

# Behavioral Health Incentive Program: *Phase One*

## Registration



**Purpose:** This document serves as the required documentation to complete enrollment in the Behavioral Health Incentive Program at Moda Health, Phase One.

### Terms to Define:

- **Alternative Payment Model (APM)**: also known as value-based reimbursement (VBP), is a coordinated care and payment model that offers financial incentives to healthcare providers for meeting certain quality metrics, rather than paying them based on volume or through the fee-for service model.
- **Behavioral Health Incentive Program (BHIP)**: an opt-in program supporting Behavioral Health providers with pay-for-participation and shared savings across three phases. Participants earn incentives, with bonuses if Moda's overall performance target is met.
- **Behavioral Health (BH)**: mental health and substance use disorder.
- **Doing Business As (DBA)**: a term which allows a business to operate under a name different from its legal name.
- **Eligible Member**: a Moda Health member covered through a participating group or individual plan who receives BH services from a BHIP provider.
- **Feedback Informed Care (FICare)**: or Feedback Informed Treatment (FIT), refers to the practice of obtaining regular patient feedback on symptoms and alliance, which leads to faster recovery and fewer treatment failures. It is also known as Patient-Reported Outcome Measures (PROMs), Outcome Informed Care (OIC), Measurement Based Care (MBC), Routine Outcomes Measures (ROM), etc.
- **Oregon Educators Benefit Board (OEBB)**: refers to the health plan which provides health benefits to educators and their dependents in Oregon.
- **Protected Health Information (PHI)**: health related information that can identify an individual.
- **Primary Care Physician (PCP)**: a healthcare professional who serves as a member's first point of contact for routine medical care.
- **Prospective Pay**: refers to the monetary payment an organization receives immediately. Regarding the BHIP, this payment is received within 90 days of the date the signed and completed Attestation for Phase Two, Year One is submitted to Moda Health. The reason for prospective pay is to help support providers cover any costs it takes to implement this program.
- **Retro/Retroactive Pay**: refers to the monetary payment an organization receives for the allowable claims that occurred in the previous calendar year.
- **Social Determinants of Health (SDoH)**: the social, economic, and environmental conditions in which people are born, grow, live, work, and age. These factors, including access to money, resources, and opportunities, significantly influence health outcomes and contribute to health inequities.
- **Target Members**: Members currently eligible for inclusion in the total cost of care incentive pool.
- **Total Cost of Care (TCoC)**: a shared savings model, common in primary care, which rewards providers for helping keep members healthy. Providers receive a bonus if the total cost of care remains within a target growth rate. In BHIP it reflects how effective BH care can have a positive impact on members' physical health resulting in reduced medical costs. TCoC has been adapted to reflect the growth rate of eligible members across participating BH organizations (due to smaller member pools), meeting the difficulties faced in BH organizations.

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### Document Outline:

1. **BHIP Guiding Principles**
2. **Phase One: Provider Participation**
  - Key Deliverables
3. **Incentives of BHIP Phase One**
4. **Moda Health's Role in BHIP**
5. **Registration and Attestation of BHIP Phase One**

## 1. BHIP Guiding Principles

The BHIP is based on the following shared beliefs:

- Members' well-being is central, and care improves when guided by the member's voice.
- Moda Health's practitioners are key to quality care; strengthening provider relationships benefits everyone.
- Outcome data clarifies goals, drives engagement, guides treatment, and fosters clinical curiosity.
- Coordinated and collaborative care enhances our members' ability to access effective care.
- Evidence-based care improves outcomes, especially when informed by member feedback and reported experiences.
- FICare data is designed to integrate across clinical practices to enhance care delivery.
- Some members' chronic and comorbid conditions can complicate care; Moda health works with our BH organizations to recognize how coordination and integration of care improve quality of life and manages TCoC.
- This program aims to streamline data exchange, fostering collaboration and more effective care delivery.
- Moda Health believes these shared beliefs can guide significant payment improvement for providers as our partnerships evolve.

## 2. Provider Participation Phase One

Any BH provider serving Moda Health's Oregon membership is eligible to participate in BHIP. The members included in this program are those enrolled in the following Oregon commercial Moda Health business segments:

- Fully insured group and individual members including those enrolled through the Marketplace.
- Members of the Oregon Educators Benefit Board (OEBB).
- Members of the Moda Health Employee Plans.
- Members of any additional employer groups that opt in to BHIP for the 2026 program year.

It is recommended to complete the BHIP Phases in order—starting with Phase One, then moving to Phase Two. Moda Health's Clinical Liaison will help the BH organization identify the right Phase based on the information provided later in the Registration.

As a part of this BHIP program, it is expected that BH organizations will be moving toward the practice of engaging every member in the gathering of FICare data at a regular cadence. Phase One of BHIP focuses on building relationships, exploring how FICare can improve clinical outcomes, and considering an introduction of a culture of feedback within the practice. This phase offers an opportunity for BH organizations to start considering FICare or look at simple ways to expand current measures (such as PHQ-9 and GAD-7) by adding options that capture the member-provider relationship. By Phase One

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Year Two, BH organizations will begin narrowing down specific tools to eventually integrate into their EHR system.

## Key Deliverables

Along with exploring FICare, BH organizations will work with Moda Health’s Clinical Liaison to complete specific tasks required for Phase One. Incentive payouts are dependent on completing the following deliverables:

- Completing the Registration Self-Assessment:
  - Due in January/February at the start of the program year (found in Section 5 of this document)
- Completing the Attestation:
  - Due in January/February at the start of the program year (found on the last page of this document)
- Meeting with Moda Health’s Clinical Liaison:
  - Engaging in five brief check-ins throughout the program year
- Completing a Year-End Review:
  - Due in December at the end of the program year

## 3. Incentives of the BHIP Phase One

BH organizations who participate in Moda Health’s BHIP Phase One are eligible for incentive payments based on the total contracted outpatient BH services provided to eligible members in the previous calendar year. Incentive payouts are not determined on how well a BH organization has done but is dependent upon completing the above Key Deliverables.

MODA BHIP PROGRAM	Phase One	Phase One	Phase Two	Phase Two	Phase Three
	Year 1	Year 2	Year 1	Year 2 and Year 3*	
Expected Time in Phase (in years)	1	1	1	1	No limit
FICare Tool Usage	Unlikely	Optional	✓	✓	✓
FICare Emphasis in Practice	✓	✓	✓	✓	✓
FICare Incentive	4% Retro Pay	2% Retro Pay	2% Prospective Pay & 4% Retro Pay	4% Retro Pay	6% Retro Pay
FICare Data Share	✗	✗	Optional	Aggregate	Moving to Individualized
TCoC Emphasis	✓	✓	✓	✓	✓
TCoC Incentive	2% When OHA Goals Met	2% When OHA Goals Met	2% When OHA Goals Met	2% When OHA Goals Met	2% When OHA Goals Met
Advanced APM	✗	✗	✗	✗	Planning For

Phase Four will prioritize APM and data sharing

\*Phase Two Year Three is optional and intended for providers not quite ready to advance to Phase Three.

Note: Moda may modify the program in future years in response to provider feedback and program needs.

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Phase One Year One Incentives:

- Providers who complete all deliverables from Section 2 above will receive a 4% retrospective incentive payment after conclusion of participation in the first year. This is based on claims from the previous calendar year.
- Providers who complete all deliverables from Section 2 above will receive an additional 2% TCoC incentive payment if the cost growth for the Moda Health population of target members stays below the 3.4% growth target (established by OHA). This is based on claims from the previous calendar year. If the growth target is not met the TCoC incentive is not paid out.

Phase One Year Two Incentives:

- Providers who complete all deliverables from Section 2 above will receive a 2% retrospective incentive payment after conclusion of participation in the first year. This is based on claims from the previous calendar year.
- Providers who complete all deliverables from Section 2 above will receive an additional 2% TCoC incentive payment if the cost growth for the Moda Health population of target members stays below the 3.4% growth target (established by OHA). This is based on claims from the previous calendar year. If the growth target is not met the TCoC incentive is not paid out.

### 4. Moda Health's Role in BHIP

Moda Health remains committed to the partnership with our BH providers and supporting efforts to improve care and member wellbeing. We will uphold this commitment by:

- **Using proven strategies** to support effective care, including learning opportunities for providers.
- **Growing the program** in future years to expand its impact.
- **Supporting care coordination** using insights from Moda Health Provider Reports.
- **Listening and responding** to all feedback, registrations, attestations, and year-end reports.
- **Sharing updates** on member engagement and earned bonuses.
- **Paying bonuses** as outlined in the BHIP Incentives.

### 5. Registration and Attestation of BHIP Phase One

The first step of enrolling in BHIP Phase One is to complete the following Registration Self-Assessment. This tool is not graded, and all responses are accepted. Its purpose is to assess organizational readiness for BHIP engagement and to help identify FICare-related goals. Please complete it to the best of your ability. There are three areas to review: FICare, TCoC, and FICare-Based Data. You will be utilizing this Self-Assessment throughout the year to track your progress in the BHIP program.

Once registration is complete, you can expect Moda Health's Clinical Liaison to meet with you five times throughout the year to review your progress toward goals and outcomes and discuss other relevant aspects of your care. These 30-minute meetings will be scheduled roughly every other month.

At the end of the year, you will be asked to complete a Year-End Review. This brief questionnaire will ask you to rate your progress toward your goals and share your experience with BHIP Phase One. Completing this document concludes your participation in the program year.

Please complete the following information to register for BHIP Phase One:

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## Contacts

Primary Contact:

Name (First, Last)

Title

Email/Phone

Secondary Contact:

Name (First, Last)

Title

Email/Phone

BH organization:

Name (First, Last)

DBA

Tax ID#

## Registration Self-Assessment Instructions

As with any major initiative, it's important to reflect on your organization's "WHY." As you complete this form, keep in mind why your agency is engaging in FICare, why it matters, and why it's needed. This ungraded tool assesses readiness for active participation in each BHIP phase and helps set program-year goals. Please respond based on what is true for your organization.

## Feedback Informed Care (FICare)

Questions:

Rating Scale:

Our practitioners are trained to recognize specific signs that show whether BH care is working well:

N/A

Planning

Starting

Active

Reviewing

Our practitioners are trained to recognize data points that seem relevant but do not reliably predict BH outcomes:

N/A

Planning

Starting

Active

Reviewing

Our practitioners are trained and knowledgeable about different evidence-based approaches to evaluating and delivering BH care:

N/A

Planning

Starting

Active

Reviewing

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## Barriers to FICare

Rate the barriers your organization faces in implementing FICare, using a scale from 1 (minimal barrier) to 8 (greatest barrier):

- Lack of Support for an effective implementation
- Concerns on how the data will be used
- Lack of financial resources
- Management hasn't demonstrated the value of FICare
- Supervision and training integration has been limited
- Lack of progress in developing our FICare model
- Lack of ready-to-use technology resources
- Another:

Other comments about integrating FICare:

The intention of the BHIP program is to shift the approach of FICare measures from administrative tasks to essential clinical tools that reflect member feedback, guide treatment goals, support evidence-based care, improve engagement and collaboration across providers.

Questions:

FICare data is collected at a regular cadence:

FICare measures are used or planned for implementation:

Rating Scale:

N/A    Planning    Starting    Active    Reviewing  
               

Yes    No

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To assess clinical symptoms and the strength of the therapeutic alliance, we use or are interested in using the following FICare measures:

What goals or positive changes would you like to see this year as your organization continues using FICare measures? Please list specific, actionable items to support these goals (this goal will inform your Year-End Review):

Identify your organization's current Stage of Change for the goal above:

Precontemplation

Contemplation

Preparation

Action

Maintenance

Please list any barriers/obstacles to implementing the goal(s) listed above:

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Please identify some simple ways your agency could initiate a culture of feedback in your practice this year (this goal will inform your Year-End Review):

Identify your organization's current Stage of Change for the goal above:

Precontemplation

Contemplation

Preparation

Action

Maintenance

### Total Cost of Care (TCoC)

Another benefit of the BHIP program is the opportunity to enhance care coordination and support TCoC. This can be accomplished by:

- Integrating the two [Moda Health Provider Reports](#): BH Incentive Report and BH Roster Report into clinical work
- Finding other useful data sources and collaborating with care providers
- Understanding the complex needs of members

Please provide the name and email address of the contact person(s) who will manage data from Moda Health's Provider Reports. We will use this information to them up in Moda Health's system to receive the reports:

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What are some ideas on how your organization might like to integrate these reports to support your practitioners' work:

Question:

Rating Scale:

We have developed ways to integrate data on BH members' medical conditions and overall care:

N/A

Planning

Starting

Active

Reviewing

What goal(s) do you have to reduce TCoC? Please list some actionable items related to this goal (this goal will inform your Year-End Review):

Identify your organization's current Stage of Change for the goal above:

Precontemplation

Contemplation

Preparation

Action

Maintenance

Any other comments regarding TCoC:

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Keeping your [Moda Health Find Care](#) profile current, while not required, improves member access to your organization, supports informed choice, and helps establish a strong therapeutic alliance early in care.

Use this space to outline a plan for keeping provider profiles on Moda Health's Find Care up-to-date:

As a reminder, exchange of data is not required in this phase and it is helpful to understand your capacity for this work.

Questions:

Rating Scale:

Our BH organization has the capacity to exchange data including FICare based data:

N/A    Planning    Starting    Active    Reviewing  
               

We exchange data with other healthcare entities beyond claims submissions:

Yes    No  
   

Please list any concerns/barriers around FICare-based data exchange:

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## ATTESTATION

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

BH Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Moda Health Plan, INC  
601 SW 2<sup>nd</sup> Avenue  
Portland, OR 97204

\_\_\_\_\_  
Shilo Smith, Director of Behavioral Health Date

\_\_\_\_\_  
Claire Slater, Clinical Liaison Date

Please return this completed Self-Assessment and Signed Attestation to complete your Registration in BHIP Phase One to: [ClinicalLiaison@ModaHealth.com](mailto:ClinicalLiaison@ModaHealth.com).