



VALUE BASED PAYMENT FOR MEDICAID ADVANTAGE PLUS (MAP) PLANS

The overall goal of the movement toward value based payment (VBP) in New York State's Medicaid program is to improve individual and population health outcomes by providing more integrated care, care coordination, and incentives for high quality care in a financially sustainable delivery system.

Key defining factors of New York State's VBP approach include:

- Addressing the Medicaid program with a holistic, all-encompassing approach;
- Leveraging managed care to deliver payment reforms;
- Addressing the need to change provider business models through positive financial incentives;
- Allowing maximum flexibility in implementation within a robust, standardized framework; and,
- Maximizing the focus on transparency for the costs and outcomes of care.

MAP plans should consult the VBP Roadmap, available at the VBP Resource Library ([Link](#)), for more information.

VBP Goal for MAP Plans

Following the VBP Roadmap for fully capitated Managed Long Term Care (MLTC), the VBP arrangement for MAP is a total cost of care arrangement, inclusive of all services provided to the member. MAP plans and providers should engage in VBP contracts for total cost of care with a target budget covering all services.

What are the Levels of VBP Applicable to the MAP Plans?

MAP plans are fully capitated plans and are treated similarly to mainstream managed care plans for VBP. Three levels, or types of contracts, are available depending on the preference and capacity of the contracting parties. Level 1 is a shared savings arrangement with no downside risk. Level 2 is a shared savings/shared losses arrangement with limited downside risk. Level 3 is a prospective global capitation payment.

Level 2 and 3 VBP contracts are required to include at least one "Tier 1" community based organization (CBO) in order to implement a social determinant of health (SDH) intervention. MAP plans should consult the VBP Roadmap for additional information on VBP Levels and the menu of SDH implementations with Tier 1 CBOs.

Are MAP Plans Subject to Penalties for Not Moving into VBP Arrangements?

Consistent with VBP Roadmap requirements, penalties applicable to mainstream managed care plans will also apply to MAP plans, beginning in January 2018. The 2018 VBP target is 10% of MAP plan spending in Level 1.

What Quality Measures are Recommended for MAP VBP?

Additional information on the quality measures recommended for VBP for MAP plans is forthcoming.

What is the Deadline for VBP Contracting for MAP Plans?

MAP plans are required to submit VBP contracts to cover all provider types by March 31, 2018 and may retroactively cover the January 1 to March 31, 2018 period.

Questions can be sent to MLTCVBP@health.ny.gov.