



Submission Guidelines

Every facility participating in the Value Based Purchasing Quality Improvement Program (VBP QIP) is expected to submit at least one (1) signed Letter of Intent (LOI) to its VBP QIP paired Managed Care Organization (MCO) by no later than April 1, 2017, stating that the facility and a Medicaid MCO (of its choice) are expecting to enter into a Level 1 (or higher) VBP contract consistent with the expectations outlined in the New York State Value Based Purchasing Roadmap by July 1, 2017.

VBP QIP Facilities must submit this LOI not only to their VBP QIP paired MCO for review, but also to the NYSDOH for record keeping. All submissions should be sent by no later than April 1, 2017. LOI submission to the NYSDOH should be sent to: vbp_qip@health.ny.gov with "VBP QIP – LOI" in the subject line.



Letter of Intent

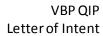
Th	e VBP QIP Facility¹	and MCO partner ²
	, ,	gn at least a Level 1 VBP arrangement, as defined by the New York State
Va	lue Based Payment Roadmap	, by no laterthan July 1, 2017.
Th	e VBP QIP Facility and MCO su	ubmit this LOI based on the following conditions:
•	must be submitted to the Ne send its VBP QIP paired MCC VBP QIP facility and the facil contract. Timeline: The VBP contract seconds.	dendum Date: By July 1, 2017, a VBP contract / contract addendum ew York State (NYS) Department of Health (DOH). The facility will also a VBP QIP Contract Attestation signed by a senior leader from both the ity's partnering Medicaid MCO stating the existence of a qualifying VBP signed by July 1, 2017 must have an effective date of no later than July 1 st be consistent with the NYS VBP Roadmap as well as the VBP QIP ment.
VB	P Contract Information	
1.	MCO Name:	
	Contact Person:	
	Phone #:	
	Email Address:	
2.	VBP QIP Facility Name:	
	Contact Person:	
	Phone #:	
	Email Address:	
3.	Anticipated Effective Date o	f the contract [mm/dd/yyyy]:
4.	Agreement is between an M	CO and:
	☐ The VBP QIP Facility	☐ a VBP Contractor (of which the VBP QIP facility is a member)

 $^{^{1}}$ A VBP QIP Facility may enter a VBP contract as a primary VBP Contractor or as a member/partner of a larger VBP contracting entity.

² This should be the MCO partner executing a VBP contract with the VBP QIP Facility, which may or may not be the MCO paired with the facility for VBP QIP.



If the contract is between a MCO and a VBP Contractor, please provide the following informat the VBP Contracting entity: VBP Contracting Entity Name: Primary Contact Name and Title: Address:									
						City:	State:	Zip:	
						Contact Phone:	Contact Email:		·
						6. Please check all of the corresponding VBP levels and arrangement types the facility intends to appl to its contract with this Medicaid MCO:			
Table Conference and Day Lating	Level 1	Level 2	Level 3						
Total Care for General Population									
Integrated primary care									
Bundle (for all that apply)									
Chronic Bundle									
Maternity Bundle									
Other Bundle (Please Describe):									
Total Care for Subpopulation (Please list subpopulations included)									
Off-menu (please describe if applicable):									
Off-menu (please describe if applicable):									





Authorizing Signature Title:

		Level 1	Level 2	Level 3
Off-menu (please describe if ap	plicable):			
VBP QIP Facility Name:				
Authorizing Signature:			Dat	:e
Authorizing Signature Name:				
Authorizing Signature Title:				
MCO Name:				
Authorizing Signature:			Dat	:e
Authorizing Signature Name:				