Value Based Payment (VBP) Roadmap:
Update for Post-Delivery System Reform Incentive Payment Program (DSRIP)

Overview
Agenda

1 Background on VBP Roadmap update
2 Overview of updates
   • Structural updates
   • General and topic-specific updates
   • Areas of reinforcement
3 Review the public comment process and timelines
4 How to submit comments
5 Q&A
Overview and Background

• **Current Status:** While the New York State Department of Health (DOH) has continued to support the goals and transition towards value based payment (VBP), since the expiration of the Delivery System Reform Incentive Payment (DSRIP) program in March 2020, DOH has not renewed or updated *A Path toward Value Based Payment, New York State Roadmap for Medicaid Payment Reform* (the VBP Roadmap), its foundational document governing expectations for Managed Care Organizations (MCOs) and providers to move towards VBP reform.

• **Goals and Objectives:** Due to the need to rearticulate expectations contained in the *VBP Roadmap*, DOH reviewed and revised the *VBP Roadmap* with the following objectives in mind:
  - Reinforce DOH’s continued expectations for the design of VBP arrangements;
  - Streamline the *VBP Roadmap* to more clearly identify the contracting requirements and expectations of DOH;
  - Make technical clarifications and remove outdated references that are no longer applicable to VBP contracting; and
  - Collect feedback for a forthcoming, more substantive update in connection with the design, negotiation, and implementation of NYS’s next 1115 waiver.
NYS achieved its goal to move at least 80% of all Medicaid Managed Care payments into VBP arrangements by April 2020

<table>
<thead>
<tr>
<th>VBP Arrangement Type</th>
<th>VBP Roadmap Target</th>
<th>April 2020 Result</th>
<th>Target Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 or higher (fully &amp; not full capitated combined)</td>
<td>≥ 80%</td>
<td>86%</td>
<td>✓</td>
</tr>
<tr>
<td>Level 2 or higher (fully capitated only)</td>
<td>≥ 35%</td>
<td>56%</td>
<td>✓</td>
</tr>
<tr>
<td>Level 2 or higher (partially capitated only)</td>
<td>≥ 15%</td>
<td>18%</td>
<td>✓</td>
</tr>
</tbody>
</table>
### VBP Contract Arrangements by Line of Business, April 2020

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Level 1 or Higher</th>
<th>Level 2 or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAID</td>
<td>91.49%</td>
<td>57.69%</td>
</tr>
<tr>
<td>HARP</td>
<td>57.28%</td>
<td>48.46%</td>
</tr>
<tr>
<td>SNP</td>
<td>67.86%</td>
<td>29.26%</td>
</tr>
<tr>
<td>DUAL</td>
<td>7.75%</td>
<td>0.00%</td>
</tr>
<tr>
<td>MAP</td>
<td>79.73%</td>
<td>71.29%</td>
</tr>
<tr>
<td>PACE</td>
<td>45.41%</td>
<td>45.38%</td>
</tr>
<tr>
<td>FIDA</td>
<td>53.97%</td>
<td>41.84%</td>
</tr>
<tr>
<td><strong>SUBTOTAL FULLY CAPITATED</strong></td>
<td><strong>85.26%</strong></td>
<td><strong>56.22%</strong></td>
</tr>
<tr>
<td><strong>SUBTOTAL PARTIALLY CAPITATED</strong></td>
<td><strong>94.45%</strong></td>
<td><strong>18.32%</strong></td>
</tr>
<tr>
<td><strong>TOTAL MANAGED CARE (FULLY &amp; PARTIAL)</strong></td>
<td><strong>86.15%</strong></td>
<td><strong>46.53%</strong></td>
</tr>
</tbody>
</table>
Structure and Breakdown of the Updated VBP Roadmap

The VBP Roadmap was reorganized in the following structure to better display valuable information and provide clear guidance to interested VBP contractors.

**Introduction**
The introduction provides background on value based payments and context on the mission and purpose of the updated VBP Roadmap.

**Supporting Documents**
Any guidance VBP contractors require to continue moving forward in the contracting process, as well as relevant links, will be referenced here.

**Requirements**
The requirements section contains general requirements that can be applied to all arrangements, followed by arrangement-specific requirements and reporting requirements.

**Appendix**
Other valuable information not contained in the main text such as definitions, previous programs, guidelines, etc. will be a part of the appendices.

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**January 2022**

**Updated VBP Roadmap**

- **Pages of Requirements**: 23
- **Pages of Appendices**: 9
- **Page Original VBP Roadmap**: 90
- **Page Updated VBP Roadmap**: 23

**Updated VBP Roadmap**

- **7** General Requirements
- **3** Arrangement-Specific Requirements
- **2** Reporting Requirements
- **2** Off-menu Requirements
**Summary of VBP Roadmap Updates**

<table>
<thead>
<tr>
<th>What is included in the Updated VBP Roadmap</th>
<th>What is <em>not</em> included in the Updated VBP Roadmap</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Simplified language of existing requirements and guidelines</td>
<td>× Material changes to the requirements and/or guidelines</td>
</tr>
<tr>
<td>✓ Condensed format</td>
<td>× Alteration of any existing DOH authority</td>
</tr>
<tr>
<td>✓ Reiteration of the importance of VBP to the long-term goals of DOH and support for such arrangements</td>
<td></td>
</tr>
</tbody>
</table>

**General Roadmap Updates**

1. The structure and organization of the updated *VBP Roadmap* have been modified from the previous version to begin with historical context on VBP and its goals, followed by a succinct list of requirements that describes what shall be included in VBP contracts. Changes made in the updated VBP Roadmap will apply to new contracts submitted after the publication of the final updated VBP Roadmap, while previous contracts will be grandfathered in.

2. NYS continues to expect contractors to meet the VBP uptake goals as defined in the initial DSRIP waiver.

3. Requirements have been clarified and further defined to accurately reflect the current contracting processes.

4. Applicable requirements are grouped into sections dedicated to (1) on-menu, (2) off-menu, (3) arrangement-specific, and (4) reporting requirements.

5. Arrangement-specific guidelines are included with the requirement to which they align, whereas, guidelines that apply to broad subject matter, such as attribution, have been moved to the appendices.

January 2022
Additional Topic-Specific Updates (1 of 2)

Specific Roadmap Updates

1. **Integrated Primary Care arrangements**: In this updated VBP Roadmap, all references to Integrated Primary Care (IPC) arrangements and associated requirements have been removed. After evaluating overall VBP contract participation, the DOH found that standard IPC definitions were not being used. As a result, the DOH is reevaluating its data and analytic capabilities to support chronic care and primary care bundles. While this reevaluation takes place, data and analytic support for the chronic care and primary bundles will be suspended.

2. **Managed Long-Term Care Partially Capitated arrangements**: Managed Long-Term Care (MLTC) Partially Capitated arrangement requirements have been rewritten as guidelines. The DOH has concluded that the structure of the MLTC Partially Capitated approach does not reflect current VBP principles. Given the change from requirement to guideline, DOH support for MLTC Partially Capitated quality reporting as of Measurement Year (MY) 2020 has been suspended until further notice.

3. **Data Tools**: Links have been added to improve accessibility to available data tools to support VBP contractors, such as the Medicaid Analytics and Performance Portal (MAPP).

4. **Innovator Program**: Descriptions of the Innovator Program have been retained in an appendix to highlight the participant accomplishments and reflect the ongoing importance of this model to future VBP design.
**Additional Topic-Specific Updates (2 of 2)**

### Specific Roadmap Updates

5. **Delivery System Reform Incentive Payment**: Programmatically, the goals of VBP reform established through the DSRIP program remain the same, but given the program’s conclusion in March 2020, references to DSRIP have been removed except where they are needed for historical context.

6. **Penalties**: NYS retains its authority to enforce penalties on MCOs that do not meet VBP goals. A description of penalties that align to the prior DSRIP VBP goals for MCOs will remain.

7. **Target Budget Setting**: Target budget setting has been clarified to indicate that VBP contractor budgets are compared to their own historical cost, and that they must define their own method of target budget calculation, including the frequency of budget rebasing. The Next Generation ACO approach for target budget setting is included as a guideline in the appendices. Specific examples of target budget calculations have been removed.

8. **VBP Quality Improvement Program**: References to the VBP Quality Improvement Program (VBP QIP) have been removed in this update as successor programs are being designed through alternative federal authorities.

9. **Member Incentives**: All references of member incentives have been removed from the updated *VBP Roadmap*, as these rules are best addressed in separate DOH guidance.

January 2022
Areas of Reinforcement

The outlined areas below are aspects of the updated VBP Roadmap that still have significant value in the contracting process and are important in NYS’s movement to VBP and more equitable health care for all New Yorkers.

Social Determinants of Health (SDH):
The SDH requirement has not changed. Level 2 and 3 VBP arrangements are required to address at least one social determinant of health. The State also continues to encourage MCOs to screen members as a part of the SDH intervention. VBP contractors and MCOs are encouraged to measure the success of SDH programs. To provide more guidance on this requirement, examples of the most common SDH interventions from the SDH Intervention Menu have been included in the updated VBP Roadmap for reference.

Community Based Organization (CBO) Tiers:
Level 2 and 3 VBP arrangements are still required to include at least one not-for-profit organization; however, references to CBO tiers have been removed. This does not represent a functional change to the existing process and continues to support CBO capacity building in general.

VBP Guiding Principles:
To encourage best practices, guiding principles have been included in the appendix to reiterate the State’s expectations for VBP contractors and providers when they are engaging in the contracting process.

Quality Measures:
The inclusion and reporting of quality measures remains an important aspect of VBP contracts. The required quality measures differ by arrangement type. All VBP Arrangements must include at least one Pay for Performance Category 1 Measure.

Exclusions:
A list of acceptable exclusions remains in the updated VBP Roadmap to ensure there are no structural barriers to achieving the statewide goals.

January 2022
Participating in the Public Comment Period

A brief overview of the public comment process and how to record your responses are displayed below.

Public Comment Period spans from January 19, 2022, to February 18, 2022

1. Read and review the updated VBP Roadmap
2. Locate the public comment Excel form on the NYSDOH website
3. Input the required contact information and any updated VBP Roadmap related comments, questions, and/or suggestions as indicated on the Excel form
4. Submit completed public comment Excel form to vbp@health.ny.gov
5. Feedback and ideas gathered during the public comment period will be reviewed and considered for incorporation into the finalized updated VBP Roadmap or for future iterations following the 1115 waiver
The visual below displays the different parts of the Excel public comment form that you will be requested to complete.

1. The form begins with a paragraph of instructions outlining the file and emphasizing when and how it should be submitted.

2. This segment outlines the ‘Contact Information’ table which serves to collect the contact information of those individuals participating in the public comment.

3. This segment breaks down the columns required to record any comments related to the updated VBP Roadmap.

4. The instructions conclude with how the file should be saved.
Review of Public Comment Form (2 of 2)

This table contains rows for the primary point of contact/reviewer to complete with their contact information.

This column requests the page number from the updated VBP Roadmap that is being referenced.

This column contains a drop down list of the sections within the updated VBP Roadmap to select from, or the option for a general comment.

This column provides the reviewer the opportunity to input their comment, suggestions, feedback, and/or question.
References and Contact Information

• Please submit your Public Comment form to vbp@health.ny.gov with a subject line of “VBP Roadmap Public Comment Submission” by 5 PM EST on February 18, 2022.

• The updated VBP Roadmap public comment period was announced publicly to the Medicaid Redesign Team (MRT) II Listserv on January 19, 2022.

• The updated VBP Roadmap along with previous versions of the VBP Roadmap are available on the DOH website at the following link: https://www.health.ny.gov/health_care/medicaid/redesign/vbp/index.htm

• For questions about the updated VBP Roadmap please email vbp@health.ny.gov
Q&A

*Please use the chat or raise hand function for any questions/comments*