

Integrated Primary Care (IPC) Checklist

1	Plan Name			
2	IPA/ ACO/ Provider Name			
#	Verifying Questions	Review (at least one box must be checked)	Description	Specify Contract Page Number
(1) Type of Arrangement (as per the Roadmap)	Does the contract match the Roadmap arrangement definition?	<input type="checkbox"/>	Integrated Primary Care (IPC) Definition: All Medicaid covered services included in preventive and routine sick care are included, as well as all services included in the 14 Chronic Care Episodes.	
(2) Definition and Scope of Services	Does the scope of services state that it will match the VBP Roadmap definition?	<input type="checkbox"/>	<i>Roadmap (page 36):</i> 1. Preventive Care 2. Sick Care 3. Chronic Care, specifically: (1) Hypertension (2) Coronary Artery Disease (CAD) (3) Arrhythmia, Heart Block and Conductive Disorders (4) Congestive Heart Failure (CHF) (5) Asthma (6) Chronic Obstructive Pulmonary Disease (COPD) (7) Bipolar Disorder (8) Depression & Anxiety (9) Trauma & Stressor (10) Substance Use Disorder (SUD) (11) Diabetes (12) Gastro-esophageal reflux disease (13) Osteoarthritis (14) Lower Back Pain If the contract is missing any of the elements above, this is an OFF-MENU arrangement, it will be reviewed by the Off-Menu Committee.	
	OR does the contract list all of the episodes (see the list below)?	<input type="checkbox"/>		
(3) Quality Measures/Reporting	Does the contract commit to reporting on all Category 1 quality measures approved by the State?	<input type="checkbox"/>	<i>Roadmap (p. 34)</i> The State mandates the reporting of all reportable Category 1 Measures in on-menu contracts. Inclusion of Category 2 measures is optional. Additional measures, beyond those outlined in Categories 1 and 2, may be added to the contract. If at least one (1) reportable Category 1 measure is missing, this is an OFF-MENU arrangement It will be reviewed by the Off-Menu Committee (inclusion of Category 2 measures is optional).	
	OR does the contract list any Category 1 quality measure that the MCO will report on?	<input type="checkbox"/>		
(4) Risk Level	Does the contract describe the level of risk chosen by the contracting parties?	<input type="checkbox"/>	<i>Roadmap (p. 86)</i> - Level 1: FFS with Retrospective Reconciliation – Upside Only Risk - Level 2: FFS with Retrospective Reconciliation – Up- and Downside Risk - Level 3: Prospective Payments (PMPM or Bundled Payments; fully capitated or prospectively paid bundles). These arrangements may also include additional risk mitigation strategies like risk corridors, stop loss, withholds, etc. The VBP Roadmap requires a minimum amount of risk be adopted per level. In order to be labeled a certain risk level arrangement, it must match definitions listed in Appendix X of the Roadmap: Definitions of Level 1, 2 and 3 VBP Arrangements.	

#	Verifying Questions	Review (at least one box must be checked)	Description	Specify Contract Page Number
(5A) Shared Savings/Losses	Does the risk level correspond with the shared savings/losses minimums?	<input type="checkbox"/>	<p><i>Roadmap (page 86)</i></p> <p>a. While the State does not mandate a specific shared savings/losses distribution methodology, the following minimums must be met in order align with VBP Level definitions:</p> <ul style="list-style-type: none"> - Level 1: Minimum of 40% of shared savings must be allocated to the provider - Level 2: Minimum of 20% of potential losses must be allocated to the provider, and a minimum cap of 3% of the target budget can be applied in Year 1 and 5% in Year 2 <p>Below these levels, the VBP arrangement is counted as a Level 1 arrangement.</p> <ul style="list-style-type: none"> - Level 3: N/A 	
(5B) Shared Savings/Losses	Does the contract align with quality measure requirements for shared savings/losses?	<input type="checkbox"/>	The contract must list quality measures agreed upon for calculating shared savings and losses. At least one (1) Category 1 P4P quality measure must be selected.	
(6) Attribution	Does the contract describe the attributed population?	<input type="checkbox"/>	<p><i>Roadmap (page 23-24):</i></p> <p>While the State does not mandate a specific methodology to be used to attribute members to an arrangement, the contract should specify the attribution methodology.</p>	
(7) Target Budget	Does the contract describe the Target Budget in this arrangement?	<input type="checkbox"/>	<p><i>Roadmap (page 24-28):</i></p> <p>The State does not mandate a specific methodology to be used to calculate Target Budget (TB) for an arrangement. However, the contracts should specify that a target budget will be used.</p>	
(8) Social Determinants of Health Intervention	If this is a Level 2 or higher contract, does it commit to implementing at least one intervention to address Social Determinant(s) of Health?	<input type="checkbox"/>	<p><i>Roadmap (page 41):</i></p> <p>VBP contractors in Level 2 or Level 3 agreements will be required, as a statewide standard, to implement at least one social determinant of health intervention.</p>	
(9) Contracting with Community Based Organizations (starting January 2018)	If this is a Level 2 or higher contract, does it commit to contract with at least one Tier 1 Community Based Organization?	<input type="checkbox"/>	<p><i>Roadmap (page 42):</i></p> <p>It is a requirement that starting January 2018, all Level 2 and 3 VBP arrangements include a minimum of one Tier 1 Community Based Organization.</p> <p>Tier 1 - Non-profit, non-Medicaid billing, community based social and human service organizations (e.g. housing, social services, religious organizations, food banks).</p> <p>Exception: The State recognizes that CBOs may not exist within a reasonable distance to providers in some regions of New York. In such situations, providers/provider networks can apply to the State for a rural exemption.</p>	

Maternity Care Checklist

1	Plan Name			
2	IPA/ ACO/ Provider Name			
#	Verifying Questions	Review (at least one box must be checked)	Description	Specify Contract Page Number
(1) Type of Arrangement (as per the Roadmap)	Does the contract match the Roadmap arrangement definition?	<input type="checkbox"/>	All Medicaid covered services included in the episodes for all pregnant women (and their newborns) eligible for mainstream managed care (excluding duals).	
(2) Definition and Scope of Services	Does the scope of services state that it will match the VBP Roadmap definition?	<input type="checkbox"/>	<i>Roadmap (page 36)</i> 1. Pregnancy 2. Vaginal Delivery 3. C- Section 4. Newborn	
	OR does the contract list all of the episodes (see the list below)?	<input type="checkbox"/>	If the contract is missing any of the elements above, this is an OFF-MENU contract, it will be reviewed by the Off-Menu Committee.	
(3) Quality Measures/Reporting	Does the contract commit to reporting on all Category 1 quality measures approved by the State?	<input type="checkbox"/>	<i>Roadmap (p. 34)</i> The State mandates the reporting of all reportable Category 1 Measures in on-menu contracts. Inclusion of Category 2 measures is optional. Additional measures, beyond those outlined in Categories 1 and 2, may be added to the contract.	
	OR does the contract list any Category 1 quality measure that the MCO will report on?	<input type="checkbox"/>	If at least one (1) reportable Category 1 measure is missing, this is an OFF-MENU arrangement It will be reviewed by the Off-Menu Committee (inclusion of Category 2 measures is optional).	
(4) Risk Level	Does the contract describe the level of risk chosen by the contracting parties?	<input type="checkbox"/>	<i>Roadmap (p. 86)</i> - Level 1: FFS with Retrospective Reconciliation – Upside Only Risk - Level 2: FFS with Retrospective Reconciliation – Up- and Downside Risk - Level 3: Prospective Payments (PMPM or Bundled Payments; fully capitated or prospectively paid bundles). These arrangements may also include additional risk mitigation strategies like risk corridors, stop loss, withholds, etc. The VBP Roadmap requires a minimum amount of risk be adopted per level. In order to be labeled a certain risk level arrangement, it must match definitions listed in Appendix X of the Roadmap: Definitions of Level 1, 2 and 3 VBP Arrangements.	
(5A) Shared Savings/Losses	Does the risk level correspond with the shared savings/losses minimums?	<input type="checkbox"/>	<i>Roadmap (page 86)</i> a. While the State does not mandate a specific shared savings/losses distribution methodology, the following minimums must be met in order align with VBP Level definitions: - Level 1: Minimum of 40% of shared savings must be allocated to the provider - Level 2: Minimum of 20% of potential losses must be allocated to the provider, and a minimum cap of 3% of the target budget can be applied in Year 1 and 5% in Year 2 Below these levels, the VBP arrangement is counted as a Level 1 arrangement. - Level 3: N/A	

#	Verifying Questions	Review (at least one box must be checked)	Description	Specify Contract Page Number
(5B) Shared Savings/Losses	Does the contract align with quality measure requirements for shared savings/losses?	<input type="checkbox"/>	The contract must list quality measures agreed upon for calculating shared savings and losses. At least one (1) Category 1 P4P quality measure must be selected.	
(6) Attribution	Does the contract describe the attributed population?	<input type="checkbox"/>	<i>Roadmap (page 23-24):</i> While the State does not mandate a specific methodology to be used to attribute members to an arrangement, the contract should specify the attribution methodology.	
(7) Target Budget	Does the contract describe the Target Budget in this arrangement?	<input type="checkbox"/>	<i>Roadmap (page 24-28):</i> The State does not mandate a specific methodology to be used to calculate Target Budget (TB) for an arrangement. However, the contracts should specify that a target budget will be used.	
(8) Social Determinants of Health Intervention	If this is a Level 2 or higher contract, does it commit to implementing at least one intervention to address Social Determinant(s) of Health?	<input type="checkbox"/>	<i>Roadmap (page 41):</i> VBP contractors in Level 2 or Level 3 agreements will be required, as a statewide standard, to implement at least one social determinant of health intervention.	
(9) Contracting with Community Based Organizations (starting January 2018)	If this is a Level 2 or higher contract, does it commit to contract with at least one Tier 1 Community Based Organization?	<input type="checkbox"/>	<i>Roadmap (page 42):</i> It is a requirement that starting January 2018, all Level 2 and 3 VBP arrangements include a minimum of one Tier 1 Community Based Organization. Tier 1 - Non-profit, non-Medicaid billing, community based social and human service organizations (e.g. housing, social services, religious organizations, food banks). Exception: The State recognizes that CBOs may not exist within a reasonable distance to providers in some regions of New York. In such situations, providers/provider networks can apply to the State for a rural exemption.	

Total Care for General Population (TCGP) Checklist

1	Plan Name			
2	IPA/ ACO/ Provider Name			
#	Verifying Questions	Review (at least one box must be checked)	Description	Specify Contract Page Number
(1) Type of Arrangement (as per the Roadmap)	Does the contract match the Roadmap arrangement definition?	<input type="checkbox"/>	All Medicaid covered services for all members eligible for mainstream managed care and not eligible for one of the subpopulations (excluding duals).	
(2) Definition and Scope of Services	Does the scope of services state that it will match the VBP Roadmap definition?	<input type="checkbox"/>	<i>Roadmap (page 35)</i> All Medicaid covered services for all members eligible for mainstream managed care and not eligible for one of the subpopulations (excluding duals).	
	OR does the contract list all of the episodes (see the list below)?	<input type="checkbox"/>	If the contract carves out any services, then this is an OFF-MENU arrangement, it will be reviewed by the Off-Menu Committee. The inclusion of dental and/or vision services are not required as part of this ON-MENU arrangement.	
(3) Quality Measures/Reporting	Does the contract commit to reporting on all Category 1 quality measures approved by the State?	<input type="checkbox"/>	<i>Roadmap (p. 34)</i> The State mandates the reporting of all reportable Category 1 Measures in on-menu contracts. Inclusion of Category 2 measures is optional. Additional measures, beyond those outlined in Categories 1 and 2, may be added to the contract.	
	OR does the contract list any Category 1 quality measure that the MCO will report on?	<input type="checkbox"/>	If at least one (1) reportable Category 1 measure is missing, this is an OFF-MENU arrangement It will be reviewed by the Off-Menu Committee (inclusion of Category 2 measures is optional).	
(4) Risk Level	Does the contract describe the level of risk chosen by the contracting parties?	<input type="checkbox"/>	<i>Roadmap (p. 86)</i> - Level 1: FFS with Retrospective Reconciliation – Upside Only Risk - Level 2: FFS with Retrospective Reconciliation – Up- and Downside Risk - Level 3: Prospective Payments (PMPM or Bundled Payments; fully capitated or prospectively paid bundles). These arrangements may also include additional risk mitigation strategies like risk corridors, stop loss, withholds, etc. The VBP Roadmap requires a minimum amount of risk be adopted per level. In order to be labeled a certain risk level arrangement, it must match definitions listed in Appendix X of the Roadmap: Definitions of Level 1, 2 and 3 VBP Arrangements.	
(5A) Shared Savings/Losses	Does the risk level correspond with the shared savings/losses minimums?	<input type="checkbox"/>	<i>Roadmap (page 86)</i> a. While the State does not mandate a specific shared savings/losses distribution methodology, the following minimums must be met in order align with VBP Level definitions: - Level 1: Minimum of 40% of shared savings must be allocated to the provider - Level 2: Minimum of 20% of potential losses must be allocated to the provider, and a minimum cap of 3% of the target budget can be applied in Year 1 and 5% in Year 2 Below these levels, the VBP arrangement is counted as a Level 1 arrangement. - Level 3: N/A	

#	Verifying Questions	Review (at least one box must be checked)	Description	Specify Contract Page Number
(5B) Shared Savings/Losses	Does the contract align with quality measure requirements for shared savings/losses?	<input type="checkbox"/>	The contract must list quality measures agreed upon for calculating shared savings and losses. At least one (1) Category 1 P4P quality measure must be selected.	
(6) Attribution	Does the contract describe the attributed population?	<input type="checkbox"/>	<i>Roadmap (page 23-24):</i> While the State does not mandate a specific methodology to be used to attribute members to an arrangement, the contract should specify the attribution methodology.	
(7) Target Budget	Does the contract describe the Target Budget in this arrangement?	<input type="checkbox"/>	<i>Roadmap (page 24-28):</i> The State does not mandate a specific methodology to be used to calculate Target Budget (TB) for an arrangement. However, the contracts should specify that a target budget will be used.	
(8) Social Determinants of Health Intervention	If this is a Level 2 or higher contract, does it commit to implementing at least one intervention to address Social Determinant(s) of Health?	<input type="checkbox"/>	<i>Roadmap (page 41):</i> VBP contractors in Level 2 or Level 3 agreements will be required, as a statewide standard, to implement at least one social determinant of health intervention.	
(9) Contracting with Community Based Organizations (starting January 2018)	If this is a Level 2 or higher contract, does it commit to contract with at least one Tier 1 Community Based Organization?	<input type="checkbox"/>	<i>Roadmap (page 42):</i> It is a requirement that starting January 2018, all Level 2 and 3 VBP arrangements include a minimum of one Tier 1 Community Based Organization. Tier 1 - Non-profit, non-Medicaid billing, community based social and human service organizations (e.g. housing, social services, religious organizations, food banks). Exception: The State recognizes that CBOs may not exist within a reasonable distance to providers in some regions of New York. In such situations, providers/provider networks can apply to the State for a rural exemption.	

HARP Checklist

1	Plan Name			
2	IPA/ ACO/ Provider Name			
#	Verifying Questions	Review (at least one box must be checked)	Description	Specify Contract Page Number
(1) Type of Arrangement (as per the Roadmap)	Does the contract match the Roadmap arrangement definition?	<input type="checkbox"/>	All Medicaid covered services for all members eligible for HARP (excluding duals).	
(2) Definition and Scope of Services	Does the scope of services state that it will match the VBP Roadmap definition?	<input type="checkbox"/>	<i>Roadmap (page 35)</i> All Medicaid covered services for all members eligible for HARP (excluding duals).	
	OR does the contract list all of the episodes (see the list below)?	<input type="checkbox"/>	If the contract carves out any services, then this is an OFF-MENU arrangement, it will be reviewed by the Off-Menu Committee.	
(3) Quality Measures/Reporting	Does the contract commit to reporting on all Category 1 quality measures approved by the State?	<input type="checkbox"/>	<i>Roadmap (p. 34)</i> The State mandates the reporting of all reportable Category 1 Measures in on-menu contracts. Inclusion of Category 2 measures is optional. Additional measures, beyond those outlined in Categories 1 and 2, may be added to the contract.	
	OR does the contract list any Category 1 quality measure that the MCO will report on?	<input type="checkbox"/>	If at least one (1) reportable Category 1 measure is missing, this is an OFF-MENU arrangement It will be reviewed by the Off-Menu Committee (inclusion of Category 2 measures is optional).	
(4) Risk Level	Does the contract describe the level of risk chosen by the contracting parties?	<input type="checkbox"/>	<i>Roadmap (p. 86)</i> - Level 1: FFS with Retrospective Reconciliation – Upside Only Risk - Level 2: FFS with Retrospective Reconciliation – Up- and Downside Risk - Level 3: Prospective Payments (PMPM or Bundled Payments; fully capitated or prospectively paid bundles). These arrangements may also include additional risk mitigation strategies like risk corridors, stop loss, withholds, etc. The VBP Roadmap requires a minimum amount of risk be adopted per level. In order to be labeled a certain risk level arrangement, it must match definitions listed in Appendix X of the Roadmap: Definitions of Level 1, 2 and 3 VBP Arrangements.	
(5A) Shared Savings/Losses	Does the risk level correspond with the shared savings/losses minimums?	<input type="checkbox"/>	<i>Roadmap (page 86)</i> a. While the State does not mandate a specific shared savings/losses distribution methodology, the following minimums must be met in order align with VBP Level definitions: - Level 1: Minimum of 40% of shared savings must be allocated to the provider - Level 2: Minimum of 20% of potential losses must be allocated to the provider, and a minimum cap of 3% of the target budget can be applied in Year 1 and 5% in Year 2 Below these levels, the VBP arrangement is counted as a Level 1 arrangement. - Level 3: N/A	

#	Verifying Questions	Review (at least one box must be checked)	Description	Specify Contract Page Number
(5B) Shared Savings/Losses	Does the contract align with quality measure requirements for shared savings/losses?	<input type="checkbox"/>	The contract must list quality measures agreed upon for calculating shared savings and losses. At least one (1) Category 1 P4P quality measure must be selected.	
(6) Attribution	Does the contract describe the attributed population?	<input type="checkbox"/>	<i>Roadmap (page 23-24):</i> While the State does not mandate a specific methodology to be used to attribute members to an arrangement, the contract should specify the attribution methodology.	
(7) Target Budget	Does the contract describe the Target Budget in this arrangement?	<input type="checkbox"/>	<i>Roadmap (page 24-28):</i> The State does not mandate a specific methodology to be used to calculate Target Budget (TB) for an arrangement. However, the contracts should specify that a target budget will be used.	
(8) Social Determinants of Health Intervention	If this is a Level 2 or higher contract, does it commit to implementing at least one intervention to address Social Determinant(s) of Health?	<input type="checkbox"/>	<i>Roadmap (page 41):</i> VBP contractors in Level 2 or Level 3 agreements will be required, as a statewide standard, to implement at least one social determinant of health intervention.	
(9) Contracting with Community Based Organizations (starting January 2018)	If this is a Level 2 or higher contract, does it commit to contract with at least one Tier 1 Community Based Organization?	<input type="checkbox"/>	<i>Roadmap (page 42):</i> It is a requirement that starting January 2018, all Level 2 and 3 VBP arrangements include a minimum of one Tier 1 Community Based Organization. Tier 1 - Non-profit, non-Medicaid billing, community based social and human service organizations (e.g. housing, social services, religious organizations, food banks). Exception: The State recognizes that CBOs may not exist within a reasonable distance to providers in some regions of New York. In such situations, providers/provider networks can apply to the State for a rural exemption.	

HIV/AIDS Checklist

1	Plan Name			
2	IPA/ ACO/ Provider Name			
#	Verifying Questions	Review (at least one box must be checked)	Description	Specify Contract Page Number
(1) Type of Arrangement (as per the Roadmap)	Does the contract match the Roadmap arrangement definition?	<input type="checkbox"/>	All Medicaid covered services for all members eligible for HIV/AIDS special needs population (excluding duals).	
(2) Definition and Scope of Services	Does the scope of services state that it will match the VBP Roadmap definition?	<input type="checkbox"/>	<i>Roadmap (page 35)</i> All Medicaid covered services for all members eligible for HIV/AIDS special needs population (excluding duals).	
	OR does the contract list all of the episodes (see the list below)?	<input type="checkbox"/>	If the contract carves out any services, then this is an OFF-MENU arrangement, it will be reviewed by the Off-Menu Committee.	
(3) Quality Measures/Reporting	Does the contract commit to reporting on all Category 1 quality measures approved by the State?	<input type="checkbox"/>	<i>Roadmap (p. 34)</i> The State mandates the reporting of all reportable Category 1 Measures in on-menu contracts. Inclusion of Category 2 measures is optional. Additional measures, beyond those outlined in Categories 1 and 2, may be added to the contract.	
	OR does the contract list any Category 1 quality measure that the MCO will report on?	<input type="checkbox"/>	If at least one (1) reportable Category 1 measure is missing, this is an OFF-MENU arrangement It will be reviewed by the Off-Menu Committee (inclusion of Category 2 measures is optional).	
(4) Risk Level	Does the contract describe the level of risk chosen by the contracting parties?	<input type="checkbox"/>	<i>Roadmap (p. 86)</i> - Level 1: FFS with Retrospective Reconciliation – Upside Only Risk - Level 2: FFS with Retrospective Reconciliation – Up- and Downside Risk - Level 3: Prospective Payments (PMPM or Bundled Payments; fully capitated or prospectively paid bundles). These arrangements may also include additional risk mitigation strategies like risk corridors, stop loss, withholds, etc. The VBP Roadmap requires a minimum amount of risk be adopted per level. In order to be labeled a certain risk level arrangement, it must match definitions listed in Appendix X of the Roadmap: Definitions of Level 1, 2 and 3 VBP Arrangements.	
(5A) Shared Savings/Losses	Does the risk level correspond with the shared savings/losses minimums?	<input type="checkbox"/>	<i>Roadmap (page 86)</i> a. While the State does not mandate a specific shared savings/losses distribution methodology, the following minimums must be met in order align with VBP Level definitions: - Level 1: Minimum of 40% of shared savings must be allocated to the provider - Level 2: Minimum of 20% of potential losses must be allocated to the provider, and a minimum cap of 3% of the target budget can be applied in Year 1 and 5% in Year 2 Below these levels, the VBP arrangement is counted as a Level 1 arrangement. - Level 3: N/A	

#	Verifying Questions	Review (at least one box must be checked)	Description	Specify Contract Page Number
(5B) Shared Savings/Losses	Does the contract align with quality measure requirements for shared savings/losses?	<input type="checkbox"/>	The contract must list quality measures agreed upon for calculating shared savings and losses. At least one (1) Category 1 P4P quality measure must be selected.	
(6) Attribution	Does the contract describe the attributed population?	<input type="checkbox"/>	<i>Roadmap (page 23-24):</i> While the State does not mandate a specific methodology to be used to attribute members to an arrangement, the contract should specify the attribution methodology.	
(7) Target Budget	Does the contract describe the Target Budget in this arrangement?	<input type="checkbox"/>	<i>Roadmap (page 24-28):</i> The State does not mandate a specific methodology to be used to calculate Target Budget (TB) for an arrangement. However, the contracts should specify that a target budget will be used.	
(8) Social Determinants of Health Intervention	If this is a Level 2 or higher contract, does it commit to implementing at least one intervention to address Social Determinant(s) of Health?	<input type="checkbox"/>	<i>Roadmap (page 41):</i> VBP contractors in Level 2 or Level 3 agreements will be required, as a statewide standard, to implement at least one social determinant of health intervention.	
(9) Contracting with Community Based Organizations (starting January 2018)	If this is a Level 2 or higher contract, does it commit to contract with at least one Tier 1 Community Based Organization?	<input type="checkbox"/>	<i>Roadmap (page 42):</i> It is a requirement that starting January 2018, all Level 2 and 3 VBP arrangements include a minimum of one Tier 1 Community Based Organization. Tier 1 - Non-profit, non-Medicaid billing, community based social and human service organizations (e.g. housing, social services, religious organizations, food banks). Exception: The State recognizes that CBOs may not exist within a reasonable distance to providers in some regions of New York. In such situations, providers/provider networks can apply to the State for a rural exemption.	

Managed Long Term Care (MLTC) Checklist

1	Plan Name			
2	IPA/ ACO/ Provider Name			
#	Verifying Questions	Review (at least one box must be checked)	Description	Specify Contract Page Number
(1) Type of Arrangement (as per the Roadmap)	Does the contract match the Roadmap arrangement definition?	<input type="checkbox"/>	<i>In Development.</i>	
(2) Definition and Scope of Services	Does the scope of services state that it will match the VBP Roadmap definition?	<input type="checkbox"/>	<i>In Development.</i>	
	OR does the contract list all of the episodes (see the list below)?	<input type="checkbox"/>		
(3) Quality Measures/Reporting	Does the contract commit to reporting on all Category 1 quality measures approved by the State?	<input type="checkbox"/>	<i>In Development.</i>	
	OR does the contract list any Category 1 quality measure that the MCO will report on?	<input type="checkbox"/>		
(4) Risk Level	Does the contract describe the level of risk chosen by the contracting parties?	<input type="checkbox"/>	<i>In Development.</i>	
(5A) Shared Savings/Losses	Does the risk level correspond with the shared savings/losses minimums?	<input type="checkbox"/>	<i>In Development.</i>	

#	Verifying Questions	Review (at least one box must be checked)	Description	Specify Contract Page Number
(5B) Shared Savings/Losses	Does the contract align with quality measure requirements for shared savings/losses?	<input type="checkbox"/>	<i>In Development.</i>	
(6) Attribution	Does the contract describe the attributed population?	<input type="checkbox"/>	<i>In Development.</i>	
(7) Target Budget	Does the contract describe the Target Budget in this arrangement?	<input type="checkbox"/>	<i>In Development.</i>	
(8) Social Determinants of Health Intervention	If this is a Level 2 or higher contract, does it commit to implementing at least one intervention to address Social Determinant(s) of Health?	<input type="checkbox"/>	<i>In Development.</i>	
(9) Contracting with Community Based Organizations (starting January 2018)	If this is a Level 2 or higher contract, does it commit to contract with at least one Tier 1 Community Based Organization?	<input type="checkbox"/>	<i>In Development.</i>	