



**Department
of Health**

Medicaid
Redesign Team

Value Based Payment Quality Improvement Program (VBP QIP)

Update Webinar

May 17, 2017

Today's Agenda

- **VBP QIP Program Updates**
- **VBP QIP P4P Updates**
- **VBP QIP P4R Updates**
- **June 30th, 2017 P4R Templates**
- **VBP Contracting**
- **DY3 Timeline and Q&A**

VBP QIP Program Updates

VBP QIP Financing – DY3 Pairings

VBP QIP SFY 17 -18 Pairings & Funding

MCO	PPS	Facility	Gross Funding
Affinity	Maimonides Medical Center	Brookdale Hospital	\$31,000,000
	Montefiore Hudson Valley Collaborative	St. Joseph's Hospital	\$7,800,000
Amerigroup	Nassau Queens Performing Provider System, LLC	Nassau University Medical Center	TBD
Emblem Health (HIP)	Health and Hospitals Corp.	Health and Hospitals Corp.	TBD
Excellus	Central New York Care Collaborative, Inc.	Lewis County General Hospital	\$2,036,000
		Orleans Community Hospital	\$1,434,039
	Finger Lakes Performing Provider Systems, Inc.	St James Mercy Hospital	\$1,844,635
		Wyoming County Community Health	\$1,000,000
	Mohawk Valley PPS	A O Fox Memorial Hospital	\$1,000,000
Fidelis	Maimonides Medical Center	Interfaith Medical Center	\$50,000,000
		Kingsbrook Jewish Medical Center	\$50,000,000
	Montefiore Hudson Valley Collaborative	Montefiore – Mount Vernon	\$11,096,728
		Nyack Hospital	\$17,747,861
	Nassau Queens Performing Provider System, LLC	St. John’s Episcopal	\$27,650,000
	Westchester Medical Center	Bon Secours Charity Health	\$2,898,070
		Good Samaritan Hospital Suffern	\$2,000,000
HealthFirst	Maimonides Medical Center	Brookdale Hospital	\$109,000,000
MetroPlus	Health and Hospitals Corp.	Health and Hospitals Corp.	TBD
MVP	Montefiore Hudson Valley Collaborative	Montefiore - New Rochelle	\$20,837,141
	Westchester Medical Center	Health Alliance (Benedictine)	\$2,999,926
United Health Plan	Central New York Care Collaborative, Inc.	Rome Memorial Hospital	\$1,000,000
	Maimonides Medical Center	Wyckoff Heights Medical Center	\$70,000,000
Wellcare	Montefiore Hudson Valley Collaborative	St. Luke's Cornwall	\$19,301,520
Total VBP QIP Funding			\$430,645,920

* VBP QIP funding amounts do not include premium admin, surplus, or taxes

VBP QIP Financing – DY3 Award Greater than DY2 Award

- Managed Care Organizations (MCOs) will continue to receive DY2 per member per month (PMPM) amounts until the April 2017 rate package is approved.
- If the DY3 award amount is greater than the DY2 award amount, MCOs should continue paying out earned amounts in DY3 based on the DY2 amount.
 - MCOs will be able to pay out the difference when the April 2017 rate package is approved.
- For questions on VBP QIP financing, please contact bmcr@health.ny.gov

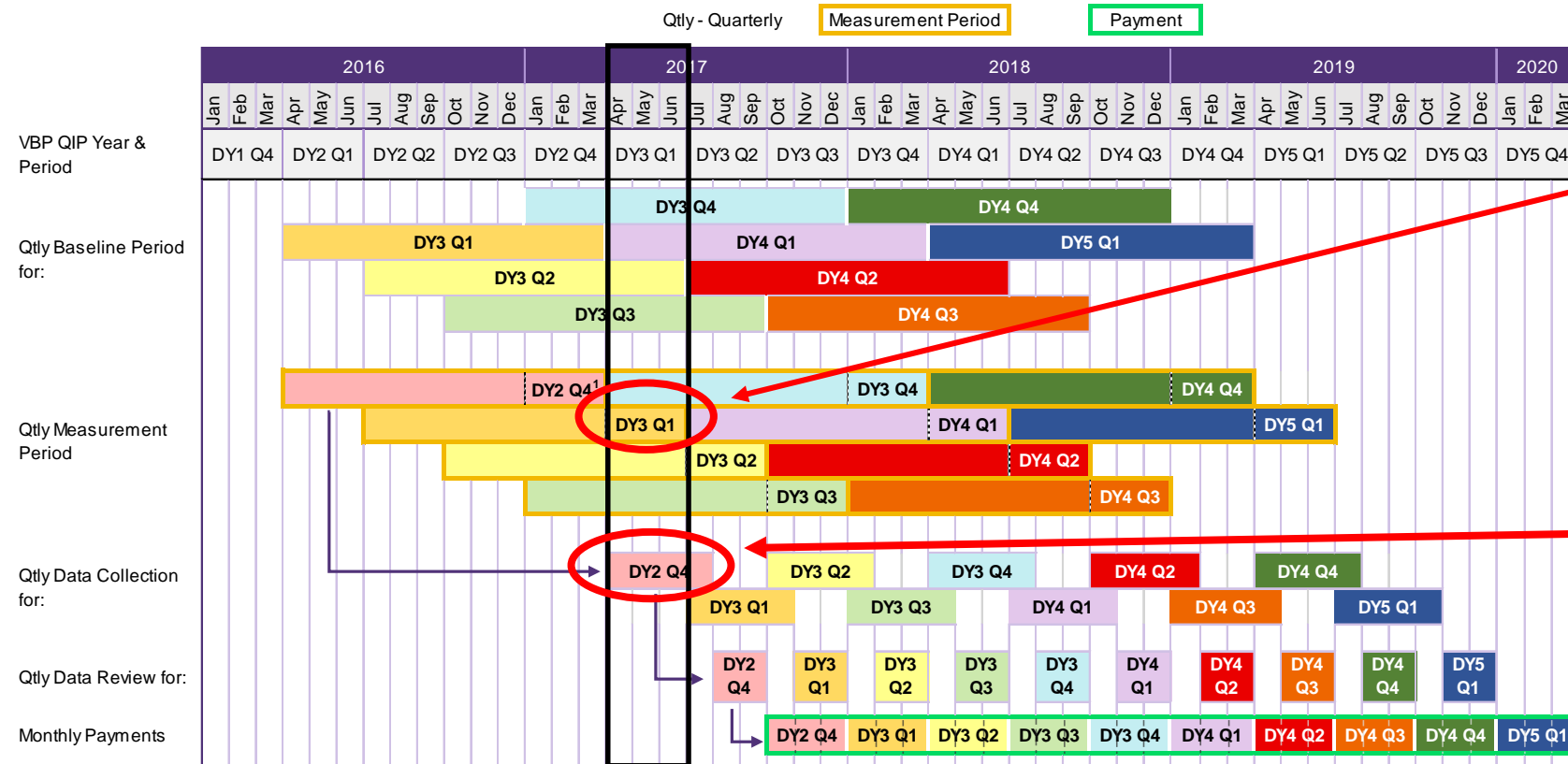
VBP QIP Financing – DY3 Award Less than DY2 Award

- MCOs will continue to receive DY2 PMPM amounts until the April 2017 rate package is approved.
- If the DY3 award amount is less than the DY2 award amount, MCOs should immediately begin paying out earned amounts based on the DY3 award amount.
 - DOH recommends for the MCO to pay a portion of the DY3 monthly award amount beginning in June 2017 and continuing through November 2017.
 - Paying a portion of the DY3 monthly award from June through November will allow the MCO to recover the funds overpaid in April and May 2016 over a six month period
 - DOH will perform a reconciliation to adjust overpaid funds from the MCOs receiving DY2 PMPMs that are larger than the DY3 PMPMs.
- For questions on VBP QIP financing, please contact bmcr@health.ny.gov

VBP QIP P4P Updates

VBP QIP P4P – Quarterly Improvement Targets

- Although pay for performance (P4P) payment does not begin until DY3 Q3, there are P4P activities that should be taking place during the current period.



- Working on maintaining or improving performance for DY3 Q1 measurement period.
- Data collection for DY2 Q4 measurement period to be reported to VBP QIP paired MCOs by July 31st, 2017.

1 - Facilities will report their initial baseline for DY2 Q4. Therefore, there is no measurement associated with this quarter.

Annual Improvement Target – Gathering Baseline for DY4

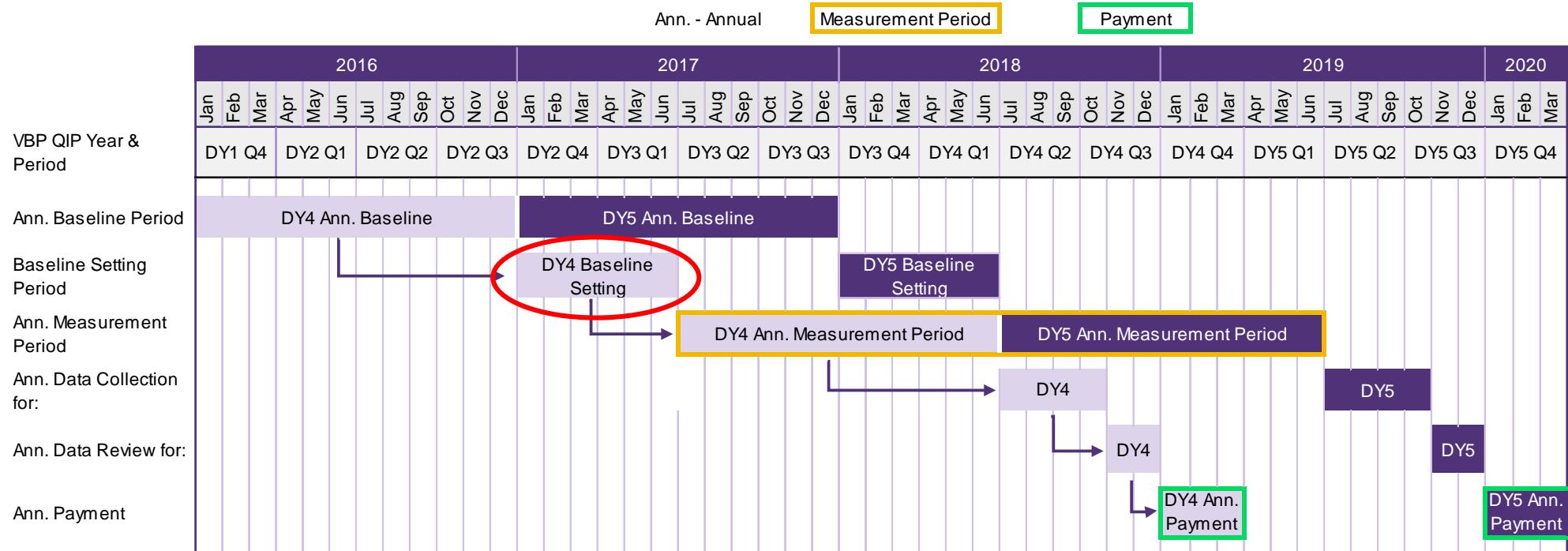
- The AIT will be achieved if the Facility meets two metrics:

The first metric relates to a Facility's performance on its measures **improving over its baseline.**

The second metric relates to a Facility's performance on its measures are **better than the mean NYS results** for the specific measure.

- DOH will provide the NYS means for measures the menu for DY4 on June 30th, 2017.
- Facilities that selected alternative measures are responsible for making sure means are reported to and agreed upon by its VBP QIP paired MCO before the start of the AIT DY4 measurement period beginning on July 1st, 2017.
 - Facilities should gather information on mean NYS results for the alternative measures as of May 1, 2017.
 - If the mean NYS results is not available, Facilities may select to use the mean national results, as long as the method is approved by its paired MCO.
 - The MCO should forward the agreed upon alternative measure AIT DY4 baselines to DOH by June 30, 2017 at vbp_qip@health.ny.gov with "AIT Alternative Measure baseline" in the email title.

Annual Improvement Target – DY4 Timeline



- The DY4 baseline setting period ends on June 30th, 2017.
- For alternative measures, facilities and VBP QIP paired MCOs should have agreed to AIT baselines and the MCO should submit those baselines to DOH for record-keeping before the start of the DY4 AIT measurement period (July 1, 2017).

VBP QIP P4R Updates

VBP QIP P4R DY3 Q2 Deliverables

- Facilities must meet the following pay for reporting (P4R) requirements by **June 30, 2017*** to earn their DY3 Q2 payment**:

Submit to both DOH & MCO:
One Level 1 VBP contract and provide Contract Attestation

Facility must provide its VBP QIP paired MCO and DOH with a **Contract Attestation** confirming that the parties indeed signed at least a Level 1 VBP contract*** in accordance with the NYS VBP Roadmap.

Submit to both DOH & MCO:
LOIs with the remaining Medicaid MCOs

Facility must provide copies of **Letters of Intent (LOIs)** with remaining Medicaid MCOs needed to meet the 80% VBP contracting target**** to their VBP QIP paired MCO and DOH.

Submit to DOH:
Updated MCO Contract List

Facility must submit an updated **MCO Contract List** with calendar year 2016 Medicaid Managed Care revenue and VBP arrangement information outlining a plan to meet the 80% VBP contracting target.
The MCO Contract List submitted by June 30 needs to be accompanied by an **attestation** confirming the accuracy of the data by a senior financial manager at the Facility.

*Due date is listed as June 30, 2017 as July 1, 2017 falls on a Saturday.

**Partial payment may be awarded. Each deliverable should be worth 1/3 of the DY3 Q2 payment.

***The contract submitted to meet the June 30, 2017 is not required to be the same contract from the LOI submitted on April 1, 2017.

****As outlined in the updated July 2017 MCO Contract List the facility submitted on June 30, 2017.

Unearned DY3 Q2 P4R Funds

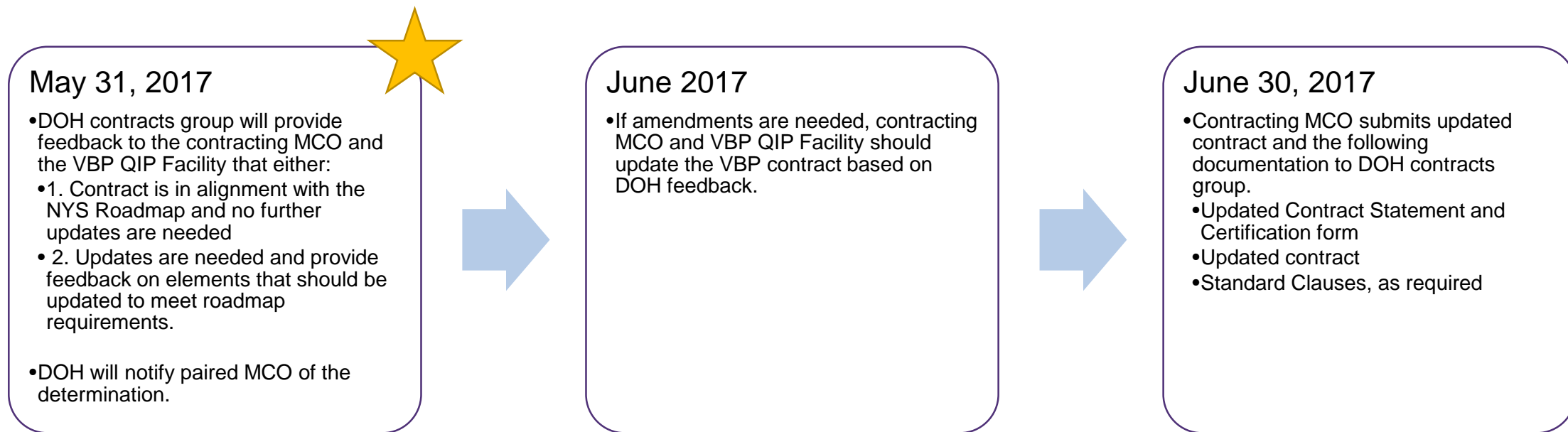
- DOH will not extend the deadline for DY3 Q2 deliverables due on June 30th, 2017.
- **Unearned P4R funds cannot be earned back** through the AIT.
- Although a Facility may earn partial credit overall, deliverables will be reviewed individually on a pass/fail basis.
 - An MCO Contract List without an accompanied attestation will be deemed incomplete.
 - LOIs that do not align with information included in the MCO Contract List will be deemed incomplete.
 - There is no award for “effort” if a level 1 VBP Contract is not executed

Contract Attestations Submissions

- The Facility should submit their signed Contract Attestation to:
 - Its VBP QIP paired MCO; and
 - The DOH VBP QIP mailbox at vbp_qip@health.ny.gov
 - Submissions to DOH should include “VBP QIP – VBP Contract Attestation” and the Facility’s and MCO’s name in the subject line.
- DOH reserves the right to review all new, existing, or amended contracts to confirm they align to the requirements of the NYS Roadmap. If contracts submitted do not meet roadmap requirements, DOH will work with Facilities and VBP contracting MCOs to get contracts in alignment with the NYS VBP Roadmap.
- If at the end of the remediation period, VBP contracts are still not in alignment with the NYS VBP Roadmap, Facilities may see penalties applied to their VBP QIP awards.

VBP Contract Review for April 1st Submissions

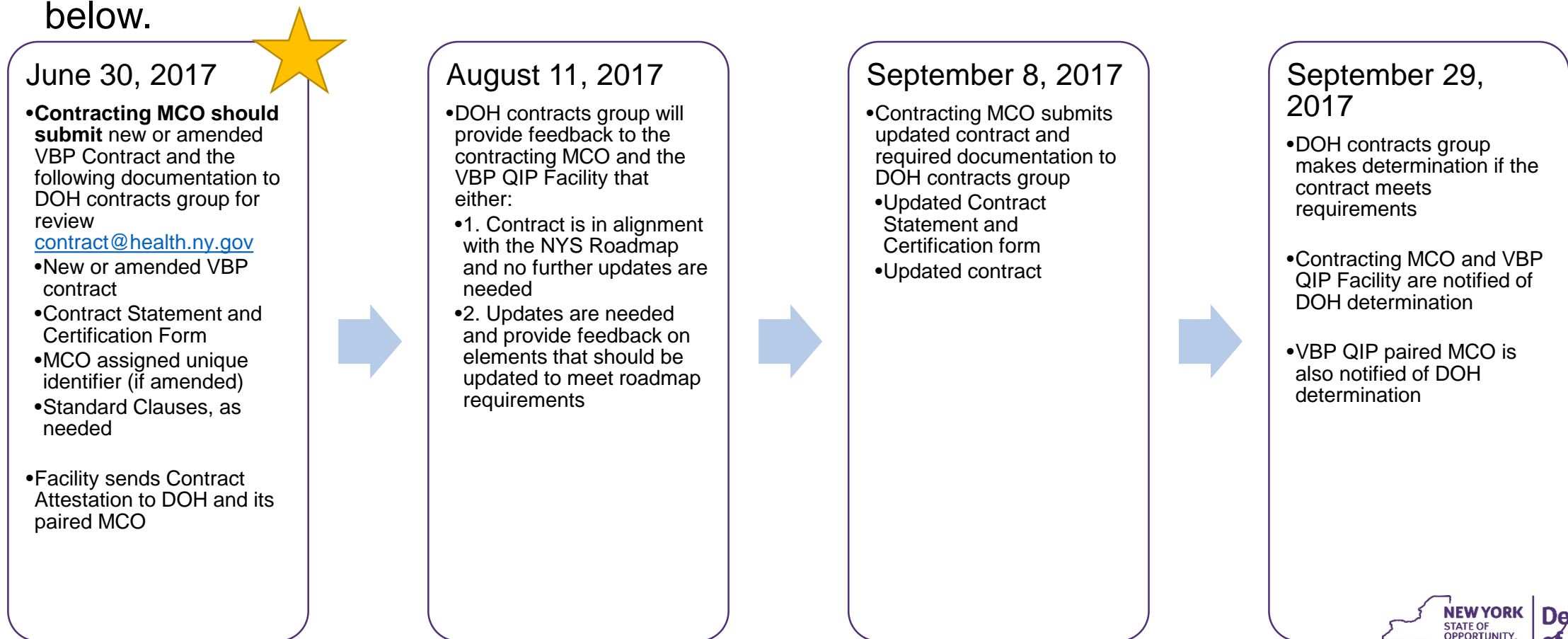
- VBP QIP participants that submitted a **contract attestation in lieu of an LOI to meet the VBP QIP April 1, 2017 P4R requirement** should follow the timeline below.



- Submission of a contract attestation is sufficient for DY3 Q1 funds to flow associated with the deliverable. DOH will notify VBP QIP paired MCOs if contract is not sufficient after DOH review.
- If the contracting MCO and VBP QIP Facility do not wish to amend current contracts, partners may create a new on-menu arrangement or the VBP QIP Facility can work with a different MCO partner to get a contract in place by June 30, 2017.

VBP Contract Review for June 30th Submissions

- Facilities must have **one (1) Level 1 VBP contract to meet the June 30, 2017 P4R** requirement. The facilities should submit information in accordance with the timeline below.



DY3 Q2 (June 30th, 2017) P4R Templates

Letters of Intent (LOIs) – June 30th, 2017



VBP QIP
Letter of Intent

Letter of Intent

1

2

The VBP QIP Facility² _____ and MCO partner³ _____ hereby agree on the intent to sign VBP arrangement(s), as defined by the NYS VBP Roadmap, by no later than April 1, 2018.

The VBP QIP Facility and MCO submit this LOI based on the following conditions:

- **VBP Contract / Contract Addendum Date:** By April 1, 2018, a VBP contract(s)/ contract addendum must be submitted to the NYS DOH. The Facility will also send its VBP QIP paired MCO a VBP QIP Contract Attestation(s) signed by a senior leader from both the VBP QIP Facility and the Facility's partnering Medicaid MCO stating the existence of a qualifying VBP contract(s).
- **Timeline:** VBP contract(s) must have an effective date of no later than April 1, 2018.
- **Scope:** The VBP contract must be consistent with the NYS VBP Roadmap and the VBP QIP Facility Plan Guidance document. Additionally, the contract must be at least a Level 1 risk level.

1. Enter the name of the VBP QIP Facility
2. Enter the name of the contracting MCO

Letters of Intent (LOIs) – June 30th, 2017

VBP Contract Information

1. MCO Name: _____

3 Contact Person: _____

Phone #: _____

Email Address: _____

2. VBP QIP Facility Name: _____

4 Contact Person: _____

Phone #: _____

Email Address: _____

- 3. Enter the MCO contact information
- 4. Enter the Facility contact information

Letters of Intent (LOIs) – June 30th, 2017

5

6

7

8



Type of arrangement/contract	Level 1	Level 2	Level 3	Anticipated contract effective date	Contract is with/through ⁴ facility and (circle one)	Lead VBP contracting entity name
Total Care for General Population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MCO	
Total Care for Subpopulation (Please list subpopulations included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MCO	
Integrated primary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MCO	
Bundle (for all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MC	
Maternity Care Arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MC	
Other Bundle (Please Describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MCO	
Off-menu (please describe if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MCO	
Off-menu (please describe if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IPA ACO MCO	

5. For each arrangement expected in the contract, identify the risk level.
6. For each arrangement type expected in the contract, list the anticipated contract date
7. Identify the entity that the facility is contracting with
8. Enter the name of that entity

Letters of Intent (LOIs) – June 30th, 2017

4. If the contract is between a MCO and a VBP Contractor, please provide the following information for each VBP contracting entity:

9

VBP Contracting Entity Name: _____

VBP Arrangement _____

Primary Contact Name _____

Primary Contact Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Contact Email: _____

9. Enter the contracting entity information

Letters of Intent (LOIs) – June 30th, 2017

VBP QIP Facility Name: _____

Authorizing Signature: _____

Authorizing Signature Name: _____

Authorizing Signature Title: _____

Date: _____

10

- 10. Facility Authorizing Signature
- 11. MCO Authorizing Signature

Contracting MCO Name: _____

Authorizing Signature: _____

Authorizing Signature Name: _____

Authorizing Signature Title: _____

Date: _____

11

VBP QIP MCO List

Facility Name: 1 NAME 5

Projected Level 1 or Greater VBP Threshold 80.2%

Current Medicaid MCO Relationships (2016 Actuals)		
Services / Arrangements	CY 2016 Total MCO Contracted Payments (\$)	Contract Cost Structure
MCO List		
MetroPlus	\$75,000	Hospital Costs
Molina Health	\$35,000	Hospital and Physician Costs
HIP	\$65,000	Hospital Costs
Affinity 2	\$10,000	Hospital and Physician Costs
IHA	\$15,000	Hospital Costs
Fidelis	\$35,000	Hospital and Physician Costs
Excelus	\$25,000	Hospital Costs
	3	4
Total Non-VBP Medicaid MCO Payments	\$260,000	

1. Enter the Facility Name
2. Input the names of the MCOs with which you have a current Medicaid relationship in the “Services/Arrangements” column
3. For each MCO, input the total MCO contracted Payments for 2016 in the “CY 2016 Total MCO Contracted Payments (\$)” column
4. Select the cost structure for the contract from the drop down menu in the “Contract Cost Structure” column
5. The worksheet will automatically calculate the percentage of VBP dollars in the future state

VBP QIP MCO List

Current Medicaid MCO Relationships (2016 Actuals)		
MCO Name	CY 2016 Total MCO Contracted Payments (\$)	Contract Cost Structure
MetroPlus	\$75,000	Hospital Costs
Total Non-VBP Medicaid MCO Payments	\$75,000	

Future Medicaid MCO Relationships (Reallocation of 2016 Contracted Payments)			
Services / Arrangements	Reallocation of 2016 Contracted Payments (\$)	Specify Off-menu Type of Arrangement	Risk Level
MetroPlus			
Total MCO Medicaid Payments	\$75,000		
Fee For Service and Level 0 VBP Contracts	\$0		
Total Level 1+ VBP Contract Payments	\$75,000		
Total Care for General Population	\$75,000		Level 1

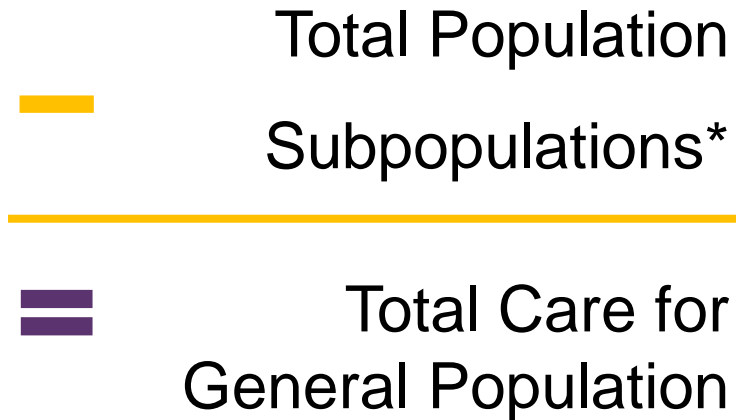
- The worksheet will automatically populate the future Medicaid table with the MCO names and contracted payments from the current Medicaid table
- Fee for service and level 0 VBP contracts will automatically be calculated in the “Reallocation of 2016 Contracted Payments (\$)” column
- Total level 1+ VBP contract payments will be automatically calculated based upon amounts entered for VBP contracts

VBP QIP MCO List

Future Medicaid MCO Relationships (Reallocation of 2016 Contracted Payments)			
Services / Arrangements	Reallocation of 2016 Contracted Payments (\$)	Specify Off-menu Type of Arrangement	Risk Level
MetroPlus			
Total MCO Medicaid Payments	\$75,000		
Fee For Service and Level 0 VBP Contracts	\$0		
Total Level 1+ VBP Contract Payments	\$75,000		
Total Care for General Population	\$75,000		Level 1
6	7		

6. Input level 1+ VBP arrangements expected to be in place by April 1, 2018 in the “Total Level 1+ VBP Contract Payments” column
7. For each VBP contract, input the estimated amount of 2016 MCO contracted payments the facility plans to allocate into each VBP arrangement in the “Reallocation of 2016 Contracted Payments (\$)” column
8. If the facility has Total Care for General Population (TCGP) VBP arrangements, DOH is allowing the facility to count all payments towards its overall 80% VBP contracting threshold

Total Care for General Population (TCGP) Definition



For the purposes of completing the July MCO Contract List, if a facility has or enters into a Total Care for General Population (TCGP) VBP arrangement, DOH is allowing the facility to count all contracted payments from contracting MCO (with whom the facility has/is entering into the TCGP VBP contract) for the purposes of calculating the facility's 80% VBP contracting threshold.

Potential Benefits of TCGP:

- Maximum impact for health systems focusing on reduce inefficiencies and potentially avoidable complications throughout the entire spectrum of care
- More inclusive VBP arrangements help with fluctuations in cost trends and population behaviors
- The larger the budget, the easier it is for the facility & MCOs to:
 - Each meet their 80% goals
 - Participate in shared savings

*Subpopulations include: HARP, MLTC, HIV/AIDS, DD

VBP QIP MCO List

Future Medicaid MCO Relationships (Reallocation of 2016 Contracted Payments)			
Services / Arrangements	Reallocation of 2016 Contracted Payments (\$)	Specify Off-menu Type of Arrangement	Risk Level
MetroPlus			
Total MCO Medicaid Payments	\$75,000		
Fee For Service and Level 0 VBP Contracts	\$0		
Total Level 1+ VBP Contract Payments	\$75,000		
Total Care for General Population	\$75,000	8	Level 1 9

8. Specify the type of arrangement for each off-menu arrangement in the “Specify Off-menu Type of Arrangement” column
9. Select the risk level associated with each VBP contract from the drop down menu in the “Risk Level” column

MCO Contract List Attestation – June 30th, 2017

Failing to submit this attestation will deem the Facility non-compliant for this deliverable submission. Snapshot is provided below:

Attestation

I, _____ (Name) _____, employed by _____ (Facility Name) _____, as _____ (Title) _____, hereby attest that the calendar year 2016 data provided in the Facility's MCO Contract List to the Department of Health as part of the VBP QIP, has been reviewed and is deemed accurate.

Date _____

Authorizing Signature: _____

VBP Contracting

Key Points for June 30th VBP Contracting Deliverable

- The Level 1 VBP contract due June 30, 2017
 - Contract does NOT have to be the same MCO outlined in the LOI submitted on April 1, 2017.
 - This date will NOT be extended!
- DOH compiled feedback from the VBP QIP Contracting Status Survey sent out in early May 2017 and while most facilities are on track to have a VBP contract in place by June 30, some concerns were raised, including:
 - MCOs do not want to contract with a sole facility
 - Lack of Attribution
 - Insufficient Time to Contract
 - Trouble Selecting VBP Measures

Contracting Entities/VBP Contractors

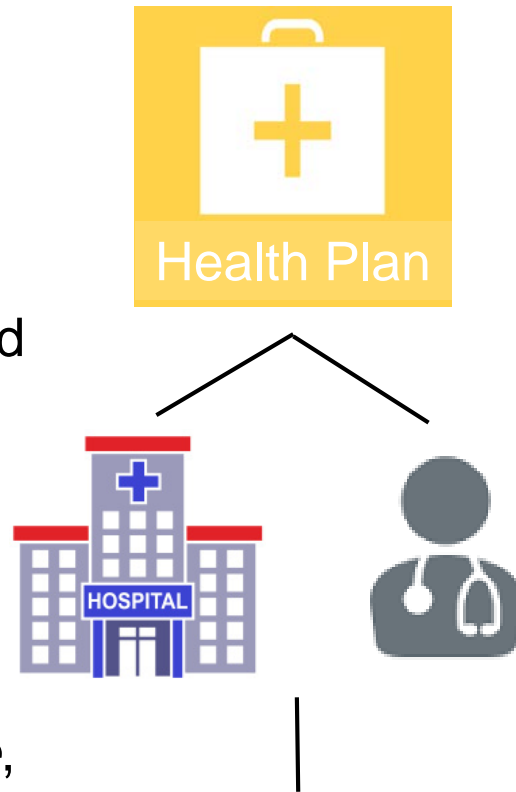
1. Independent Practice Associations (IPA)
2. Accountable Care Organizations (ACO)
3. Individual Providers
 - Hospital Systems
 - FQHCs and large medical groups
 - Smaller providers including community based organizations (CBOs)



1. Individual provider could either assume all responsibility and upside/downside risk or make arrangements with other providers; or
2. MCOs may want to create a VBP arrangement through individual contracts with these providers

Example of Contracting Options in VBP

Health Plan contracts *separately* with a hospital and a clinic



While the contracts are *separate*, the providers' performance is seen as a whole for total cost of care and outcomes for a specific population

Is the juice worth the squeeze?

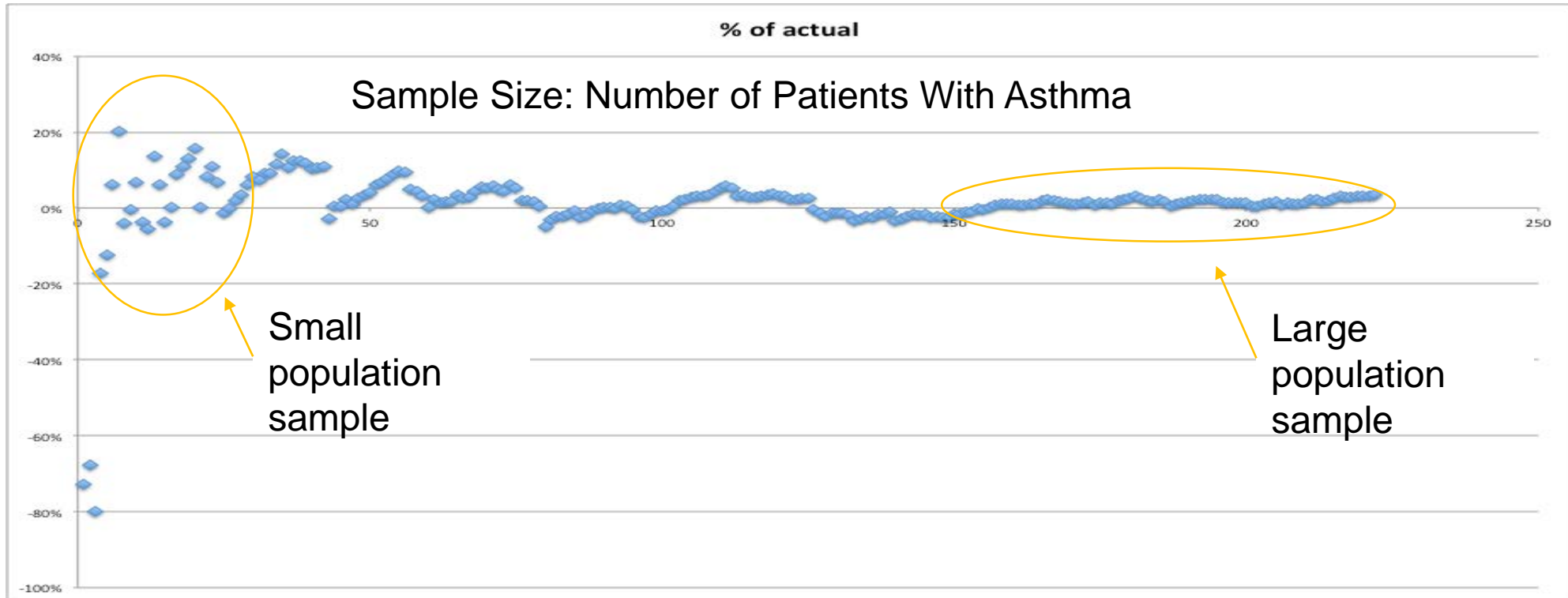
1. It takes time to execute separate contracts with a group of individual contractors.
2. MCOs have VBP quotas they need to meet, so they are going to pursue the low hanging fruit first (large group contracts).
3. Hence, it makes sense for smaller providers to come together so that the MCO will be more inclined to contract.

In practice, this is ordinarily only feasible for a Level 1 VBP Arrangement and is often a temporary step during IPA / ACO formation.

Population Size Considerations (Attribution): Why It Makes Sense to Partner with Other Providers to Gain a Critical Mass

- The size of your population matters – larger samples help better understand cost trends and population behaviors
- It is not recommended to contract VBP arrangements for small population groups
 - Too much effort to contract, too much variation in population and not enough potential shared savings

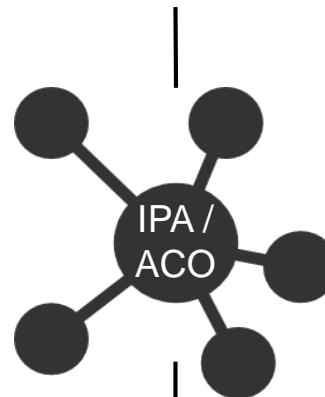
Cumulative Variance of Expected-to-Actual Costs of Asthma as a Percent of Actual



Example of Contracting Options in VBP

Health Plan contracts with an ACO or IPA

ACO / IPA is responsible for the total cost of care and outcomes for the specific population



Potential Resources to Find Partnerships:

- PPS Partners
- Provider Associations
- MCO Partners

Note: 'ACO' refers to a NYS Medicaid ACO as defined under PHL § 2999-p

Off-menu Arrangements to Address Attribution and Quality Measure Issues

MCOs and providers may agree to contract off-menu arrangements*. The following criteria need to be fulfilled:

1. Reflect the underlying goals of payment reform as outlined in the Roadmap and sustain the transparency of costs versus outcomes
2. Focus on conditions and subpopulations that address community needs but that are not otherwise addressed by VBP arrangement in the Roadmap
3. Patient rather than provider centric
4. Through sharing savings and/or losses, off-menu VBP arrangements include a focus on both components of 'value': outcomes and cost of the care delivered
5. 'Off-Menu' VBP arrangements should utilize standard definitions and quality measures from the Roadmap where possible
 - While there is flexibility in choosing quality measures that will determine shared savings for the contract, MCOs' performance are assessed based upon the state determined VBP quality measures.

**For detailed information please refer to Appendix II of the Roadmap.*

DY3 Timeline and Q&A

VBP QIP DY3 Timeline

Milestone	Due Date
Pay for Reporting: VBP Contracting	
Provide at least one Contract Attestation confirming parties signed a Level 1 VBP contract in accordance with the NYS Roadmap	June 30, 2017
Provide LOIs with the remaining Medicaid MCOs for VBP contracts by April 1, 2018*	June 30, 2017
Provide an updated MCO Contract List including 2016 cost data and projections for VBP contracts with VBP arrangements by April 1, 2018 (must be accompanied with signed attestation for CY16 data)	June 30, 2017
Facilities continue to execute contracts to meet deadline by April 1, 2018	July 2017 to March 2018
DOH to review and file submitted VBP contracts	*See Contract Review slides for timelines
Pay for Performance: VBP QIP Quality Measurement	
Release the statewide mean for measures for DY4 for AIT measurement	June 2017
Submit AIT baseline information (including NYS mean information for alternative measures) to DOH	June 30, 2017
Submit P4P measure information to their paired MCOs	Quarterly: Beginning for DY3 Q3 data, no later than 120 days after quarter close
Review and approve facilities' reports	Quarterly: Beginning for DY3 Q3 data, no later than 45 days after initial submission
Notify facilities of decision prepare monthly payments	Quarterly: Beginning for DY3 Q3 data, no later than 180 days after quarter close
Reporting	
MCO Quarterly Reporting to DOH (April 2016 – Ongoing) – MMCOR Submissions	Ongoing: 45 days after Quarter End
Report on selected measures on quarterly basis to MCOs	Ongoing: Quarterly

*LOI may be substituted with Contract Attestations if a VBP contract already exist by July 1, 2017)

Deliverable Submission

Report	Submitted by	Submitted to	Frequency	Location
VBP QIP Contracts	MCOs	DOH	As updated	vbp_qip@health.ny.gov
Approved Facility Plans	MCOs	DOH	March 31, 2017	vbp_qip@health.ny.gov
1 LOI or Contract Attestation	Facilities	MCOs & DOH	April 1, 2017	vbp_qip@health.ny.gov
MCO Contract List with 2015 data	Facilities	DOH	April 1, 2017	vbp_qip@health.ny.gov
1 Contract Attestation for Level 1 VBP	Facilities	MCOs & DOH	June 30, 2017	vbp_qip@health.ny.gov
Remaining LOIs (or Contract Attestations)	Facilities	MCOs & DOH	June 30, 2017	vbp_qip@health.ny.gov
MCO Contract List with 2016 data and Facility Attestation	Facilities	DOH	June 30, 2017	vbp_qip@health.ny.gov
Remaining Contract Attestations	Facilities	MCOs & DOH	April 1, 2018	vbp_qip@health.ny.gov
Documentation of achievement of P4P metrics	Facilities	MCOs	Quarterly	VBP QIP paired MCO
Documentation of approval of P4P deliverables and supporting documentation	MCOs	DOH	Quarterly	vbp_qip@health.ny.gov
Paired MCOs submit DY4 AIT baseline information (including NYS mean information for alternative measures) to DOH	MCOs	DOH	June 30, 2017	vbp_qip@health.ny.gov
VBP Contracts, Contract Statement and Certification form	Contracting MCOs	DOH	As completed or updated	contract@health.ny.gov

¹¹ If a facility submits a Contract Attestation in lieu of an LOI in April 1, 2017, partners may agree that the Facility does not have to resubmit the Contract Attestation as proof of one Level 1 VBP contract in July 1, 2017.

Important Information

VBP Support Materials

VBP Resource Library:

- Path: DSRIP Homepage → Value Based Payment Reform → VBP Resource Library
- Link: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library

VBP Website:

- Path: DSRIP Homepage → Value Based Payment Reform
- Link: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_reform

Thank you for your continued support with VBP QIP!

- The next VBP QIP Update Webinar is scheduled for **Wednesday, June 21st from 2:00 pm – 3:00 pm.**
- For questions on VBP QIP quality measures, please email the SPARCS BML at sparcs.submissions@health.ny.gov with “VBP QIP Measures” in the title.
- For questions on VBP QIP financing, please contact bmcr@health.ny.gov.
- For other questions on VBP QIP, please contact the VBP QIP inbox at vbp_qip@health.ny.gov.