The Ohio Behavioral Healthcare Provider Network: All Member Meeting

October 18, 2023

WELCOME

Structure of the Day

- Network Overview and Strategic Plan
- Overview of CIN Model
- Policy Updates from industry leaders
- Round-table discussion on Integrated Care

Goal of the Day – Collaboration and Networking. We're better together!

Strategic Health Care + OBHPN

Since OBHPN's inception in 2016, Strategic Health Care has been proud to serve as OBHPN's administrative agent!

Our team has expanded over the years to meet the evolving needs of this incredible organization.

OBHPN Support Team	
Katy Smith	OBHPN Network Manager and Contracting Manager
Jennifer Castore	OBHPN Quality Manager
Jonas Thom	OBHPN Strategy & Innovation Manager
Patrick Teynor	OBHPN Credentialing Manager
Lisa Cline	OBHPN Accounting and Administrative

Leadership

OBHPN has always been Member Owned and Member Driven.

The OBHPN Board of Directors is made up of OBHPN members. They volunteer their time and expertise to help ensure that our Goals and Objectives support with our Mission and Vision.

OBHPN Board Members

Eric Morse, OBHPN Board Chair *The Centers for Families & Children* *Circle Health*	Mark Bridenbaugh *Hopewell Health Centers, Inc.*	Jeff O'Neil *Greater Cincinnati Behavioral Health Services*
Jerry Strausbaugh, OBHPN Vice Chair *Appleseed Community Mental Health Center*	Paul Bolino *Community Counseling Center of Ashtabula County*	Don Schiffbauer *The Nord Center*
James McDonald, OBHPN Secretary/Treasurer OBHPN Membership & Marketing Chair *Allwell Behavioral Health`*	Deb Flores *Zepf Center*	Sandy Stephenson *Southeast, Inc.*
Randy Allman OBHPN Contracting & Quality Chair *Butler Behavioral Health Services*	Cynthia Holstein *Shawnee Mental Health Center*	

We know everyone is resource thin– so we want to recognize other members who donate their valuable time to the success of this network!!

Budget Subcommittee
Vicki Clark, Ravenwood
Daniel Frech, The Centers/Circle Health
Shayna Jackson, Crossroads
Don Schiffbauer, Nord Center
Jerry Strausbaugh, Appleseed

MCP/VBR Subcommittee
Beth Ayer, Zepf Center
Laura Brickner, Family Resource Center
Justine Simpson, New Horizons
Kim Pirnat, Ravenwood

RCM Subcommittee
Tracey Meininger, GBHS

KPI Subcommittee
Melissa Beck, Nord Center
Jerry Strausbaugh, Appleseed
Amy Keck, CCC of Wayne & Holmes

Vendor Oversight
Kim Pirnat, Ravenwood
Michelle Parker
Christine Gambatese

SOAR
Lesli Westerbeck - GCBHS

EDW Requirements
Trevor Goodall, Butler Behavioral Health
Vera McGuinness, Nord Center
Sam Ayer, Zepf Center
Linda Nordhal, Zepf Center
Tracey Nasser, Allwell

Membership and Marketing
James McDonald, Allwell
Sandy Stepheson, Southeast
Don Schiffbauer, Nord Center
Cynthia Holstein, Shawnee

Clinical Protocols
Randy Allman, Butler Behavioral Health
David Schenkelberg, Hopewell
Tina Supinger, Darke County
Teresa Ann Volko, The Centers

OBHPN Supporters – THANK YOU

CareSource

afia

AmeriHealth Caritas Ohio

NAMI Ohio
National Alliance on Mental Illness

innovaccer

azara healthcare

Anthem

Optum UnitedHealthcare Community Plan

streamline HEALTH®

OSPF
Ohio Suicide Prevention Foundation
OhioSPF.org

New OBHPN Members – Welcome!

Behavioral Healthcare Partners of Central Ohio (Licking & Knox Counties)

BHP is a private, non-profit behavioral healthcare organization that provides integrated mental health and addiction treatment services for youth, adults, and families. We help individuals and families recover by focusing on each person's unique needs. We address these needs by offering a full range of services through a comprehensive continuum of care.

Meridian Health Care (Mahoning County)

Meridian HealthCare is a non-profit 501(c)(3), Joint Commission accredited, integrated behavioral and primary healthcare organization with close to 50 years of high-quality service delivery in the Mahoning Valley.

OHIO BEHAVIORAL HEALTHCARE PROVIDER NETWORK

Board Chair's Welcome

OBHPN'S 6TH ANNUAL ALL MEMBER MEETING

Who is The Ohio Behavioral Healthcare Provider Network?
OBHPN

- **OBHPN is a network of 27 Ohio community BH providers** with long standing community presence.
- **OBHPN provides more than 3 million services to more than 225,000 Ohioans** of all ages every year.
- **OBHPN serves well more than half of all people with severe and persistent mental illness** in Ohio's community behavioral health system.
- **OBHPN provides the full continuum of mental health and substance use disorder services** while attending to every person's whole needs: behavioral, physical, relational, and social.
- **OBHPN is supported by Strategic Healthcare** and our combined leadership has more than 1,000 years of Ohio community behavioral health experience.

OHIO BEHAVIORAL HEALTHCARE PROVIDER NETWORK

Mission & Vision

Mission

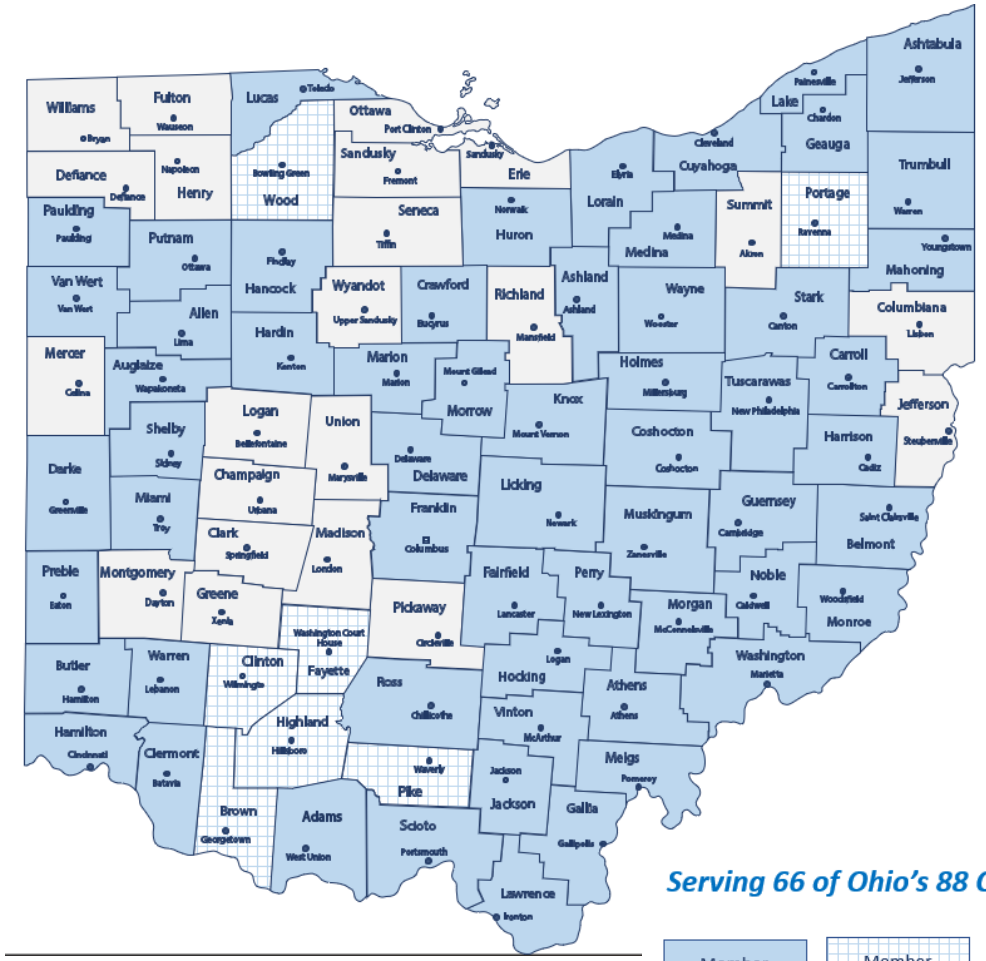
To collaboratively leverage resources, operations, and influence to ensure high quality and high value for our members.

Vision

OBHPN is the Comprehensive Behavioral Healthcare Network of choice for patients, payors, and providers who lead in the effective and efficient care of people with Severe Mental Illness.

Where is The Ohio Behavioral Healthcare Provider Network?

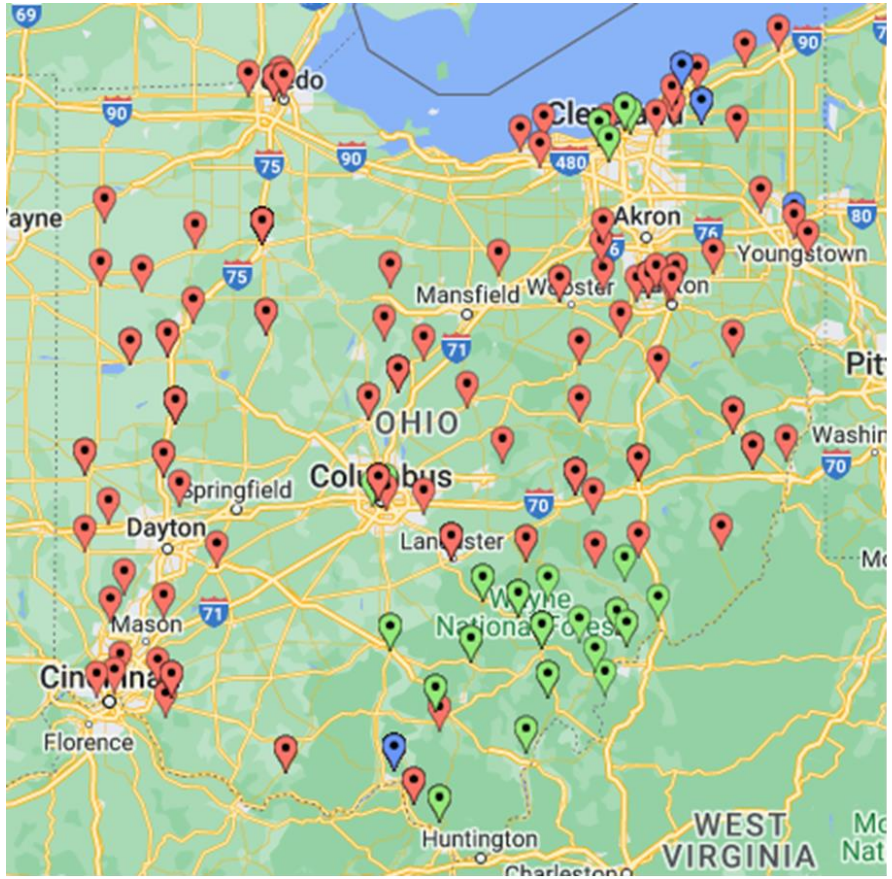
OBHPN is statewide and growing



Serving 66 of Ohio's 88 Counties

Member Location County	Member Services Area County	Pending Member Location County

How convenient is The Ohio Behavioral Healthcare Provider Network? *OBHPN has more than 200 service sites throughout Ohio*



County	CMHC	FQHC	PCP	Grand Total
Adams	2	1		3
Allen	2			2
Ashland	1			1
Ashtabula	3			3
Athens	4	10		14
Auglaize	4			4
Belmont	2	2		4
Butler	2			2
Carroll	1			1
Clermont	5			5
Coshocton	1			1
Crawford	1			1
Cuyahoga	8	5		13
Darke	4			4
Delaware	1	1		2
Fairfield	6		1	7
Franklin	5	6		11
Gallia	1	1		2
Geauga	7		1	8
Guernsey	3			3
Hamilton	3			3
Hancock	18			18
Hardin	2			2
Harrison	1	1		2
Hocking	1	2		3
Holmes	1			1
Huron	1			1
Jackson	2	2		4
Knox	1			1
Lake	4		1	5

County	CMHC	FQHC	PCP	Grand Total
Lawrence	2	1		3
Licking	1			1
Lorain	3			3
Lucas	6		1	7
Mahoning	3		1	4
Marion	2			2
Medina	1			1
Meigs	1	4		5
Miami	3			3
Monroe	1			1
Morgan	1			1
Morrow	1			1
Muskingum	3		1	4
Noble	1			1
Paulding	1			1
Perry	1	1		2
Preble	1			1
Putnam	1			1
Ross		3		3
Scioto	11	2	1	14
Shelby	6			6
Stark	11			11
Trumbull	1			1
Tuscarawas	1			1
Van Wert	2			2
Vinton	1	2		3
Warren	1			1
Washington	2	4		6
Wayne	4			4
Grand Total	170	48	7	225

Last Updated: 06/16/2023

OHIO BEHAVIORAL HEALTHCARE PROVIDER NETWORK

How is The Ohio Behavioral Healthcare Provider Network unique?

OBHPN's reach, quality, and commitment is unparalleled

We are the largest Community BH Network in Ohio

- Statewide Reach and Access
- Comprehensive Health Solutions

We are top tier quality performers

- Top Quartile+ HEDIS Scores
- Numerous Awards and Learning Pilots

We collaborate to address issues

- Federal: Led changes to CFR 42 part 2
- Ohio: OAHP QI Work

We serve Ohioans with the most complex needs

- Top Provider for Adults with SPMI
- Integrated Relational, Social, and Physical Health

We demonstrate operational excellence

- Tier One Provider Support from All MCPs.
- Streamlined Communications and Resolutions

We are capable administrative partners

- Participate in CliniSync Notify
- Implementing a Shared EDW

OHIO BEHAVIORAL HEALTHCARE PROVIDER NETWORK

OHIO BEHAVIORAL HEALTHCARE PROVIDER NETWORK

Ohio Behavioral Healthcare Provider Network

Balanced Scorecard - Updated Monthly

10/01/2022 - 09/30/2023

Last Updated: 10/11/2023

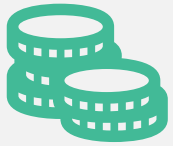
Parking Lot (P)	Meeting Target (3)
Slightly Behind Target (2)	Significantly Behind Target (1)

Perspectives	Strategic Objectives	Key Performance Indicators	Targets	Update	Status		Metric Calculation
Financial Secure funding sources to keep and expand vital programing.	F2 – Supplemental Incentive through MCOs	F2 - MCO VBR Agreements	F2 - 3+ Contracts	F2 – Optum, BHP, CS, Humana		3	Count contracts in effect at end of MY
	F3 - Supplemental Programs Offerings	F3 - Revenue + Savings	F3 - $250k Incremental	F3 – Phase II providers onboarding		3	Sum REV for MY
	F4 - Expanding contracting to Commercial	F4 - Non-Medicaid Contracts	F4 - 1+ Contracts	F4 – Pend for CIN Status		1	Count contracts in effect at end of MY
Customer Become the most desirable provider partner for mental health and SUD services in Ohio	C1 - "Go-to" SMI/Complex provider(s)	C1 - Exclusive Plan Designs	C1 - 2+ Programs	C1 – Complete		3	Count Programs in effect at end of MY
	C2 – Scaled "System" infrastructure	C2 - D/C Pathways at IMDs	C2 - 8+ hosp. D/C Pathways	C2 – Focus on central Ohio pilot.		2	Count Hospitals/Pathways at end of MY
	C3 – High Quality Scores/Pop Health QI	C3 - 3 BH HEDIS Metrics	C3 - Top Quartile+	C3 –Complete		3	Network Scorecard at end of MY
	C4 – COE for Admin Operations	C4 - Tier 1 Provider Status / JOCs	C4 - 80% MCPs engaged	C4 – Complete		3	Count established JOCs at end of MY
Internal Process Establish a reputation of consistency in process, persistence, insight, and outcomes.	I1 – Issue Resolution	I1 - Denial Overturn Rate / Recovery	I1 - 95% of Escalated Claims	I1 - Next Generation issues abound.		P	Manual compilation using JOC reports
	I2 – Data Sharing/Integration	I2 - HIE Integration	I2 - 10+ Data Points Available for Use by Mbrs.	I2 – EDW work includes HIE(s)		P	Count Data Points at end of MY
	I3 - Effective Marketing (and Branding)	I3 - Marketing Information Dissemination	I3 - Marketing webpage live	I3 –Complete		3	Deliverable by end of MY
Learning & Growth Optimize shared opportunities for education and operational efficiencies	L1 - Share Learning for QA/QI	L1 - Strategic Plan in Place	L1 - 3+ Forums	L1 – Complete		3	Deliverable by end of MY
	L2 - Implement Initiative Governance	L2 - Approval and QI for Projects	L2 - All Projects Reviewed	L2 – Not started/iterate w next start planning-seek consensus on fiscal performance reporting		2	Deliverable by end of MY
	L3 - Decide on Clinically Integrated Network	L3 - 2024 Plan	L3 - Go/NoGo on CIN	L3 – Accelerated CIN research/evaluation		3	Decision by end of MY

OBHPN Financial Snapshot - 2023

$1.2M

2023 MCP Investments Granted



$1.1M

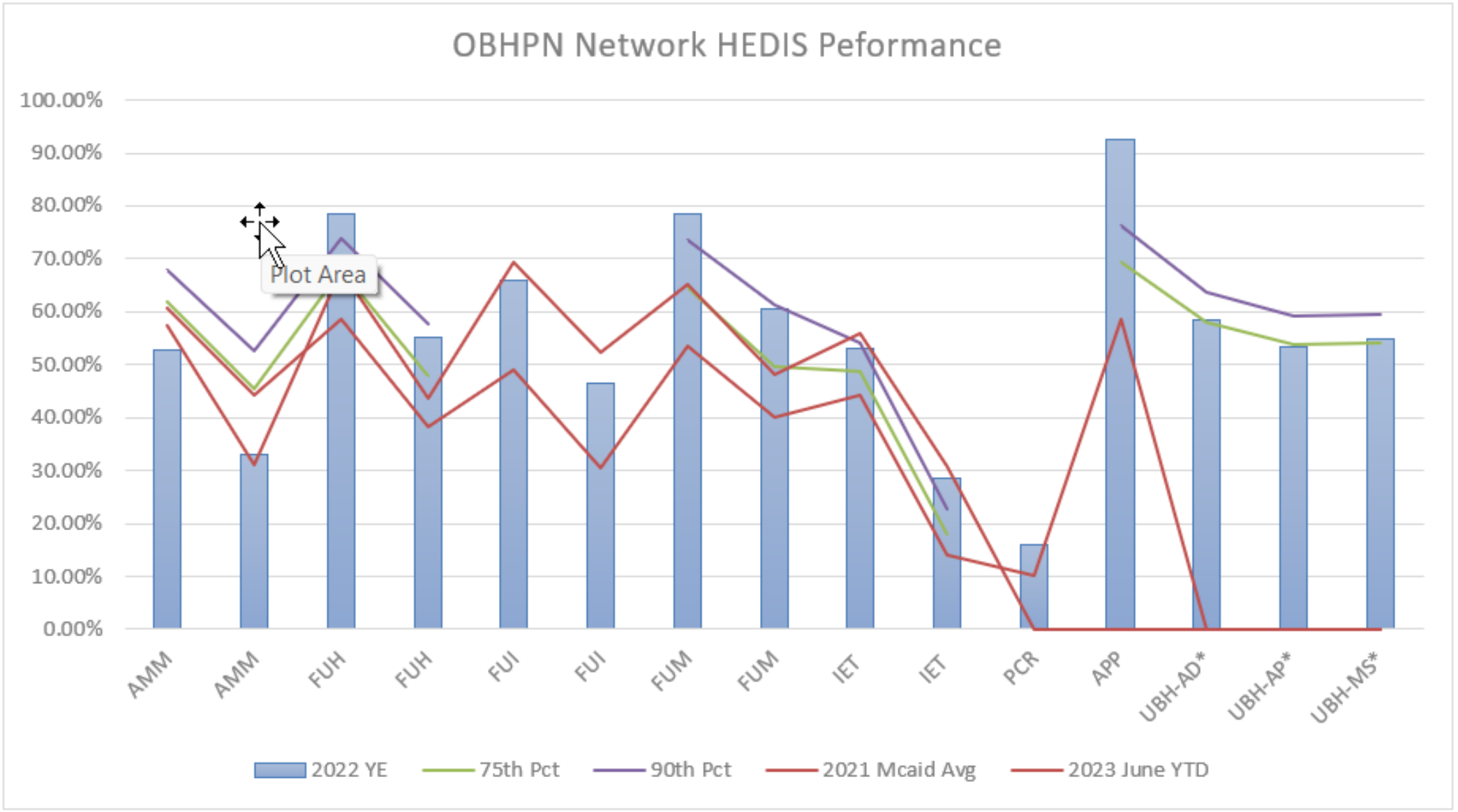
MY2022 VBR Payouts Earned

>$2M

MY2022 VBR Opportunity

	Quality Measure	OBHPN Combined Performance	*75th Percentile*	*90th Percentile*	*HEDIS 2021 Medicaid Average*	*June*
AMM	Antidepressant Medication Management- Acute Phase	52.72%	*61.80%*	*67.74%*	*60.80%*	*57.38%*
AMM	Antidepressant Medication Management- Continuation	33.07%	*45.58%*	*52.49%*	*44.10%*	*31.14%*
FUH	Follow Up Ater Hospitalization for Mental Illness - 30 Days	78.34%	*67.72%*	*73.82%*	*58.70%*	*67.96%*
FUH	Follow Up Ater Hospitalization for Mental Illness - 7 Days	55.05%	*47.75%*	*57.81%*	*38.40%*	*43.67%*
FUI	Follow Up After Care for Substance Use Disorder - 30 Days	65.99%			*49.10%*	*69.33%*
FUI	Follow Up After Care for Substance Use Disorder - 7 Days	46.63%			*30.40%*	*52.32%*
FUM	Follow Up Ater ED Visit for Mental Illness - 30 Days	78.49%	*64.69%*	*73.56%*	*53.40%*	*65.13%*
FUM	Follow Up Ater ED Visit for Mental Illness - 7 Days	60.55%	*49.49%*	*61.36%*	*40.10%*	*48.03%*
IET	Initiation and Engagement of Alcohol and other Drug Abuse or Dependence Treatment	53.14%	*48.85%*	*54.13%*	*44.20%*	*55.94%*
IET	Continuation and Engagement of Alcohol and other Drug Abuse or Dependence Treatment	28.64%	*17.86%*	*22.83%*	*13.90%*	*31%*
PCR	All Cause Readmission	16.03%			*10%*	*TBD*
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	92.42%	*69.44%*	*76.29%*	*58.60%*	*TBD*
UBH-AD*	Med Adherence - Antidepressants	58.38%	*57.94%*	*63.73%*	*n/a*	*TBD*
UBH-AP*	Med Adherence - Antipsychotics	53.30%	*53.75%*	*59.12%*	*n/a*	*TBD*
UBH-MS*	Med Adherence - Mood Stabilizers	54.81%	*53.97%*	*59.37%*	*n/a*	*TBD*

CaresSource has tentatively asked OBHPN to participate in a quality improvement project related to the AMM measures. More detail to come in the near future.



*UBH Measures are unique to Optum and not HEDIS; 75th and 90th percentiles reflect baseline and 10% improvement goals for 2023

OHIO BEHAVIORAL HEALTHCARE PROVIDER NETWORK

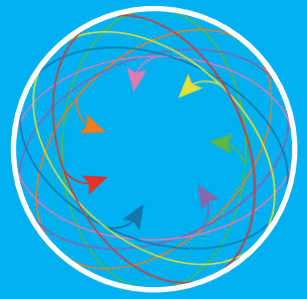
OBHPN – Strategic Plan Overview

2023 - 2025

The Future of OBHPN

Integrated Care

Alternative Payment Models



Clinical Integration

Integrated Data and Aligned Operations for Collective Action

Key Strategic Goals

Perspectives	
Financial	*Increase our collective members' and our Network's revenue through defining and implementing desired state for APMs and aligned fee-based programs*
Customer	*Ensure that each of our members, and the Network, have the programs, structures and resources to be accountable for whole-person health (Behavioral, Physical, Relational)*
Internal Process	*Establish shared data and analytics capacity through ongoing support, management and maintenance for our EDW.*
Learning & Growth	*Implement an enhanced legal/operating model to support new payments and positon Network as the market leader through regulatory participation and innovate partnerships.*

2023-25 Key Strategic Objectives

Perspectives	Strategic Objectives		
Financial	F1 – Develop an APM roadmap to implement and execute on 3+ APMs with shared savings	F2 – Realize supplemental income through developing and implementing 2+ fee-based programs	
Customer	C1 – All Members have an operational model for (direct/partnership) whole person care	C2 –Ensure all current and future contract structures supports payment for physical health	C3- Identify and execute on 3+ targeted QI priorities
Internal Process	I1 – Create and implement the EDW (RFP Q3 2023) and ensure functionality through reporting and user accessibility.	I2- Define the EDW fiscal and resource roadmap for ongoing support by Q3 2024.	I3- Establish by Q4 2024 and execute an EDW analytics/use case governance processes and committee for QI and revenue/contract management by Q1 2025.
Learning & Growth	L1 – Develop understanding of enhanced op model, and needed supports and resources by Q3 2024.	L2- Algin participation requirements to enhanced op model	L3. Engage in strategic partnerships & regulatory development

2023-25 Strategic Scorecard

KPI committee to define data sources and reporting processes

Significantly behind target

Slightly behind target

Meeting target or above target

Perspectives	Strategic Objectives	Key Performance Indicators/Targets	Quarterly Update	Status
Financial	F1 – Develop an APM roadmap to implement and execute on 3+ APMs with shared savings F2 – Realize supplemental income through developing and implementing 2+ fee-based programs	F1 – >3 APMs at >LAN level 3a F2- >2 Aligned, fee-based programs delivering revenue	F1 - Insert text F2 - Insert text	🔴 🟢
Customer	C1 – All Members have an operational model for (direct/partnership) whole person care C2 –Ensure all current and future contract structures supports payment for physical health C3- Identify and execute on 3+ targeted QI priorities	C1- Published standards and process for attestation by Q2 2024 C2 – Integrated care contracting for > 75% of MCP agreements C3- Performance 90th Percentile for 75% of QI initiatives in whole person care in 2024/25	C1 - Insert text C2 - Insert text C3 – Insert text	🔴 🟢 🟢
Internal process	I1 – Create and implement the EDW (RFP Q3 2023) and ensure functionality through reporting and user accessibility. I2- Define the EDW fiscal and resource roadmap for ongoing support by Q3 2024. I3- Establish by Q4 2024, and execute an EDW analytics/use case governance processes and committee for QI and revenue/contract management by Q1 2025.	I1- Publish/utilize roadmap across all work and with payers and partners I2 - Use EDW for 2+ business function I3 – EDW is funded and requests dispositioned within 30 days	I1 - Insert text I2 - Insert text I3 - Insert text	🔴 🟡 🟢
Learning & Growth	L1 – Develop understanding of enhanced op model, and needed supports and resources by Q3 2024. L2- Algin participation requirements to enhanced op model L3. Engage in strategic partnerships & regulatory development	L1- CIN/ACO in place (if approved) L2- Members attest annually to compliance with standards. L3- >2 partnerships and >1 regulatory initiative is driven by network leadership	L1 - Insert text L2 - Insert text L3 – Insert text	🔴 🟢 🟢

EDW RPF Review Summary and Project Update

- **EDW Steering Committee reviewed and scored 6 vendor RFPs relative to 15 different data points.**
- **The two vendors who scored highest have historical presence in Ohio, extensive measure libraries and behavioral health client experience.**
- **These two vendors have been invited to participate in additional conversation regarding the project and pricing.**
- **The remaining for vendors scored lower for various reasons including high pricing, late RFP submission, lack of behavioral health experience and inability to host the EDW via cloud storage solution.**
- **The EDW Steering Committee will spend he month of October refining the project scope and timeline with both the OBHPN Board and the vendors still under consideration.**

OHIO BEHAVIORAL HEALTHCARE PROVIDER NETWORK

Ice Breaker 1

Ohio Behavioral Healthcare Provider Network, LLC

BMD
Brennan Manna Diamond

LISTEN. SOLVE. EMPOWER.

Presented by: Matthew A. Heinle, Esq.

October 18, 2023

BMD
Brennan Manna Diamond

LISTEN. SOLVE. EMPOWER.

The **Statements of Antitrust Enforcement Policy in Health Care** that the FTC & DOJ adopted in 1996 were withdrawn on July 14, 2023.

The Federal Government has not provided clear guidance on the future of CINs and other provider networks.

BMD
Brennan Manna Diamond

LISTEN. SOLVE. EMPOWER.

JOURNEY TO CIN

Single Entity

OBHPN operates under a single TIN and is provider owned and driven. OBHPN was founded based upon a common desire to facilitate superior outcomes.

Shared Metrics

OBHPN's Quality Committee has established a common set of quality metrics by which the network, and all members are measured.

Shared Goals

OBHPN has established a network-wide goal of the 75th percentile for each shared metric. QI efforts are ongoing to reach and surpass goals.

Uniform Reporting

OBHPN reviews data at a network level as well as at the member level to facilitate quality improvement efforts. OBHPN is working to implement a Enterprise Data Warehouse to help facilitate more robust data mining.

Shared Clinical Protocols

OBHPN will be implementing a Clinical Team to begin establishing our shared Clinical Protocols in Q42023

Prepared by Katy Smith

Journey To Becoming a Clinically Integrated Network

Group of disparate, uncoordinated providers

↓

Create a loosely affiliated network with each member mostly doing their own thing, but coordinating care at a certain level

↓

Closely aligned network that still uses the messenger model but clinically aligned in many ways and sharing best practices (OBHPN)

↓

Utilizing/adopting same clinical protocols; tracking/trending and reporting quality outcomes the same way (using EDW); but still billing & collecting independently of one another (OBHPN)

↓

All of the above + they are on the same billing & collections system and also the same EHR

↓

CIN using all of the above + unified TIN, therefore all billing/collection is under one TIN and allocated to each member organization. Each member can still operate their local operations as they see fit, including staffing and services provided

BMD
Brennan Manna Diamond

LISTEN. SOLVE. EMPOWER.

VBR Payout Methodology (OBHPN)

Shared VBR earnings are distributed based upon a calculation which incorporates member performance as it relates to the network goals and volume. While they do vary somewhat by plan since each target is different, the methodology is similar.

"Points are calculated" based upon level of achievement (1-4), and any measurement weight is taken into account. The Level achieved is weighted to create a "P4P Score". Members who do not meet the minimum threshold on a particular measure are ineligible for P4P sharing for that measures.

The "P4P Score" is multiplied by the Patient Volume to calculate Total Patient Points and those are tallied at the network level. The total amount of distributable funds are divided by the network level Patient Points to get a Per Patient Point dollar amount.

The Per Patient Point dollar amount is then distributed by each TIN's Patient Points for that measure.

EX: $9.81 Per Patient Point
7.8 Patient Points X $9.81 = $76.50

Bonus Total	$	107,111.05
SHC SS (8.25%)	$	8,836.66
OBHPN Distribution	$	98,274.39
$ Per Patient Point	$	9.81
10020.7		

Total Patient Points S+U+V+W: W*G $ 98,274.39

52.52%

TIN	OBHPN MemberName	HEDIS Combined	NUM	DENOM	mRate	Target L1	Target L2	Target L3	Target L4	Metric Weight	Level Achieved	SS Weight	PMPM Weight	P4P Score	Patient Points		Agency Pay Out
		AMM - Acute Phase	6	11	54.5%	52.1%	56.5%	61.8%	67.7%	0.1	1	0.2	0	1.3	7.8	$	76.50
		AMM - Acute Phase	7	14	50.0%	52.1%	56.5%	61.8%	67.7%	0.1	0	0	0	Ineligible	0		0
		AMM - Acute Phase	8	14	57.1%	52.1%	56.5%	61.8%	67.7%	0.1	2	0.45	0	2.55	20.4	$	200.07
		AMM - Acute Phase	24	41	58.5%	52.1%	56.5%	61.8%	67.7%	0.1	2	0.45	0	2.55	61.2	$	600.20
		AMM - Acute Phase	1	10	10.0%	52.1%	56.5%	61.8%	67.7%	0.1	0	0	0	Ineligible	0		0
		AMM - Acute Phase	6	9	66.7%	52.1%	56.5%	61.8%	67.7%	0.1	3	0.9	0.5	4.5	27	$	264.79
		AMM - Acute Phase	0	4	0.0%	52.1%	56.5%	61.8%	67.7%	0.1	0	0	0	Ineligible	0		0
		AMM - Acute Phase	4	9	44.4%	52.1%	56.5%	61.8%	67.7%	0.1	0	0	0	Ineligible	0		0
		AMM - Acute Phase	23	51	45.1%	52.1%	56.5%	61.8%	67.7%	0.1	0	0	0	Ineligible	0		0
		AMM - Acute Phase	8	10	80.0%	52.1%	56.5%	61.8%	67.7%	0.1	4	1	1	6.1	48.8	$	478.59
		AMM - Acute Phase	16	26	61.5%	52.1%	56.5%	61.8%	67.7%	0.1	3	0.9	0.5	4.5	72	$	706.11
		AMM - Acute Phase	7	13	53.8%	52.1%	56.5%	61.8%	67.7%	0.1	1	0.2	0	1.3	9.1	$	89.24
		AMM - Acute Phase	45	84	53.6%	52.1%	56.5%	61.8%	67.7%	0.1	1	0.2	0	1.3	58.5	$	573.72
		AMM - Acute Phase	18	31	58.1%	52.1%	56.5%	61.8%	67.7%	0.1	2	0.45	0	2.55	45.9	$	450.15
		AMM - Acute Phase	19	34	55.9%	52.1%	56.5%	61.8%	67.7%	0.1	2	0.45	0	2.55	48.45	$	475.16
		AMM - Acute Phase	5	7	71.4%	52.1%	56.5%	61.8%	67.7%	0.1	4	1	1	6.1	30.5	$	299.12
		AMM - Acute Phase	49	83	59.0%	52.1%	56.5%	61.8%	67.7%	0.1	2	0.45	0	2.55	124.95	$	1,225.40
		AMM - Acute Phase	5	9	55.6%	52.1%	56.5%	61.8%	67.7%	0.1	2	0.45	0	2.55	12.75	$	125.04
		AMM - Acute Phase	8	10	80.0%	52.1%	56.5%	61.8%	67.7%	0.1	4	1	1	6.1	48.8	$	478.59
		AMM - Acute Phase	21	37	56.8%	52.1%	56.5%	61.8%	67.7%	0.1	2	0.45	0	2.55	53.55	$	525.17
		AMM - Acute Phase	4	5	80.0%	52.1%	56.5%	61.8%	67.7%	0.1	4	1	1	6.1	24.4	$	239.29
		AMM - Acute Phase	43	57	75.4%	52.1%	56.5%	61.8%	67.7%	0.1	4	1	1	6.1	262.3	$	2,572.41
		AMM - Acute Phase	14	19	73.7%	52.1%	56.5%	61.8%	67.7%	0.1	4	1	1	6.1	85.4	$	837.53
		AMM - Acute Phase	10	13	76.9%	52.1%	56.5%	61.8%	67.7%	0.1	4	1	1	6.1	61	$	598.24
		AMM - Continuation Phase	6	11	54.5%	36.7%	40.3%	45.6%	52.5%	0.15	4	1	1	6.15	36.9	$	361.88

Clinical Integration and the Law

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The FTC considers a network to be clinically integrated if it:

Establishes mechanisms to control costs and ensure quality of care.

Selectively chooses practitioners on board with efficiency objectives.

Makes significant investments to achieve and document collaboration and care efficiencies.

Core Requirements of a CIN:

1. Implement information systems to measure and report to payers on quality, utilization, and cost effectiveness of care across the practitioner network
2. With significant practitioner involvement, develop and implement clinical protocols and guidelines to govern treatment and utilization across a wide range of disease states
3. Regularly evaluate and manage performance through financial incentives, enforcement policies and ongoing eligibility for network participation
4. Develop functions to manage utilization within the network
5. Invest significant capital to purchase necessary information systems to gather aggregate and individual data to measure performance
6. Engage practitioner leadership through appropriate practitioner governance

Structure and Governance

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CINs operate as separate legal entities under the umbrella of the sponsoring organization.

Regardless of legal and ownership structure, the most successful CINs operate under an inclusive governance model that involves all participating partners, which:

(1) promotes practitioner engagement and participation, and

(2) is a consensus-driven partnership where all parties are represented.

Clinically Integrated Network - Board of Directors

Finance/Contracting Committee	Quality Committee	Data Systems Committee	Provider Advisory Committee
• Budgets • Incentives • Financial performance • Contracting strategy • Network planning to support contract execution	• Establish and monitor quality, utilization and overall clinical performance • Clinical protocols and care guidelines • Care management oversight	• Oversight of selection, implementation of data systems • Ongoing evaluation of data systems needs	• Physician participation criteria • Oversee physician quality and compliance • Peer review • Oversight of credentialing

As the network matures, consider adding a Patient Advisory Committee to gather patient/consumer perspectives

Key Governance Considerations

Board Structure	• Role/accountability/areas of oversight • Composition • Number of members • Voting rights

Board Structure Committee	• Standing Committees
	• Role/responsibilities/areas of oversight
	• Membership
	  • Number of members
	  • Composition (physicians, hospital(s), other providers)

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Financial Alignment:

Aligning Economic Incentives of Participating Providers and Hospitals to Get Everyone Rowing in the Same Direction

Develop a long-term contracting strategy to support shift from volume to value.

Strategically take on increasing levels of risk to support changing care delivery models under VBR.

Focus initially on pay-for-performance and shared savings programs with upside risk. (Consider utilizing existing employee health plan to gain experience in a pay-for-performance environment.)

Have a thorough understanding of the population you will care for prior to taking on any level of downside risk. Consider current cost data, budget, covered lives, and risk sharing.

Key considerations for Incentive Distribution Plans:

- ROI on startup costs
- Holdback amount for operating expenses, strategic investments, and/or future losses
- Percentage of gains/losses to be distributed to participating members
- Shared savings plan eligibility criteria
- Baseline organizational performance measures

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Data Systems

1. Data Collection and Integration
2. Data Analytics
3. Data Reporting

OHIO BEHAVIORAL HEALTHCARE PROVIDER NETWORK

Ice Breaker 2

Lunch + Award Presentation

Lunch and Learn + Award Presentation		
Policy Update	**12:30PM**	**12:45PM**
Parity Rules Discussion		
Federal 42 CFR Part 2 Delay		
Panel: Priority Community Initiatives	**12:45PM**	**1:15PM**
Luke Russel, Executive Director NAMI Ohio		
Tony Coder, Executive Director Ohio Suicide Prevention Foundation		
Award Presentation	**1:15PM**	**1:45PM**
Pioneer Award		
Innovation Investment Award		

Ohio Medicaid Policy Updates

Rick Frank , Senior Vice President at Strategic Health Care

Rick has more than 25 years of government related experience including work in a hospital system, a statewide trade association and state government.

Prior to joining the firm, Rick served as System Director of Government Affairs at the Dayton based hospital system Premier Health. At Premier, Rick was responsible for organizing and communicating the government relations priorities for the health system in Washington D.C., Columbus, and the Dayton Region.

Previously, Rick worked for over ten years at the Ohio Hospital Association as the Senior Director of Government Affairs. At OHA, Rick was responsible for developing and implementing legislative strategies that protected the sustainability of Ohio hospitals. Rick represented Ohio's hospitals before the Ohio General Assembly through meetings with legislators, coalition building, interested party discussions and legislative testimony. Rick has worked on many legislative initiatives including those that reduced regulatory burdens on hospitals and multiple biennial budgets that included complex hospital financial issues.

Leaders in Ohio Behavioral Health

Luke Russell, ***NAMI Ohio***

Luke Russell assumed the position of Executive Director of NAMI Ohio in July of 2022. Luke began at NAMI Ohio in June 2020 as the Deputy Director. Prior to bringing his talents to NAMI Ohio, Luke served as the Director of Government Relations and Public Affairs for AARP Ohio for over 17 years. Prior to that he worked in leadership positions in mental health and developmental disabilities organizations. Luke leads the NAMI Ohio team to enhance the quality of life for individuals with mental illness and their families. Luke is a graduate of The Ohio State University, and holds a Master's Degree in Health Administration from Ohio University. As the nephew of someone who lived with schizophrenia his entire teen and adult life, the father of a son with developmental disabilities, and the brother-in-law to an individual with a bipolar disorder, Luke is devoting his professional and personal values to assuring NAMI Ohio's success in carrying out its mission in the years to come.

Tony Coder, *Ohio Suicide Prevention Foundation*

Tony is the Executive Director of the Ohio Suicide Prevention Foundation (OSPF). As ED, Tony leads the charge to support community-based efforts in Ohio to reduce the stigma of suicide, promote education and awareness about suicide prevention, provide training and development, and increase resources and programs that reduce the risk of lives lost to suicide. Prior to joining OSPF, Tony served as the Director of Programs and Services for the Ohio Association of County Behavioral Health Authorities, where he managed Recovery-Oriented Systems of Care, the Statewide Advocacy Network, and the Committee to Address Suicide for the organization. He has also served as the Director of State and Local Affairs for Smart Approaches to Marijuana and as legislative director for the Ohio Department of Job and Family Services. Tony holds a bachelor's degree in communications from the University of Toledo.

Priority Community Initiatives

- ✓**Describe your organization and how you work with Ohio's Community Behavioral Health Providers.**
- ✓**What resources do you provide and how can our members connect with your organizations?**
- ✓**What are Ohio's behavioral health priorities in 2024, and how are you delivering on them?**
- ✓**What is one takeaway or follow-up you'd like our network to hear or do after today?**

OBHPN Awards - InsideOut Studio

InsideOut Studio is a vocational habilitation program that employs individuals with disabilities.

This program provides the opportunity for artists with disabilities to produce, market, and receive an income from their art, while gaining confidence in their abilities.

Art is for everyone, but unfortunately, artists with disabilities typically earn only 42% compared to their peers. Over 87% live in poverty. There is a significant need for programs like InsideOut, which not only encourage and develop the talent of artists with disabilities, but provide formalized training on how to market, present, and sell their art professionally

InsideOut Studio // 140 High Street Hamilton, Ohio 45011

Tel: 513-857-5658 // info@inspostudios.org

OBHPN Pioneer Award

OBHPN Founding Members

Sandy Stephenson, Southeast, Inc.

Sandra Stephenson has been with Southeast Healthcare for nearly 40 years and most recently served as the Chief Healthcare Officer. She joined Southeast in 1983 as the Clinical Director and Associate Executive Director and became Executive Director in 1987, a position she held until 2007.

Jeff O'Neil, Greater Cincinnati Behavioral Health Services

Jeff started his career with GCB in 1991 in residential services. He served the organization in many capacities including Director of Community Support Services before being named GCB's President & CEO in 2016.

Jim Penman, The Centers (formerly)

For nearly four decades, Jim Penman was the most influential and effective champion and advocate for people living with severe mental illness. Jim was on the forefront of bringing change to the service delivery system at The Centers and leveraging partnerships to spread needed changes throughout the state and country. Most notable is his leadership role in the movement to integrate physical, mental, and wellness care.

OBHPN Investment in Innovation Award

CareSource

In recognition of their continued partnership and generous investment in improving outcomes for Ohio's residents struggling with Behavioral Health and Substance Use Disorders and in support of OBHPN's tireless pursuit for superior quality improvement outcomes.

OHIO BEHAVIORAL HEALTHCARE PROVIDER NETWORK

Ice Breaker 3

Integrated Care Panel Discussion

Mark Bridenbaugh – Hopewell Health Centers (FQHC)

Cynthia Holstein – Shawnee Mental Health Centers (FQHC-LAL)

Don Schiffbauer – The Nord Center (Community Partnership)

Integrated Care Panel Discussion

- ✓**Describe your model/approach and the history of integration at your agency.**
- ✓**Why is integration a top priority for you and your organization?**
- ✓**What are you focused on in 2024?**

Resource: OBHPN Website will host volunteer and mentor list.

OHIO BEHAVIORAL HEALTHCARE PROVIDER NETWORK

Ice Breaker 4

Thank you and Adjourn

- Eric Morse, Board Chair eric.morse@thecentersohio.org
- James McDonald, Membership Chair jmcdonald@allwell.org
- Jennifer Castore, Quality Leader jennifer.castore@shcare.net
- Katy Smith, Network Leader katy.smith@shcare.net
- Jonas Thom, Strategy Leader jonasthom@beechlandsgroup.com