

Program Guidelines and Structure

Plan Year 2024

1. Purpose and rationale

The Moda Health 2024 **Behavioral Health Incentive Program (2024 BHIP)** is an opt-in program designed to support your behavioral health organization's delivery of quality of care. It is a combination pay-for-participation and pay-for-performance model, meaning that all behavioral health organizations who opt in and participate in the elements of the model will receive an incentive payment. Additionally, if Moda's overall performance target is achieved then an additional bonus will be added. The program is 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 members are active participants.
- 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, tracks member engagement, shapes effective modalities while nurturing a culture of learning.
- 1.3 Coordinated and collaborative care enhances our members' ability to access 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], etc.)
- 1.5 **FICare** data collection is pan-theoretical and can readily be incorporated into a wide variety of clinical practices, treatment modalities and analytic paradigms to enhance your practice.

2. Provider Eligibility

Moda Health seeks to engage all our behavioral health organizations in this program.

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 certain self-insured employer groups.

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4. Provider Deliverables

- 4.1. Attend to the change capacity and stage of your behavioral health organization.
- 4.2. Move toward routinely collecting Feedback Informed Care (**FiCare**) data for Moda members receiving behavioral health services. This data will include the initial member engagement using **FiCare** with eligible members being served and subsequent measures taken over the episode of care.
- 4.3. Ensure that such measures:
 - 4.3.a Are empirically valid
 - 4.3.b Expand the member's voice by routinely gathering member feedback on clinical symptoms as well as the therapeutic alliance with their therapy.
 - 4.3.c Are used to inform the therapeutic process in:
 - Identifying targeted outcomes for therapy
 - Implementing evidenced based treatment modalities
 - Facilitating a common understanding of the member's engagement with treatment and their practitioner(s).
- 4.4. Submit:
 - 4.4.a Sections 10., 11., and 12. of this **Initial Reporting Form – 2024** which gives us logistics as to whom we will be in contact with in the coming year.
 - 4.4.b Section 13. for which three options are laid out for you.
 - 4.4.c Section 14. which identifies your aspirational outcomes for 2024.
 - 4.4.d Your **Attestation** on page 24.
 - 4.4.e In December we will review with you, your **Year-in-Review**.
- 4.5. There are a growing number of useful measurements which are evidence based and can be effectively used to facilitate **FiCare**.
 - 4.5.a Some examples include:

▪ ACORN	▪ Blue Print	▪ PCOMS
▪ AUDIT	▪ LightQ	▪ PHQ-9
▪ Candela	▪ OQ-45	▪ PROMIS
▪ GAD-7	▪ OWL	▪ Greenspace
 - 4.5.b Pick from this list or some other researched measure and try it out by incorporating its complement to your practice of
 - The coordination of care
 - Identifying goals for therapy
 - Implementing evidenced based treatment modalities
 - Facilitating a common understanding of the member's engagement with treatment and alliance with their practitioner(s).
- 4.6. Your behavioral health organization will be encouraged to communicate and coordinate with other health care entities to further enhance members' overall treatments and outcomes. Unless a member declines coordination of care, other health care entities are likely to include substance use programs, primary care clinics, Moda Health and other medical facilities addressing additional health treatments of Moda members.
- 4.7. Your behavioral health organization's communication and collaboration with Moda Behavioral Health staff regarding your practitioners' appointment availability will be greatly appreciated.

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5. Incentives

The **2024 BHIP** has two separate incentives:

- 5.1** The implementation and use of **Feedback Informed Care (FICare)** will inform behavioral health organizations who submit an intention to address the elements listed in section **4.3.** above using the **Initial Reporting Form – 2024**. They will earn an incentive bonus equal to 4% of the total contracted amount for behavioral health services delivered to eligible members.
- 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 3.4% or less, participating behavioral health organizations will earn an incentive bonus equal to 2% of the total contracted amount for behavioral health services delivered to eligible members. Eligible members are included in the Target Members group if they received ongoing care (at least one behavioral health visit in each 6 month period) for 9 months in the base period (prior year). See section **6.** for details on attribution and reporting. This incentive is a pooled incentive; all behavioral health organizations will earn (or not earn) the incentive based on the cost trend for the entire pool of Moda Health's Target Members.

Incentive	Description	Amounts
FICare implementation	Attend to the elements listed in section 4. by completing Initial Reporting Form – 2024 and the Attestation on page 24 .	4% of BH organization's allowed amount
TCoC considerations	Hold down cost growth for Target Members cross Moda's population to an annual rate of 3.4% or less.	2% of BH organization's allowed amount
Total		6% of BH organization's allowed amount

6. Member Attribution and Reporting

Moda Health will provide regular reporting to help BH organizations succeed in achieving the incentives above. Reports (see sections **7.1.** and **7.2.**) will highlight your BH organization's current participation status, supply a forecast for incentive earned, and provide details on attributed members for use in managing and coordinating care. Members with at least three visits to a behavioral health practitioner within a six-month period will be attributed to the BH organization and will appear in the reports. The attribution will remain in place until the member has six months of enrollment with no visits to the behavioral health practitioner. As described in section **5.2.** above, the Target Members who have persistent attribution for 9 months during the previous year and who therefore qualify for the total cost of care incentive, will be identified on the reports. The reports will be available on the [Moda Provider Reports](https://www.modahealth.com/riskshare/#/login) website at the following address:
<https://www.modahealth.com/riskshare/#/login>

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7. Implementation of Attention to "Target Members"

Moda Health care seeks to engage practitioners around risk factors and utilization of services by members with persistent behavioral health conditions compounded by chronic, comorbid and complicated medical health conditions. Moda Health will generate regular reports which will be accessible via the [Moda Provider Reports](https://www.modahealth.com/riskshare/#/login) at the following address:
<https://www.modahealth.com/riskshare/#/login>

By way of [Moda's Provider Reports](#), Moda Health will provide and update two Reports: the quarterly **Behavioral Health Incentive Report** and the monthly **Behavioral Health Clinical Detail Report**. The quarterly **BH Incentive Report** for the **2024 BHIP** will be a "high-level" summary for a given BH organization which will not include any Personalized Healthcare Information, but will include:

- 7.1.a** Number of eligible members being seen (see **6.** above).
- 7.1.b** Total BH billing for these members in the previous rolling 12 months
- 7.1.c** Total incentive dollars available.
- 7.1.d** Status of the relationship with the BH organization in the **2024 BHIP** upon receipt of the BH organization's **Initial Reporting Form – 2024**.

Additionally, Moda Health will provide a **Behavioral Health Clinical Detail Report** for a specific BH organization's engagement in the **2024 BHIP** to assist in managing and coordinating these specific members' ongoing care. This report will be updated monthly with identifying marks of *PHI* which includes:

- 7.2.a** Eligible "Target Members"
 - Total number of Target Members being seen by the BH organization
 - Target Member names
 - Each member's contact information
- 7.2.b** Chronic medical conditions and medical specialties
 - General categories
 - Number of specialists visits
 - As well as a other clinics who serve these members
- 7.2.c** Identified Primary Care Physician including visit history
- 7.2.d** Emergency Department visits
 - Total number
 - Number of "non-injurious visits"
- 7.2.e** Hospital Admissions
 - Total number
 - Behavioral health number
- 7.2.f** Medication adherence
 - Medical
 - Behavioral health
- 7.2.g** "Risk Score" generated by software
 - Lower number reflects fewer chronic conditions
 - Higher number represents multiple complicating conditions

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8. Term and Payment

8.1 The program year will be the 2024 calendar year. The **2024 BHIP** will end December 2024 and we will accumulate data around the total BH outpatient revenue generated by your BH organization in anticipation of pay outs:

8.1.a 4% for **FiCare** considerations

8.1.b and 2% if Moda Health has been able to keep the growth of our **TCoC** under our targeted 3.4% growth.

8.2 By the end of March 2025, the payment cycles for 2024 will be complete and we will close out our books for 2024.

8.3 Depending on when your BH organization completed the **2024 BHIP Attestation** and joined in this venture with us, this will determine your accumulated BH outpatient revenue eligible in this program.

8.3.a BH organizations who submit their completed **Initial Reporting Form – 2024** along with their signed **Attestation** (page 24) before July 1st, 2024 will be eligible for 100% of the **2024 BHIP** outlined in **7.1.a** and **7.1.b** above.

8.3.b Submissions after July 1st, 2024 for this **2024 BHIP** will be prorated.

8.4 Payments for this **2024 BHIP** will be paid to our participating BH organizations for their engagement by June 30th, 2025.

Initial Reporting Form - 2024

9. Reporting and Acknowledgement

Our BH organizations' professionalism, insights with clients and interest in evidenced based care are the reasons Moda Behavioral Health is excited to lay out this **2024 BHIP**. The effective delivery of care for our shared members is the focus of this work and our collaboration with our BH organizations and practitioners. We believe this work is transforming our healthcare delivery.

Moda Behavioral Health continues to foster an interest in **Feedback Informed Care (FICare)** and expand our collaboration specifically regarding members whose persistent behavioral and/or medical health concerns complicate their treatment outcomes. The viability of **2024 BHIP**'s short-term and long-term outcomes is in the hands of our BH organizations.

This **Initial Reporting Form – 2024** will be a template and a guide for our ongoing discussions in this work together. The prior pages of this document (Program **Guidelines and Structure Plan Year 2024**) lay out the backdrop for the **Initial Reporting Form – 2024** which follows. If, at any time, a BH organization is unsure about this reporting or there is a shift in their intentions regarding the **2024 BHIP**, let Moda Behavioral Health know. Moda Health seeks to have these engagements be an exploration to reveal common interests with supporting opportunities. BH organizations' questions, search for clarity, and suggestions will only enhance collaboration in this work. And, it can be said, will position shared members in a healthier therapeutic environment. BH organizations and practitioners are strongly encouraged to reach out to:

Jeff Olsgaard, LPC, Clinical Liaison Jeff.Olsgaard@ModaHealth.com 503-412-4034

Dan Thoma, LPC, Director of Behavioral Health Dan.Thoma@ModaHealth.com 503-382-5386

10. Your Behavioral Health Organization's Primary Contacts for Moda's 2024 BHIP

The following sections of **highlighted boxes** are places for *your narratives* in this **2024 BHIP** engagement.

10.1.	REGARDING THE IMPLEMENTATION OF THIS 2024 BHIP , OUR PRIMARY STAFF CONTACT WITH MODA HEALTH:	
10.1.A	NAME:	TITLE:
10.1.B	EMAIL:	PHONE:

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10.2.	AND A SECONDARY CONTACT:	
	NAME:	TITLE:
10.2.A		
	EMAIL:	PHONE:
10.2.B		
10.3.	OUR BH ORGANIZATION NAME:	ALSO DOING BUSINESS AS:
10.3.A		
	OUR BH ORGANIZATION TAX IDENTIFICATION NUMBER:	OUR BH ORGANIZATION EXECUTIVE DIRECTOR:
10.3.B		

10.4.	OUR BH ORGANIZATION'S CONTACT PERSON(S) WILL MEET WITH MODA HEALTH'S CLINICAL LIAISON EVERY OTHER MONTH FOR 30 MIN OR SO. THIS TIME WILL BE USED TO EXPLORE THE RELEVANCE OF ITEMS LISTED IN THE 2024 BHIP ; INCLUDING THE PROGRESS ON OUR ASPIRATIONAL OUTCOMES OUTLINED IN SECTION 14. , AS WELL AS RENDERING FEEDBACK FOR MODA HEALTH AND POSSIBLE DIRECTION FOR OUR CONTINUED ENGAGEMENT. SOME TIMEFRAMES FOR THE MOST LIKELY OPTIONS OF OUR MEETING TIMES WILL BE:			
	EVEN OR ODD MONTHS	WEEKS IN THE MONTH	DAYS OF THOSE WEEKS	TIMES OF THOSE DAYS
10.4.A				
10.4.B				
10.4.C				
10.4.D				
10.4.E				

11. Data Management related to "Target Members"

11.1.	OUR BH ORGANIZATION RECOGNIZES THE OPPORTUNITIES WE HAVE IN THIS WEB OF HEALTHCARE DELIVERY AND HOW SIGNIFICANT A ROLE WE CAN PLAY IN ASSISTING MEMBERS WHOSE WELLNESS IS MORE FRAGILE OR COMPLEX. WE MANAGE THE DATA IN THE MODA PROVIDER REPORTS (HIGHLIGHTED IN SECTION 7. ABOVE) BY ASSIGNING SUCH TASKING TO	
	NAME:	EMAIL:
11.1.A		

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11.2.	AND A SECONDARY CONTACT:	
	NAME:	TITLE:
11.2.A		

11.3.	WE RELAY THIS RELEVANT DATA TO PRACTITIONERS SERVING THOSE "TARGETED MEMBERS" BY:	
11.3.A		
	OTHER COMMENTS TO BE MADE AROUND THE MANAGEMENT OF THESE "TARGETED MEMBERS":	
11.3.B		

12. Service Engagement

With the impact of a pandemic and an increase of societal investment in mental health, the demand for services in our industry has been increasing significantly. This has put a strain on the capacity to meet the recognized needs of our members. Searching for a practitioner is a discerning process for our members with a sensitivity around a specific demographic or specific treatment modality or some other alignment between members and practitioners. Interestingly, even amidst the shortfall of available practitioners, our society has been nurtured to assert their preferences and needs into these searches. We believe this intentionality serves to benefit the therapeutic alliance.

To address this need for members to be able to search for and enhance their view into the attributes of various practitioners, Moda Health has created an online search of our contracted service practitioners. [Moda Find Care \(modahealth.com\)](https://modahealth.com) has your practitioners listed with all their aligned Moda networks. (We are moving toward getting your practitioners' profile links embedded in that same results page.)

12.1	WE ARE COMMITTED TO POSTING OUR PRACTITIONERS' DEMOGRAPHICS AS WELL AS CLINICAL EXPERTISE, POPULATIONS SERVED, AVAILABILITY FOR IN-OFFICE VISITS, ACCESSIBILITY FOR NEW APPOINTMENTS, ETC. BY REGULARLY UPDATING MODA'S FIND CARE PROVIDER PROFILE .					
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS	
12.1.A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	THIS IS MANAGED BY					
	NAME:			EMAIL:		
12.1.B						

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12.1.D	A PRIMARY CONTACT FOR MODA HEALTH REGARDING NEW APPOINTMENT ACCESSIBILITY:	
	NAME:	EMAIL:
12.1.E	THERE ARE ADDITIONAL COMMENTS WE WANT TO BE CLEAR ABOUT WHEN IT COMES TO ACCESS AND OUR PRACTITIONERS' DEMOGRAPHICS:	

13. The Initial 2024 Behavioral Health Incentive Plan Reporting Form

[The International Center for Clinical Excellence](#) has been the leading proponent of [Feedback Informed Treatment \(FIT\)](#) and [Deliberate Practice \(DP\)](#). Their [Feedback Readiness Index and Fidelity Measure \(FRIFM\)](#) is our industry's standard guide in assessment and advancement of such matters. Much of our **2024 BHIP** seeks to advance these very standards. To do this, Moda Health would have you consider either of these three options (👉) to join us in this year's **2024 BHIP**. To complete this Reporting ...

1.👉 Consider completing section **13.** on the following pages as you find the strengths and growth points in your own program. This **Initial Reporting Form – 2024** is not meant to be hypothetical and may or may not be aspirational for your BH organization. Instead, it is more of **an appraisal you have of your BH organization now**, perhaps even a starting place for highlighting new ventures. This work may bring to light pathways for development as we support your search for improved delivery of care and as you support the advancement of your clinical staff.

2.👉 Moda Health recognizes that there are likely to be many other interests and investors you are attending to. If there are stakeholders elsewhere pushing you to complete some analysis and establish goals toward **FiCare** and/or **TCoC**, then we would like NOT to have you redouble your work outlined here in section **13**. In this case we would encourage you to withhold any proprietary considerations and share with us your assessment and intended outcomes you have outlined in that “other” process.

3.👉 You may be interested in completing the [Feedback Readiness Index and Fidelity Measure \(FRIFM\)](#)*. You would need to use the “paper” version, though, as the online tool is not currently available. We reached out to Scott D Miller, Ph.D. to consider the online tool and he replied, “The FRIFM *online version* is currently being revised. As such, I would not recommend its use at present. The new gap assessment tool should be available online sometime early summer” of 2024. This is understandable as many of us who have used the tool, would also seek its refinement. The use of the FRIFM will be significantly enhanced by your review of [the ICCE Core Competencies for Feedback Informed Treatment](#)*.

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- * The Readiness Index is available. If, for some reason, this link is not working, go to: [Scott D Miller, Ph. D.'s Scholarly Publications, Handouts, Vitae](https://www.scottdmiller.com/scholarly-publications-handouts-vitae/) (<https://www.scottdmiller.com/scholarly-publications-handouts-vitae/>)
At the bottom of the webpage under **Implementation Resources** is a link entitled: [THE ICCE FEEDBACK READINESS INDEX AND FIDELITY MEASURE \(FRIFM\) PLUS INSTRUCTIONS](http://scottdmiller.com/wp-content/uploads/FRIFM(1).pdf) ([http://scottdmiller.com/wp-content/uploads/FRIFM\(1\).pdf](http://scottdmiller.com/wp-content/uploads/FRIFM(1).pdf))
- * [THE ICCE CORE COMPETENCIES FOR FEEDBACK INFORMED TREATMENT](https://scottdmiller.com/wp-content/uploads/ICCE%20Core%20Competencies(1).pdf) ([https://scottdmiller.com/wp-content/uploads/ICCE%20Core%20Competencies\(1\).pdf](https://scottdmiller.com/wp-content/uploads/ICCE%20Core%20Competencies(1).pdf)) is available in that same section of that same webpage.
- * NOTE: these links do work. But they are frequently blocked by corporate computers.

Consider these paths, **1.**, **2.**, or **3.**, and pick one. Whichever option you take, your BH organization, members, practitioners and our broader communities are sure to be enriched by this intentional approach to care delivery.

Of significant note: ***all responses in this Initial Reporting Form – 2024 will be accepted and none will exclude a BH organization's involvement in Moda Health's 2024 BHIP.***

After you have completed the work, sign the **Attestation** on page **24** and submit it to Moda Health via: Jeff Olsgaard, LPC, Clinical Liaison Jeff.Olsgaard@ModaHealth.com (or fax: 888.875.7309)

13. Option 1.

13.1.	OUR BH ORGANIZATION HAS POLICIES AND PROCEDURES GUIDING OUR COMMITMENT TO FEEDBACK INFORMED CARE (FICARE).				
13.1.A	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.1.B	THESE GUIDING DOCUMENTS ARE ANNUALLY AND FORMALLY REVIEWED BY OUR BOARD, MANAGEMENT AND/OR ADMINISTRATION.				
	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.1.c	THESE DOCUMENTS SPECIFICALLY GUIDE THE TRAINING AND USAGE OF FICARE BY OUR PRACTITIONERS.				
	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.1.D	THEY ALSO GUIDE THE TRAINING AND WORKFLOW OF FICARE IMPLICATIONS BY OUR SUPPORT STAFF.				
	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>

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13.1.E	THESE ALSO OUTLINE THE IMPORTANCE AND THE ACCESS MEMBERS HAVE OF THEIR OWN CHART NOTES INCLUDING FICARE DATA IN REAL TIME.				
	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.1.F	THESE FURTHER INFORM SUPERVISORS' WORK TO HIGHLIGHT PRACTITIONERS USE OF FICARE DATA.				
	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.1.G	THESE POLICIES AND PROCEDURES NORMALIZE AND GUIDE REGULAR LATERAL CASE CONSULTATION AMONG PRACTITIONERS BASED ON FICARE FIDELITY.				
	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.1.H	ANY EMPLOYEE AT OUR BH ORGANIZATION CAN DESCRIBE THEIR ROLE IN FACILITATING FICARE .				
	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.1.I	STAKEHOLDERS ARE REGULARLY INFORMED AS TO OUR BH ORGANIZATION'S MEASURABLE EFFECTIVENESS.				
	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.1.J	OTHER COMMENTS WE WOULD LIKE TO ADD AROUND OUR BH ORGANIZATION'S VISION OF FICARE IMPLEMENTATION INCLUDE:				
13.2.	THERE IS A CADRE OF PERSONS AT OUR BH ORGANIZATION WHO REGULARLY MEET TO ADDRESS THIS WORK DESCRIBED IN THE 2024 BHIP .				
	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.2.B	THESE WORK MEETINGS INCLUDES OUR BH ORGANIZATION'S DIRECTOR.				
		<input type="radio"/> YES		<input type="radio"/> NO	
13.2.C	OTHER PRACTITIONERS DIRECTLY INVOLVED IN OUR 2024 BHIP IMPLEMENTATION INCLUDE:				
13.2.D	THERE ARE SUPPORT STAFF, NOT LICENSED OR RENDERING BILLABLE SERVICES TO MEMBERS, WHO ARE ALSO INVOLVED IN THESE MEETINGS.				
		<input type="radio"/> YES		<input type="radio"/> NO	

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13.2.E		THERE ARE MEMBERS (CLIENTS/PATIENTS) WHO HAVE BEEN SERVED BY OUR BH ORGANIZATION WHO ARE DIRECTLY HELPING US WITH CONSIDERATIONS AND IMPLEMENTATIONS OF THE WORK DESCRIBED IN THIS 2024 BHIP .			
		<input type="radio"/>	Yes	<input type="radio"/>	No
13.2.F		THIS WORK ALSO SOLICITS AND UTILIZES INPUT FROM COMMUNITY MEMBERS WHO MAY OR MAY NOT BE DIRECTLY SERVED BY OUR BH ORGANIZATION.			
		<input type="radio"/>	Yes	<input type="radio"/>	No
13.2.G		OTHER COMMENTS WE WOULD LIKE TO ADD AROUND OUR BH organization's ADMINISTRATION OF 2024 BHIP INCLUDE:			

13.3.		OUR BH ORGANIZATION'S FICARE INCLUDES THE COLLATION OF EACH MEMBER'S CLINICAL SYMPTOMS AND SUPPORTING DIAGNOSTIC DATA.				
13.3.A		NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.3.B		CLINICAL SYMPTOMS AND SAFETY CONSIDERATIONS ARE ASSESSED IN THE INITIAL ENGAGEMENT WITH MEMBERS. THIS ESTABLISHES EACH MEMBER'S BASELINE FOR COMPARISON WITH ONGOING MEASUREMENTS.				
		NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.3.C		FICARE DATA ARE ROUTINELY ACCUMULATED AT EVERY MEMBER INTERSECTION.				
		NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.3.D		THE FICARE MEASUREMENTS WE ARE USING OR ARE CONSIDERING FOR ROUTINE OUTCOMES MEASURES INCLUDE:				
13.3.E		EACH OF OUR SERVICE MODALITIES RELY UPON FICARE DATA TO ASSESS UTILIZATION, CLINICAL EFFECTIVENESS AND MANAGE MEMBER WELFARE.				
		NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.3.F		EACH PRACTITIONER AT OUR BH ORGANIZATION IS FAMILIAR WITH THE RESEARCH SUPPORTING THE TOOLS, MEASURES, METHODS AND APPROACHES THEY ARE USING.				
		<input type="radio"/>	Yes	<input type="radio"/>	No	

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13.3.G	EACH MEMBER'S FICARE DATA ARE INTEGRATED INTO THEIR HEALTH RECORD AND ARE GRAPHED SIGNIFYING THE EVOLUTION OF THEIR MODALITY UTILIZATION, TREATMENT ENGAGEMENT AND PROGRESSION TOWARD MEMBER IDENTIFIED OUTCOMES.				
	NOT APPLICABLE - OR - W/O CONSIDERATION ○	CONTEMPLATING ○	PREPARING TO ACTUALIZE ○	ACTIVELY IN PLACE ○	EVALUATING RESULTS ○
13.3.H	FICARE DATA ARE USED IN REAL TIME TO PREVENT DROP-OUT AND TO FACILITATE MEMBER ADVANCEMENT TOWARD THEIR IDENTIFIED OUTCOMES.				
	NOT APPLICABLE - OR - W/O CONSIDERATION ○	CONTEMPLATING ○	PREPARING TO ACTUALIZE ○	ACTIVELY IN PLACE ○	EVALUATING RESULTS ○
13.3.I	OUR BH ORGANIZATION HAS IDENTIFIED FICARE DATA STANDARDS WHICH HIGHLIGHT EXPECTED NORMS FOR MEMBERS' EVOLUTION TOWARD STATICALLY AND CLINICALLY SIGNIFICANT CHANGE.				
	NOT APPLICABLE - OR - W/O CONSIDERATION ○	CONTEMPLATING ○	PREPARING TO ACTUALIZE ○	ACTIVELY IN PLACE ○	EVALUATING RESULTS ○
13.3.J	MEMBERS' MEASURES WHICH FALL OUTSIDE OF OUR BH ORGANIZATION'S PROTOCOLS ARE GIVEN SPECIAL ATTENTION BY THEIR PRACTITIONERS IN ORDER TO AVERT LIKELY DROPOUT RATES AND BE PROACTIVE IN ADDRESSING SYMPTOM COMPLICATIONS.				
	NOT APPLICABLE - OR - W/O CONSIDERATION ○	CONTEMPLATING ○	PREPARING TO ACTUALIZE ○	ACTIVELY IN PLACE ○	EVALUATING RESULTS ○
13.3.K	IF A SEAMLESS DATA EXCHANGE WERE IN PLACE, OUR BH ORGANIZATION WOULD ESTABLISH WAYS TO EXCHANGE FICARE DATA WITH MODA HEALTH.				
	NOT APPLICABLE - OR - W/O CONSIDERATION ○	CONTEMPLATING ○	PREPARING TO ACTUALIZE ○	ACTIVELY IN PLACE ○	EVALUATING RESULTS ○
13.3.L	OTHER COMMENTS WE WOULD LIKE TO ADD REGARDING FICARE AND MANAGEMENT OF CLINICAL SYMPTOMS INCLUDE:				
13.4. THERAPEUTIC ALLIANCE IS AN ESSENTIAL MEASURE IN OUR BH ORGANIZATION'S FICARE .					
13.4.A	NOT APPLICABLE - OR - W/O CONSIDERATION ○	CONTEMPLATING ○	PREPARING TO ACTUALIZE ○	ACTIVELY IN PLACE ○	EVALUATING RESULTS ○
	OUR THERAPEUTIC ALLIANCE MEASURES INCLUDE THESE MEASURES/QUESTIONS:				
13.4.B					

Moda Health's 2024 Behavioral Health Incentive Program (2024 BHIP)

13.4.c	THE MEMBER'S PERSPECTIVE OF HOW THINGS ARE GOING WITH THEIR PRACTITIONER(S) IS STATISTICALLY MEASURED EACH SESSION AND REVIEWED BY THEIR PRACTITIONER(S).				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.4.d	THE MEMBER'S INVESTMENT TO REACH THEIR IDENTIFIED OUTCOMES IS ROUTINELY MEASURED.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.4.e	MEMBER DATA ARE ROUTINELY TRACKED TO ASSESS THE LEVEL OF ENGAGEMENT IN THERAPY AND VIABILITY OF CONTINUED PROGRESS.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.4.f	OUR BH ORGANIZATION SEES THE BENEFIT IN SHARING THE THERAPEUTIC ALLIANCE DATA WITH MODA.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.4.g	OTHER COMMENTS WE WOULD LIKE TO ADD AROUND FICARE AND SPECIFICALLY THERAPEUTIC ALLIANCE INCLUDE:				
13.5.	THE META DATA OF CLINICAL OUTCOMES FOR EACH PRACTITIONER'S PORTFOLIO ARE USED BY THE PRACTITIONER IN THEIR ADVANCEMENT OF DELIBERATE PRACTICE.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
13.5.a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.5.b	EACH PRACTITIONER KNOWS THEIR EFFECT SIZE.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.5.c	EACH PRACTITIONER KNOWS THE DROPOUT RATE OF THE MEMBERS THEY SERVE.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.5.d	EACH OF OUR PRACTITIONER HAS IDENTIFIED THEIR OWN				
	<ul style="list-style-type: none"> ✓ BASELINE EFFECTIVENESS. ✓ PERFORMANCE CHALLENGES. ✓ DELIBERATE PRACTICE PLAN THEY ARE WORKING ON OUTSIDE OF SERVICE DELIVERY. 				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Moda Health's 2024 Behavioral Health Incentive Program (2024 BHIP)

13.5.E	A CULTURE OF TRANSPARENCY AROUND THERAPEUTIC "MISSTEPS" IS NURTURED WHEREBY OUR BH ORGANIZATION'S PRACTITIONERS CAN LEARN AND IMPROVE TOGETHER.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.5.F	OTHER COMMENTS OUR BH ORGANIZATION WOULD LIKE TO ADD CONSIDERING DELIBERATE PRACTICE INCLUDE:				

13.6.	IN ADDITION TO MEMBERS' USE OF OUR SERVICES, OUR BH ORGANIZATION HAS ACCESS TO MEMBERS' MEDICAL DATA WHICH HIGHLIGHT THE EXTENT OF COMPLEXITY, CO-MORBID CONDITIONS AND CHRONIC MANIFESTATIONS WHICH SHED LIGHT ON A GIVEN MEMBER'S TOTAL COST OF CARE (TCOC) AND OBFUSCATING THEIR WELLBEING.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
13.6.A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.6.B	IN ADDITION TO THE MODA PROVIDER REPORTS , WE UTILIZE SUPPORT SERVICES SUCH AS HTTPS://POINTCLICKCARE.COM/ (FORMERLY COLLECTIVE MEDICAL – PREMANAGED CARE) - OR - HTTPS://CONNECTIVEHEALTH.IO/ - OR - SOME OTHER MEDICAL INFORMATION PLATFORM TO TRACK AND INTEGRATE WITH MEMBER CARE BEYOND OUR OWN BH ORGANIZATION.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
13.6.B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.6.C	OUR BH ORGANIZATION HAS THE TECHNICAL MEANS TO SEAMLESSLY DISPENSE SUCH DATA TO PERTINENT PRACTITIONERS WITHIN AND BEYOND OUR ORGANIZATION TO OTHER CLINICS.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
13.6.C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.6.D	THERE ARE POLICIES AND PROCEDURES IN PLACE TO FLAG, ENGAGE AND RESPONSE TO OTHER SPECIALTY CLINICS IN ADDRESSING MEMBERS' MULTI-MORBIDITIES.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
13.6.D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.6.E	THERE ARE SUPPORT SERVICES, FINANCIAL STRUCTURES, INTERDISCIPLINARY ENGAGEMENT AND ONGOING EXPLORATIONS FOR MANAGING THESE COMPLEX CASES.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
13.6.E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Moda Health's 2024 Behavioral Health Incentive Program (2024 BHIP)

13.6.F	OUR BH ORGANIZATION RECOGNIZES THE NECESSITY OF OUR WORK BEING COMPLEMENTARY TO OTHER HEALTH SERVICES AND COMMUNITY SERVICES WHO MIGHT ALREADY BE WORKING WITH A GIVEN MEMBER. WE HAVE A WORKFLOW TO COORDINATE CARE, ENSURE THERE IS AN EXCHANGE OF DATA AND FACILITATE ACCESS TO ADDITIONAL CARE AS NEEDED.				
	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.6.G	OTHER COMMENTS WE WOULD LIKE TO ADD AROUND TCOC INCLUDE:				

13.7.	OUR BH ORGANIZATION HAS A PROCESS TO ASSESS, EXPLORE WITH MEMBERS, AND ADDRESS THROUGH CASE MANAGEMENT A ROBUST ATTENTION TO SOCIAL DETERMINANTS OF HEALTH (SDoH) .				
	13.7.A	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
DATA ARE COLLECTED BY WAY OF A VARIETY OF SOURCES FOR EACH MEMBER'S SHoD . OUR BH ORGANIZATION USES THE FOLLOWING TO COLLECT SHoD :					
13.7.B					
	SDoH ARE CULTURALLY CONTEXTUALIZED ALONGSIDE THE MEMBER TO APPRECIATE SHORT- AND LONG-TERM EFFECTS ON THE MEMBER'S SELF-IDENTIFIED NEEDS.				
13.7.C	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	SDoH ARE INTEGRATED INTO EACH MEMBER'S CASE MANAGEMENT AND INFORM THEIR INTENDED TREATMENT OUTCOMES.				
13.7.D	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	OUR BH ORGANIZATION HAS AN APPRECIATION FOR THE IMPACTFUL INTEGRATION OF SDoH INTO THE LIFE AND HEALTH OF MEMBERS' WELLBEING. SO MUCH SO THAT WE HAVE IDENTIFIED A MANAGER WHO ADDRESSES AND FACILITATES THESE DATA AND MEMBERS' NEEDS.				
13.7.E	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	NAME: _____ EMAIL: _____				
13.7.F					

Moda Health's 2024 Behavioral Health Incentive Program (2024 BHIP)

13.7.g	ADDRESSING SDoH NECESSITATES REGULARLY ENGAGING WITH COMMUNITY RESOURCES AND INCLUDES THE FOLLOWING PROCESSES IN OUR BH ORGANIZATION:				
	THERE ARE OTHER PAYORS OR OTHER GOVERNMENTAL ENTITIES WHO ARE ASKING OUR BH ORGANIZATION TO COLLECT SHoD OR SOCIAL NEED SCREENING AND INTERVENTION (SNS-E).				
	<input type="radio"/> YES		<input type="radio"/> NO		
	WE DO, ALREADY, SHARE THESE SHoD DATA WITH SOME OF THESE OTHER ENTITIES.				
13.7.i	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.7.j	WE ARE ABLE AND WILLING TO SHARE THESE SDoH DATA SEAMLESSLY WITH MODA HEALTH.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.7.k	OTHER COMMENTS WE WOULD LIKE TO ADD AROUND SDoH INCLUDE:				

13.8.	OUR BH ORGANIZATION RECOGNIZES THE NEED FOR ONGOING SUPPORT AND TREATMENT FOR MEMBERS BETWEEN SESSIONS. TO AUGMENT OUR SERVICES WE PROMOTE, MONITOR AND ASSESS THE USE OF APPS TO FACILITATE CARE BEYOND TRADITIONAL "SESSIONS" AND MEMBERS' ADVANCEMENT TOWARD IDENTIFIED TREATMENT OUTCOMES.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
13.8.a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.8.b	AS FOR THE USE OF THESE TOOLS, WE ASSESS THIS AUGMENTATION OF TREATMENT BY:				
13.8.c	WE FURTHER RECOGNIZE THE GROWING USEFULNESS OF AUGMENTED INTELLIGENCE (AI).				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.8.d	WAYS WE ANTICIPATE USING AI IN DATA MANAGEMENT, CLINICAL OVERSIGHT, OR SERVICE DELIVERY IN THE NEXT TWO YEARS INCLUDE:				

Moda Health's 2024 Behavioral Health Incentive Program (2024 BHIP)

13.8.E	OTHER COMMENTS WE WOULD LIKE TO ADD AROUND AUGMENTATION OF TRADITIONAL SERVICES INCLUDE:				
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13.9.	OUR PRACTITIONERS CAN IDENTIFY THE STRONG PREDICTORS OF EFFECTIVE BH SERVICE DELIVERY.				
13.9.A	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	Contemplating <input type="radio"/>	Preparing To Actualize <input type="radio"/>	Actively In Place <input type="radio"/>	Evaluating Results <input type="radio"/>
	OUR PRACTITIONERS APPRECIATE THE WEAK OR NON-PREDICTORS OF EFFECTIVE BH SERVICES.				
13.9.B	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	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.				
13.9.C	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	WE RECOGNIZE THAT SOME OF THE BARRIERS TO EFFECTIVE IMPLEMENTATION OF FICARE INCLUDE:				
13.9.D	LACK OF FINANCIAL RESOURCES.				
13.9.E	PRACTITIONER CONCERNS OF HOW THE DATA WILL BE USED.				
13.9.F	LACK OF CHANGE AGENTS FOR AN EFFECTIVE IMPLEMENTATION.				
13.9.G	MANAGEMENT HAS NOT FOUND A WAY TO HIGHLIGHT FICARE 'S IMPORTANCE.				
13.9.H	SUPERVISION AND ONGOING INTEGRATION OF TRAININGS HAS NOT BEING CENTRAL.				
13.9.I	DIMINISHED FOLLOW THROUGH OF FICARE DEVELOPMENT.				
13.9.J	NOT HAVING "PLUG AND PLAY" TECHNOLOGY RESOURCES.				
13.9.K	ANOTHER:				
	 WE HAVE GONE BACK THROUGH THIS LIST (13.9.D THROUGH 13.9.K) AND RANKED THESE ITEMS FOR OUR WORKING ENVIRONMENT FROM GREATEST OBSTACLE: "1", DOWN TO THE LEAST: "8". AND WE HAVE INCLUDED "ANOTHER" IN OUR LIST.				

Moda Health's 2024 Behavioral Health Incentive Program (2024 BHIP)

13.9.L	OTHER COMMENTS WE WOULD LIKE TO ADD CONCERNING OUR BH ORGANIZATION'S INTEGRATION OF FICARE :

14. Formulating an Effective 2024 BHIP Engagement

This **2024 BHIP** has discussed and touched on an assortment of research, workflows, possible priorities and challenges even for premier clinics. We are not reaching for everything, or even most things, to flow smoothly. But at the heart of this program is our attempt to highlight and recognize potential, initiate change and, hopefully, realize improved outcomes. To that end, your BH organization is asked to identify at least **two** S.M.A.R.T. ([S.M.A.R.T. history](#)) aspirational outcomes you seek to realize this calendar year. These can touch on anything framed in this **2024 BHIP** or something you have pointed to in the discussion sections of this document. Section **13.9.D** through **13.9.K** includes likely candidates you might address. For each aspirational outcome, outline 3 tasks which will advance your vision.

Moda Health's 2024 Behavioral Health Incentive Program (2024 BHIP)

14.1 THIS IS A DESCRIPTION OF AN ASPIRATIONAL OUTCOME WE WILL FOCUS ON AND REACH FOR IN 2024:

14.1.A

SPECIFIC TO THIS **14.1** OUTCOME, OUR BH ORGANIZATION IS IN THIS [STAGE OF CHANGE](#):

14.1.B

PRECONTEMPLATION	CONTEMPLATION	PREPARATION	ACTION	MAINTENANCE
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THIS IS ONE OF THE TASKS WE HAVE IDENTIFIED TO ENABLE THIS **14.1** TARGET OUTCOME.

14.1.c

THIS IS A SECOND TASK TO ENABLE OUR **14.1** TARGET OUTCOME.

14.1.D

HERE IS A THIRD TASK WHICH WILL ENABLE THIS **14.1** TARGET OUTCOME.

14.1.E

Moda Health's 2024 Behavioral Health Incentive Program (2024 BHIP)

14.2 THIS IS A DESCRIPTION OF OUR SECOND ASPIRATIONAL OUTCOME WE WILL FOCUS ON AND REACH FOR IN 2024:

14.2.A

SPECIFIC TO THIS **14.2** OUTCOME, OUR BH ORGANIZATION IS IN THIS [STAGE OF CHANGE](#):

14.2.B

PRECONTEMPLATION



CONTEMPLATION



PREPARATION



ACTION



MAINTENANCE



THIS IS ONE OF THE TASKS WE HAVE IDENTIFIED TO ENABLE THIS **14.2** TARGET OUTCOME.

14.2.c

THIS IS A SECOND TASK TO ENABLE OUR **14.2** TARGET OUTCOME.

14.2.D

HERE IS A THIRD TASK WHICH WILL ENABLE THIS **14.2** TARGET OUTCOME.

14.2.E

Moda Health's 2024 Behavioral Health Incentive Program (2024 BHIP)

14.3

THIS IS AN ADDITION DESCRIPTION OF A THIRD (AND OPTIONAL) ASPIRATIONAL OUTCOME WE SEEK TO FOCUS ON AND REACH FOR IN 2024:

14.3.A

SPECIFIC TO THIS **14.3** OUTCOME, OUR BH ORGANIZATION IS IN THIS [STAGE OF CHANGE](#):

14.3.B

PRECONTEMPLATION	CONTEMPLATION	PREPARATION	ACTION	MAINTENANCE
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THIS IS ONE OF THE TASKS WE HAVE IDENTIFIED TO ENABLE THIS **14.3** TARGET OUTCOME.

14.3.c

14.3.D

THIS IS A SECOND TASK TO ENABLE OUR **14.3** TARGET OUTCOME.

14.3.E

HERE IS A THIRD TASK WHICH WILL ENABLE THIS **14.3** TARGET OUTCOME.

15. Regarding the Year-in-Review

With you, Moda Behavioral Health will review your **2024 BHIP** engagement with an individualized and negotiated frame of reference. The centerpiece of this discussion will be a review of the advancement and any recognized obstacles contrasting this **Initial Reporting Form – 2024**. A guide for the **2024 Year-in Review** will be available before December 2024

16. Moda Health's engagement in the 2024 BHIP

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

- 16.1.** Attending to research and practice based effective care.
- 16.2.** Expanding this program in the years to come.
- 16.3.** Coordinating care with the specifics listed above in section **7.** via [Moda Provider Reports](#).
- 16.4.** Being responsive to feedback, interests and questions, especially related to the **2024 BHIP**. Moda Health will receive, read and engage BH organizations' submissions of this **Initial Reporting Form – 2024** (note section **10.4.**).
- 16.5.** Keeping our BH organization partners abreast of the members and bonuses accumulated in this work. Moda Health will pay our behavioral health organizations the bonuses outlined in sections **5.** & **8.** above.

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

Jeff Olsgaard, LPC, Clinical Liaison Jeff.Olsgaard@ModaHealth.com 503-412-4034

Dan Thoma, LPC, Director of Behavioral Health Dan.Thoma@ModaHealth.com 503-382-5386

Attestation - 2024

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

<p>Moda Health Plan, Incorporated</p> <p>601 Southwest Second Avenue Portland, Oregon 97204</p> <hr/> <p><i>Moda Signature</i></p> <p>Dan Thoma</p> <p>Director of Behavioral Health</p> <hr/> <p><i>Date</i></p> <p>BH Clinical Liaison, Jeff Olsgaard, LPC Jeff.Olsgaard@ModaHealth.com 503-412-4034</p>	<p>BEHAVIORAL HEALTH ORGANIZATION</p>
	NAME
	ADDRESS
	TAX ID NUMBER
	SIGNATURE
NAME	
TITLE	
DATE	
<p>9.1.A PRIMARY 2024 BHIP CONTACT(S)</p>	