

Submission Guidelines

Each Facility participating in the Value Based Purchasing Quality Improvement Program (VBP QIP) is expected to sign contracts which will be submitted to the Department of Health totaling at least 80% of all Medicaid Managed Care dollars in a Value Based Payment arrangement based on 2016 Medicaid Managed Care revenue. Please note, if your facility submitted a Service Exclusion Waiver, only dollars associated with Inpatient Services and Emergency Room Visits will be used in the aforementioned calculation. Attestations must be signed by an authorized senior financial officer at the Facility, confirming the accuracy of the data provided in the document.

VBP QIP Facilities must submit this attestation to the NYS DOH for record keeping to: vbp_qip@health.ny.gov with "VBP QIP – MCO Contract Attestation" in the subject line.



Attestation

l,	Name of Employee	, employed by	Facility Name	, as	Title of Employee	,
hereby	attest that the sig	gned contracts submit	tted as part of the	VBP QIP, have	been reviewed,	deemed
accurat	e, and satisfy the	VBP QIP Pay-for-Repo	orting requiremen	it of at least 80°	% of relevant Me	dicaid
Manage	ed Care dollars fo	r your facility tied to a	a Value Based Pay	ment arrangen	ient.	

Your facility has entered into Value Based Payment arrangements with the following MCOs (click all that apply):

Name of MCO	Contracts Submitted
Affinity Health Plan, Inc.	
Amida Care, Inc.	
Capital District Physician's Health	
Plan, Inc.	
Crystal Run Health Plan, LLC	
Excellus Health Plan, Inc.	
Health Insurance Plan of Greater	
New York, Inc.	
Healthfirst PHSP, Inc.	
HealthNow of New York, Inc.	
HealthPlus HP, LLC	
Independent Health Association,	
Inc.	
Molina Healthcare of New York,	
Inc.	
MetroPlus Health Plan, Inc.	
MVP Health Plan, Inc.	
New York State Catholic Health	
Plan, Inc (Fidelis)	
VNS (D/b/a VNSNY Choice) and	
Subsidiary	
WellCare of New York, Inc.	
UnitedHealthcare of New York Inc.	
YourCare Health Plan, Inc.	

Date:				
Authorizing Signatu	re:			