payment will be a 2% retrospective of the year's conclusion.
- 5.1.B The **FICare** incentives are dependent on the BH organization's engagements outlined in section 4. above. This includes completion of sections 4.1 – 4.6; meeting with Moda staff (section 4.8); as well as the completion and submission of the yearly report highlighted in section 4.9.
- 5.2. **Total Cost of Care (TCoC) growth for members with persistent behavioral health conditions.** If the **TCoC** growth rate for Target Members is held to an annual rate of 3.4% as set by the Oregon Health Authority, participating BH organizations will earn an additional 2% incentive bonus. Members are included in the Target Members group if they are attributed to any behavioral health practitioner for at least 9 months of the prior year. The **BHIP-SD** has more information on attribution and reporting of these Targeted Members. The TCoC incentive is a pooled incentive; all BH organizations will earn (or not earn) the incentive based on the cost trend for the entire pool of Moda Health's Target Members.

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Incentive	Description	Amounts
FiCare implementation	Attend to each member’s voice and the elements listed in section 4. The Attestation on pg 11 can be submitted with the completion of section 4.	The first year there is a 4% incentive payment of the BH organization’s generated revenue.
		In the second year it is 2% of BH organization’s generated revenue.
TCoC considerations	Hold down cost growth for Target Members across Moda’s population as set by the Oregon Health Authority. For 2025 the growth rate is 3.4%	2% of BH organization’s generated revenue both yrs

6. Moda Health’s engagement in the BHIP Phase One

Moda Health is committed to our partnership with you and to supporting your efforts to enrich the delivery of care and enhance the welfare of your patients and our members. Moda Health will back up these commitments by

- 6.1. Attending to research and practice based effective care.
- 6.2. Expanding this program in the years to come.
- 6.3. Coordinating care with the specifics related to [Moda Provider Reports](#). Note the **BHIP-SD**.
- 6.4. Being responsive to feedback, interests and questions, especially related to the **BHIP Phase One**. Moda Health will receive, read and engage BH organizations’ submissions of this **BHIP Phase One** registration, its **Attestation**, as well as the related closing reports.
- 6.5. Keeping our BH organization partners abreast of the members and bonuses accumulated in this work. The **BHIP-SD** outlines the breath of your Behavioral Health Incentive Reports.
- 6.6. Moda Health will pay our BH organizations the bonuses outlined in section 5. at a schedule framed in the **BHIP-SD**.

Moda Behavioral Health looks toward our continued opportunities to improve our partnership with BH organizations and practitioners:

Clinical Liaison ClinicalLiaison@modahealth.com

Moda Health's Behavioral Health Incentive Program (**BHIP**)

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Attestation

This signed **Attestation** will be an addendum to your active contract in good standing already in place.

<p>Moda Health Plan, Incorporated</p>	<p>BEHAVIORAL HEALTH ORGANIZATION</p>
<p>601 Southwest Second Avenue Portland, Oregon 97204</p>	<p>NAME</p>
	<p>ADDRESS</p>
	<p>TAX ID NUMBER</p>
<p>_____ <i>Moda Signature</i></p>	<p>SIGNATURE</p>
	<p>NAME</p>
<p>Director of Behavioral Health</p>	<p>TITLE</p>
<p>_____ <i>Date</i></p>	<p>DATE</p>
<p>BH Clinical Liaison, ClinicalLiaison@modahealth.com</p>	<p>FOR YOU, IN THIS BHIP Phase One, IS THIS YR ONE <input type="radio"/> OR YR TWO <input type="radio"/> 4.1.A & C PRIMARY BHIP Phase One CONTACT(S):</p>

After you have signed this **Attestation** along with the completed portions in section 4., submit these to Moda Health via:

Clinical Liaison ClinicalLiaison@modahealth.com (or fax: 855-466-7207)