



MY2025 Value Based Payment Reporting Requirements

Technical Specifications Manual

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IMPORTANT DATES & CONTACT INFORMATION		
MAINSTREAM VBP		MLTC VBP
Contact	OHSQAVBP@health.ny.gov	<p>Effective on January 1, 2026, New York State (NYS) Department of Health (Department) will no longer be administering the Managed Long-Term Care (MLTC) Value Based Payments (VBP) program until further notice.</p> <p>We will not collect MLTC VBP data submissions for MLTC 2026. Health plans are not required to submit MLTC VBP files and any previously scheduled MLTC VBP reporting requirements for this period are discontinued.</p>
Submission Date	All files must be received electronically by 11:59 p.m. EST Friday, July 24, 2026.	
Health Commerce System (HCS)	https://commerce.health.state.ny.us To: OHSQA VBP Evaluation	

I. Submission Requirements

INTRODUCTION

The purpose of this document is to make stakeholders aware of the member attribution and quality measure reporting requirements for Medicaid Managed Care Organizations (MCOs) participating in the New York State (NYS) Medicaid Value Based Payment (VBP) program. **The 2025 VBP Reporting Requirements refer to data for Measurement Year 2025 (MY2025).**

The New York State Department of Health (Department) has completed the first phase of a health transformation effort, known as the State Innovation Model (SIM) award, which focused on the transformation of primary care delivery and payment models statewide. The New York State Patient Centered Medical Home (NYS PCMH) model was created as part of the SIM initiative. With NYS PCMH, a Primary Care Core measure set was developed, and multi-payer data is used to calculate results for practices for the measure. To reduce the burden on MCOs participating in both the NYS Primary Care measure set model and Medicaid VBP, we are aligning the reporting for both programs and utilizing the NYS Primary Care Core Set Scorecard data request to fulfill reporting requirements for both programs, where possible.

The Department requests that Medicaid Managed Care (MMC) plans submit data files leveraging their MY2025 Quality Assurance Reporting Requirements (QARR) (HEDIS®)¹ submission which will be used to create aggregated quality results by VBP Contractor for all members in a VBP Arrangement. Specifically, the Department is asking insurers to provide a modified version of the NYS Patient-Level Detail (PLD) file, along with provider and practice information. Submission of the NYS PCMH Patient-Level Detail file for all members in a Level 1 or higher VBP Arrangement will fulfill this reporting requirement. **The NYS PCMH Patient-Level Detail File requirement** is included in [Section II](#) of this manual. The Department is also requesting a separate **Patient Attribution file** for all members in a Level 1 or higher VBP Arrangement. The Patient Attribution file layout is also included in [Section III](#).

- Organizations must purchase the HEDIS® 2025 Technical Specifications for descriptions of the required HEDIS® measures. For specifications for other non-HEDIS measures, please contact the measure steward for the correct version of the specification. NYS-specific measures are defined in the [2025 Quality Assurance Reporting Requirements \(QARR\) Technical Specifications Manual](#).
- This manual describes reporting requirements only. **For VBP reporting or contracting questions, please contact OHSQAVBP@health.ny.gov.**

VBP ARRANGEMENTS

The [VBP Roadmap](#), updated in May 2022, outlines six types of VBP arrangements to be included for MY2025:

- **Total Care for the General Population (TCGP)** Arrangement: Includes all costs and outcomes for care, excluding certain populations (specified below).
- Total Care for Special Needs Population Arrangements: Includes costs and outcomes of total care for all members within a special needs population exclusive of TCGP.
 - **Children’s Subpopulation:** to address the unique needs of children at different developmental stages
 - **Behavioral Health/Health and Recovery Plans (HARP):** for those with Serious Mental Illness or Substance Use Disorders
 - **People Living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS)**
 - **Managed Long-Term Care (MLTC) - We will not collect MLTC VBP data submissions for MY2025.**

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

I. Submission Requirements

- Episodic Care Arrangements
 - **Maternity Care:** Includes episodes associated with a pregnancy, including prenatal care, delivery, and postpartum care through 60 days post-discharge for the mother, and care provided to the newborn from birth through the first 30 days post-discharge.

MEASURE CHANGES

Changes to the Reporting Requirements for MY2025 VBP Measure Sets were made based on the feedback received by the Department from the Clinical Advisory Groups, HEDIS measurement changes, and other stakeholder groups. Those changes are indicated in the publicly posted [MY2025 VBP Measure Sets](#) under the “VBP Quality Measures” tab. All measures required for VBP reporting are outlined in [NYS PCMH File Layout](#). Please follow any measure changes or updates as indicated by the measure steward, the [QARR Technical Specifications](#), or the NYS PCMH file instructions.

ORGANIZATIONS REQUIRED TO REPORT AND QUESTIONS

Medicaid Managed Care Organizations with Level 1 or higher value based contracting arrangements are required to report. Please submit all questions to OHSQAVBP@health.ny.gov.

WHERE TO SUBMIT VBP REPORTING DATA

- Electronically submit all files via a secure file transfer application. Do not mail materials.
- Specific delivery instructions are given for each file.

WHAT TO SEND FOR VBP REPORTING

- The Department is requesting a **NYS PCMH file** and a **Patient Attribution file** for **ALL** members in a VBP Level 1 or higher Arrangement.

*******All submissions must be received electronically by 11:59 p.m. ET on Friday, July 24, 2026.*******



VBP REPORTING GUIDELINES



II. NYS PCMH Patient-Level Detail File

NYS PCMH SCORECARD PATIENT-LEVEL DETAIL FILE

Please use your 2025 QARR/HEDIS data warehouse as the source for this information. Do not recalculate or update measure results. However, in addition to the measure elements that you reported for QARR/HEDIS for 2025, please include the provider/practice information that was attributed to the member using your plan's attribution methodology. Please continue to report the provider and practice site of the service as outlined in layout request, specifically including two separate fields for TIN: Practice TIN and Contractor TIN. The NYS Patient-Centered Medical Home (NYS PCMH) file is modeled after the NYS 2025 Patient-Level Detail file (PLD) that you prepared as part of your QARR submission, and many of the data elements in the NYS PCMH file follow the same definitions and format as used to define the data elements in the PLD. You may find it helpful to use the PLD as a resource or starting point in completing the NYS PCMH file. **We ask that you populate the NYS PCMH with all Lines of Business that you serve** (e.g., Medicaid).

Exceptions to the PLD file are noted below:

1. The NYS PCMH file requests Medicare HEDIS data, which is not required for QARR reporting.
2. The Plan ID is not your plan's QARR ID. The Plan ID field should be populated with the Organization ID that you used to submit the Interactive Data Submission System (IDSS) files to NCQA.
3. Note that the Organization ID is different from the Submission ID. Submission ID which is specific to a Line of Business.
4. The Organization ID provides six digits. If your plan's ID is smaller, please right-justify.
5. For Medicaid, HARP, and HIV/Special Needs Plan (SNP) we are asking that you populate the member's CIN in the ID field and not an internal ID number. For EP use the NYHX ID, and for all other products, please use an **internally-defined** ID number. **In order to receive credit for VBP reporting, the Medicaid CIN must be populated for Medicaid, HARP, and HIV/SNP members.**
6. Provider/Practice attribution information is required for NYS PCMH. This information is not required for QARR reporting.

SUMMARY OF CHANGES NYS PCMH FILE:

- Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment (AMM); **retired** by NCQA.
- NCQA retired the Administrative and Hybrid reporting methods for Childhood Immunization Status (CIS), Immunizations for Adolescents (IMA) and Cervical Cancer Screening (CCS). **Only the ECDS Method will be used for these measures.**

SPECIFIC INSTRUCTIONS FOR NYS PCMH FILE

- **PLEASE** carefully review the reporting requirements and layout of the [NYS MY2025 Patient Level Detail File Specifications](#) and the [NYS 2025 Patient-Centered Medical Home \(PCMH\)](#). Numerous updates to streamline and consolidate reporting requirements have been made to the files.
- Please be aware that although the member ID for all products except Medicaid is an internal number assigned by your plan, you will need to link the member to the provider of service. You should use a naming convention that will facilitate this process.
- If a member is reported for a specific measure in more than one product line (e.g., duals), please report all member details for all applicable product lines.
- A Member ID (**Field #3**) may be included on the file more than once if the member is in more than one product line during the reporting period.

II. NYS PCMH Patient-Level Detail File

- For hybrid measures that you reported to NCQA/NYS using the hybrid methodology, which requires calculating the measure based on a sample rather than the entire eligible population, **for NYS PCMH only, we are requesting that you report the administrative denominator (IDSS eligible population) and the administrative numerator (IDSS NumeratorByAdminElig).**
- Members in the file must be in at least **one** measure.
- Measures that are not applicable to the member should be zero-filled.
- A valid Practice Tax ID (TIN)(**Field #6**) is nine characters. If the TIN is not available, set the field value to "999999999".
- Practice Name must be populated in the Practice Name Field (**Field #9**) only.
- Practice Address Line 1 (**Field #10**) must contain the street address of the Practice, not the Practice Name.
- For **Fields #7-16, and #18-22**, leave these fields blank if the member cannot be attributed to any provider or you are not able to identify the provider. Member-level details should not be removed from the file submission, even if a provider is not attributed.
- **For Field # 17** (Physician NPI), if the member cannot be attributed to any provider or you are not able to identify the provider, set the field value to '9999999999'.
- For **Field # 21**, populate with valid TINs only. If a member is NOT attributed to a VBP Contractor set to '999999999'.
- Only MCOs reporting their **Medicaid** Line of Business need report the following **8** VBP specific measures:
 1. Statin Therapy for Patients with Cardiovascular Disease (SPC),
 2. Diabetes Screening for Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD),
 3. Initiation of Pharmacotherapy upon New Episode of Opioid Dependence (POD-N),
 4. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC; Administrative rate),
 5. Follow-Up Care for Children Prescribed ADHD Medication (ADD),
 6. Prenatal and Postpartum Care (PPC; Administrative rate),
 7. Depression Remission or Response for Adolescents and Adults (DRR-E) and
 8. Well-Child Visits in the First 30 Months of Life (W30).

Medicaid plans submitting NYS PCMH data should add these additional variables to the NYS PCMH file layout and it will count towards the VBP reporting requirements.

FILE SUBMISSION:

Please upload the file to **I PRO SEND** site. A subfolder in the "QARR" folder where you will upload your 2025 QARR files entitled "NYS PCMH MY2025" will be created for your submission. If someone other than your QARR liaison will be responsible for NYS PCMH reporting, please contact the I PRO Team at abolagani@ipro.org for questions and access to the I PRO SEND site.

Please note that the deadline for submission is Friday, July 24, 2026

III. NYS Patient Attribution File

PATIENT ATTRIBUTION FILE

The Department is asking insurers to provide an attribution file for **all members enrolled in a VBP arrangement** during the 2025 Calendar Year per the methodology specified in your Department-approved contract. The attribution file will be used in combination with other quality measure sources (e.g., MY2025 NYS Patient-Level Detail File) to aggregate quality results for the 2025 Category 1 population-specific measures by VBP Contractor. Details of the Category 1 measures are provided in the publicly posted [MY2025 VBP Measure Sets](#) under the “VBP Quality Measures” tab.

FILE FORMAT:

Submit a **comma-separated values (CSV)** file with the following specifications:

- The file **must not** have additional columns beyond those shown in the following table.
- Data **must** include column names. The first row in the file must be the column names as documented in the following table.
- Please be advised that significant changes have been made to the data elements for MY2025 VBP Attribution file, as outlined in the table below. Please carefully review the updated element table and ensure the data is populated accordingly.
- **All fields are mandatory. Do not leave any fields blank.**
- **After submission, each health plan will receive a quality assurance (QA) report summarizing any data errors, data quality concerns, or compliance issues identified during validation and review. The report will indicate which issues require correction prior to acceptance and which are informational, and plans will be expected to address identified issues in accordance with the resubmission timelines.**

Naming Convention:

VBP_PlanID_2025.csv (Refer to field 1 in the table below.)

Example: VBP_123456_2025.csv



Element #	Name	Direction	Allowed Values	Data Type	Length	Start	End
1	Plan_ID#	Organization ID is used to submit the IDSS to NCQA. This ID is consistent across all Lines of Business.	#####	VARCHAR	6	1	6
2	Product_Line	A member's product line at the end of the measurement period.	01 = MEDICAID 02 = SNP 11 = HARP	NUMBER	2	7	8
3	Unique_Member_ID#	Medicaid Client ID Number (CIN) *The field is alphanumeric and should be treated as a text field.	#####	VARCHAR	8	9	16

III. NYS Patient Attribution File

Element #	Name	Direction	Allowed Values	Data Type	Length	Start	End
4	Practice_Tax_ID#	Populate with valid TINs only.	#####	NUMBER	9	17	25
5	Provider_NPI	National Provider Identifier – 10 Digit ID	#####	NUMBER	10	26	35
6	VBP_Contractor_Tax_ID#	Populate with valid TINs only. Please include the TIN of the VBP Contractor . If the member is NOT in a VBP level 1 or higher arrangement set to '999999999'.	#####	NUMBER	9	36	44
7	VBP_Contractor_DBA_Name	Enter the DBA name listed on your VBP contract/arrangement.		VARCHAR	50	45	94
8	VBP_Contractor_Type		1 = Provider/ Hospital 2 = IPA 3 = ACO 9 = Unknown	NUMBER	1	95	95
9	VBP_Arrangement_Type	Refer to Section C, #2b of the DOH 4255 – <i>Provider Contract Statement and Certification</i> form.	1 = TCGP 3 = HARP 4 = HIV/AIDs 5 = Maternity 6 = Children's 7 = Off Menu	NUMBER	1	96	96
10	DOH_VBP_Contract_ID#	The number provided by the Department in the Agreement approval letter begins with DOH ID #####. Please identify the more recent contracts appropriate for attribution. As the VBP measure set is updated annually, accurate attribution to the more recent contracts is essential to ensure valid monitoring of VBP quality measures.	#####	NUMBER	4	97	100
11	MCO_Unique_Contract_ID#	Plan generated ID used to submit contract to the Department; Section A, #3 of the 4255.		VARCHAR	255	101	355
12	Prov_Att_start_date	MMDDYYYY – Must be between 1/1/2025 and 12/31/2025	MMDDYYYY	DATE	8	356	363
13	Prov_Att_end_date	MMDDYYYY – Must be between 1/1/2025 and 12/31/2025	MMDDYYYY	DATE	8	364	371

III. NYS Patient Attribution File

Element #	Name	Description/Specifications
1	Plan_ID#	Enter your Organization ID used to submit the IDSS to NCQA. This ID is consistent across all Lines of Business.
2	Product_Line	Enter the member's product line at the <u>end of the measurement period</u> . Enter the corresponding number (01) Medicaid, (02) SNP, (11) HARP.
3	Unique_Member_ID#	Enter member's Medicaid Client Identification Number (CIN). The field should be continuous without any spaces or hyphens. The field is alpha-numeric and should be treated as a text field.
4	Practice_Tax_ID#	Enter the 9-digit Federally assigned Tax Identification Number for the Practice of the member's provider. Populate with valid TINs only. This field is mandatory – do not leave it blank!
5	Provider_NPI	This is the unique 10-digit National Provider Identifier (NPI) of the provider organization associated with the member under a specific VBP contract during the reporting period. Members may be attributed to more than one VBP contract during the same reporting period and, therefore, may be associated with multiple NPIs. The plan should submit one row of data per member, per VBP contracted provider.
6	VBP_Contractor_Tax_ID#	This is the unique 9-digit tax identification number of the VBP Contractor (not the provider) that the member is assigned to a Level 1 or higher VBP arrangement during the reporting period. If not applicable, fill with 999999999.
7	VBP_Contractor_DBA_Name	The "Doing Business As" (DBA) name is the operating name of a company, as opposed to the legal name of the company. The VBP Contractor may be an ACO, IPA, individual provider, or hospital.
8	VBP_Contractor_Type	In this field, enter '1' if the contractor is a provider (provider includes hospitals), '2' if the contractor is an IPA, '3' if the contractor is an ACO, '9' if Unknown
9	VBP_Arrangement_Type	In this field, enter "1" if the VBP arrangement type is a TCGP arrangement, "3" if it is a HARP arrangement, "4" if it is an HIV/AIDs arrangement, "5" if it is a Maternity arrangement, "6" if it is a Children's arrangement, "7" if it is an Off-Menu arrangement. This information can be found in Section C, #2b of the DOH 4255 – Provider Contract Statement and Certification form.
10	DOH_VBP_Contract_ID#	This is the number provided by the Department in the Agreement approval letter for your VBP arrangement, it begins with DOH ID #####. If you need assistance obtaining your correct DOH VBP Contract Identifier, please email NYS VBP mailbox at OHSQAVBP@health.ny.gov
11	MCO_Unique_Contract_ID#	This is the contract identifier created by your plan, which is a required component of all contracts submitted for review (it can be found in Section A, #3 of the DOH 4255, it is also typically in the footer of your contract documents. If you need assistance obtaining your correct MCO Unique Contract Identifier, please email the VBP mailbox at OHSQAVBP@health.ny.gov
12	Prov_Att_start_date	This is the attribution start date with the provider when the member was first attributed to the provider. This date must be during the reporting period. It should be in the format of MMDDYYYY with no intervening "-" or "/". The format is the same if data is submitted via a fixed-width file or CSV.
13	Prov_Att_end_date	This is the attribution end date with the provider when the member was last attributed to the provider. This date must be during the reporting period. It should be in the format of MMDDYYYY with no intervening "-" or "/". The format is the same if data is submitted via a fixed-width file or CSV.

III. NYS Patient Attribution File

SUBMISSION EXAMPLES AND DATA REQUIREMENTS CHECKLIST

Please refer to [Section IV Appendix 2](#) at the end of this manual for layout examples and further instruction on the CSV submission requirements.

Please refer to [Section IV Appendix 3](#) at the end of this manual, for attribution file checklists for the MCO attribution file. The checklist is designed to ensure fields in the attribution file are standardized appropriately and are **not required** to be submitted with the attribution files.

FILE SUBMISSION:

Files for all arrangement types are to be submitted to the New York State Department of Health via the Secure File Transfer 2.0 of the [Health Commerce System](#) (HCS). Files should be submitted to **OHSQA VBP Evaluation** or OHSQAVBP@health.ny.gov via HCS.

Files must be received electronically by 11:59 p.m. ET; Friday, July 24, 2026.

IV. Appendix

APPENDIX 1: NYS FIPS CODES BY COUNTY

County Name	FIPS Code	County Name	FIPS Code	County Name	FIPS Code
Albany	001	Jefferson	045	St. Lawrence	089
Allegany	003	Kings	047	Saratoga	091
Bronx	005	Lewis	049	Schenectady	093
Broome	007	Livingston	051	Schoharie	095
Cattaraugus	009	Madison	053	Schuyler	097
Cayuga	011	Monroe	055	Seneca	099
Chautauqua	013	Montgomery	057	Steuben	101
Chemung	015	Nassau	059	Suffolk	103
Chenango	017	New York	061	Sullivan	105
Clinton	019	Niagara	063	Tioga	107
Columbia	021	Oneida	065	Tompkins	109
Cortland	023	Onondaga	067	Ulster	111
Delaware	025	Ontario	069	Warren	113
Dutchess	027	Orange	071	Washington	115
Erie	029	Orleans	073	Wayne	117
Essex	031	Oswego	075	Westchester	119
Franklin	033	Otsego	077	Wyoming	121
Fulton	035	Putnam	079	Yates	123
Genesee	037	Queens	081	Out of State	000
Greene	039	Rensselaer	083	Unknown/Missing	999
Hamilton	041	Richmond	085		
Herkimer	043	Rockland	087		

IV. Appendix

APPENDIX 2: MAINSTREAM VBP SUBMISSION EXAMPLES

The example below illustrates one member's data submitted as a CSV file.

Fields 1-8:

Plan ID#	Product Line	Unique Member ID (CIN)	Practice Tax ID (TIN)	Provider NPI	VBP Contractor Tax ID#	VBP Contractor DBA Name	VBP Contractor Type
123456	01	WA12345X	123456789	N987654321	123456789	Health Clinic NY	1

Fields 9-13:

VBP Arrangement Type	DOH VBP Contract ID	MCO Unique Contract ID#	Provider Attribution Start Date	Provider Attribution End Date
1	2983	ABC.HealthClinic4.12.18	01012025	12312025

The example below illustrates one member attributed to two different providers in the same VBP arrangement within the reporting period submitted as a **CSV file**.

Member Data, attributed to Provider 1 from 1/1/2025 to 04/30/2025

Fields 1-8:

Plan ID#	Product Line	Unique Member ID (CIN)	Practice Tax ID (TIN)	Provider NPI	VBP Contractor Tax ID#	VBP Contractor DBA Name	VBP Contractor Type
123456	01	WA12345X	123456789	N987654321	123456789	Health Clinic NY	1

Fields 9-13:

VBP Arrangement Type	DOH VBP Contract ID	MCO Unique Contract ID#	Provider Attribution Start Date	Provider Attribution End Date
1	2983	ABC.HealthClinic4.12.18	01012025	04302025

Member Data, attributed to Provider 2 from 5/1/2025 to 12/31/2025

Fields 1-8:

Plan ID#	Product Line	Unique Member ID (CIN)	Practice Tax ID (TIN)	Provider NPI	VBP Contractor Tax ID#	VBP Contractor DBA Name	VBP Contractor Type
123456	01	WA12345X	123456789	N123456789	123456789	Health Clinic NY	1

Fields 9-13:

VBP Arrangement Type	DOH VBP Contract ID	MCO Unique Contract ID#	Provider Attribution Start Date	Provider Attribution End Date
1	2983	ABC.HealthClinic4.12.18	05012025	12312025

IV. Appendix

APPENDIX 3: MAINSTREAM VBP (MCO) ATTRIBUTION FILE – DATA QUALITY CHECKLIST

Data Quality Check	Value	Notes
Value used for Plan_ID# is the Organization ID used to submit IDSS to NCQA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Every record includes a valid Medicaid Client Identification Number (CIN)	<input type="checkbox"/> Yes <input type="checkbox"/> No	The field is alpha-numeric and must be a valid CIN. Do not use internal organization member identification numbers.
Total number of records submitted		
Number of unique members included in the file		
Number of unique members by product line	MMC (01) = SNP (02) = HARP (11) =	
All records include a valid Practice_Tax_ID#	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All records include a valid VBP_Contractor_Tax_ID# <i>(if the member is not in a VBP level 1 or higher, then the value is set to '99999999')</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
For members in a VBP level 1 or higher arrangement, the VBP_Contractor_Tax_ID# represents the higher umbrella Tax ID # of the Contractor organization	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All records include a valid VBP_Contractor_DBA_Name <i>(if the member is not in a VBP level 1 or higher than the value is set to '99999999')</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of members assigned to each VBP_Contractor_Type	Provider/Hospital (1) = IPA (2) = ACO (3) = Unknown (9) =	
Number of members in each VBP_Arrangement_Type	TCGP (1) = HARP (3) = HIV/AIDS (4) = Maternity (5) = Children's (6) = Off Menu (7) =	
Every record includes either a valid DOH_VBP_Contract_ID# and a valid MCO_Unique_Contract_ID#	<input type="checkbox"/> Yes <input type="checkbox"/> No	You must populate the DOH_VBP_Contract_ID# field and the MCO_Unique_Contract_ID# field. If you need assistance obtaining your correct DOH VBP Contract Identifier, please email the VBP mailbox at OHSQAVBP@health.ny.gov