



Off-Menu Value Based Payment Contracting Checklist

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Off-Menu VBP Arrangement Tool: Supplemental Checklist

The Off-Menu Supplemental Checklist is intended to accompany Off-Menu VBP Arrangement (“OMA”) submissions and to support the review conducted by the Department of Health (DOH) Off-Menu Review Committee (the “Committee”) in its contract approval process. The Checklist will be used by the contracting parties prior to submission, by the Committee during the review process, and during all follow-up communications between the Committee and the contracting parties.

Submission of Off-Menu VBP arrangements is intended to provide flexibility for entities that wish to address market-specific needs. The Off-Menu option is *not* built to support changes to VBP arrangements defined in the NYS VBP Roadmap (the Roadmap).

Prior to submitting an Off-Menu arrangement and this supplemental checklist, contracting parties must ensure alignment with the Roadmap on the following requirements:

- I. The shared savings and losses outlined in the contract align with VBP level definitions (*See Appendix A-4 in the VBP Roadmap*¹):
 1. Level 1: Minimum of 40% of shared savings must be allocated to the VBP Contractor.
 2. Level 2: Minimum of 20% of potential losses must be allocated to the VBP Contractor, and a 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.*
 3. Level 3: N/A.

- II. The arrangement meets **all** the four (4) criteria for Off-Menu arrangements as outlined in the Roadmap (*See Section 2.4 in the VBP Roadmap*²):
 1. Off-Menu VBP arrangements shall focus on conditions and subpopulations that address community needs but that are not otherwise addressed by a VBP arrangement in the Roadmap;
 2. Off-Menu VBP arrangements shall be member-centric;
 3. Off-Menu VBP arrangements must include payment tied to both components of 'value': the quality and cost of the care delivered, and;
 4. 'Off-Menu' VBP arrangements should utilize standard definitions and quality measures.

Specific details for each of the four criteria mentioned above are outlined in Section 2.4 of the Roadmap. Please note that Off-Menu arrangements that are approved will count toward the statewide VBP target goals.

To define the Off-Menu arrangement, please answer the following questions:

1. Off-Menu VBP Arrangement

- a. Is the proposed contracted arrangement a modified version of one of the predefined arrangements in the Roadmap? Roadmap arrangements include: *Maternity, Total Care for the General Population (TCGP), Health and Recovery Program (HARP), HIV/AIDS, Managed Long Term Care (MLTC), Children,*

¹ The VBP Roadmap can be found on the VBP Resource Library under the VBP Roadmap section for the respective year: https://www.health.ny.gov/health_care/medicaid/redesign/vbp/index.htm

² *ibid.*

Intellectually/Developmentally Disabled (I/DD).

NO **YES**

- b. If **NO**, then what is the proposed VBP arrangement being contracted? Why was this VBP arrangement selected? Please remember that Off-Menu Arrangements are intended to serve populations and provide services that are not currently addressed by existing arrangements.

Please name and clarify:

- c. Has this arrangement already been submitted in the past and approved by the Department of Health as an Off-Menu Arrangement?

YES **NO**

If yes, please include the original DOH identification number for the contract approved by the Off-Menu Committee:

2. Scope of Services

- a. If your proposed arrangement is a modified version of one of the predefined arrangements in the Roadmap (if **YES** was listed as the response to 1.a.), does the contract agree to cover all services and/or episodes for each arrangement as defined by the Roadmap? (See Section 2.1 Requirement 1 in the VBP Roadmap³)

YES **NO**

If **NO**, then **please document which services or conditions/episodes were carved out of the arrangement and why (per service):**

³ The VBP Roadmap can be found on the VBP Resource Library under the VBP Roadmap section for the respective year: https://www.health.ny.gov/health_care/medicaid/redesign/vbp/index.htm
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- b. If your proposed arrangement is *not* defined in the Roadmap (if **NO** was listed as the response to 1.a.) and an alternative VBP arrangement type is being proposed, then **please list the covered services below:**
(*Note: As per the VBP Roadmap, the full continuum of care must be covered for any new arrangements.*)

3. Quality Measures Reporting and Performance

- a. If the proposed contracted arrangement is a modified version of one of the predefined arrangements in the Roadmap (if **YES** was listed as the response to 1.a.), does the contract commit to reporting on all agreed upon Category 1 quality measures approved by NYS for that respective arrangement? (*See the Quality Measure Sets found on the VBP Resource Library⁴*)

YES

NO

If **NO**, then **please clarify which measures were not included and why** (please also note whether alternative measures were selected):

- b. Does the proposed contract arrangement have at least one (1) Pay for Performance (P4P) measure tied to Shared Savings from the NYS-approved Quality Measure Set? (*See the Quality Measure Sets found on the VBP Resource Library⁵*)

YES

NO

⁴ The quality measure sets can be found on the VBP Resource Library under the VBP Quality Measures section for the respective measurement year: https://www.health.ny.gov/health_care/medicaid/redesign/vbp/index.htm

⁵ *Ibid.*

4. Shared Savings and Losses

While NYS does not mandate a shared savings/losses distribution methodology, the following criteria must be met to align with VBP Level definitions. If the proposed arrangement contains multiple levels over the course of the contract (e.g., Level 1 in year 1 and Level 2 in year 2), please check all appropriate boxes for the related contract year.

VBP Level Definitions (Please check box for appropriate level(s))			
	Year 1	Year 2	Year 3
Level 1: Minimum of 40% of shared savings must be allocated to the VBP Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 2: Minimum of 20% of potential losses must be allocated to the VBP Contractor, and a cap of 3% of the target budget can be applied in Year 1 and 5% in Year 2? <i>If below these levels, the VBP arrangement is counted as a Level 1 arrangement.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 3: Payments being made through a capitated arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

