

## **Submission Guidelines**

The second Value Based Payment Quality Improvement Program (VBP QIP) Facility Letter of Intent (LOI) submission is due by June 30, 2017<sup>1</sup>

By June 30, 2017, every Facility participating in the VBP QIP must:

- 1. Have one Level 1 VBP contract in place with a Medicaid Managed Care Organization (MCO)
  - a. The Facility must provide its VBP QIP paired MCO with a contract attestation signed by a representative from the contracting MCO, attesting that the partners have at least a Level 1 VBP contract in place that fulfills the requirements of the New York State (NYS) VBP Roadmap

## AND

- 2. Obtain signed LOIs with as many MCOs such that the Facility will have 80% of its total Medicaid MCO contracted payments tied to Level 1 (or higher) VBP arrangements consistent with the requirements outlined in the NYS VBP Roadmap
  - a. The Facility must submit all LOIs to its VBP QIP paired MCO for review <u>and</u> to the NYS Department of Health (DOH) for record keeping.
  - b. The LOIs the facility submits to its VBP QIP paired MCO and the NYSDOH should match the number and types of expected MCO VBP arrangements listed in the MCO Contact List also submitted on June 30<sup>th</sup>.

All LOI submissions should be sent by no later than June 30, 2017 to the NYS DOH at vbp\_qip@health.ny.gov with "VBP QIP – LOI" in the subject line.

<sup>&</sup>lt;sup>1</sup> The first LOI submission, due on April 1, 2017, required every Facility participating in the VBP QIP to submit at least one (1) signed LOI to its VBP QIP paired MCO stating that the Facility and a Medicaid MCO (of its choice) were expecting to enter into a Level 1 (or higher) VBP contract by June 30, 2017.



## Letter of Intent

The VBP QIP Facility <sup>2</sup>	and MCO partner <sup>3</sup>	nd MCO partner <sup>3</sup>		
hereby agree on the intent to sign	VBP arrangement(s), as defined by the NYS VBP Roadma	ip, by no latei		
than April 1, 2018.				
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The VBP QIP Facility and MCO submit this LOI based on the following conditions:

- VBP Contract / Contract Addendum Date: By April 1, 2018, a VBP contract(s)/ contract addendum must be submitted to the NYS DOH. The Facility will also send its VBP QIP paired MCO a VBP QIP Contract Attestation(s) signed by a senior leader from both the VBP QIP Facility and the Facility's partnering Medicaid MCO stating the existence of a qualifying VBP contract(s).
- Timeline: VBP contract(s) must have an effective date of no later than April 1, 2018.
- **Scope**: The VBP contract must be consistent with the NYS VBP Roadmap and the VBP QIP Facility Plan Guidance document. Additionally, the contract must be at least a Level 1 risk level.

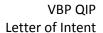
## **VBP** Contract Information

1.	MCO Name:		
	Contact Person:		
	Phone #:		
	Email Address:		
2.	VBP QIP Facility Name:		
	Contact Person:		
	Phone #:		
	Email Address:	<del>_</del>	

3. Please check all applicable information the Facility intends to apply to its contract(s) with this Medicaid MCO:

<sup>&</sup>lt;sup>2</sup> 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.

<sup>&</sup>lt;sup>3</sup> This should be the MCO partner executing a VBP contract with the VBP QIP Facility (or the larger contracting entity), which may or may not be the MCO paired with the Facility for VBP QIP.



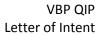


Type of arrangement/contract	Level 1	Level 2	Level 3	Anticipated contract effective date	Contract is with/through <sup>4</sup> facility and (circle one)	Lead VBP contracting entity name
Total Care for General Population					IPA ACO MCO	
Total Care for Subpopulation (Please list subpopulations included)					IPA ACO MCO	
Integrated primary care					IPA ACO MCO	
Bundle (for all that apply)					IPA ACO MC	
Maternity Care Arrangement					IPA ACO MC	
Other Bundle (Please Describe):					IPA ACO MCO	
Off-menu (please describe if applicable):					IPA ACO MCO	
Off-menu (please describe if applicable):					IPA ACO MCO	

<sup>&</sup>lt;sup>4</sup> A contract may be with a MCO and either with/through an IPA or ACO which the VBP QIP Facility has a VBP Agreement with. For #1 and 2, please specify the IPA/ACO/MCO/Lead contractor name in the last column.

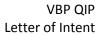


Type of arrangement/contract	Level 1	Level 2	Level 3	Anticipated contract effective date	Contract is with/through4 facility and (circle one)	Lead VBP contracting entity name
Off-menu (please describe if applicable):					IPA ACO MCO	





4.	If the contract is between a MCO and a VBP Contractor, please provide the following information fo each VBP contracting entity:						
	VBP Contracting Entity Name:						
	VBP Arrangement						
	Primary Contact Name						
	Primary Contact Title:						
	Address:						
	City:	State:	Zip:				
	Contact Phone:	Contact Email:					





VBP QIP Facility Name:	
Authorizing Signature:	
Authorizing Signature Name:	
Authorizing Signature Title:	
Date:	
Dutc.	
Contracting MCO Name:	
Authorizing Signature:	
Authorizing Signature Name:	
Authorizing Signature Title:	
Date:	