

Purpose: This document serves as a detailed overview of Moda Health’s Behavioral Health Incentive Programs (BHIP).

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.

Document Contents:

1. **BHIP Guiding Principles**
2. **Details of Moda Health's Behavioral Health Incentive Program (BHIP)**
 - Terms and Incentive Payment Schedule
 - Key Deliverables and Payouts
 - Participating Provider Eligibility
 - Member Reporting
3. **Feedback Informed Care (FICare)**
 - Definition
 - Benefits
 - Clinical Measures Used
4. **Enhancing Continuity of Care**
 - Social Determinants of Health (SDoH)
 - Total Cost of Care (TCoC)
5. **Resources and References**

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. Details of Moda Health's Behavioral Health Incentive Program (BHIP)

Terms and Incentive Payment Schedule

The BHIP is an opt-in program that supports behavioral health care delivery through a mix of pay-for-performance and shared savings. Participating organizations that meet program requirements receive financial incentives. The following table outlines the distinct elements of each phase of the BHIP:

Behavioral Health Incentive Program: Overview



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.					

BHIP Phase One centers on the exploration (or “window shopping”) of engaging every member in the gathering of FICare data at a regular cadence. Phase One 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 Year Two, BH organizations will begin narrowing down specific tools to eventually integrate into their EHR system.

In Phase Two 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 Two of BHIP is designed to deepen member-provider engagement, operationalize FICare through a structured implementation plan, embed a culture of feedback across the BH organization, and develop plans to share aggregate data with Moda Health to demonstrate FICare implementation. This data sharing is informal and may take various forms (Word document, PowerPoint, verbal updates during meetings). The intent is to foster collaborative learning and provide visibility into how FICare is being integrated into clinical workflows. These exchanges help Moda Health understand the practical application of FICare and identify opportunities for broader adoption and refinement of measurement strategies.

To advance to Phase Three, a BH organization will have a structured FICare program in place and be ready to share individualized data with Moda Health to further improve care coordination and outcomes.

Each BHIP phase runs from January to December. Both prospective and retro payments are based on the BH organization's prior-year outpatient BH revenue for eligible members. In Phase Two, a one-time prospective payment is issued within 90 days of submitting the Attestation to Moda Health.

Retro pay is issued annually for each BHIP phase, following completion of the Key Deliverables:

- Completed Registration Assessment
- Signed Attestation
- Regular meetings with Moda Health’s Clinical Liaison (approx. 5/year)
- Completed and Signed Year-End Review

TCoC incentives are also available each year per BHIP phase. These are paid if participating BH organizations complete the Key Deliverables and collectively keep eligible member cost growth within the 3.4% target set by OHA. More details can be found here: [Sustainable Health Care Cost Growth Target](#).

Key Deliverables and Payouts

Incentive payouts are not determined on how well a BH organization has done over the program year but is dependent upon completing the Key Deliverables.

- Completing the Registration Self-Assessment:
 - Due in January/February at the start of the program year
- Completing the Attestation:
 - Due in January/February at the start of the program year
- 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

Organizations that submit a completed BHIP Registration and signed Attestation by the end of February of the program year will qualify for 100% of the available incentives. Submissions after this deadline will result in prorated incentive payments, or the BH organization may choose to begin participation in the following program year.

To accommodate claims lag, Moda Health will finalize BHIP records for the prior year by March. Payments will be issued by the end of June.

Participating Provider Eligibility

Who is a good candidate for BHIP participation? Any organization delivering BH services to Eligible Moda Health members. Eligible Members include 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 (OEBB).
- Members of the Moda Health Employee Plans.
- Members of any additional employer groups that opt in to BHIP for the 2026 program year.

Moda Health will total the BH outpatient revenue for eligible members for payouts.

Member Reporting

Moda Health will issue two reports to providers: a financial report and a clinical report. The financial report is a quarterly *Behavioral Health Incentive Report*, and the clinical report is a monthly *Behavioral Health Roster Report*. Both reports can be found here: [Moda Health Provider Reports](#).

The *Behavioral Health Incentive Report* displays a BH organization's status in the program and forecasted incentives. The *Behavioral Health Incentive Reports* will not include any PHI. These reports include:

- The number of eligible members being seen
- Total BH billing for these members in the previous 12 months
- Total incentive dollars available
- The current status of the BH organization's completion of the Key Deliverables (listed above)

The *Behavioral Health Roster Report* helps providers address risk factors and service utilization among members with persistent BH conditions and complex health issues. This report provides details on eligible members who have received one or more “primary care” BH services from the BH organization within a rolling 12-month period.

The *Behavioral Health Roster Report* provides detailed clinical data to assist in managing and coordinating these members’ ongoing care. This report is updated monthly with PHI identifying:

- Member names and contact information
- Members current eligibility to be counted in the TCoC incentive pool (also referred to as “Target Members”)
- Chronic medical conditions:
 - General health categories
 - Number of specialists’ visits
 - Other clinics who serve these Target Members
 - Identified PCP including visit history
- Emergency Department visits:
 - Total number
 - Number of “non-injurious visits”
- Hospital Admissions:
 - Total number
 - Number of BH hospitalizations
- Medication adherence at or below 80% adherence:
 - Medical and psychotropics
- Opioid use:
 - Flags if member is also prescribed antipsychotic medications or sleep aids
 - Identifies Buprenorphine and Naloxone prescription fills
- “Risk Score” generated by software:
 - A lower number reflects fewer chronic conditions
 - A higher number reflects multiple complicating conditions

3. Feedback Informed Care (FICare)

What is FICare?

Developed by psychologist Scott D. Miller (founder of the International [Center for Clinical Excellence](#), ICCE), FICare is an evidence-based practice used across behavioral health settings. Members regularly complete brief, standardized questionnaires to track both clinical progress (symptom changes) and therapeutic alliance. Practitioners review responses with the member to guide ongoing treatment. FICare also goes by other names, including:

- Feedback-Informed Treatment (FIT)
- Patient-Reported Outcomes Measures (PROMs)
- Routine Outcomes Measures (ROM)
- Measurement-Informed Care (MIC)

FICare ensures the member’s voice is centered in the treatment by regularly seeking the member’s feedback and perspective.

What are the benefits of FICare?

FICare can strengthen behavioral health delivery, and realizing the benefits requires investment in training, technology, cultural change, and ongoing support. Collaboration across the healthcare industry and input from clinical peers and members is also vital. Some benefits include:

- FICare improves treatment outcomes and reduces abandoning treatment ([De Jong et. al. 2021](#)).
- FICare has also been found to improve the efficiency of treatment, helping people recover more quickly ([Janse et. al. 2017](#)).
- Help medical and behavioral health providers speak a common language to improve care coordination.
- Uses proven tools to help policymakers assess how well healthcare systems are working.

Clinical Measures Used

Moda Health does not mandate the use of any specific tool, provided the chosen solution aligns with the operational needs of the BH organization. Providers may select whichever FICare tools best align with their systems.

Adding therapeutic alliance questions to standardized tools is a simple way to enhance FICare measures and center the member's voice. Simply adding the following questions (if your EHR system allows) can also help measure that connection:

Please indicate how much you agree:

1. My Clinician “gets” me.

Always Very Often Often Sometimes Seldom

2. We are focusing on what matters to me.

Always Very Often Often Sometimes Seldom

3. I am making progress because of treatment.

Always Very Often Often Sometimes Seldom

To support thoughtful tool selection, provided is a list of evidence-based options. Measures and resources/databases incorporating Therapeutic Alliance:

- [ACORN](#)
- [ORS/SRS](#) (Outcome Rating Scale and Session Rating Scale)
- [PCOMS](#) (under Better Outcomes Now [BON])
- [Audit](#)
- [OpenFIT](#)
- [GAD-7](#)
- [Blueprint](#)
- [OQ-45](#)
- [OWL](#)
- [Greenspace](#)
- [SMART Health](#)
- [PROMIS](#)
- [CAMHS](#)
- [Outcome Referrals](#)
- [Behavioral Healthcare Instruments Listing](#) (via The Joint Commission)

Measures specific to BH Diagnoses:

- [Patient Health Questionnaire \(PHQ-9\)](#)
- [General Anxiety Disorder-\(GAD-7\)](#)
- [Psychology Tools](#)

4. Enhancing Continuity of Care

Social Determinants of Health (SDoH)

To enhance continuity of care, the BHIP program encourages providers to identify and respond to SDoH. SDoH refers to the social, economic, and environmental conditions that influence members' health outcomes and contribute to health inequities (examples of this include: access to stable housing, healthy meals, childcare, employment, education, etc.). By keeping these factors visible and top of mind when engaging with members, providers can strengthen the therapeutic alliance and more accurately meet the needs of Moda Health members.

Total Cost of Care (TCoC)

Working in alignment with SDoH and FICare, TCoC reflects the product of delivering care tailored to members' needs. TCoC refers to the total amount spent on a member population (examples of total costs include: pharmacy, hospital stays, therapy services, equipment, etc.). By implementing the components of BHIP, TCoC decreases because care becomes more targeted, appropriate, and effective.

With member consent, Moda Health encourages BH organizations to communicate and coordinate with other healthcare entities to continue enhancing members' overall treatment and outcomes.

As the majority of Moda Health members independently research their own providers for their specific needs, it is encouraged for our BH organizations to keep their [Moda Health Find Care](#) profiles up-to-date. Moda Health Find Care is an online directory of contracted service practitioners. This provider directory is updated every 90 days, in compliance with CMS requirements. Moda Health partners with [Better Doctor](#) to maintain accurate provider information—responding to their outreach helps support this effort.

5. Resources and References

Moda Health Resources

- [Moda Health Provider Reports.](#)
- [Moda Health Find Care](#)
- [Better Doctor](#) (contracted resource for Moda Health's Find Care)

Oregon Health Authority

[Sustainable Health Care Cost Growth Target](#)

Measures utilizing FICare

- | | | |
|---|--------------------------------|--|
| • ACORN | • OpenFIT | • CAMHS |
| • ORS/SRS (Outcome Rating Scale and Session Rating Scale) | • GAD-7 | • Outcome Referrals |
| • PCOMS (under Better Outcomes Now [BON]) | • Blueprint | • Behavioral Healthcare Instruments Listing (via The Joint Commission) |
| • Audit | • OQ-45 | |
| | • OWL | |
| | • Greenspace | |
| | • SMART Health | |
| | • PROMIS | |

Measures specific to BH Diagnoses

- [Patient Health Questionnaire \(PHQ-9\)](#)

Behavioral Health Incentive Program: *Overview*



- [General Anxiety Disorder-\(GAD-7\)](#)
- [Psychology Tools](#)

Center for Clinical Excellence

[Main site](#)

[What Is Feedback Informed Treatment](#), One Pager

Journal Articles Referenced

Janse PD, De Jong K, Van Dijk MK, Hutschemaekers GJM, Verbraak MJPM (2017). Improving the efficiency of cognitive-behavioural therapy by using formal client feedback. *Psychother Res.* 2017 Sep;27(5):525-538. <https://pubmed.ncbi.nlm.nih.gov/27013204/>

De Jong K, Conijn JM, Gallagher RAV, Reshetnikova AS, Heij M, Lutz MC (2021). Using progress feedback to improve outcomes and reduce drop-out, treatment duration, and deterioration: A multilevel meta-analysis. *Clin Psychol Rev.* Apr; 85:102002. <https://doi.org/10.1016/j.cpr.2021.102002>

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