

Domain 2 - Understanding Key Requirements to Succeed in VBP

Resource (hyperlink)	Description
<u>New York DOH SDoH VBP Intervention Menu</u>	<p>New York State DOH SDoH/CBO Contracting Requirements</p> <p>Effective January 1, 2018, all new and existing VBP Level 2 and 3 arrangements must include at least one SDH intervention and at least one contract with a Tier 1 Community Based Organization (CBO). This requirement applies to Managed Care Organizations (MCO), Managed Long Term Care (MLTC), and PACE plans with a Level 2 or 3 VBP arrangement. Health plans and VBP contractors have the flexibility to decide on the type of intervention that they implement. The guideline recommends the SDH selection be based on information including but not limited to, SDH screening of individual members, member health goals, the impact of SDH on their health outcomes, as well as an assessment of community needs and resources.</p>
<u>New York DOH 2020 VBP Quality Measures (Total Care) Proposed</u>	<p>This table displays a listing of the 2020 Total Care for General Population VBP Quality Measures by domain (e.g., Primary Care, Mental Health, Substance Use Disorder, HIV/AIDS, Maternity, Children’s) that are required for inclusion in TCGP VBP contract development based on proposed VBP Roadmap updates.</p>
<u>New York State DOH VBP Principles</u>	<p>VBP Arrangement Principals from New York DOH</p>
<u>New York State DOH VBP Risk/Reward Sharing Levels</u>	<p>New York State DOH VBP Risk/Reward Sharing Levels (Levels 0-3)</p>
<u>New York State DOH CBO Tier Definitions</u>	<p>New York State CBO Definitions (Tier, 1, 2, 3)</p>

<p><u>New York State DOH 5 Domains of SDoH</u></p>	<p>New York State DOH 5 Domains of SDoH (Education, Social & Community Context, Health & Healthcare, Neighborhood & Environment, Economic Stability)</p>
<p><u>New York State VBP CBO Contract Requirements</u></p>	<p>New York State VBP CBO Contract Requirements</p> <p>VBP contractors in a Level 2 or 3 arrangement must implement at least one social determinant of health intervention VBP Contract.</p>
<p><u>CBO VBP Contracting Arrangements & Strategy Examples</u></p>	<p>CBO VBP Contracting Arrangements Examples From New York State DOH</p>
<p>New York State DOH VBP On-Menu Contact Requirement Checklists:</p> <p><u>Integrated Primary Care (IPC) Checklist</u></p> <p><u>Total Care (TCGP) Checklist</u></p> <p><u>Maternity Care Checklist</u></p> <p><u>HARP Checklist</u></p> <p><u>HIV/AIDS Checklist</u></p> <p><u>Managed Long Term Care (MLTC) Checklist</u></p>	<p>New York State DOH VBP “On-Menu” Contact Requirement Checklists</p>
<p>New York State DOH – VBP Contracting Best Practices</p> <p><u>Presentation Deck</u></p>	<p>New York State DOH – VBP Contracting Best Practices</p> <p>This NY DOH Presentation will highlight components providers need to know related to VBP contracting, understanding contracting dos and don’ts, and utilizing best practices and provider contracting strategies. The class will also review the contract lifecycle and key components of a VBP contract that should be addressed when negotiating and submitting a VBP contract, taking into account “on menu” and “off menu” arrangements.</p>

<p><u>New York State VBP SDoH CBO MCO Contract Template Requirements Template</u></p>	<p>New York State VBP SDoH CBO MCO Contract Template (to be submitted by MCOs)</p> <p>This template is required for reporting for Medicaid Managed Care Value Based Payment (VBP) contracting for Social Determinants of Health (SDH) and Community Based Organization Requirements. The Report must be submitted by the VBP contractor or CBO to Medicaid Managed Care Organization(s) (MCO) as part of the MCO-CBO contracting process. MCOs must include this Report with all Medicaid Value Based Payment Level 2 or Level 3 contract submissions to DOH.</p>
<p><u>New York State Managed Long-Term Care VBP Requirements</u></p>	<p>New York State Managed Long-Term Care (Partially and Fully Capitated Plans) VBP Requirements</p>
<p><u>New York State DOH MCO Quality Improvement Program – 2018 Results</u></p>	<p>New York State DOH MCO Quality Improvement Program</p> <p>New York’s Medicaid Managed Care Quality Incentive Program began in early 2001. In 2002, the program was expanded to provide increased incentives for improvement. Plans became eligible to receive bonuses added to the premium based upon composite scores from quality measures and satisfaction measures.</p> <p>Currently, the Quality Incentive Program has a defined methodology to determine the percentage of the potential financial incentive that a plan receives.</p>
<p><u>New York State DOH MCO Quality Performance Reports 2018</u></p>	<p>New York State 2018 Health Plan Comparison in New York State</p> <p>A Report Comparing Quality and Satisfaction Performance Results for Health Plans</p> <p>This report contains information about managed care plans including results from standardized quality of care measures, consumer satisfaction surveys, and information about providers in the</p>

plans' networks. Health plans have their information validated by a licensed auditor organization prior to sending it to the NYSDOH. Only valid information is published in this report.