Department of Health | Medicaid Redesign Team

VBP Tracking Report

Webinar Providing an Overview of the VBP Survey for MLTC Partial, MAP, FIDA and PACE

July 11, 2018

Today’s Agenda

Today’s agenda includes the following:

Agenda Item	Slide
VBP Tracking Report Overview and Background	3-6
VBP Tracking Report Instructions	7-16
Questions and Contact	17-18

VBP Tracking Report Overview and Background

VBP Tracking Report (VBPTR)

- This webinar will give MLTC Partial, MAP, FIDA and PACE plans an overview of the VBPTR.
- DOH requires that MCOs submit information that measures their progress against the statewide VBP goal on a quarterly basis. This process will continue through the DSRIP waiver period.
- Responses to the VBPTR should pertain to Medicaid Managed Care business that is operated in NYS only. Responses should be in aggregate across all applicable contracts that the MCO has with providers.
- Reponses to the VBPTR should only focus on Medicaid expenditures; Fully Integrated products should ensure that they are not submitting Medicare expenditures as part of their reporting.

Plans Required to Report the VBPTR

- The VBPTR will need to be completed for the following managed care lines of business:
  - Mainstream Managed Care,
  - Managed Long Term Care Partial Capitation (MLTC Partial),
  - Medicaid Advantage Plus (MAP),
  - HIV Special Needs Plan (HIVSNP),
  - Health and Recovery Plan (HARP),
  - Programs of All-Inclusive Care for the Elderly (PACE),
  - Fully Integrated Dual Advantage (FIDA)

Why is the VBPTR Important?

- The data collected in the VBPTR will be used to update CMS on the State's progress in meeting VBP targets as defined in the roadmap.
- VBP penalties to plans for rate setting year SFY 2018-19 will be calculated based on data provided in the VBPTR.
- Recoupment of VBP stimulus funding to occur in October of 2018 for MLTC Partial plans will be calculated based on data provided in the VBPTR.

VBP Tracking Report Instructions

VBP Level Definitions

	VBP Level 0	VBP Level 1	VBP Level 2	VBP Level 3
MLTC Partial Plans	Arrangements that go beyond strict FFS but do not meet the requirements of VBP Level 1. *Example: An arrangement including a quality performance bonus that does not include the Potentially Avoidable Hospitalization (PAH) measure.*	An arrangement that includes a performance bonus agreement between an MLTC Partial plan and a provider that is based on meeting performance targets for a set of specific quality measures agreed to in a VBP contract between an MLTC Partial Plan and provider. Such agreement must include the Potentially Avoidable Hospitalization (PAH) measure.	A pay-for-performance agreement between MLTC Partial plans and providers where incentive payments are based on meeting performance targets for quality measures agreed to in a VBP contract with the addition of a “downside” or quality withhold. To meet the Level 2 definition, plans and providers should establish a minimum downside of 1% of total annual expenditures in the contract between the plan and the provider.	To be determined at a future date. *NOTE: No VBP requirements are targeted at achieving specifically VBP Level 3 contracting*
Fully Integrated Plans (FIDA, MAP and PACE)	Arrangements that go beyond strict FFS but do not meet the requirements of VBP Level 1. *Example: A shared savings arrangement that doesn’t make shared saving contingent upon quality outcomes*	These arrangements continue the existing FFS payment methodology from MCO to providers, but allows the VBP contractor to receive a percentage of the shared savings based on a ‘target budget’ set for the VBP arrangement.	These arrangements allow the VBP contractor to receive a higher percentage of shared savings than in Level 1 because the VBP contractor is also required to share a percentage of losses that result from spending more than the ‘target budget’.	Arrangements that are fully capitated PMPM arrangements or prospectively paid bundles.

VBP for MLTC Partial Focuses on a Subset of Providers

- MLTC Partial plans should only report their LHCSA, CHHA, and SNF spending in Table 1-1 G. Dollars paid to other providers should not be included unless they are part of an off-menu arrangement approved by DOH as VBP.

- Expenditures reported regardless of payment methodology (Fee-For-Service, VBP Level 1, VBP Level 2, VBP Level 3) should only include payments to LHCSAs, CHHAs and SNFs unless they are part of an off-menu arrangement approved by DOH as VBP.

MLTC Partial Counting of Expenditures for VBP

- Plans are to report 100% of dollars expended with a provider that is under an approved VBP contract as VBP Level 1, 2, or 3 depending on the contract.

MLTC Partial Plan ABC

Providers	VBP Level	VBP Contract Date	Total Dollars Paid to Provider	Bonus $ Paid to Provider	$ Counted as VBP in VBPTR
LHCSA Now	1	12/31/17	1,000,000	70,000	1,000,000
CHHA 123	1	12/31/17	500,000	30,000	500,000
LHCSA St. Rose	1	2/10/18	1,500,000	100,000	1,500,000
SNF Sunny Center	1	10/5/17	2,000,000	5,000	2,000,000

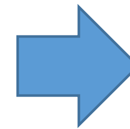
MLTC Partial Counting of Expenditures for VBP continued...

- If the VBP contract was executed during any part of the reporting period, all the dollars will be counted as VBP.

Total $ paid during 4/1/17 to 3/31/18 reporting period

MLTC Partial Plan ABC

Providers	VBP Level	VBP Contract Date	Dollars Paid to Provider
LHCSA Now	1	12/31/17	1,000,000
CHHA 123	1	12/31/17	500,000
LHCSA St. Rose	1	2/10/18	1,500,000
SNF Sunny Center	1	10/5/17	2,000,000
CHHA Helping Hands	1	6/1/18	500,000



VBPTR Reporting

VBP Level 1, Level 2, Level 3 Arrangements	VBP Level 1	VBP Level 2	VBP Level 3
LHCSA	2,500,000	0	0
CHHA	500,000	0	0
SNF	2,000,000	0	0
Total for MLTC	5,000,000	0	0

FIDA and MAP Reporting

- The VBPTR has been modified for FIDA, MAP and PACE reporting to capture total Medicaid expenditure. To rectify this, these fully integrated plans will have the LHCSA, CHHA and SNF categories greyed out and should instead report all VBP dollars under “Total Care for MLTC Subpopulation.”

- FIDA and MAP plans should report all of their Medicaid spending with providers within this table. Expenditure calculations should be equivalent to what is reported within the Total Medical and Hospital Expenditures line within their relevant cost reports. Be sure to exclude Medicare spending within the report.

FIDA and MAP Reporting Example

MAP Plan XYZ

Providers	VBP Level	VBP Contract Date	Dollars Paid to Provider
LHCSA Now	1	12/31/17	1,000,000
CHHA 123	1	12/31/17	500,000
Hospital St. Martin	1	2/10/18	1,500,000
SNF Sunny Center	1	10/5/17	2,000,000
Physical Therapy	*1*	*6/1/18*	*500,000*
LHCSA Downstate	FFS	11/17/17	3,000,000
Laboratory NYC	*1*	*12/15/17*	*500,000*
ACO Downtown	2	3/21/18	6,000,000

VBPTR Reporting

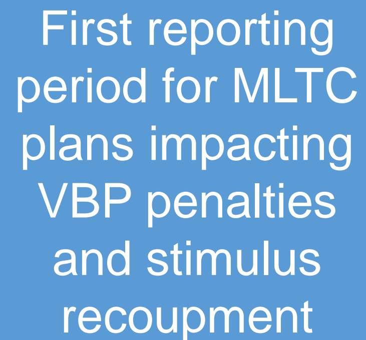
VBP Level 1, Level 2, Level 3 Arrangements	Non-VBP Arrangements	VBP Level 1	VBP Level 2	VBP Level 3
LHCSA				
CHHA				
SNF				
Total for MLTC				
Total Care for MLTC Subpopulation		5,000,000	6,000,000	0
Total VBP Arrangements		5,000,000	6,000,000	0
FFS	3,000,000			

PACE Plan Reporting

- The PACE payment model already includes the integration of the entity taking on capitated financial risk, with the entity providing direct services to members. This model also includes relevant quality payments as part of reimbursement.
- These elements of the PACE model make it very similar to a VBP Level 3 arrangement. The only exception is the inclusion of the SDH and CBO requirements that exist for VBP Levels 2 and 3 Contracts.
- As all PACE plans have SDH and CBO requirements that are approved, PACE plans should report all dollars in VBP Level 3 arrangements under “Total Care for MLTC Subpopulation.” DOH will follow up with PACE plans if an issue arises that may cause them to fall out of compliance with VBP Level 3 requirements.

Reporting Periods

- The VBPTR uses a system based on a calendar year. As such the reporting period labels represent the following periods:



2017 Annual	April 1, 2017 – December 31, 2017
2018 First Quarter	**April 1, 2017 – March 31, 2018 (full SFY)**
2018 Second Quarter	April 1, 2018 – June 30, 2018
2018 Third Quarter	April 1, 2018 – September 30, 2018
2018 Annual	April 1, 2018 – December 31, 2018

VBPTR FAQs

Q1: The CEO/Executive Director line was listed twice on the Identifying Information table, can you clarify who should be certifying?

A: This should be the CEO and CFO, similar to the MMCOR.

Q2: How should MLTC Partial plans account for medical expenses outside LHCSA, CHHA, and SNF categories (ie. specialist, primary care, therapy, dental etc.)?

A: These expenses should not be included in the VBP report unless the MLTC Partial plan has an approved off-menu arrangement that includes additional providers.

Q3: How should PACE plans report expenditures?

A: PACE should report all spending under VBP Level 3 in the "Total Care for MLTC Subpopulation" category.

Questions?

Contact Us

Questions related to submissions should be emailed to the following mailboxes:

- For MLTC plans mltcfisc@health.ny.gov
- For all other MCOs bmcfhelp@health.ny.gov