



**Department  
of Health**

# **Value Based Payment (VBP) Roadmap: Update for Post-Delivery System Reform Incentive Payment Program (DSRIP)**

## **Overview**

# Agenda

- 1 Background on *VBP Roadmap* update
- 2 Overview of updates
  - Structural updates
  - General and topic-specific updates
  - Areas of reinforcement
- 3 Review the public comment process and timelines
- 4 How to submit comments
- 5 Q&A

## Overview and Background

- **Current Status:** While the New York State Department of Health (DOH) has continued to support the goals and transition towards value based payment (VBP), since the expiration of the Delivery System Reform Incentive Payment (DSRIP) program in March 2020, DOH has not renewed or updated *A Path toward Value Based Payment, New York State Roadmap for Medicaid Payment Reform* (the *VBP Roadmap*), its foundational document governing expectations for Managed Care Organizations (MCOs) and providers to move towards VBP reform.
- **Goals and Objectives:** Due to the need to rearticulate expectations contained in the *VBP Roadmap*, DOH reviewed and revised the *VBP Roadmap* with the following objectives in mind:
  - Reinforce DOH's continued expectations for the design of VBP arrangements;
  - Streamline the *VBP Roadmap* to more clearly identify the contracting requirements and expectations of DOH;
  - Make technical clarifications and remove outdated references that are no longer applicable to VBP contracting; and
  - Collect feedback for a forthcoming, more substantive update in connection with the design, negotiation, and implementation of NYS's next 1115 waiver.

## NYS achieved its goal to move at least 80% of all Medicaid Managed Care payments into VBP arrangements by April 2020

VBP Arrangement Type	VBP Roadmap Target	April 2020 Result	Target Achieved
Level 1 or higher (fully & not full capitated combined)	≥ 80%	86%	✓
Level 2 or higher (fully capitated only)	≥ 35%	56%	✓
Level 2 or higher (partially capitated only)	≥ 15%	18%	✓

January 2022

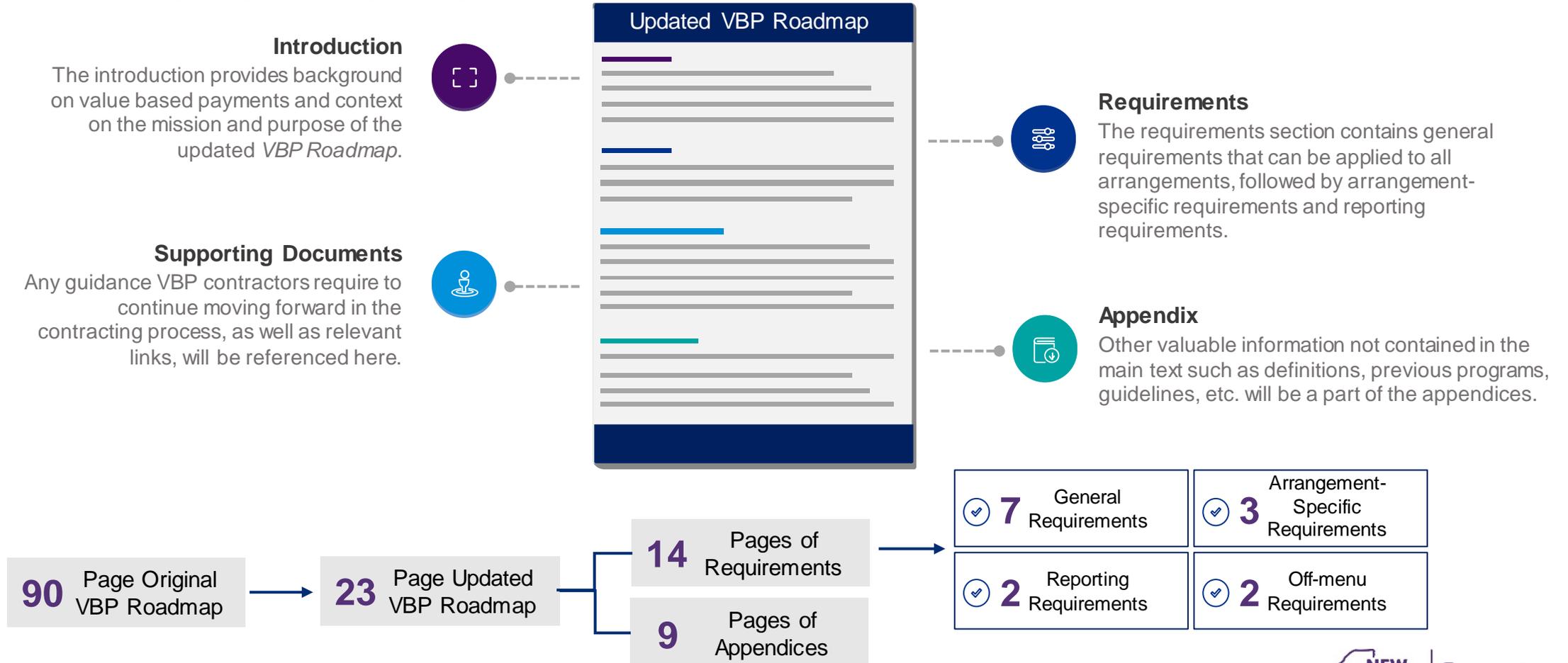
## VBP Contract Arrangements by Line of Business, April 2020

Line of Business	Level 1 or Higher	Level 2 or Higher
<b>MEDICAID</b>	<b>91.49%</b>	<b>57.69%</b>
<b>HARP</b>	<b>57.28%</b>	<b>48.46%</b>
<b>SNP</b>	<b>67.86%</b>	<b>29.26%</b>
<b>DUAL</b>	<b>7.75%</b>	<b>0.00%</b>
<b>MAP</b>	<b>79.73%</b>	<b>71.29%</b>
<b>PACE</b>	<b>45.41%</b>	<b>45.38%</b>
<b>FIDA</b>	<b>53.97%</b>	<b>41.84%</b>
<b>SUBTOTAL FULLY CAPITATED</b>	<b>85.26%</b>	<b>56.22%</b>
<b>SUBTOTAL PARTIALLY CAPITATED</b>	<b>94.45%</b>	<b>18.32%</b>
<b>TOTAL MANAGED CARE (FULLY &amp; PARTIAL)</b>	<b>86.15%</b>	<b>46.53%</b>

January 2022

# Structure and Breakdown of the Updated VBP Roadmap

The *VBP Roadmap* was reorganized in the following structure to better display valuable information and provide clear guidance to interested VBP contractors.



January 2022

# Summary of VBP Roadmap Updates

## What is included in the Updated VBP Roadmap

- ✓ Simplified language of existing requirements and guidelines
- ✓ Condensed format
- ✓ Reiteration of the importance of VBP to the long-term goals of DOH and support for such arrangements

## What is *not* included in the Updated VBP Roadmap

- × Material changes to the requirements and/or guidelines
- × Alteration of any existing DOH authority

## General Roadmap Updates

- ① The structure and organization of the updated *VBP Roadmap* have been modified from the previous version to begin with historical context on VBP and its goals, followed by a succinct list of requirements that describes what shall be included in VBP contracts. Changes made in the updated VBP Roadmap will apply to new contracts submitted after the publication of the final updated VBP Roadmap, while previous contracts will be grandfathered in.
- ② NYS continues to expect contractors to meet the VBP uptake goals as defined in the initial DSRIP waiver.
- ③ Requirements have been clarified and further defined to accurately reflect the current contracting processes.
- ④ Applicable requirements are grouped into sections dedicated to (1) on-menu, (2) off-menu, (3) arrangement-specific, and (4) reporting requirements.
- ⑤ Arrangement-specific guidelines are included with the requirement to which they align, whereas, guidelines that apply to broad subject matter, such as attribution, have been moved to the appendices.

January 2022

# Additional Topic-Specific Updates (1 of 2)

## Specific Roadmap Updates

- 1 Integrated Primary Care arrangements:** In this updated *VBP Roadmap*, all references to Integrated Primary Care (IPC) arrangements and associated requirements have been removed. After evaluating overall VBP contract participation, the DOH found that standard IPC definitions were not being used. As a result, the DOH is reevaluating its data and analytic capabilities to support chronic care and primary care bundles. While this reevaluation takes place, data and analytic support for the chronic care and primary bundles will be suspended.
- 2 Managed Long-Term Care Partially Capitated arrangements:** Managed Long-Term Care (MLTC) Partially Capitated arrangement requirements have been rewritten as guidelines. The DOH has concluded that the structure of the MLTC Partially Capitated approach does not reflect current VBP principles. Given the change from requirement to guideline, DOH support for MLTC Partially Capitated quality reporting as of Measurement Year (MY) 2020 has been suspended until further notice.
- 3 Data Tools:** Links have been added to improve accessibility to available data tools to support VBP contractors, such as the Medicaid Analytics and Performance Portal (MAPP).
- 4 Innovator Program:** Descriptions of the Innovator Program have been retained in an appendix to highlight the participant accomplishments and reflect the ongoing importance of this model to future VBP design.

# Additional Topic-Specific Updates (2 of 2)

## Specific Roadmap Updates

- 5 **Delivery System Reform Incentive Payment:** Programmatically, the goals of VBP reform established through the DSRIP program remain the same, but given the program's conclusion in March 2020, references to DSRIP have been removed except where they are needed for historical context.
- 6 **Penalties:** NYS retains its authority to enforce penalties on MCOs that do not meet VBP goals. A description of penalties that align to the prior DSRIP VBP goals for MCOs will remain.
- 7 **Target Budget Setting:** Target budget setting has been clarified to indicate that VBP contractor budgets are compared to their own historical cost, and that they must define their own method of target budget calculation, including the frequency of budget rebasing. The Next Generation ACO approach for target budget setting is included as a guideline in the appendices. Specific examples of target budget calculations have been removed.
- 8 **VBP Quality Improvement Program:** References to the VBP Quality Improvement Program (VBP QIP) have been removed in this update as successor programs are being designed through alternative federal authorities.
- 9 **Member Incentives:** All references of member incentives have been removed from the updated *VBP Roadmap*, as these rules are best addressed in separate DOH guidance.

# Areas of Reinforcement

The outlined areas below are aspects of the updated VBP Roadmap that still have significant value in the contracting process and are important in NYS's movement to VBP and more equitable health care for all New Yorkers.

## **Social Determinants of Health (SDH):**

The SDH requirement has not changed. Level 2 and 3 VBP arrangements are required to address at least one social determinant of health. The State also continues to encourage MCOs to screen members as a part of the SDH intervention. VBP contractors and MCOs are encouraged to measure the success of SDH programs. To provide more guidance on this requirement, examples of the most common SDH interventions from the SDH Intervention Menu have been included in the updated *VBP Roadmap* for reference.

## **Community Based Organization (CBO) Tiers:**

Level 2 and 3 VBP arrangements are still required to include at least one not-for-profit organization; however, references to CBO tiers have been removed. This does not represent a functional change to the existing process and continues to support CBO capacity building in general.

## **VBP Guiding Principles:**

To encourage best practices, guiding principles have been included in the appendix to reiterate the State's expectations for VBP contractors and providers when they are engaging in the contracting process.

## **Quality Measures:**

The inclusion and reporting of quality measures remains an important aspect of VBP contracts. The required quality measures differ by arrangement type. All VBP Arrangements must include at least one Pay for Performance Category 1 Measure.

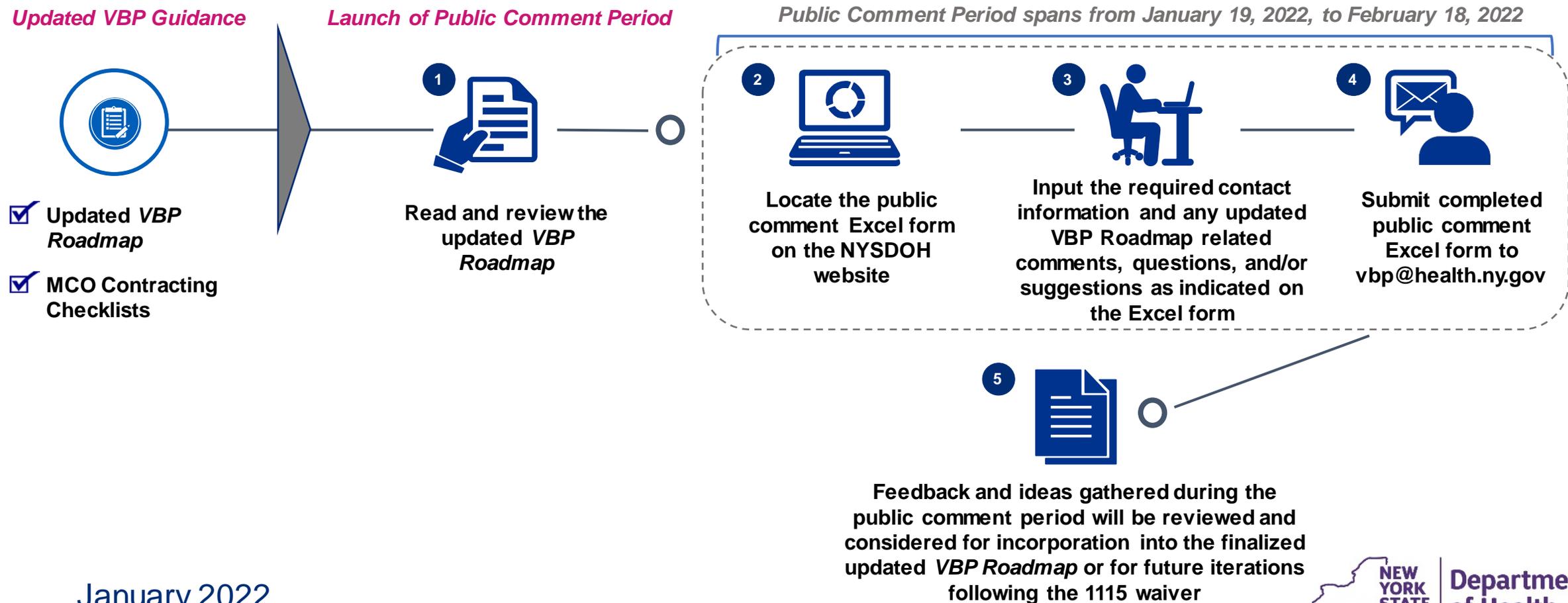
## **Exclusions:**

A list of acceptable exclusions remains in the updated *VBP Roadmap* to ensure there are no structural barriers to achieving the statewide goals.

January 2022

# Participating in the Public Comment Period

A brief overview of the public comment process and how to record your responses are displayed below.



January 2022

# Review of Public Comment Form (1 of 2)

The visual below displays the different parts of the Excel public comment form that you will be requested to complete.

The form begins with a paragraph of instructions outlining the file and emphasizing when and how it should be submitted

This segment outlines the 'Contact Information' table which serves to collect the contact information of those individuals participating in the public comment



**Department of Health** **NYSDOH Updated VBP Roadmap Public Comment Form**

**Instructions: 1**  
 After reviewing the updated *VBP Roadmap*, please complete the following tables with your feedback, comments, and suggestions. **Submit your completed NYSDOH Updated VBP Roadmap Public Comment Form to [vbp@health.ny.gov](mailto:vbp@health.ny.gov) no later than 5 P.M. EST on February 18, 2022 with a subject line of "VBP Roadmap Public Comment Submission."**

The updated *VBP Roadmap* can be found on the NYSDOH site here: [https://www.health.ny.gov/health\\_care/medicaid/redesign/vbp/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/vbp/index.htm)

**2** The 'Contact Information' table serves to gather the contact information for the individual or organization (if applicable) completing the public comment form. If they are not a part of an organization, the 'Organization' row in the table may be left blank. If they do not have a title for their role either in an organization or as an individual, the 'Contact Title' row in the table may be left blank. Please input the corresponding individual's information that is the direct point of contact into the table.

**The 'Updated VBP Roadmap Public Comments' table consists of three columns: 3**

1. The *Roadmap Page Number* column should contain the page number of the text that is being referenced for the comment from the updated *VBP Roadmap*.
2. The *Roadmap Section Title* column contains a drop down list of the sections within the updated *VBP Roadmap*. The corresponding section to the text and page number being reviewed should be selected. If you have any general comments related to the update of the *VBP Roadmap* please select option one (1) from the drop down menu "General VBP Roadmap Related Comments."
3. The *Comments* column should contain any comments, questions, and/or edits related to the specified text that is being referenced from the updated *VBP Roadmap*. Please limit all comments to a maximum of 300 words.

Please input any additional comments related to other areas of text within the updated *VBP Roadmap* in separate rows and complete the appropriate information required for each column.

**Please save your file under the following name format: "date of submission(mm.dd.yyyy)\_Organization or Contact Last Name \_VBP Public Comment" (e.g. 01.19.2022\_NYSDOH\_VBP Public Comment). 4**

This segment breaks down the columns required to record any comments related to the updated *VBP Roadmap*

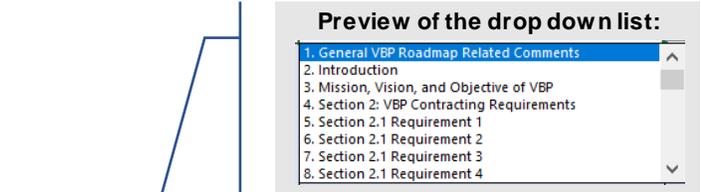
The instructions conclude with how the file should be saved

# Review of Public Comment Form (2 of 2)

This table contains rows for the primary point of contact/reviewer to complete with their contact information

Contact Information 1		
Contact Name (First and Last Name):		
Contact Title (if applicable):		
Organization (if applicable):		
Address:		
Email Address:		
Phone Number:		
Updated VBP Roadmap Public Comments		
Roadmap Page Number 2	Roadmap Section Title 3	Comment 4

This column requests the page number from the updated VBP Roadmap that is being referenced



This column contains a drop down list of the sections within the updated VBP Roadmap to select from, or the option for a general comment

This column provides the reviewer the opportunity to input their comment, suggestions, feedback, and/or question

## References and Contact Information

- Please submit your Public Comment form to [vbp@health.ny.gov](mailto:vbp@health.ny.gov) with a subject line of “VBP Roadmap Public Comment Submission” by **5 PM EST on February 18, 2022**.
- The updated *VBP Roadmap* public comment period was announced publicly to the Medicaid Redesign Team (MRT) II Listserv on January 19, 2022.
- The updated *VBP Roadmap* along with previous versions of the *VBP Roadmap* are available on the DOH website at the following link:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/vbp/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/vbp/index.htm)
- For questions about the updated *VBP Roadmap* please email [vbp@health.ny.gov](mailto:vbp@health.ny.gov)

# Q&A

*Please use the chat or raise hand function for any questions/comments*

January 2022