

Submission Guidelines

Every Facility participating in the Value Based Purchasing Quality Improvement Program (VBP QIP) is expected to enter into Level 1 (or greater) VBP arrangements compliant with the NYS VBP Roadmap by April 1, 2018, which total a minimum of 80% of Medicaid MCO contracted payments received by the Facility (as reported in the July 2017 MCO Contract List).

For program validity, it is the VBP QIP Facility's responsibility to send its VBP QIP paired Managed Care Organization (MCO) a completed VBP Contract Attestation form verifying the existence of the VBP contract(s).

VBP Contract Attestation forms must be signed by a senior leader from both the VBP QIP Facility and the MCO with whom the Facility is contracting. A Facility is expected to submit one (1) attestation per MCO with whom it signed a VBP contract(s). The Facility can attest for multiple VBP contracts signed with the same MCO in one (1) contact attestation form.

VBP QIP Contract Attestation Submission Timeline:

1. April 1, 2017 deadline:
 - a. Attestation *can* be submitted in lieu of a Letter of Intent (LOI) if a VBP contract is signed before April 1, 2017;
2. July 1, 2017 deadline:
 - a. At least one (1) attestation must be submitted on or before July 1, 2017 for a VBP contract;
 - b. Attestations *can* be submitted in lieu of the LOIs if VBP contracts are signed on or before July 1, 2017;
3. April 1, 2018 deadline:
 - a. Attestations must be submitted for all contracts
 - b. Attestations can also be submitted at any time between July 1, 2017 and April 1, 2018 if VBP contracts are signed by the due date of April 1, 2018;

In addition, VBP QIP Facilities will also submit completed VBP Contract Attestations forms to the NYSDOH for record keeping at vbp_qip@health.ny.gov with "VBP QIP – Contract Attestation" in the subject line.

Contract(s) Attestation

The VBP QIP Facility _____ and MCO partner¹ _____ hereby attest to signing a VBP contract(s) as defined by the New York State Value Based Payment Roadmap.

VBP Contract(s) Information

1. Agreement is between an MCO and:

- The VBP QIP Facility a VBP Contractor (of which the VBP QIP facility is a member)

2. VBP QIP Facility Name:

Contact Person:

Phone #:

Email Address:

3. MCO Name:

Contact Person:

Phone #:

Email Address:

4. Lead Contractor Name (if applicable):

Contact Person:

Phone #:

Email Address:

¹ 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.



5. Please check the VBP level and arrangement type that apply to the signed contract(s):

Type of arrangement/contract	Level 1	Level 2	Level 3	Contract ID	Effective Date	End Date	Lead Contractor Name ²
Total Care for General Population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Integrated primary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Bundle (for all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Chronic Bundle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Maternity Bundle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other Bundle (Please Describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Total Care for Subpopulation (Please list subpopulations included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Off-menu (please describe if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Off-menu (please describe if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Off-menu (please describe if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

² As per the LOI, a contract is between an MCO and either: (1) an IPA/ACO which the VBP QIP Facility has a VBP Agreement with; (2) another “Lead Hospital” which the VBP QIP Facility has a VBP Agreement with; (3) the VBP QIP Facility. For #1 and 2, please specify the IPA/ACO/Lead contractor name in the last column.



6. By signing below, the signer acknowledges and confirms that he/she not only has the authority to sign this document on behalf of his/her organization, but also that the VBP contract(s) he/she is attesting to is least the Level 1 arrangement compliant with the NYS VBP Roadmap.

VBP QIP Facility Name: _____

Authorizing Representative Signature: _____

Date _____

Authorizing Representative Name: _____

Authorizing Representative Title: _____

MCO Name: _____

Authorizing Representative Signature: _____

Date _____

Authorizing Representative Name: _____

Authorizing Representative Title: _____