

Managed Long-Term Care (MLTC) Checklist For Partially Capitated MCOs

(Updated 1/2020)

1	Plan Name			
2	IPA/ ACO/ Provider Name			
#	Verifying Questions	Review (at least one box per category 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 MLTC (including Medicaid component of 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 44)</i> All Medicaid covered services for all members eligible for MLTC (including Medicaid component of 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 Measure Reporting	Does the contract commit to reporting on all Category 1 quality measures approved by the State?	<input type="checkbox"/>	<i>Roadmap (page 43)</i> The State mandates the reporting of all P4R measures at the contract level. Contracts must include two Category 1 measures. 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).	
(4) Risk Level	Does the contract describe the level of risk chosen by the contracting parties?	<input type="checkbox"/>	<i>Roadmap (page 18 & 19)</i> - Level 1: A quality bonus agreement based on quality performance (Upside only bonus) - Level 2: A quality bonus and risk arrangement based on quality-only performance (up- and downside risk) The VBP Roadmap requires a MLTC provider to assume a minimum amount of risk for level 2 which is 1% of the total annual expenditures within the contract between the plan and provider. In order for an arrangement to qualify as a certain risk level, it must match definitions listed on page 18 & 19 of the Roadmap.	
(5A) Shared Savings/Losses	Does the risk level correspond with the shared savings/losses minimums?	<input type="checkbox"/>	<i>Roadmap (page 18 & 19)</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: The plan and provider negotiate the amount of the quality bonus paid to provider - Level 2: Minimum of 1% of total annual expenditures of the contract must be allocated to the provider	
(5B) Shared Savings/Losses	Does the contract align with quality measure requirements for quality bonuses/shared savings and losses?	<input type="checkbox"/>	<i>Roadmap (page 43)</i> The contract must list quality measures agreed upon for calculating quality bonuses/shared savings and losses: Level 1: Must at a minimum include the PAH measure Level 2: Must at a minimum include the PAH measure and at least one other Category 1 P4P measure from the MLTC Partial Subpopulation quality measure set found on the VBP Resource Library under the VBP Quality Measure section: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/	

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(6) Attribution	Does the contract describe the attributed population?	<input type="checkbox"/>	<i>Roadmap (page 29-30):</i> Attribution to the provider should follow the Department's guidance provided in the VBP Technical Specifications Manual found on the VBP Resource Library. The contract should specify the attribution methodology.	
(7) Quality Performance Targets	Does the contract describe quality performance targets in this arrangement?	<input type="checkbox"/>	<i>Roadmap (page 18-19)</i> Level 1 & 2: The contract should identify that quality performance targets for specific quality measures are included in the contract, as agreed upon between the plan and provider.	
(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.	