

**Q&A: Updated VBP Roadmap Public Comment Educational Webinar**  
 January 25, 2022

Below are responses to questions asked by participants of the January 25, 2022, Value Based Payment Roadmap (*VBP Roadmap*) Public Comment Educational Webinar, entitled “Value-Based Payment (VBP) Roadmap: Update for Post Delivery System Reform Incentive Payment Program (DSRIP).”

Question	Answer
<p>Now that VBP is not required for partially capitated MLTC plans but is a guideline, what is your expectation for partially capitated MLTC plans and their home care contractors?</p>	<p>NYSDOH continues to encourage Managed Long-Term Care (MLTC) Partially Capitated plans to build on their VBP efforts and recommends that plans evaluate the outcomes and impacts of their current VBP contracts to make an informed determination about VBP participation. However, because the structure of the MLTC Partially Capitated approach does not reflect current VBP principles, this is no longer a requirement and has been rewritten as a guideline.</p> <p>Given the change from requirement to guideline, New York State Department of Health (NYSDOH) support for MLTC Partially Capitated quality reporting as of Measurement Year (MY) 2020 has been suspended until further notice.</p>
<p>Does the removal of the CBO Tiers mean that the inclusion of a CBO that provides both MA billable treatment services as well as non-billable services meets the requirement to contract with a CBO?</p>	<p>In the updated <i>VBP Roadmap</i>, any not-for-profit community-based organizations (CBO) can contract under VBP to provide non-Medicaid billable services.</p>
<p>It appears that PACE and MAP plans are still required to participate in VBP, but DOH will not be supporting the LTC quality measures as it has in the past. Is that correct?</p>	<p>DOH expects Medicaid Advantage Plus (MAP) plans to continue to participate in VBP arrangements. The measurement requirements have not changed.</p> <p>DOH will not be supporting the LTC quality measures, which were only specific to MLTC Partially Capitated plans.</p>
<p>Do you think BHCC contracts would fit into the off-menu option?</p>	<p>A Behavioral Health Care Collaborative (BHCC) contract could be either on-menu or off-menu depending on the nature of the VBP arrangement (e.g., attribution methodologies, quality incentives, how cost is controlled). The updated <i>VBP Roadmap</i> does not change the definition of what is deemed on-menu or-off menu.</p>
<p>Since the Roadmap still values the utilization of timely data, has DOH worked further on sharing data with the RHIOs?</p>	<p>DOH is working to continue providing adequate data sharing, consistent with security requirements. This is a high priority item, consistent with DOH’s larger objectives extending beyond the <i>VBP Roadmap</i>.</p>
<p>Can you comment on the hospital inclusion? It seems different than the original Roadmap. The</p>	<p>The <i>VBP Roadmap</i> provides shared savings percentages that NYS established as a guideline to support VBP contractors and plans in their VBP</p>

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requirements with a required piece of the savings.	contracting negotiations. Plans and VBP contractors may, however, decide on other percentages in their VBP agreements. Eligible hospitals being included in shared savings was an element of previous versions of the Roadmap (page 15, 2019 VBP Roadmap).
Will this new VBP roadmap lead to an opportunity to revive or develop new PPS organizations like we had with DSRIP?	The <i>VBP Roadmap</i> does not include programmatic updates. Any programmatic updates will be proposed through the new 1115 waiver demonstration. You can learn more about the DOH’s 1115 waiver proposal in the <a href="#">1115 Waiver Demonstration Conceptual Framework</a> .
Will the definition of SDH Tier 1 provider be reconsidered in the revised Roadmap? This has been a barrier to Level 2 Contracts given even small CBOs may offer a Medicaid eligible service (i.e., Health Home).	<p>All references to CBO tiers have been removed, however Level 2 and 3 VBP arrangements are still required to include at least one not-for-profit organization. The definitions of Level 1, 2, and 3 Contracts have not changed but have been clarified in the updated <i>VBP Roadmap</i>.</p> <p>DOH encourages further public comment on barriers to Level 2 Contracts for refinement of the <i>VBP Roadmap</i> and for future updates to the VBP Roadmap as part of the next 1115 waiver.</p>
Is the Innovator Program being re-instated? From our understanding, new Innovator Applications are not being accepted or considered.	DOH has not considered reopening the Innovator application portal as part of this <i>VBP Roadmap</i> update but would be interested in hearing feedback if there is interest in the Innovator program from providers and plans. Innovator contracts are a form of Level 3 contracting in which DOH remains supportive.
Will the VBP roadmap make any changes to the goals for meaningful VBP contracts for behavioral health providers?	The updated <i>VBP Roadmap</i> does not include any material or substantive changes to the goals or principles of VBP. DOH seeks to address any substantive feedback or updates in the next 1115 waiver. The <a href="#">1115 Waiver Demonstration Conceptual Framework</a> outlines improvements in addressing challenges providers and plans have encountered trying to utilize VBP arrangements to address behavioral health populations.
Can you say anything about the successor program for the VBP QIP?	Based on Centers for Medicare and Medicaid Services (CMS) guidance, DOH is moving to a directed payment authority as a means of achieving the historical purposes of the VBP Quality Improvement Program (QIP). References to the VBP QIP program have been removed in

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	this updated <i>VBP Roadmap</i> . Please follow up at <a href="mailto:vbp@health.ny.gov">vbp@health.ny.gov</a> to learn more.
Was attribution extended beyond primary care to behavioral health care?	The same definitions of attribution continue to exist and have been clarified in the updated <i>VBP Roadmap</i> . Depending on the nature of the arrangement and how it is structured, attribution could be based on primary care, a behavioral health diagnosis, or another methodology.
How do smaller, culturally specific community-based providers meet to collaborate with the larger MCOs? They don't know we exist because we're only a Tier 1 CBO and now we're nothing at all. We can't connect, therefore – we can't help.	The updated <i>VBP Roadmap</i> will not change expectations around CBO services. Through the next 1115 waiver design, DOH seeks to address this issue through investments, Social Determinants of Health Networks, and the required health equity driven VBP contracts to include an appropriate closed loop network of CBOs. You can learn more about the DOH's 1115 waiver proposal in the <a href="#">1115 Waiver Demonstration Conceptual Framework</a> .
Is there any appetite to establish guidelines (perhaps falling outside the Roadmap itself) that widen the SDH services that could be Medicaid billable, along with guidance on FMV to establish reimbursement rate/pricing?	DOH intends to work with CMS on a potential fee schedule for SDH services in the next 1115 waiver. You can learn more about the DOH's 1115 waiver proposal in the <a href="#">1115 Waiver Demonstration Conceptual Framework</a> . DOH has also continuously encouraged MCOs to explore in-lieu of services arrangements that would support social determinants of health interventions as an alternative to benefits in the existing MCO benefit packages.
Are PACE plans required to enter into VBP arrangements?	No, Programs of All-Inclusive Care for the Elderly (PACE) plans are not required to enter into VBP arrangements given their federally mandated authority.
Could smaller providers also connect with other providers for "bulk investment in SDH" to expand VBP opportunities - similar to what DOH said about smaller CBOs?	The updated <i>VBP Roadmap</i> does not impact how smaller providers would position themselves for VBP opportunities. Resources on this topic are available on the DOH webpage. DOH encourages further comment on this subject as a part of the next 1115 Waiver.
Are there publicly available data on the VBP Contract Arrangements by LOB?	All relevant data on VBP arrangements can be found on the <a href="#">DOH VBP webpage</a> . If you seek additional data, please contact DOH at <a href="mailto:vbp@health.ny.gov">vbp@health.ny.gov</a> .
The slide said that "DOH support for MLTC partially capitated quality reporting as of Measurement Year 2020 has been suspended until further notice." Does this mean that MLTCs	Yes, for MLTC Partially Capitated plans, all MLTC quality reporting as of Measurement Year (MY) 2020 has been suspended until further notice. (This does not apply to integrated plans).

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are not required to report quarterly data on the VBP Tracking Reports?	
Fiscal intermediaries and CDPA were excluded from the direct payment plan. Will FIs be allowed to enter into VBP arrangements in this roadmap?	The updated <i>VBP Roadmap</i> is not changing any expectations with regard to Fiscal Intermediaries and CDPA.
Will the state work with health plans to share CCBHC bundled services data in a consumable format? CCBHC data not being consumable by the health plans are directly affecting our existing VBP contracts; we are not receiving credit for follow-up services due to bundling	DOH is reviewing this request and will consult with OMH on any responses.