# Value Based Payment Quality Improvement Program (VBP QIP)

**Update Webinar** 

#### Today's Agenda

- VBP QIP Program Updates
- VBP QIP P4P Updates
- VBP QIP P4P Reporting Templates
- VBP QIP P4R Updates
- DY3 Q2 (June 30th, 2017) MCO Contract List Recap
- VBP Contracting
- DY3 Timeline and Q&A



## VBP QIP Program Updates



### VBP QIP Financing – Demonstration Year 3 (DY3) **Pairings**

**VBP QIP SFY 17 -18 Pairings & Funding** 

мсо	PPS	Facility	Gross Funding	
Affinity	Maimonides Medical Center	Brookdale Hospital	\$31,000,000	
Ammity	Montefiore Hudson Valley Collaborative	St. Joseph's Hospital	\$7,800,000	
Amerigroup	Nassau Queens Performing Provider System, LLC	Nassau University Medical Center	TBD	
Emblem Health (HIP)	Health and Hospitals Corp.	Health and Hospitals Corp.	TBD	
	Central New York Care Collaborative, Inc.	Lewis County General Hospital	\$2,036,000	
		Orleans Community Hospital	\$1,434,039	
Excellus	Finger Lakes Performing Provider Systems, Inc.	St James Mercy Hospital	\$1,844,635	
		<b>Wyoming County Community Health</b>	\$1,000,000	
	Mohawk Valley PPS	A O Fox Memorial Hospital	\$1,000,000	
	Maimonides Medical Center	Interfaith Medical Center	\$50,000,000	
	Wallforlides Wedical Center	Kingsbrook Jewish Medical Center	\$50,000,000	
Montefiore Hudson Valley Collaborative		Montefiore – Mount Vernon	\$11,096,728	
		Nyack Hospital	\$17,747,861	
riueiis	Nassau Queens Performing Provider System, LLC	St. John's Episcopal	\$27,650,000	
Westchester Medical Center		Bon Secours Charity Health	\$2,898,070	
		Good Samaritan Hospital Suffern	\$2,000,000	
HealthFirst	Maimonides Medical Center	Brookdale Hospital	\$109,000,000	
MetroPlus	Health and Hospitals Corp.	Health and Hospitals Corp.	TBD	
MVP	Montefiore Hudson Valley Collaborative	Montefiore - New Rochelle	\$20,837,141	
IVIVP	Westchester Medical Center	Health Alliance (Benedictine)	\$2,999,926	
United Health Dies	Central New York Care Collaborative, Inc.	Rome Memorial Hospital	\$1,000,000	
United Health Plan	Maimonides Medical Center	Wyckoff Heights Medical Center	\$70,000,000	
Wellcare	Montefiore Hudson Valley Collaborative	St. Luke's Cornwall	\$19,301,520	
Total VBP QIP Funding	-			

Total VBP QIP Funding



<sup>\*</sup> VBP QIP funding amounts do not include premium admin, surplus, or taxes

# VBP QIP Financing – Changes in DY3 Award Amounts

 Managed Care Organizations (MCOs) will continue to receive DY2 per member per month (PMPM) amounts until the April 2017 rate package is approved.

If the DY3 award amount is greater than the DY2 award amount, MCOs should continue paying out earned amounts in DY3 based on the DY2 amount.

 MCOs will be able to pay out the difference when the April 2017 rate package is approved. If the DY3 award amount is <u>less</u> than the DY2 award amount, MCOs should be paying earned amounts based on the DY3 award amount.

- DOH reached out to partners with lower award amounts in DY3 to discuss adjustments.
- DOH will perform a reconciliation to adjust overpaid funds from MCOs receiving DY2 PMPMs that are larger than the DY3 PMPMs.

For questions on VBP QIP financing, please contact <a href="mailto:bmcr@health.ny.gov">bmcr@health.ny.gov</a>



# VBP QIP P4P – Measure Selections and Reporting Templates

- DOH posted the following items to the VBP QIP website:
  - ➤ Pay for performance (P4P) reporting templates
  - ➤ Summary of P4P measure selections
- Visit the VBP QIP website at <a href="https://www.health.ny.gov/health\_care/medicaid/redesign/dsrip/vbp\_initiatives/index.htm">https://www.health.ny.gov/health\_care/medicaid/redesign/dsrip/vbp\_initiatives/index.htm</a>.
   <a href="https://www.health.ny.gov/health\_care/me

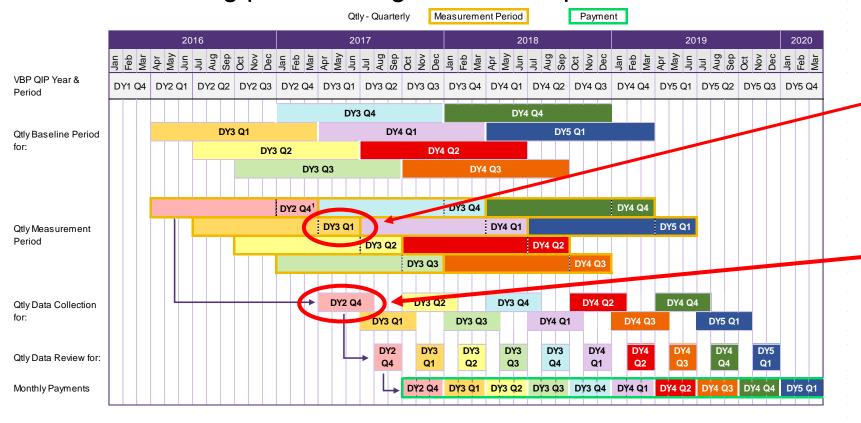


## VBP QIP P4P Updates



## VBP QIP P4P – Quarterly Improvement Targets

 Although P4P payment does not begin until DY3 Q3, there are P4P activities that should be taking place during the current period.



- Facilities should be working on maintaining or improving performance for the DY3 Q1 measurement period for their quarterly improvement targets (QIT).
- Facilities should be collecting data for the DY2 Q4 measurement period to be reported to VBP QIP paired MCOs by July 31st, 2017.



#### VBP QIP P4P – Quarterly Improvement Targets

The table below outlines upcoming activities related to DY2 Q4 and DY3 Q1 P4P reporting.

Measurement Quarter	DY2 Q4	DY3 Q1	
Measurement Period	April 1, 2016 to March 31, 2017	July 1, 2016 to June 30, 2017	
Facility reports measurement information to paired MCO	July 31, 2017*	October 31, 2017	
Paired MCO reviews achievement of QIT and prepares payment	September 30, 2017	December 31, 2017	
Paired MCO makes monthly payments to the Facility for achievement of QIT	October, November, and December 2017	January, February, and March 2018	
Paired MCO sends P4P Performance Report to DOH	January 31, 2018	April 30, 2018	

<sup>\*</sup>Facilities that selected the 3 hour sepsis bundle measure may need additional time to report. Therefore, MCOs should grant facilities an additional 15 days to report on this measure only for DY2 Q4. Therefore, the Facility should report all other measures by July 31, 2017 and the 3 hour sepsis bundle by August 15, 2017.

## Annual Improvement Target for DY4

• The Annual Improvement Target (AIT) will be achieved if the Facility meets two metrics:

The first metric relates to a Facility's performance on its measures **improving over its** baseline.

The second metric relates to a Facility's performance on its measures are **better than the mean NYS results** for the specific measure.

- ➤ DOH provided the NYS means for measures on the menu for DY4 on June 21st, 2017.
- ➤ For selected measures, Facilities and VBP QIP paired MCOs should have agreed to AIT baselines and the MCO should submit those baselines for measures to DOH for record-keeping before the start of the DY4 AIT measurement period (starting July 1, 2017).
- ➤ AIT baselines for DY4 should be submitted at <a href="mailto:vbp\_qip@health.ny.gov">vbp\_qip@health.ny.gov</a> with "AIT DY4 Measure Baselines" in the email title.



## Annual Improvement Target for DY4 – Alternative Measures

- Facilities that selected alterative measures are responsible for making sure means are reported to and agreed upon by their VBP QIP paired MCO before the start of the AIT DY4 measurement period beginning on July 1st, 2017.
  - Facilities should gather information on NYS mean results for alternative measures as of May 1st, 2017.
  - ➤ If the NYS mean results are not available, Facilities may choose to use the national mean results, as long as the method is approved by its paired MCO.
  - ➤ The MCO should submit the DY4 AIT NYS mean for agreed upon alternative measures to DOH by June 30th, 2017 at <a href="mailto:vbp\_qip@health.ny.gov">vbp\_qip@health.ny.gov</a> with "AIT DY4 Alternative Measure Benchmark" in the email title.



#### VBP QIP P4P – Annual Improvement Targets

The table below outlines upcoming activities related for DY4 AIT reporting.

	DY4
Measurement Period	January 1, 2016 to December 31, 2016
DOH releases NYS mean information for DY4 AIT	June 21, 2017
Paired MCO reports DY4 AIT baseline information to DOH	June 30, 2017
Paired MCO submits DY4 AIT NYS mean information for alternative measures to DOH	June 30, 2017

DOH will walk through the P4P reporting templates later in this presentation.



## VBP QIP P4P Reporting Templates



#### VBP QIP P4P Reporting Template Overview

- DOH developed P4P reporting templates for both 1) Facility P4P reporting to the MCO and 2) MCO P4P reporting to DOH.
  - ➤ The Facility to MCO P4P reporting template is provided as a tool participants may utilize for effective reporting.
    - This template is optional. Participants can use alternate reporting templates for Facility to MCO P4P reporting, as long as the alternate template includes all elements outlined in the DOH template.
  - > Paired MCOs must use the DOH template for MCO to DOH P4P reporting.
- The templates include P4P reporting for both QIT and AIT.



 The first Facility to MCO P4P QIT Performance Report should be submitted to paired MCOs on July 31<sup>st</sup>, 2017 for the DY2 Q4 period (baseline).

Select the Facility filling out the report:

Select who the report is submitted to:

Number of Licensed Beds:

Good Samaritan Hospital Suffern

Fidelis

Greater Than 100

		Select Current Period	Select Current Period	Select Current Period	Select Current Period			
Measure	Alternative Measure	Select Current Quarter Result	Select Current Quarter Result	Select Current Quarter Result	Select Current Quarter Result	Current Period Rolling Average	Prior Period Rolling Average	Maintained or Improved
						Me	asures Maintained of Improved	0
			VBP QIP Aw	ard Example			rned Through VBP Contracting	
			Number of Measures	Percent of Award Earned			Total Credits Earned	
			0	0%				

VBP QIP Award Example		
Number of Measures		
Maintained or Improved	Percent of Award Earned	
0	0%	
1	25%	
2	50%	
3	75%	
4	100%	
5	100%	
6	100%	

Potential Performance Award Available in Quarter	\$500,000
Percentage of Award Earned	25%
Performance Award Earned in Quarter	\$125,000
Unearned Performance Award in Quarter	\$375,000



	1	
Select the Facility filling out the report:	Good Samaritan Hospital Suffern	
Select who the report is submitted to:	Fidelis	(2)
Number of Licensed Beds:	Greater_Than_100	
	3	
Measure	Alternative Measure	
4	(5)	

- 1. Select the name of your facility.
- 2. Select the name of the paired MCO.
- 3. Select the option for the number of licensed beds operated by the facility.
- 4. Select the six (6) P4P measures selected by the facility from the drop down menu in "Measure" column.
- 5. If alternative measures were selected, enter the name of the alternative measure in the "Alternative Measure" column.



	6				
	Select Current Period	Select Current Period	Select Current Period	Select Current Period	
(7)	Select Current Quarter Result	Select Current Quarter Result	Select Current Quarter Result	Select Current Quarter Result	Current Period Rolling Average
		(8)			(9)

- 6. Select the performance period being reported on from the drop down menu under the cells labeled "Select Current Period".
- 7. Select the four quarters used to calculate the annual rolling average from the drop down menus under the cells labeled "Select Current Quarter Result".
- 8. Enter the results for each measure under the appropriate quarter.
- 9. The workbook will automatically calculate the annual rolling average based on the quarterly results during the performance period.



				_
	Current Period Rolling Average	Prior Period Rolling Average	Maintained or Improved	
			11	
			Yes No	<b>-</b> Т
		10		
	Mea	asures Maintained of Improved	0	12
	13 Measure Credit Ea	rned Through VBP Contracting	1	
		Total Credits Earned	1	14
ı	Detection Design	Ad Ailabla in Od	0500.000	$\backslash$
	Potential Performar	nce Award Available in Quarter Percentage of Award Earned	4000,000	
	Dorform			
		ance Award Earned in Quarter	\$125,000 \$275,000	
	Offeamed	Performance Award in Quarter	\$375,000	I

- 10. Enter the prior period rolling average which the current period will be compared to.
- 11. Select "Yes" or "No" in the maintained or improved column to indicate if your facility successfully maintained or improved performance.
- 12. The workbook will sum the number of measures maintained or improved.
- 13. If a measure credit was earned by entering into a level 2 VBP contract as stated in the VBP QIP Facility Plan Guidance document, enter the credit.
- 14. The workbook will calculate the total credits earned as the sum of measures maintained or improved plus the measure credit earned through VBP contracting.



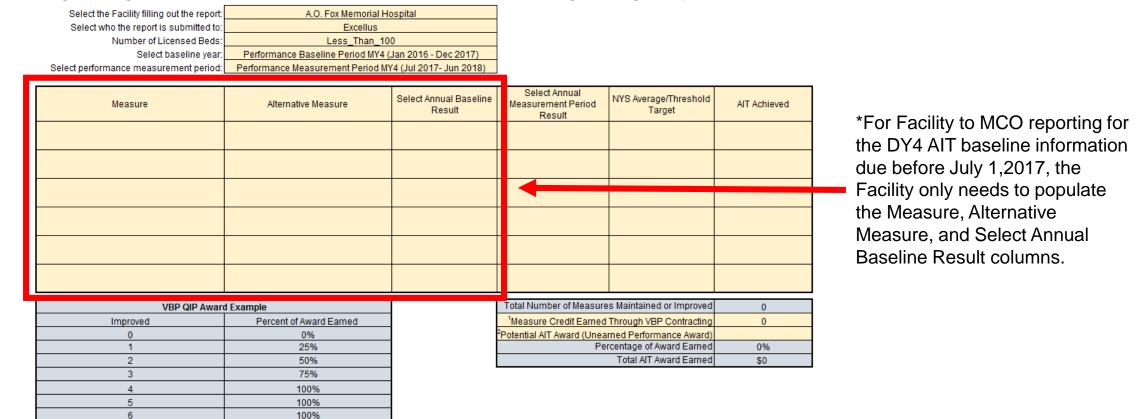
Current Period Rolling Average	Prior Period Rolling Average	Maintained or Improved
		Yes No
Mea	asures Maintained of Improved	0
<sup>1</sup> Measure Credit Earned Through VBP Contracting		1
	1	

Pote	ntial Performance Award Available in Quarter	\$500,000
16	Percentage of Award Earned	25%
	Performance Award Earned in Quarter	\$125,000
)	Unearned Performance Award in Quarter	\$375,000

- 15. The workbook will automatically populate your facility's total available performance award for the quarter.
- 16. Percentage of award earned and performance award earned is calculated based on the total credits earned.
- 17. Unearned performance award in the quarter is the difference between the total available performance award and the award earned. Unearned performance award will be available to be earned as part of successful Annual Improvement Target performance.



 The first Facility to MCO P4P AIT Performance Report should be submitted to paired MCOs prior to the beginning of the DY4 AIT measurement period (beginning July 1<sup>st</sup>, 2017).







Select the Facility filling out the report: Select who the report is submitted to: Number of Licensed Beds: Select baseline year: Select performance measurement period:

A.O. Fox Memorial Hospital
Excellus
Less_Than_100
Performance Baseline Period MY4 (Jan 2016 - Dec 2017)
Performance Measurement Period MY4 (Jul 2017 - Jun 2018)

Measure	Alternative Measure	Select Annual Baseline Result
(6)	(7)	

- Select the Facility filling out the report.
- 2. Select the paired MCO.
- 3. Select the option for the number of licensed beds operated by the facility.
- 4. Select the performance baseline period.
- Select the performance measurement period.
- 6. Select the Facility's six P4P measures from the drop down menu in the measure column.
- 7. If alternative measures were selected, specify the alternative measures in the alternative measure column.



		9		
	Select Annual Baseline Result	Select Annual Measurement Period Result	NYS Average/Threshold Target	AIT Achieved
(8)	Soloct AIT Barolino Porind AIT Barolino Porind MY4 (Jan 2016 - D AIT Barolino Porind MY5 (Jan 2017-M			Yes
	10	(11)	12	

Total Number of Measures Maintained or Improved	1
<sup>1</sup> Measure Credit Earned Through VBP Contracting	0
<sup>2</sup> Potential AIT Award (Unearned Performance Award)	
Percentage of Award Earned	25%
Total AIT Award Earned	\$0

- 8. Select the AIT Baseline Period from the drop down menu in the cell labeled "Select Annual Baseline Result."
- 9. Input the AIT Baseline for each measure in the Annual Baseline Result column.
- 10. Select the AIT Measurement Period from the drop down menu in the cell labeled "Select Annual Measurement Period Result."
- 11. Input the result for the AIT measurement period for each measure in the "Annual Measurement Period Result" column.
- 12. Input the NYS average for each measure in NYS Average/Threshold Target if applicable; otherwise provide alternative measure threshold targets.



Select Annual Measurement Period Result	NYS Average/Threshold Target	AIT Achieved		
		Yes	<b>~</b> /	
		Yes No		
			1	
			1	
Total Number of Measur	es Maintained or Improved	1		
<sup>1</sup> Measure Credit Earned	Through VBP Contracting	0	1	
<sup>2</sup> Potential AIT Award (Unea	$^{\prime}$ otential AIT Award (Unearned Performance Award)			
Pe	rcentage of Award Earned		1	
	Total AIT Award Earned	\$0	l	

- 13. For each measure in AIT, identify if the measure has been achieved using the drop down menu in the "AIT Achieved" column. A facility has achieved their AIT if the annual measurement result is <a href="BOTH">BOTH</a> better than the NYS average/threshold target and has improved relative to the AIT baseline.
- 14. If a measure credit was earned by entering into a level 2 VBP contract consistent with the VBP QIP Facility Plan Guidance document, enter the credit.
- 15. Input the Potential AIT Award (total unearned VBP QIP P4P performance award). The potential AIT award is the sum of the unearned VBP QIP Quarterly P4P performance amounts for the quarters which make up the measurement period.



#### MCO to DOH VBP QIP Quarterly Payment Report

• The first MCO to DOH P4P Quarterly Payment Report should be submitted to DOH on January 31st, 2018 for the DY3 Q3 payments.

Select the MCO filling out the report:	Emblem Health (HIP)
Select performance year:	DY4 (Apr 2018-Mar 2019)
Select performance quarter	Q4 (Jan - Mar)

		MO	CO to Facility		
Facility Names	Facility Names Measures Maintained Paracelly Award Facility Payments Made to Facility		Payments Made to Facility	MCO-Facility Over/Under Payment (Column I - Column H) <sup>1</sup>	Explanation of Funds Vithheld
Health and Hospitals Corp.		<b>\$</b> 0		\$0	
		\$0		\$0	
		\$0		\$0	
		<b>\$</b> 0		<b>\$</b> 0	
		\$0		\$0	
		\$0		\$0	
		\$0		\$0	

		DOH to MCO				
Facility Names	Quarterly Award Earned by Facility	Expected Revenue Received from the DOH	Revenue Received from DOH for the Quarter	Over/Under Payment of MCO by DOH Relative to Total Potential Award (column H - column G) <sup>2</sup>	Over/Under Payment of MCO by DOH Relative to Award Earned (column G - column L) <sup>3</sup>	
Health and Hospitals Corp.	<b>\$</b> 0	\$0		<b>\$</b> 0	\$0	
	<b>\$</b> 0	\$0		\$0	\$0	
	<b>\$</b> 0	\$0		\$0	\$0	
	<b>\$</b> 0	\$0		<b>\$</b> 0	\$0	
	<b>\$</b> 0	\$0		<b>\$</b> 0	\$0	
	<b>\$</b> 0	\$0		<b>\$</b> 0	\$0	
	\$0	\$0		\$0	\$0	



#### MCO to DOH VBP QIP Quarterly Payment Report



			MC	CO to Facility		
	Facility Names	Measures Maintained or Improved	Quarterly Award Earned by Facility	Payments Made to Facility	MCO-Facility Over/Under Payment (Column I - Column H) <sup>1</sup>	Explanation of Funds Withheld
н	lealth and Hospitals Corp.		\$0		<b>\$</b> 0	
		(4)	\$0	(5)	<b>\$</b> 0	(6)
			\$0		<b>\$</b> 0	

- 1. Select the MCO completing the report.
- 2. Select the performance year.
- 3. Select the performance quarter.
- Input the number of Quality Improvement Measures maintained or improved for each facility in "Measures Maintained or Improved" column.
- 5. Input the VBP QIP payments made for successful performance for each facility in the "Payments Made to Facility" column.
- 6. If funds received from the DOH were not subsequently paid to the facility, explain why.



#### MCO to DOH VBP QIP Quarterly Payment Report

		DOH to MCO				
Facility Names	Quarterly Award Earned by Facility	Expected Revenue Received from the DOH	Revenue Received from DOH for the Quarter	Over/Under Payment of MCO by DOH Relative to Total Potential Award (column H - column G) <sup>2</sup>	Over/Under Payment of MCO by DOH Relative to Award Earned (column G - column L) <sup>3</sup>	
Health and Hospitals Corp.	<b>\$</b> 0	\$0		<b>\$</b> 0	\$0	
	<b>\$</b> 0	<b>\$</b> 0		<b>\$</b> 0	\$0	
	<b>\$</b> 0	\$0		\$0	\$0	
	<b>\$</b> 0	<b>\$</b> 0	(7)	to (8	\$0	
	<b>\$</b> 0	\$0		<b>\$</b> 0	<b>\$</b> 0	
	<b>\$</b> 0	<b>\$</b> 0		<b>\$</b> 0	\$0	
	<b>\$</b> 0	\$0		\$0	<b>\$</b> 0	

- 7. Input the total VBP QIP revenue received from DOH for each facility for the quarter under the "Revenue Received from the DOH for the Quarter" column.
- 8. The workbook will automatically calculate the over/under payment of the MCO by the DOH relative to the potential award and the award earned by the facility.



### MCO to DOH VBP QIP AIT Payment Report

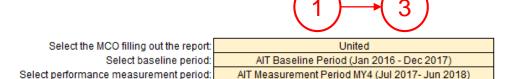
 The first MCO to DOH P4P AIT Payment Report should be submitted to DOH on April 30<sup>th</sup>, 2019 for the DY4 AIT payments.

Select the MCO filling out the report:	United
Select baseline period:	AIT Baseline Period (Jan 2016 - Dec 2017)
Select performance measurement period:	AIT Measurement Period MY4 (Jul 2017- Jun 2018)

Facility Names	Potential AIT Award (Total Unearned VBP QIP Award) (\$) <sup>1</sup>	Total Number of AIT Measures Achieved (excluding measure credit)	Measure Credit Earned Through VBP Contracting	Total AIT Award Earned (\$)	AIT Award Paid to Facility (\$)	Payment/Award Variance (\$)	Explanation of Variance Between the Total AIT Award Earned and Payments to the Facility
Rome Memorial Hospital				\$0		\$0	
Wyckoff Heights Medical Center				\$0		\$0	



#### MCO to DOH VBP QIP AIT Payment Report



Facility Names	Potential AIT Award (Total Unearned VBP QIP Award) (\$) <sup>1</sup>	Total Number of AIT Measures Achieved (excluding measure credit)	Measure Credit Earned Through VBP Contracting
Rome Memorial Hospital			
Wyckoff Heights Medical Center	$\left(4\right)$	(5)	
	)	)	

- 1. Select the MCO filling out the report from the drop down menu.
- 2. Select the baseline year from the drop down menu.
- 3. Select the performance measurement period from the drop down menu.
- 4. Input the Potential AIT Award from the performance measurement period for each facility in the "Potential AIT Award (Total Unearned VBP QIP Award)" column. The potential AIT award is the sum of the unearned VBP QIP award for the quarters making up the measurement period.
- 5. Input the AIT measures achieved by each facility in "Total Number of AIT Measures Achieved" column.



#### MCO to DOH VBP QIP AIT Payment Report

Measure Credit Earned Through VBP Contracting	Total AIT Award Earned (\$)	AIT Award Paid to Facility (\$)	Payment/Award Variance (\$)	Explanation of Variance Between the Total AIT Award Earned and Payments to the Facility
	\$0		\$0	
	\$0		\$0	
(6)		(7)		(8)

- 6. For each facility that earned a measure credit for VBP contracting during the measurement period enter the credit in the "Measure Credit Earned Through VBP Contracting" column.
- Input the VBP QIP payments made for successful achievement of AIT measures in the "AIT Award Paid to Facility" column for each facility.
- 8. Explain any difference between the Total AIT Award Earned by the facility and the AIT payments made to the facility.



## VBP QIP P4R Updates



#### VBP QIP P4R DY3 Q2 Deliverables

Facilities must meet the following pay for reporting (P4R) requirements by <u>June 30</u>,
 2017\* to earn their DY3 Q2 payment\*\*:

#### Submit to both DOH & MCO:

One Level 1 VBP contract and provide Contract Attestation

Facility must provide its VBP QIP paired MCO and DOH with a **Contract Attestation** confirming that the parties indeed signed at least a Level 1 VBP contract\*\*\* in accordance with the NYS VBP Roadmap.

#### Submit to both DOH & MCO:

LOIs with the remaining Medicaid MCOs



Facility must provide copies of Letters of Intent (LOIs) with remaining Medicaid MCOs needed to meet the 80% VBP contracting target\*\*\*\* to their VBP QIP paired MCO and DOH.

#### **Submit to DOH:**

Updated MCO Contract List



Facility must submit an updated MCO Contract List with calendar year 2016 Medicaid Managed Care revenue and VBP arrangement information outlining a plan to meet the 80% VBP contracting target.

The MCO Contract List submitted by June 30 needs to be accompanied by an attestation confirming the accuracy of the data by a senior financial manager at the Facility.



<sup>\*</sup>Due date is listed as June 30, 2017 as July 1, 2017 falls on a Saturday.

<sup>\*\*</sup>Partial payment may be awarded. Each deliverable should be worth 1/3 of the DY3 Q2 payment.

<sup>\*\*\*</sup>The contract submitted to meet the June 30, 2017 is <u>not</u> required to be the same contract from the LOI submitted on April 1, 2017.

<sup>\*\*\*\*</sup>As outlined in the updated July 2017 MCO Contract List the facility submitted on June 30, 2017.

#### Unearned DY3 Q2 P4R Funds

- DOH will <u>not</u> extend the deadline for DY3 Q2 deliverables due on June 30<sup>th</sup>, 2017.
- Unearned P4R funds cannot be earned back through the AIT.
- Although a Facility may earn partial credit overall, deliverables will be reviewed individually on a pass/fail basis.
  - An MCO Contract List without an accompanied attestation will be deemed incomplete.
  - ➤ LOIs that do not align with information included in the MCO Contract List will be deemed incomplete.
  - There is no award for "effort" if a level 1 VBP Contract is not executed meaning a contract attestation must be signed by all parties AND the VBP contract with required documentation must be submitted to DHPCO.

#### **Contract Attestations Submissions**

- The Facility should submit their signed Contract Attestation to:
  - > Its VBP QIP paired MCO; and
  - > The DOH VBP QIP mailbox at vbp\_qip@health.ny.gov
    - Submissions to DOH should include "VBP QIP VBP Contract Attestation" and the Facility's and MCO's name in the subject line.
- Submission of a contract attestation (along with the submission of the contract and required documentation by the contracting MCO to DHPCO) is sufficient for DY3 Q1 and Q2 funds to flow associated with the deliverable. DOH will notify VBP QIP paired MCOs if contracts do not sufficiently meet the requirements.
- DOH reserves the right to review all new, existing, or amended contracts to confirm they
  align to the requirements of the NYS Roadmap. If contracts submitted do not meet
  roadmap requirements, DOH will work with Facilities and VBP contracting MCOs to get
  contracts in alignment with the NYS VBP Roadmap.
- If at the end of the remediation period, VBP contracts are still not in alignment with the NYS VBP Roadmap, Facilities may see penalties applied to their VBP QIP awards: NEW YORK Department

#### VBP Contract Review for April 1st Submissions

- Facilities that submitted contract attestations on April 1, 2017 have received feedback from DHPCO for contracts submitted.
- DOH's review and feedback took longer than originally anticipated.
  - ➤ Due to this delay, DOH is providing additional time for these Facilities and contracting MCOs to have an <u>approved</u>, executed Level 1 contract that meets NYS Roadmap requirements in accordance with the timeline on the next slide (by September 29<sup>th</sup>, 2017).



#### VBP Contract Review for June 30th Submissions

• Facilities must have one (1) Level 1 VBP contract to meet the June 30, 2017 P4R requirement. The facilities should submit information in accordance with the timeline below.

June 30, 2017

 Contracting MCO must submit new or amended VBP Contract and the following documentation to DOH contracts group for review

#### contract@health.ny.gov

- New or amended VBP contract
- Contract Statement and Certification Form
- MCO assigned unique identifier (if amended)
- ·Standard Clauses, as needed
- Off Menu Supplemental Checklist, as required
- Facility sends Contract Attestation to DOH and its paired MCO

#### August 11, 2017

- •DOH contracts group will provide feedback to the contracting MCO and the VBP QIP Facility that either:
- •1. Contract is in alignment with the NYS Roadmap and no further updates are needed
- •2. Updates are needed and provide feedback on elements that should be updated to meet roadmap requirements



#### September 8, 2017

- Contracting MCO submits updated contract and required documentation to DOH contracts group
- Updated Contract Statement and Certification form
- Updated contract



#### September 29, 2017

- DOH contracts group makes determination if the contract meets requirements
- Contracting MCO and VBP QIP Facility are notified of DOH determination
- •VBP QIP paired MCO is also notified of DOH determination



Off menu contracts may take DOH additional time to review. Therefore, if there are delays in DOH feedback, paired MCOs should continue paying out funds for attestation. The paired MCO can perform a reconciliation in the future if the requirement is not met.

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# DY3 Q2 (June 30<sup>th</sup>, 2017) MCO Contract List Recap



### **VBP QIP MCO List**

Facility Name:

Projected Level 1 or Greater VBP Threshold

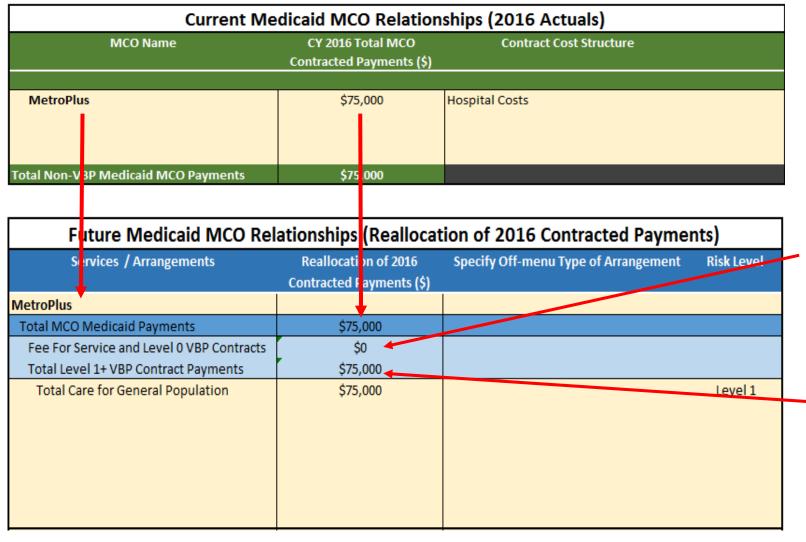
NAME 80.2%

Current Medicaid MCO Relationships (2016 Actuals)			
Services / Arrangements	CY 2016 Total MCO Contracted Payments (\$)	Contract Cost Structure	
MCO List			
MetroPlus Molina Health HIP Affinity IHA Fidelis Excelus	\$75,000 \$35,000 \$65,000 \$10,000 \$15,000 \$35,000 \$25,000	Hospital Costs Hospital and Physician Costs Hospital Costs Hospital and Physician Costs Hospital Costs Hospital and Physician Costs Hospital Costs Hospital Costs	
Total Non-VBP Medicaid MCO Payments	\$260,000		

- 1. Enter the Facility Name
- 2. Input the names of the MCOs with which you have a current Medicaid relationship in the "Services/Arrangements" column
- 3. For each MCO, input the total MCO contracted Payments for 2016 in the "CY 2016 Total MCO Contracted Payments (\$)" column
- 4. Select the cost structure for the contract from the drop down menu in the "Contract Cost Structure" column
- 5. The worksheet will automatically calculate the percentage of VBP dollars in the future state



### **VBP QIP MCO List**



- The worksheet will automatically populate the future Medicaid table with the MCO names and contracted payments from the current Medicaid table
- Fee for service and level 0
   VBP contracts will
   automatically be calculated
   in the "Reallocation of 2016
   Contracted Payments (\$)"
   column
- Total level 1+ VBP contract payments will be automatically calculated based upon amounts entered for VBP contracts



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### **VBP QIP MCO List**

Future Medicaid MCO Relationships (Reallocation of 2016 Contracted Payments)			
Services / Arrangements	Reallocation of 2016 Contracted Payments (\$)	Specify Off-menu Type of Arrangement	Risk Level
MetroPlus			
Total MCO Medicaid Payments	\$75,000		
Fee For Service and Level 0 VBP Contracts	\$0		
Total Level 1+ VBP Contract Payments	\$75,000		
Total Care for General Population	\$75,000		Level 1
6	7		

- Input level 1+ VBP
   arrangements expected to be
   in place by April 1, 2018 in the
   "Total Level 1+ VBP Contract
   Payments" column
- 7. For each VBP contract, input the estimated amount of 2016 MCO contracted payments the facility plans to allocate into each VBP arrangement in the "Reallocation of 2016 Contracted Payments (\$)" column
- 8. If the facility has Total Care for General Population (TCGP)
  VBP arrangements, DOH is allowing the facility to count all payments towards its overall 80% VBP contracting threshold

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### **VBP QIP MCO List**

Future Medicaid MCO Relationships (Reallocation of 2016 Contracted Payments)			
Services / Arrangements	Reallocation of 2016 Contracted Payments (\$)	Specify Off-menu Type of Arrangement	Risk Level
MetroPlus			
Total MCO Medicaid Payments	\$75,000		
Fee For Service and Level 0 VBP Contracts	\$0		
Total Level 1+ VBP Contract Payments	\$75,000		
Total Care for General Population	\$75,000		Level 1
		8	9

- 8. Specify the type of arrangement for each off-menu arrangement in the "Specify Off-menu Type of Arrangement" column
- 9. Select the risk level associated with each VBP contract from the drop down menu in the "Risk Level" column



### MCO Contract List Reminders

- The MCO Contract List that facilities will submit on June 30<sup>th</sup>, 2017 should be Medicaid specific (not all-payer) and include calendar year 2016 Medicaid data.
- LOIs submitted on June 30<sup>th</sup>, 2017 should align to this MCO Contract List.
- This MCO Contract List submitted in June is a snapshot in time. If the Facility
  meets the future state plan outlined in the MCO Contract List, it should meet its
  80% VBP contracting target.
  - Facilities should remember that it gets full credit for the current Medicaid contract if it enters into a Total Care for General Population (TCGP) Level 1 arrangement with the contracting MCO.
  - ➤ However, if the Facility enters into a bundled arrangement (such as maternity), it will only get a portion of credit from the current Medicaid contract.



# **VBP** Contracting



### **VBP Contracting Checklist**

- GOAL: The goal of the VBP Contracting Checklist is to assist contracting entities with ensuring that they are providing all the necessary information within their Contract(s) to the State
- Checklist Components:
  - Eight (8) VBP contract elements and corresponding questions, including:
    - Verification Questions for each of the 8 areas
    - Requirements for each of the 8 areas
      - VBP Roadmap page reference(s)

Type of Arrangement	Attribution
Definition and Scope of Services	Target Budget
Quality Measures / Reporting	Social Determinants of Health Intervention
Risk Level and Shared Savings / Losses	Contracting with CBOs (starting January 2018)



### TCGP Checklist – Verifying Questions (1 - 4)

#### 1. Type of Arrangement (as per the Roadmap)

- 1. Does the contract match the Roadmap arrangement definition?
  - TCGP All Medicaid covered services for all members eligible for mainstream managed care and not eligible for one of the subpopulations (excluding duals)

#### 2. Definition and Scope of Services (Roadmap pg. 35)

1. Does the scope of services state that it will match the VBP Roadmap definition?

#### 3. Quality Measures / Reporting (Roadmap pg. 34)

- 1. Does the contract commit to reporting on all Category 1 quality measures approved by the State? *OR*
- 2. Does the contract list all of the Category 1 quality measures that it will report on?

#### 4. Risk Level (Roadmap pgs. 19, 86)

1. Does the contract describe the level of risk chosen by the contracting parties?

#### 4.B Shared Savings / Losses (Roadmap pg. 86)

1. Does the risk level correspond with the shared savings/losses minimums?



### TCGP Checklist – Verifying Questions (5 – 8)

#### 5. Attribution (Roadmap pgs. 23-24)

1. Does the contract describe the attributed population?

#### 6. Target Budget (Roadmap pgs. 24-28)

1. Does the contract describe the Target Budget in this arrangement?

#### 7. Social Determinants of Health Intervention (Roadmap pg. 41)

1. 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?

#### 8. Contracting with CBOs (starting January 2018) (Roadmap pg. 42)

- 1. If this is a Level 2 or higher contract, does it commit to contracting with at least one Tier 1 Community Based Organization?
  - Tier 1 CBO is a non profit, non-Medicaid billing, community based social and human service organization (e.g. housing, social services, religious organizations, food banks).



### Off Menu VBP Contracts

- Examples of criteria that may trigger an off menu VBP contract include:
  - Proposed contracted arrangement does not align to the definition in the NYS Roadmap
  - ➤ For arrangement types outlined in the NYS Roadmap, the contract does not cover all services and/or episodes defined for each arrangement
  - ➤ For arrangement types outlined in the NYS Roadmap, the contract does not commit to reporting on all Category 1 quality measures approved by the State for that respective arrangement
- MCOs submitting an off menu VBP contract for review will also need to submit the Supplemental Off Menu Checklist.



# Examples of Potential Off Menu VBP Contracts

An arrangement that focuses on a bundle or subpopulation that the Roadmap and the State are not supporting analytically, but that has significant local impact would satisfy this criteria.

A TCGP arrangement that excludes dental services but that does include the continuum of covered services for all members eligible for mainstream managed care would satisfy the criteria, as dental services are outside of the set of covered services for these members.

An arrangement that proposes carving out one or more conditions from the Chronic Bundle in the short term in order to expedite their ability to implement a VBP contract for IPC.

Please view the NYS roadmap for more information on these examples.



# DY3 Timeline and Q&A



# **VBP QIP Timeline**

Upcoming Milestone	Date
Paired MCO and Facility to submit MCO Contract List accompanied with signed attestation (Facility), signed Contract attestation of a Level 1 VBP contract (MCO), and LOIs with MCOs to meet 80% threshold (MCO)	June 30, 2017
Contracting MCO to submit Level 1 VBP contract(s) and required documentation to DHPCO	June 30, 2017
Submit DY4 AIT baseline information and DY4 NYS mean information for alternate measure (as applicable) to DOH	June 30, 2017
Facility to submit Facility to MCO report including DY2 Q4 baseline data*	July 31, 2017
DOH contracts group scheduled to provide feedback to the contracting MCO on Level 1 contract	August 11, 2017
Paired MCO reviews achievement of QIT for DY2 Q4 and prepares payment	September 30, 2017

<sup>\*</sup>MCO should allow 15 additional reporting days for the 3 Hour Sepsis measure.

• The complete VBP QIP timeline is posted on the VBP QIP website.



# **Deliverable Submission**

Report	Submitted by	Submitted to	Frequency	Location
VBP QIP Contracts	MCOs	DOH	As updated	vbp_qip@health.ny.gov
One Contract Attestation for Level 1 VBP	Facilities	Paired MCOs & DOH	June 30, 2017	vbp_qip@health.ny.gov
Remaining LOIs (or Contract Attestations)	Facilities	Paired MCOs & DOH	June 30, 2017	vbp_qip@health.ny.gov
MCO Contract List with 2016 data and Facility Attestation	Facilities	DOH	June 30, 2017	vbp_qip@health.ny.gov
Remaining Contract Attestations	Facilities	MCOs & DOH	April 1, 2018	vbp_qip@health.ny.gov
Documentation of achievement of P4P metrics	Facilities	MCOs	Quarterly	VBP QIP paired MCO
Documentation of approval of P4P deliverables, supporting documentation, and payment date	MCOs	DOH	One month after payment quarter	vbp_qip@health.ny.gov
Paired MCOs submit DY4 AIT baseline information (including NYS mean information for alternative measures) to DOH	MCOs	DOH	June 30, 2017	vbp_qip@health.ny.gov
VBP Contracts, Contract Statement and Certification form	Contracting MCOs	DOH	As completed or updated	contract@health.ny.gov



# **Important Information**

VBP Support Materials

#### **VBP Resource Library:**

- Path: DSRIP Homepage → Value Based Payment Reform → VBP Resource Library
- Link: <a href="https://www.health.ny.gov/health\_care/medicaid/redesign/dsrip/vbp\_library">https://www.health.ny.gov/health\_care/medicaid/redesign/dsrip/vbp\_library</a>

#### **VBP Website:**

- Path: DSRIP Homepage → Value Based Payment Reform
- Link: <a href="https://www.health.ny.gov/health\_care/medicaid/redesign/dsrip/vbp\_reform">https://www.health.ny.gov/health\_care/medicaid/redesign/dsrip/vbp\_reform</a>



# Thank you for your continued support with VBP QIP!

- The next VBP QIP Update Webinar is scheduled for Wednesday, July 19<sup>th</sup> from 2:00 pm – 3:00 pm.
- For questions on VBP QIP quality measures, please email the SPARCS BML at <a href="mailto:sparcs.submissions@health.ny.gov">sparcs.submissions@health.ny.gov</a> with "VBP QIP Measures" in the title.
- For questions on VBP QIP financing, please contact <u>bmcr@health.ny.gov</u>.
- For other questions on VBP QIP, please contact the VBP QIP inbox at <a href="mailto:vbp\_qip@health.ny.gov">vbp\_qip@health.ny.gov</a>.

