



Submission Guidelines

The second Value Based Payment Quality Improvement Program (VBP QIP) Facility Letter of Intent (LOI) submission is due by June 30, 2017¹

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 and 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 30th.

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.

¹ 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 Facility² _____ and MCO partner³ _____ hereby agree on the intent to sign VBP arrangement(s), as defined by the NYS VBP Roadmap, by no later than April 1, 2018.

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: _____

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

2 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.

3 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 ⁴ facility and (circle one)	Lead VBP contracting entity name
Total Care for General Population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MCO	
Total Care for Subpopulation (Please list subpopulations included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MCO	
Integrated primary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MCO	
Bundle (for all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MC	
Maternity Care Arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MC	
Other Bundle (Please Describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MCO	
Off-menu (please describe if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MCO	
Off-menu (please describe if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MCO	

⁴ 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/through ⁴ facility and (circle one)	Lead VBP contracting entity name
Off-menu (please describe if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MCO	



4. If the contract is between a MCO and a VBP Contractor, please provide the following information for 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: _____

Contracting MCO Name: _____

Authorizing Signature: _____

Authorizing Signature Name: _____

Authorizing Signature Title: _____

Date: _____