

#	Subcommittee	Issue	Standard or Guideline Recommended	Recommendation Description	Implementation Mechanism: Changes to State Legislation	Implementation Mechanism: Updates to Model Contracts	Implementation Mechanism: DOH Policy Update
1	Regulatory Impact	Provider Risk Sharing	Not Applicable	DFS Regulation 164 should be kept as it currently stands and applied to prepaid, capitated, total care for general and (sub)population VBP arrangements (a selection of Level 3 VBP arrangements). VBP Level 2 arrangements would be excluded from the Regulation 164 definition of financial risk transfer and the "business of insurance".	N/A	N/A	N/A
2	Regulatory Impact	Default Risk Reserves	Not Applicable	Providers should be allowed to engage in VBP Level 2 arrangements without a financial security deposit under Regulation 164, as long as they limit their risk. No change to the current regulation is recommended.	N/A	N/A	N/A
3	Regulatory Impact	PPSs as Contracting Entities	Not Applicable	No regulatory changes should be implemented to recognize PPSs as formal legal entities. Existing contracting vehicles (e.g. IPAs and ACOs) should be used by PPSs in order to become a VBP contractor.	N/A	N/A	N/A
4	Regulatory Impact	Provider Contract Review Process	Standard	Three formal review Tiers will be created to reflect the new Roadmap VBP Levels: Multi-Agency Review (Tier 3), both DOH and DFS approval required; DOH Review (Tier 2), DOH approval required; and File and Use Tier (Tier 1) no approval required.	No	No	Yes
5	Regulatory Impact	Self-referral (Stark Law)	Not Applicable	Proposed alignment of NYS laws and regulations so that they are fully aligned with federal Stark rules. This change would allow more flexibility for providers engaging in VBP contracting. The SC also recommends that the new state language incorporate future amendments to federal laws and regulations.	Yes	No	No
6	Regulatory Impact	Anti-kickback Law	Not Applicable	Proposed alignment of NYS laws and regulations so that they are fully aligned with federal AKS laws and regulations. This would allow more flexibility for providers to engage in VBP contracting. The SC also recommends that the new state language incorporate future amendments to federal laws and regulations.	Yes	No	No
7	Regulatory Impact	Changes to the Medicaid Managed Care Model Contract and Provider Contract Guidelines	Not Applicable	The Medicaid Managed Care Model Contract and Provider Guidelines will be updated per DOH consideration of SC comments, in order to better accommodate changes in the VBP environment. The updated Model Contract and Provider Contract Guidelines language will be made available to the public when finalized.	No	Yes	Yes

8	Regulatory Impact	Prompt Payment Regulations	Not Applicable	No change to New York state laws or regulations is recommended. The SC recommends considering the application of Prompt Payment rules in certain VBP contractual arrangements (e.g., via the Model Contract and/or Provider Contracting Guidelines).	N/A	N/A	N/A
9	Regulatory Impact	Civil Monetary Penalty	Not Applicable	No change to New York state laws or regulations is recommended, as federal Civil Monetary Penalty and the NYS equivalents already provide comprehensive coverage in the VBP environment.	N/A	N/A	N/A
10	Regulatory Impact	HIPAA and State Privacy Laws	Not Applicable	A separate workgroup will be created to address privacy issues on a scenario by scenario basis. No change to current laws and regulations are recommended at this time.	N/A	N/A	N/A
11	Regulatory Impact	Program Integrity	Not Applicable	A new workgroup comprised of program integrity stakeholders (e.g., the State, providers, and payers) is recommended to be created in 2016 to specifically address important changes to overall program integrity No change to current laws and regulations are recommended at this time.	N/A	N/A	N/A
12	Regulatory Impact	Business Laws and Corporate Practice of Medicine	Not Applicable	Business Law: Taking into consideration the bill recently introduced, similar language should be included in the Article VII Budget Bill; CPOM: Future discussions should occur as needed, to address whether changes should be made to CPOM laws and regulations. These discussions should take into account changes to Business Laws as indicated above.	Yes	No	No
13	Regulatory Impact	Regulatory Reform	Not Applicable	A new workgroup comprised of stakeholders (e.g., the State, providers, and payers) is recommended to be created in 2016 to specifically address specific VBP de-regulation opportunities. No change to current laws and regulations are recommended at this time.	N/A	N/A	N/A
14	Regulatory Impact	Physician-Pharmacist Collaboration Relative to Comprehensive Medication Management (CMM) for Patients with Chronic Diseases	Not Applicable	The SC has reviewed the current CMM state of affairs in New York and recommends amending the Public Law to create a voluntary program for collaboration between qualified pharmacists and physicians ruled by a written protocol that would enable physicians to refer certain patients with chronic conditions who (1) have not met the goals of therapy, (2) are at risk for hospitalization or (3) otherwise considered to be in need of CMM services, to qualified pharmacists.	Yes	No	No

15	Technical Design I	Member Attribution Guidelines	Guideline	The MCO assigned Primary Care Physician (PCP) drives attribution in Total Care for the General Population (TCGP), Integrated Primary Care (IPC), and chronic bundles. The MCO assigned Health Home drives attribution in Total Care for the HARP Subpopulation. For the AIDS/HIV Subpopulation, it is the patient's key AIDS/HIV center; for MLTC, the key HCA or the Nursing home. For Maternity care, it is the obstetricians/midwives delivering the pregnancy care.	N/A	N/A	N/A
16	Technical Design I	Target Budget	Guideline	Three years of provider-specific historic claims are aggregated to create the baseline of the target budget and allow for a comparison to prior provider experience. This baseline is multiplied by the 'growth trend', which is calculated by averaging the regional growth trend and a provider-specific growth trend. 3M CRG methodology is utilized for risk adjustment in population-based VBP arrangements (TCGP) and HCI3 risk adjustment is utilized for bundles of care. The target budget may be modified based on the efficiency and quality of VBP contractors in the delivery of the VBP arrangement.	N/A	N/A	N/A
17	Technical Design I	Calculating Shared Savings and Losses	Guideline	For Level 1, the starting point for shared savings percentage negotiations should be 50% of savings to be retained by VBP contractors. For Level 2, the starting point should be 90% of savings to be retained by providers. 50% of outcomes targets must be met in order for a provider to be eligible to receive the full amount of shared savings as discussed above. Funds are to be distributed according to provider effort and provider performance in realizing the overall efficiencies, outcomes, and savings.	N/A	N/A	N/A
18	Technical Design I	Overpayment by Plan to Provider	No Standard or Guideline	The State regulatory guidance currently in place does not require changes. When setting up value-based contracts, plans and providers can continue to build off existing practices and regulation and agree upon additional details of overpayment recovery in their contracts.	N/A	N/A	N/A

19	Technical Design I	Criteria for Shared Savings for Hospitals in IPC and Total Care for General Population and Subpopulation Contracting This is a non-consensus recommendation.	Both Guideline and Standard	In Level 1 & 2 arrangements, there are three categories of criteria for determining shared savings between hospitals and professional-led practices: data management and data sharing, innovation and care redesign, and quality and engagement. If the hospitals meet all of these criteria and professional-led practices generate savings in IPC arrangements, the hospitals will receive 50% of the savings in Level 1 arrangements and 25% in Level 2 arrangements. Hospitals must meet all three criteria in order to receive savings.	No	Yes	No
20	Technical Design II	Fee for Service as VBP	Standard	A limited set of preventive services will be counted as value-based when reimbursed through Fee-for-Service if they have a quality measure attached. The State will develop a list of such services and their associated quality measures for CMS's consideration.	No	Yes	No
21	Technical Design II	Exclusions from VBP calculations	Both Guideline and Standard	A narrow list of services and providers should be permitted to be excluded from VBP arrangements: for high cost specialty drugs and transplant services, the decision to exclude is left to VBP contractors and MCOs; financially challenged providers that require thorough restructuring can be excluded from VBP. Providers remain responsible for costs for patients within their VBP arrangements, even when care is delivered out of network.	No	Yes	No
22	Technical Design II	Technical Support to Providers Facing Significant Financial Challenges in VBP	No Standard or Guideline	The development of a standard or guideline regarding the provision of technical support to providers encountering performance challenges is not recommended at this time. The State will monitor for the need of such support.	N/A	N/A	N/A
23	Technical Design II	Financially Challenged Provider Status	Standard	If a provider (both inpatient and outpatient) is deemed financially challenged, the following limitations apply: such FCPs cannot enter a Level 2 or higher VBP arrangement in a VBP contractor role, though they can be part of Level 2 or higher VBP arrangements, as long as they themselves are protected from any downside risk.	No	Yes	Yes
24	Technical Design II	Addressing Impasse Situations in VBP Negotiations	No Standard or Guideline	The recommendation is to continue monitoring the situation and not develop any processes for assisting negotiations at this time. Re-assess in the future.	N/A	N/A	N/A
25	Technical Design II	Planned Assessment of VBP Progress	Deferred to the VBP Workgroup	The recommendation is to assess the approach to VBP progress in six months, following updates to the Medicaid Model Contract.	N/A	N/A	N/A

26	Technical Design II	VBP Innovator Program Design This is a non-consensus recommendation.	Standard	The Innovator Program will serve as a voluntary program for VBP contractors prepared for participation in Level 2 and 3 value-based arrangements by Year 2 (2016) of DSRIP. Recommendations have been made on the following seven design components of the program: (1) eligible VBP risk arrangements (2) the review/assessment process (3) criteria for participation such as network adequacy, experience with VBP arrangements, membership size and financial solvency (4) the appeals process (5) program benefits (6) performance measurement and (7) status maintenance and contract termination/program exit criteria.	No	Yes	No
27	Technical Design II	Quality and Outcome Measures in Total Care for General Population	Deferred to the VBP Workgroup	Finalizing Quality measures for Total Care for the General Population VBP arrangements is deferred to the VBP Workgroup for finalization as the Subcommittee could not provide significant input on this matter.	No	Yes	No
28	Social Determinants of Health and Community Based Organizations	Encouraging the Development of Culturally Competent Social Determinant Initiatives and Collaboration with MCOs	Guideline and Standard	Providers/provider networks and MCOs should implement interventions on a minimum of one SDH.	No	No	Yes
29	Social Determinants of Health and Community Based Organizations	Encouraging the Development of Culturally Competent Social Determinant Initiatives and Collaboration with MCOs	Guideline	The SD interventions selected by providers/provider networks should be based on the results of an SDH screening of individual members, member health goals, and the impact of SDs on their health outcomes, as well as an assessment of community needs and resources.	No	No	No
30	Social Determinants of Health and Community Based Organizations	Encouraging the Development of Culturally Competent Social Determinant Initiatives and Collaboration with MCOs	Guideline and Recommendation to DOH	Providers/provider networks and MCOs should invest in, and the State should provide financial incentives for, ameliorating an SDH at the community level employing a community participatory process.	No	No	No
31	Social Determinants of Health and Community Based Organizations	Encouraging the Development of Culturally Competent Social Determinant Initiatives and Collaboration with MCOs	Standard and Recommendation to DOH	MCOs and the State should incentivize and reward providers (including CBOs) for taking on member and community-level SDH.	No	Yes	No
32	Social Determinants of Health and Community Based Organizations	Encouraging the Development of Culturally Competent Social Determinant Initiatives and Collaboration with MCOs	Guideline and Recommendation to DOH	Providers/provider networks should maintain a robust catalogue of resources in order to connect individuals to community resources that are expected to address SDH.	No	No	No

33	Social Determinants of Health and Community Based Organizations	Encouraging the Development of Culturally Competent Social Determinant Initiatives and Collaboration with MCOs	Guideline	Providers/provider networks should employ a culturally competent and diverse workforce at all levels that reflects the community served.	No	No	No
34	Social Determinants of Health and Community Based Organizations	Encouraging the Development of Culturally Competent Social Determinant Initiatives and Collaboration with MCOs	Recommendation to DOH	The State should form a taskforce of experts and a process specifically focused on children and adolescents in the context of VBP. This process should be initiated by the State in an inclusive manner.	No	No	No
35	Social Determinants of Health and Community Based Organizations	Methods to Measure the Success of the Programs Implemented	Guideline and Recommendation to DOH	The State should create a data system and dashboard that displays providers/provider networks' and MCOs' success in addressing health disparities and should measure and report on outcomes based on race, ethnicity, disability, sexual orientation, etc. Providers/provider networks and MCOs should be encouraged to use this information to inform negotiations regarding performance metrics.	No	No	No
36	Social Determinants of Health and Community Based Organizations	Methods to Measure the Success of the Programs Implemented	Guideline and Recommendation to DOH	Providers/provider networks and MCOs should utilize an SDH screening tool to measure and report on SDs that affect their individual members, which include elements of each of the five key domains of SDH identified. The SDH screening tool will be used with each individual member at least annually.	No	No	No
37	Social Determinants of Health and Community Based Organizations	Methods to Measure the Success of the Programs Implemented	Recommendation to DOH	The State should design and implement a system that aims to track the success of interventions and how they are measured. This should include, but not be limited to, systematically collecting and publicly reporting on member experience with any service, whether from a CBO, hospital, behavioral health provider or primary care practice. Members need this information to inform their own decisions and payment reform needs this level of transparency in order to drive change and inform future contracting.	No	No	No
38	Social Determinants of Health and Community Based Organizations	Addressing and Developing an Action Plan for Housing Determinants	Guideline	Providers/provider networks and MCOs are expected to track and report discrete outcomes of the interventions and are encouraged to use a continuous quality improvement (CQI) model for enhancing the intervention.	No	No	No

39	Social Determinants of Health and Community Based Organizations	Addressing and Developing an Action Plan for Housing Determinants	Recommendation to DOH	The State should incorporate SDH into Quality Assurance Reporting Requirements (QARR) measures.	No	No	No
40	Social Determinants of Health and Community Based Organizations	Addressing and Developing an Action Plan for Housing Determinants	Recommendation to DOH	The State should form a taskforce to identify standard data sources and points that can be utilized to provide a consistent and reliable SD adjustment to the member acuity calculation prior to attribution, and establish an adjusted acuity calculation which takes SDs into consideration when establishing member acuity.	No	No	No
41	Social Determinants of Health and Community Based Organizations	Addressing and Developing an Action Plan for Housing Determinants	Recommendation to DOH	The State should develop a standard set of measures for SDH and well-being that can be added to existing data collection and electronic health record systems.	No	No	No
42	Social Determinants of Health and Community Based Organizations	Addressing and Developing an Action Plan for Medicaid Member Housing Determinants	Guideline and Mandate to DOH	Medicaid providers, MCOs, and the State should collect standardized housing stability data. The State should explore options and determine the best mechanism for capturing this data.	No	No	Yes
43	Social Determinants of Health and Community Based Organizations	Addressing and Developing an Action Plan for Medicaid Member Housing Determinants	Guideline	Provider/provider networks and MCOs should coordinate with Continuum of Care (COC) entities, where they exist, when considering investments to expand housing resources. This could ensure that resources are aligned with documented community needs and priorities, and coordinated with other resources and the many stakeholders seeking to serve this at-risk population.	No	No	No
44	Social Determinants of Health and Community Based Organizations	Addressing and Developing an Action Plan for Medicaid Member Housing Determinants	Recommendation to DOH	New York City, the State, and other involved localities should update the NY/NY Agreements to give priority to homeless persons who meet Health and Recovery Plan (HARP) eligibility criteria or have other serious supportive housing needs without regard for specific diagnoses or other criteria. The definition of "homeless" should be modified (for units that do not receive US Department of Housing and Urban Development (HUD) capital or operating dollars) to include persons who are presently in institutional or confined settings.	No	No	No

45	Social Determinants of Health and Community Based Organizations	Addressing and Developing an Action Plan for Medicaid Member Housing Determinants	Recommendation to DOH	The State should submit a New York State waiver application to the Center for Medicare and Medicaid Services (CMS) that tracks the June 26, 2015 <i>CMCS Information Bulletin: Coverage of Housing-Related Activities and Services for Individuals with Disabilities</i> . <i>Wachino, Vikki. CMCS Information Bulletin: Coverage of Housing-Related Activities and Services for Individuals with Disabilities. Department of Health and Human Services. 26 June 2015. Web. 07 Oct. 2015. <http://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>.</i>	No	No	No
46	Social Determinants of Health and Community Based Organizations	Addressing and Developing an Action Plan for Medicaid Member Housing Determinants	Recommendation to DOH	The State should leverage Medicaid Reform Team (MRT) housing work group money to advance a VBP-focused action plan.	No	No	No
47	Social Determinants of Health and Community Based Organizations	Addressing and Developing an Action Plan for Medicaid Member Housing Determinants	Recommendation to DOH	The State should submit a waiver application that challenges the restrictions on rent and home modifications in the context of VBP.	No	No	No
48	Social Determinants of Health and Community Based Organizations	Determining Methods which can be Used to Capture Savings across Public Spending as related to SDH and CBOs	Guideline	Provider networks could participate in a co-investing model	No	No	No
49	Social Determinants of Health and Community Based Organizations	Determining Methods which can be Used to Capture Savings across Public Spending as related to SDH and CBOs	Guideline	Provider networks could participate in innovative contracting	No	No	No
50	Social Determinants of Health and Community Based Organizations	Determining Methods which can be Used to Capture Savings across Public Spending as related to SDH and CBOs	Guideline	Provider networks could invest in one or more social impact bonds	No	No	No

51	Social Determinants of Health and Community Based Organizations	Determining Methods which can be Used to Capture Savings across Public Spending as related to SDH and CBOs	Recommendation to DOH	The State should assess economic development investments.	No	No	No
52	Social Determinants of Health and Community Based Organizations	Providing CBOs Technical Assistance and Education for VBP - Decreasing the Knowledge Deficit	Recommendation to DOH	The State and/or a third party should develop educational materials on VBP that focus on both CBOs' part in the system and guidance on the value proposition CBOs should expect to provide when contracting with providers/provider networks and MCOs. Additionally, the State and/or a third party should provide technical assistance for the providers/provider networks and MCOs (non-CBO) contracting entities on how to work effectively with CBOs.	No	No	No
53	Social Determinants of Health and Community Based Organizations	Providing CBOs Technical Assistance and Education for VBP - Decreasing the Knowledge Deficit	Recommendation to DOH	The State should create a workgroup to determine the possibility of, or options for, developing a user-friendly, bidirectional system that enhances communication between providers/provider networks and CBOs to better address members' SDH needs. Once the system has been developed, the State should ensure providers/provider networks implement the system within their networks. The providers/provider networks should collaborate with CBOs to ensure the correct and relevant SDH information is collected.	No	No	No
54	Social Determinants of Health and Community Based Organizations	Providing CBOs Technical Assistance and Education for VBP - Decreasing the Knowledge Deficit	Recommendation to DOH	The State should create a "design and consultation team" of experts from relevant State agencies, advocacy and stakeholder groups to provide focused consultation and support in a way that is affordable to CBOs who are either involved or considering involvement in VBP.	No	No	No
55	Social Determinants of Health and Community Based Organizations	Providing CBOs Technical Assistance and Education for VBP- Understanding and Addressing Capacity, Monetary, and Infrastructure Deficits	Recommendation to DOH	The State or a third party should develop criteria for CBOs to self-assess their readiness to enter into VBP arrangements. This will provide information to assist the CBO with areas where further development may be necessary before entering a VBP contract.	No	No	No
56	Social Determinants of Health and Community Based Organizations	Providing CBOs Technical Assistance and Education for VBP- Understanding and Addressing Capacity, Monetary, and Infrastructure Deficits	Recommendation to DOH	State funding should be made available to CBOs to facilitate their participation in specific VBP arrangements.	No	No	No

57	Social Determinants of Health and Community Based Organizations	Providing CBOs Technical Assistance and Education for VBP- Understanding and Addressing Capacity, Monetary, and Infrastructure Deficits	Recommendation to DOH	The State should encourage integration of community-based care teams into the clinical care setting , and similarly, the collaboration of clinical care teams into the community-based care setting.	No	No	No
58	Social Determinants of Health and Community Based Organizations	Providing CBOs Technical Assistance and Education for VBP - CBO Involvement in the Development of VBP Networks	Standard	Every level two or three VBP arrangement will include a minimum of one Tier 1 CBO (definition of CBO Tiers on pg. 58) starting January 2018. The State will, however, make financial incentives available immediately for plans and providers who contract with Tier 1 CBOs.	No	Yes	No
59	Advocacy and Engagement	Member Incentive Programs Develop a Member Incentive Program.	Guideline and Recommendation to DOH	The Subcommittee recommends all MCO and providers offer member incentives in the VBP environment. The recommendation will serve as a guideline for all levels of VBP arrangements.	No	No	No
60	Advocacy and Engagement	Member Incentive Programs Guidelines for Acceptable Practices When Developing Member Incentive Programs.	Guideline	The Subcommittee recommends that the State create guidelines to inform and educate Providers and MCOs about anti-kickback and fraudulent claims laws to ensure that incentive programs do not violate regulations associated with incentivizing and influencing members to select particular providers.	No	No	No
61	Advocacy and Engagement	Member Incentive Programs Guiding Principles for Member Incentive Programs.	Guideline	The Subcommittee recommends that programs take into account a set of guiding principles created by the SC when considering their design and implementation.	No	No	No
62	Advocacy and Engagement	Member Incentive Programs Creation of an Expert Group for Achieving Cultural Competence in Incentive Programs.	Guideline	The Subcommittee recommends that the State should convene a group of experts and consumers to create more detailed guidance (e.g. a “checklist”) for the development of incentive programs.	No	No	No
63	Advocacy and Engagement	Member Incentive Programs Elimination of the \$125 Incentive Cap for Preventive Care.	Standard	The Subcommittee recommends that the State eliminates the \$125 incentive cap for preventative care services in the current New York State (NYS) Medicaid managed care model contract.	No	Yes	No
64	Advocacy and Engagement	Member Incentive Programs Implementation of Pilot Incentive Programs	Guideline	The Subcommittee recommends that the established VBP Pilot Programs currently in development for early adopters be considered as a vehicle for piloting incentive programs.	No	No	Yes
65	Advocacy and Engagement	Member Incentive Programs Incentive Program Outcome Measurement	Guideline	The Subcommittee recommends that the State should provide or contract a third party to evaluate outcomes of incentive programs implemented for Medicaid.	No	No	No

66	Advocacy and Engagement	Member Incentive Programs Development of a Library of Knowledge on Incentive Programs.	Guideline	The Subcommittee recommends that the State develop a library of knowledge where all providers, payers and members will have access to information on current incentive programs as well as past programs and their efficacy.	No	No	No
67	Advocacy and Engagement	Patient Reported Outcomes Providers should utilize PRO measures in their practice.	Guideline	The Subcommittee recommends that providers should utilize Patient Reported Outcome (PRO) Measures in their practice.	No	No	No
68	Advocacy and Engagement	Patient Reported Outcomes Providers should incentivize members to complete PRO measure questionnaires.	Guideline	The Subcommittee recommends that providers should incentivize members to complete Patient Reported Outcome (PRO) Measures questionnaires.	No	No	No
69	Advocacy and Engagement	Patient Reported Outcomes Implementation of pilot PROs program.	Guideline	The Subcommittee recommends that the VBP Pilot Programs, currently in development as early adopters, be considered as a vehicle for piloting the use of Patient Reported Outcome (PRO) Measures in an assessment tool.	No	No	Yes
70	Advocacy and Engagement	Members' Right to Know As a key component of member engagement, Medicaid Members Have a Right to Know about VBP and Fee for Service (FFS).	Guideline	The Subcommittee recommends that the state should ensure that information concerning VBP is communicated effectively to Medicaid members.	No	No	No
71	Advocacy and Engagement	Members' Right to Know Update the current Managed Care Patient Bill of Rights.	Guideline	The Subcommittee recommends that the State should convene a workgroup to update the current Managed Care Patient Bill of Rights to include information relevant to the VBP context.	No	No	No
72	Advocacy and Engagement	Members' Right to Know Publish Easy to Understand Information.	Guideline	The Subcommittee recommends that the State should publish easy to understand information, for Medicaid members assigned to a VBP bundle, about their provider's and plan's performance.	No	No	No
73	Advocacy and Engagement	Members' Right to Know Develop a plan on how to best provide information.	Guideline	The Subcommittee recommends that the State should create a workgroup to develop a plan on how best provide the information about VBP referenced in these recommendation to Medicaid members.	No	No	No

74	Advocacy and Engagement	Members' Right to Know Expand the Ombuds program.	Guideline	The Subcommittee recommends that the state should expand the Ombuds Program for people with Medicaid long-term care services to include Medicaid members enrolled in VBP. Ombuds staff should have expertise in issues related to VBP, including the shift in provider incentives under VBP, the potential for a less comprehensive array of treatment options, and members' right to second opinions and provider changes.	No	No	No
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