



**Department
of Health**

Medicaid
Redesign Team

Value Based Payment Quality Improvement Program (VBP QIP)

Update Webinar

April 19, 2017

Today's Agenda

- **VBP QIP Program Updates**
- **Recap: VBP Contracting Milestones in VBP QIP**
- **Recap: Contract Attestations in VBP QIP**
- **VBP Contract Submissions and Review**
- **DY3 Timeline and Q&A**
- **Appendix – Details for VBP Contract Submission**

VBP QIP Program Updates

VBP QIP DY3 Q1 Deliverables

- The Department of Health (DOH) received Demonstration Year (DY) 3 Q1 deliverables from all participants including:
 - Facility Plans (including pay for performance (P4P) measures)
 - Managed Care Organization (MCO) Contract Lists
 - Letters of Intent (LOIs) / Contract Attestations
- As long as any additional VBP QIP contractual obligations were met, DY3 Q1 funds should start flowing to Facilities in April 2017.

VBP QIP Financing

- DY3 award amounts for each facility are still being calculated and will be available by the end of April.
- Until the April 2017 rate package is approved, MCOs will continue to receive DY2 per member per month (PMPM) amounts.
 - MCOs should release their DY3 Q1 payments in accordance with their contracts based on DY2 amounts.
 - If the DY3 award amount is greater than the DY2 award amount, MCOs will be able to pay out the difference when the April 2017 rate package is approved.
 - If the DY3 award amount is less than the DY2 award amount, MCOs should make the April payment based on the DY2 monthly amount and DOH will work with the VBP QIP partners to reconcile any overpayments.
- For questions on VBP QIP financing, please contact bmcr@health.ny.gov.

VBP QIP Financing – Example of Reconciliation for Decrease in DY3 Award Amount

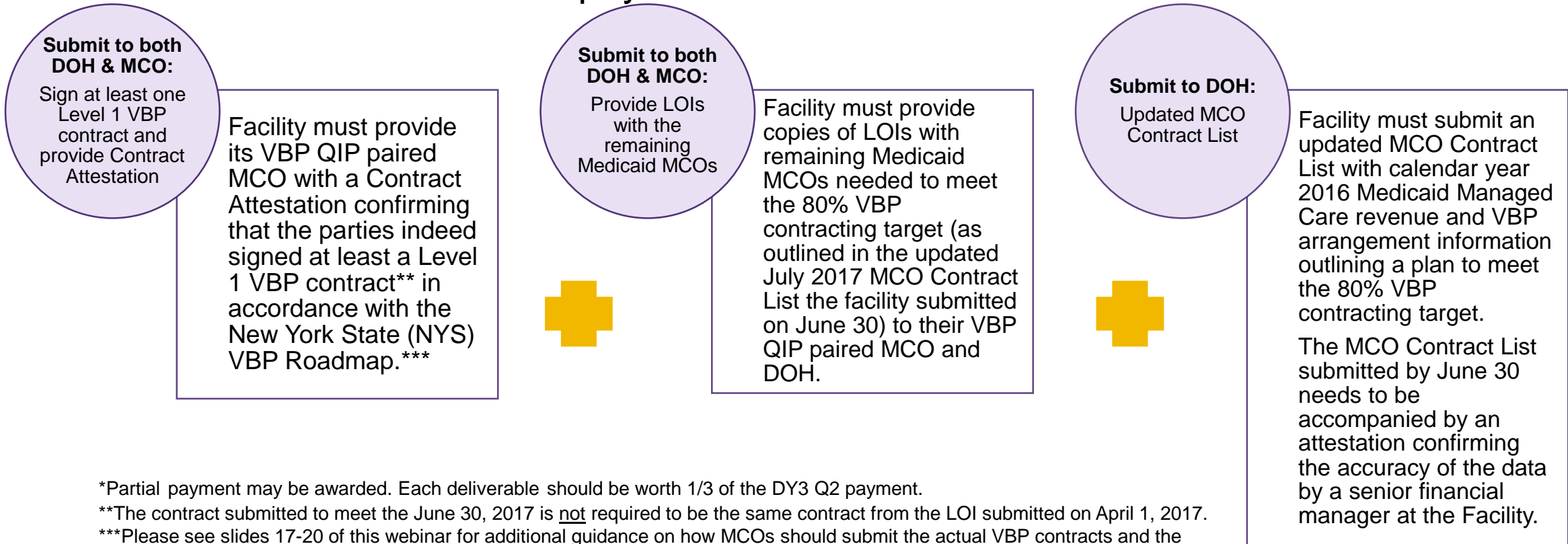
- For example, if a Facility had a DY2 award amount of \$60 million, the Facility's VBP QIP paired MCO should begin paying out DY3 Q1 amounts in April 2017 based on the DY2 amount (or \$5 million in April 2017).
 - At the end of April, DOH will release the DY3 award amounts and the Facility should begin receiving \$2 million a month (or \$24 million for the year).
 - DOH will contact the VBP QIP partners and work out a true-up process.
 - DOH is not looking to pull back funds, but the Facility may not get a monthly payment in May (\$2 million) and may only get a partial payment in June 2017 (\$1 million) to make up for the difference.
- *Therefore, Facilities should be cautious of their DY3 Q1 payment because they could receive lower award amounts in DY3. When there is a reconciliation, the difference will be adjusted.*

VBP QIP Templates and Guidance

- In March 2017, DOH released a VBP QIP DY3 Guidance Document, an updated VBP QIP Facility Plan Guidance Document and FAQ, as well as other templates.
 - These documents and other related templates are posted on the VBP QIP website at https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_initiatives/.
- DOH is in the process of developing the following additional templates for DY3:
 - LOI template for July 1, 2017
 - MCO Contract List for July 1, 2017
 - Facility senior leader attestation to data reported in the July 2017 MCO Contract List
- DOH plans to release the templates no later than May 19th, 2017 allowing Facilities six (6) weeks to complete the documentation needed for their DY3 Q2 deliverables.

VBP QIP P4R – Upcoming Deliverables

- Facilities must meet the following pay for reporting (P4R) requirements by June 30, 2017 to earn their DY3 Q2 payment*:



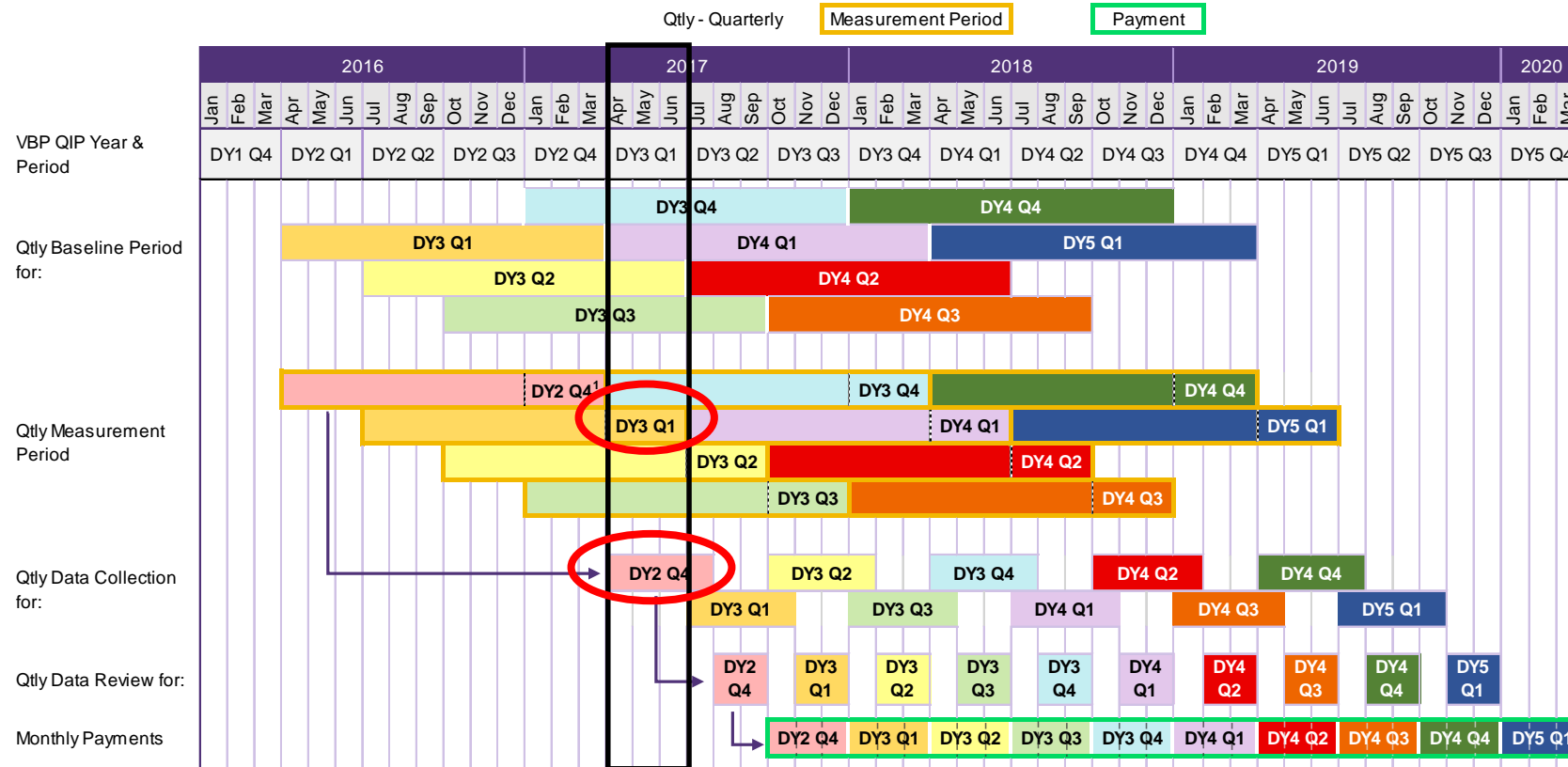
*Partial payment may be awarded. Each deliverable should be worth 1/3 of the DY3 Q2 payment.

**The contract submitted to meet the June 30, 2017 is not required to be the same contract from the LOI submitted on April 1, 2017.

***Please see slides 17-20 of this webinar for additional guidance on how MCOs should submit the actual VBP contracts and the Contract Statement and Certification Form (DOH-4255) to DOH.

VBP QIP P4P – Current Period Activities

- Although pay for performance (P4P) payment does not begin until DY3 Q3, there are P4P activities that should be taking place during the current period.



- Data collection for DY2 Q4 measurement period to be reported to VBP QIP paired MCOs by July 31st, 2017.
- Working on performance for DY3 Q1 measurement period.

1 - Facilities will report their initial baseline for DY2 Q4. Therefore, there is no measurement associated with this quarter.

Recap: VBP Contracting Milestones for VBP QIP

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	April 1, 2017	July 1, 2017	April 1, 2018
LOI	One (1) LOI for at least a Level 1 VBP contract by June 30, 2017*	Remaining LOIs where at least 80% of total Medicaid MCO contracted payments (based on CY16 data) to the facility by April 1, 2018 are tied to Level 1 VBP agreements*	None
Contract Attestation	None	At least one signed contract attestation that at least one (1) Level 1 VBP contract was signed by June 30, 2017*	Signed contracts where at least 80% of total Medicaid MCO contracted payments (based on CY16 data) to the facility are tied to Level 1 VBP components by April 1, 2018
MCO Contract List	MCO Contract List with CY15 Managed Care revenue for each Medicaid Managed Care contract the facility had in that year. Facility should also include projections for which VBP contracts that will have a Total Care for General Population (TCGP) value-based arrangement by April 1, 2018	Updated MCO Contract List with CY16 Medicaid Managed Care revenue and VBP arrangement information outlining a plan to meet the 80% VBP contracting target. Must be accompanied by a attestation from a senior financial manager at the Facility	None

*If a Level 1 (or higher) VBP contract is already in place, a Facility may submit a contract attestation in lieu of an LOI.

Recap: Contract Attestations in VBP QIP

Contract Attestations

- Every VBP QIP Facility must provide documentation to its VBP QIP paired MCO attesting to the existence of a VBP contract(s). To be valid, contract attestations must be signed by a senior leader from **both** the VBP QIP Facility and the VBP contracting MCO.

April 1, 2017	July 1, 2017	April 1, 2018
<ul style="list-style-type: none"> • Attestation could have been submitted in lieu of a LOI if a VBP contract was signed before April 1, 2017 <ul style="list-style-type: none"> – If a facility submitted a Contract Attestation in lieu of an LOI in April 1, 2017, partners may agree that the facility does not have to resubmit the Contract Attestation as proof of one Level 1 VBP contract in July 1, 2017 • DOH will work with the facilities and VBP contracting MCOs from April to June 2017 to make sure VBP contracts align with the VBP Roadmap 	<ul style="list-style-type: none"> • Attestation must be submitted on or before June 30, 2017 for at least one (or more) VBP contract • Attestations can be submitted in lieu of one or more of the remaining LOIs if VBP contracts are signed on or before June 30, 2017 • DOH will work with the facilities and VBP contracting MCOs from July to September 2017 to make sure VBP contracts align with the VBP Roadmap 	<ul style="list-style-type: none"> • Attestations can be submitted at any time between July 1, 2017 and April 1, 2018 if VBP contracts are signed before the due date of April 1, 2018 • Attestations must be submitted for all contracts due on April 1, 2018

*DOH reserves the right to review all new, existing, or amended contracts to confirm they align to the requirements of the NYS Roadmap. If contracts submitted do not meet roadmap requirements at the end of the remediation period, facilities may see penalties applied to their VBP QIP awards.

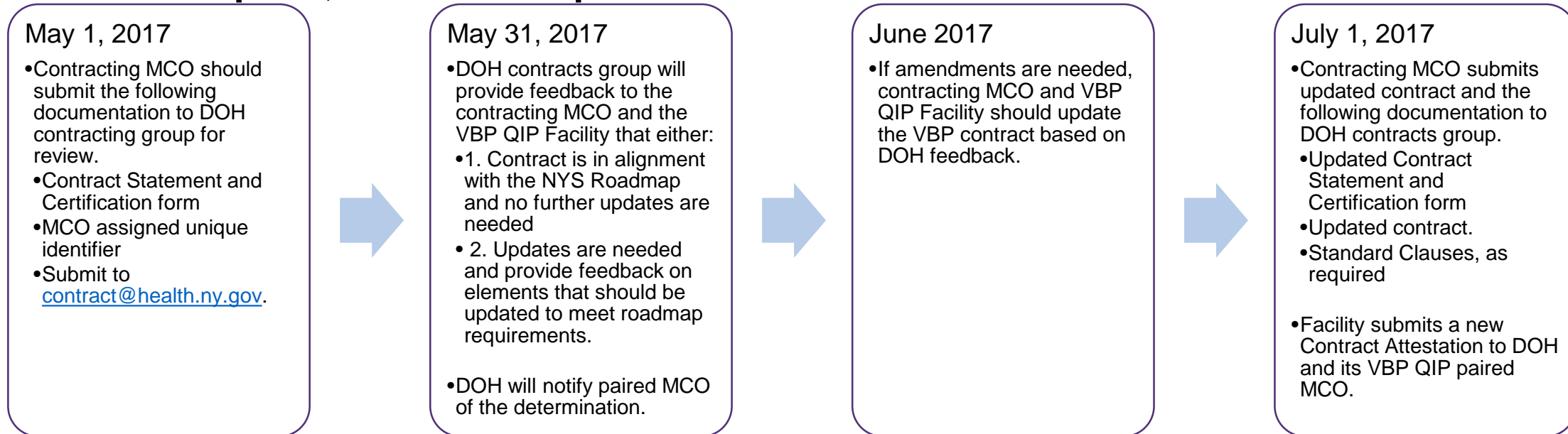
Contract Attestations Submissions

- The Facility should submit their signed Contract Attestation to:
 - Its VBP QIP paired MCO; and
 - The DOH VBP QIP mailbox at vbp_qip@health.ny.gov
 - Submissions to DOH should include “VBP QIP – VBP Contract Attestation” and the Facility’s and MCO’s name in the subject line.
- DOH reserves the right to review all new, existing, or amended contracts to confirm they align to the requirements of the NYS Roadmap. If contracts submitted do not meet roadmap requirements, DOH will work with facilities and VBP contracting MCOs to get contracts in alignment with the NYS VBP Roadmap.
- If at the end of the remediation period, VBP contracts are still not in alignment with the NYS VBP Roadmap, Facilities may see penalties applied to their VBP QIP awards.

VBP Contract Submissions and Review

VBP Contract Review for April 1st Submissions

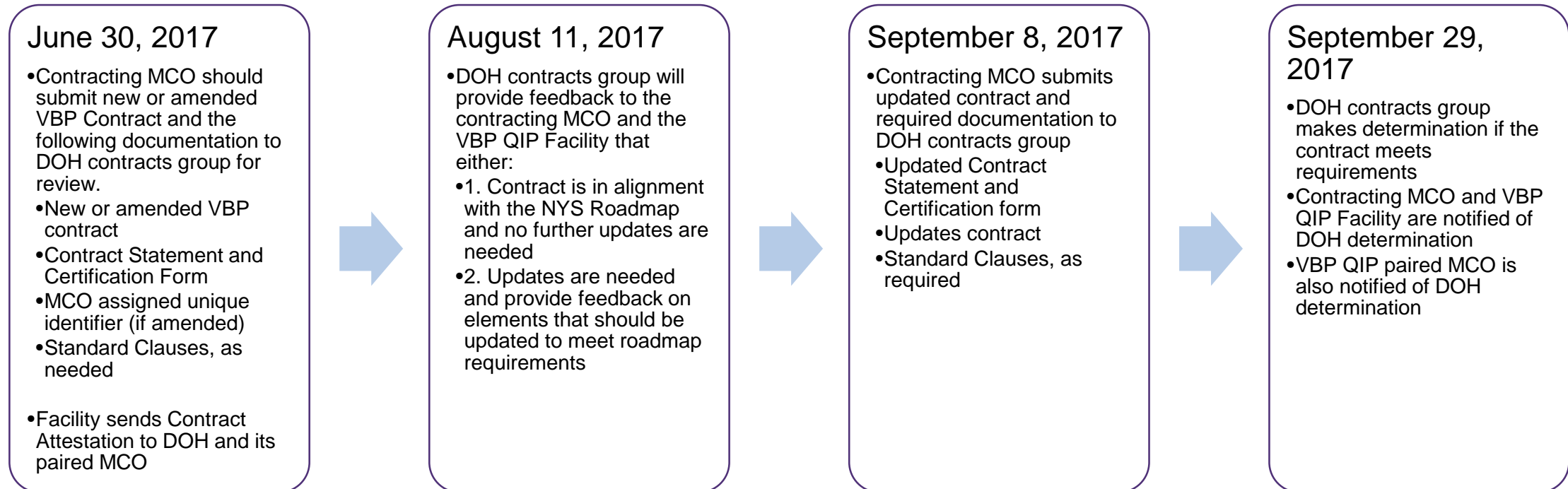
- VBP QIP participants that submitted a **contract attestation in lieu of an LOI to meet the VBP QIP April 1, 2017 P4R requirement** should follow the timeline below.



- Submission of a contract attestation is sufficient for DY3 Q1 funds to flow associated with the deliverable. DOH will notify VBP QIP paired MCOs if contract is not sufficient after DOH review.
- If the contracting MCO and VBP QIP Facility do not wish to amend current contracts, partners may create a new on-menu arrangement or the VBP QIP Facility can work with a different MCO partner to get a contract in place by June 30, 2017.

VBP Contract Review for June 30th Submissions

- Partners that **submitted an LOI to meet the April 1, 2017 requirement that plan on having at least one (1) executed VBP contract to meet the June 30, 2017 P4R requirement** should follow the timeline below.



VBP Contract Submission Requirements

- The contracting MCO should submit the contract and any required documentation to contract@health.ny.gov.
 - Contracting MCOs should include “VBP QIP”, the contracting MCO’s name, and the facility’s name in the subject line so the VBP contracting team is aware the submission is related to the program.
 - If the submission includes a contract amendment, the MCO contract unique identifier should also be included.
- The following documents should be attached to any new or amended contract submissions:

One (1) electronic copy of each contract, template, or Material Amendment in standard searchable PDF format

A completed DOH–4255 Contract Statement and Certification, for each contract, template, or Material Amendment including an electronic copy of the DOH–4255 in PDF format, each bearing the same MCO–assigned unique identifier as the submitted contract, template, or Material Amendment. In all cases, the certification must be signed by an officer of the MCO or the MCO’s legal counsel and must be notarized.

The Standard Clauses Appendix, without modification, must be attached (this is not required for a Material Amendment unless the Standard Clauses have not yet been updated as required by Section II.D)*

- **Incomplete submissions will not be accepted for review and Facility may be penalized.**

*If an existing contract is modified or amended, the updated standard clauses should be included.

VBP Contract Submission and Review Guidelines

- DOH released updated guidelines for contract submission and the review process to reflect VBP arrangements pursuant to the NYS VBP Roadmap and the Regulatory Impact Subcommittee in March 2017.
 - These guidelines apply to new contracts, templates, or amendments to existing approved contracts submitted to DOH for review on or after April 1, 2017.
- Provider contract guidelines are located at http://www.health.ny.gov/health_care/managed_care/hmoipa/hmo_ipa.htm.

VBP Contract Submission Webinar

- OHIP's Division of Managed Care will be hosting a webinar on contract submission requirements.
 - The webinar is scheduled for May 3rd, 2017 from 10-12pm.
 - The Division will be sending an invite today to all MCOs.
 - DOH encourages the VBP QIP MCO partners and contracting MCOs to attend.
- Additional information on contract submission and requirements are included in the Appendix of this presentation.

DY3 Timeline and Q&A

VBP QIP DY3 Timeline

Milestone	Due Date
Pay for Reporting: VBP Contracting	
Facilities must provide paired MCO and DOH with at least one Contract Attestation confirming parties intend to sign a VBP contract in accordance with the NYS Roadmap	June 30, 2017
Facilities must provide paired MCO and DOH with LOIs with the remaining Medicaid MCOs for VBP contracts by April 1, 2018 (LOI may be substituted with Contract Attestations if a VBP contract already exist by July 1, 2017)	June 30, 2017
Facilities must provide DOH (only) with the updated list of current Medicaid Managed Care Contracts including 2016 cost data for each Medicaid Managed Care contract the facility has and should also include projections for which VBP contracts will have a TCGP value based arrangement by April 1, 2018	June 30, 2017
Facilities must provide paired MCO and DOH with a signed Facility Attestation related to 2016 cost data reported in the Medicaid MCO list	June 30, 2017
Facilities continue to execute contracts to meet deadline by April 1, 2018	July 2017 to March 2018
DOH to review and file submitted VBP contracts	Ongoing: review period depends on risk level of the VBP contract
Pay for Performance: VBP QIP Quality Measurement	
DOH to release the statewide mean for measures for DY4 for AIT measurement	June 2017
Facilities to submit P4P measures to their paired MCOs	Quarterly: Beginning DY3 Q3, no later than 120 days after quarter close
MCOs to review and approve reports	Quarterly: Beginning DY3 Q3, no later than 45 days after initial submission
MCOs to notify facilities of decision prepare monthly payments	Quarterly: Beginning DY3 Q3, no later than 180 days after quarter close
Reporting	
MCO Quarterly Reporting to DOH (April 2016 – Ongoing) – MMCOR Submissions	Ongoing: 45 days after Quarter End
Facilities report on selected measures on quarterly basis	Ongoing: Quarterly

Deliverable Submission

Report	Submitted by	Submitted to	Frequency	Location
VBP QIP Contracts	MCOs	DOH	As updated	vbp_qip@health.ny.gov
Approved Facility Plans	MCOs	DOH	March 31, 2017	vbp_qip@health.ny.gov
1 LOI or Contract Attestation	Facilities	MCOs & DOH	April 1, 2017	vbp_qip@health.ny.gov
MCO Contract List with 2015 data	Facilities	DOH	April 1, 2017	vbp_qip@health.ny.gov
1 Contract Attestation for Level 1 VBP	Facilities	MCOs & DOH	June 30, 2017	vbp_qip@health.ny.gov
Remaining LOIs (or Contract Attestations)	Facilities	MCOs & DOH	June 30, 2017	vbp_qip@health.ny.gov
MCO Contract List with 2016 data and Facility Attestation	Facilities	DOH	June 30, 2017	vbp_qip@health.ny.gov
Remaining Contract Attestations	Facilities	MCOs & DOH	April 1, 2018	vbp_qip@health.ny.gov
Documentation of achievement of P4P metrics	Facilities	MCOs	Quarterly	VBP QIP paired MCO Contract
Documentation of approval of P4P deliverables and supporting documentation	MCOs	DOH	Quarterly	vbp_qip@health.ny.gov
VBP Contracts, Contract Statement and Certification form	Contracting MCOs	DOH	As completed or updated	contract@health.ny.gov

¹¹ If a facility submits a Contract Attestation in lieu of an LOI in April 1, 2017, partners may agree that the Facility does not have to resubmit the Contract Attestation as proof of one Level 1 VBP contract in July 1, 2017.

Important Information

VBP Support Materials

VBP Resource Library:

- Path: DSRIP Homepage → Value Based Payment Reform → VBP Resource Library
- Link: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library

VBP Website:

- Path: DSRIP Homepage → Value Based Payment Reform
- Link: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_reform

Thank you for your continued support with VBP QIP!

- The next VBP QIP Update Webinar is scheduled for **Wednesday, May 17th from 2:00 pm – 3:00 pm.**
- For questions on VBP QIP quality measures, please email the SPARCS BML at sparcs.submissions@health.ny.gov with “VBP QIP Measures” in the title.
- For questions on VBP QIP financing, please contact bmcr@health.ny.gov.
- For other questions on VBP QIP, please contact the VBP QIP inbox at vbp_qip@health.ny.gov.

Appendix – Details for VBP Contract Submission

VBP Contract Submission Requirements Cont.

- In addition to the requirements listed on the prior slide, each contract, template, or Material Amendment submitted for approval must meet the following requirements:
 - **For Health Care Services and Technical and Administrative Services only** (see Section II.B).
 - Technical and Administrative Services are services provided by the IPA/ACO that are considered administrative in nature (credentialing, network development, etc.) and are not defined as management functions in 10 NYCRR part 98-1.11(j).
 - **Have an MCO–assigned unique identifier** made up of any combination of letters and numbers; the unique identifier for a Material Amendment must use the unique identifier from the original contract or source template as a prefix. All contracts, templates, or Material Amendments including executed template agreements, must have the unique identifier printed on each page of the respective documents.
 - **Must be dated**; all Material Amendments to an approved contract must **reference the date of the originally approved contract**; all new and amended language shall be underlined and all deleted language bracketed or otherwise highlighted (**e.g., a redline version**) for ease of review.

VBP Contract Submission Requirements Cont.

- In addition to the requirements listed on the prior slides, each contract, template, or Material Amendment submitted for approval must meet the following requirements:
 - If arrangements for payment to the provider (including payment for Shared Savings, Shared Risk, or VBP) are **contained in multiple contracts**, then **all such contracts must be included with the submission** and the additional agreements must be properly incorporated and made part of the main provider agreement. The payment methodology must be described for such arrangements.

A contract between an MCO and an Independent Practice Association (IPA) / Accountable Care Organization (ACO) or between an IPA/ACO and an IPA/ACO must be submitted with **all related contracts** between or among the MCO(s), IPA(s), ACO(s), and participating providers.

- When submitting two contracts, (upstream & downstream) please send either in two emails or two separate zipped files. This allows for easier processing because all documents are contained with its respective certification statement.

VBP Contract Submission Requirements Cont.

- In addition to the requirements listed on the prior slides, each contract, template, or Material Amendment submitted for approval must meet the following requirements:
 - **All required supporting documentation** as described in these Guidelines and on the DOH-4255. If at any time during the review process, modifications are made to the submitted contract that render inaccurate any statements made in the Contract Statement and Certification (DOH-4255), the MCO must submit a new, corrected, and signed DOH- 4255. After DOH approval is received, the MCO must submit an electronic copy of the executed contract or amendment as directed in the approval letter. It is the responsibility of the MCO to provide approval letters if requested by DOH.

Contract Statement and Certification

- As stated previously, a completed DOH–4255 Contract Statement and Certification, for each contract, template, or Material Amendment including an electronic copy of the DOH–4255 in PDF format, each bearing the same MCO–assigned unique identifier as the submitted contract, template, or Material Amendment. In all cases, the certification must be signed by an officer of the MCO or the MCO’s legal counsel and **must be notarized.**
 - DOH released the Provider Contract Statement and Certification form in March 2017.
 - This form should be completed by the contracting MCO and submitted with any contract.
 - If applicable questions are not answered, if answers are determined to be incomplete or inaccurate, or required supporting documentation is not attached, the agreement will not be accepted for review.

VBP Contract Certification Form (cont.)

- **Section A “Submission Includes”**
 - This section gathers basic information about the contract being submitted.
- **Section B “Contracting Parties”**
 - This sections gathers information about parties to the contract.
- **Section C “Contract Provisions”**
 - This section gathers information about payment streams and risk levels (fee-for-service, capitation, upside/downside risk, etc.) for services provided under VBP arrangement (on menu or off menu).
- **Section D “Financial Arrangements”**
 - Gathers information on payment methodology to the provider.

VBP Contract Certification Form (cont.)

- **Section E “Tier Determination”**
 - This sections asks to identify which review tier the contract is falling under.
- **Section F “Additional Requirements” (as applicable)**
 - E.g.: financial viability requirements, out of network services, financial security deposit requirements, etc.
- **Section G “Certification”**
 - This sections requires MCO and Notary signatures as well as contact information.

VBP Contract Standard Clauses

- Updated standard clauses were released in March 2017.
 - All new contracts must include standard clauses.
 - Existing contracts that are amended or revised must include updated standard clauses.
 - If standard clauses are required but are not included, the submission will not be reviewed.
- For a listing of standard clauses, visit https://www.health.ny.gov/health_care/managed_care/hmoipa/standard_clauses_revisions.htm.

Contract Review Process Moves from 5 Levels to 3 Tiers

- The existing five contract review levels per the existing Provider Contract Guidelines have been collapsed into three tiers.

Tier 1

- **The File and Use Tier** includes all VBP Level 1 arrangements (**upside only arrangements**) and all other arrangements that do not meet the minimum review thresholds for DOH Review (Tier 2) or Multi-Agency Review (Tier 3).

Tier 2

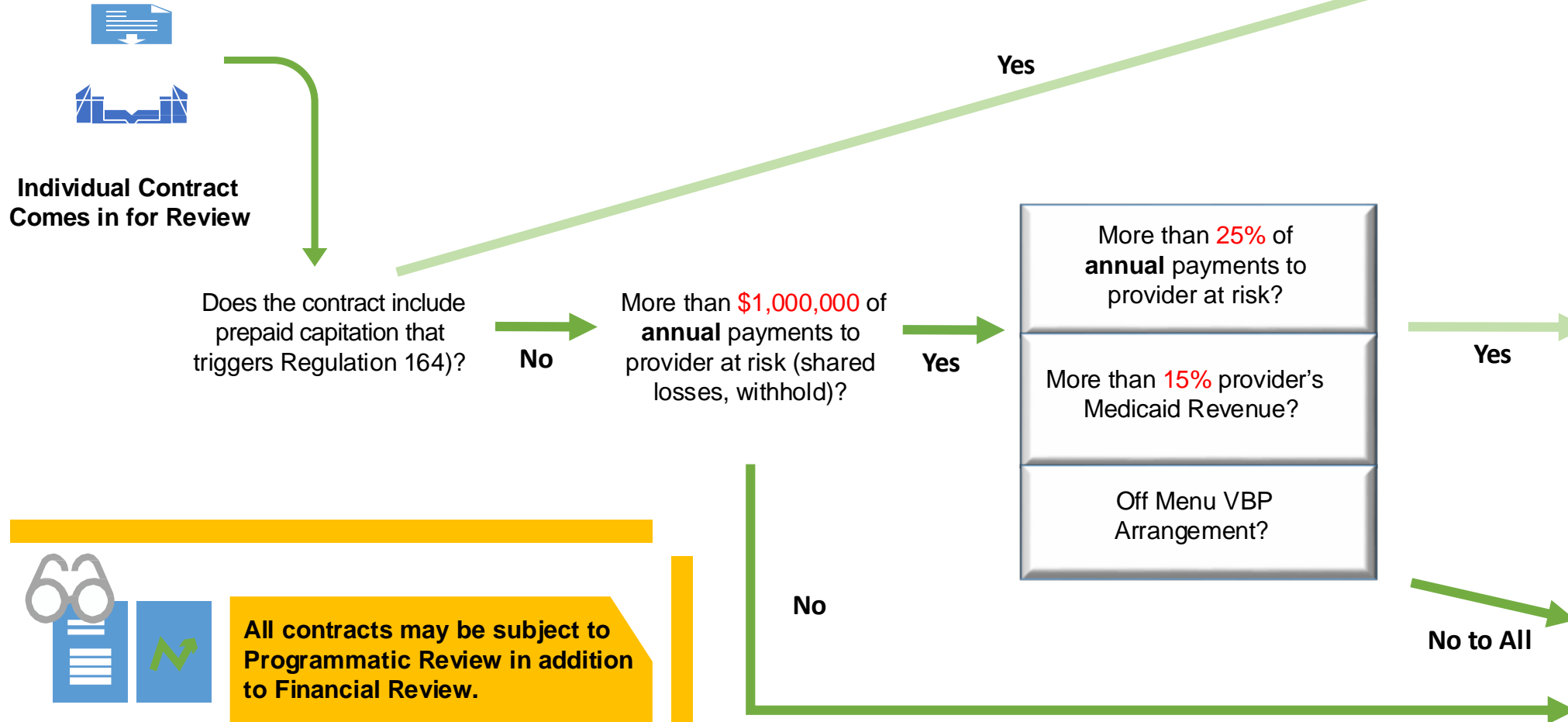
- **The DOH Review Tier** includes VBP Level 2, VBP Level 3, and all other arrangements that do not trigger Regulation 164, but contain over \$1,000,000 of potential payments at risk AND ANY of the following factors listed on the next slide.


Tier 3

- **The Multi-Agency Review Tier** includes all contractual arrangements which trigger Regulation 164.

Note: Regardless of which Tier a particular agreement falls in, the financial and/or programmatic reviews referenced here only apply from the State's perspective to assess financial and programmatic risks to the Medicaid program. The State is not providing legal advice to either plans or providers nor is the State determining whether the contractual arrangement is a fair business deal between the parties.

Provider Contract Review Process



 All contracts may be subject to Programmatic Review in addition to Financial Review.

Tier 3
Multi-Agency Review

Tier 2
DOH Review

Tier 1
File and Use