

Value Based Payment Quality Incentive Program (VBP QIP)

Facility Plan Example

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I. INTRODUCTION OF THE VBP QIP

A. MCO CONTACT INFORMATION

Please enter the information requested below in the adjacent boxes:

MCO	
Legal Entity Name of the MCO):	
Mailing Address:	
Authorized Officer Contact Name:	
Contact Title:	
Contact Phone:	
Contact Email:	

B. MCO / PPS / FACILITY PAIRING

MCO:	
PPS:	
Facility:	

C. PLAN FOR PROGRAM IMPLEMENTATION:

Please provide a summary of the plan for governance that has been determined for your VBP QIP transformation program. Ensure to reference a workplan, communication plan, and considered metrics):

1. Please describe the facility’s plan for project oversight during the creating/submission of the transformation plan, as well as during the periods of time associated with implementing the transformation initiatives.
2. Please describe the facility’s plan for monitoring progress throughout the implementation period.
3. Please describe the role of the PPS in the facility’s transformation plan.
4. Please describe the immediate next steps.
5. Please describe the higher level future next steps.

D. PLAN FOR PROGRAM GOVERNANCE:

Please provide a summary of the plan for governance that has been determined for your VBP QIP transformation program. Ensure to reference a workplan, communication plan, and considered metrics):

1. Please describe the facility’s plan for project oversight during the creating/submission of the transformation plan, as well as during the periods of time associated with implementing the transformation initiatives.
2. Please describe the facility’s plan for monitoring progress throughout the implementation period.
3. Please describe the role of the PPS in the facility’s transformation plan.

II. FACILITY OVERVIEW

A. FACILITY CONTACT INFORMATION

Please enter the information requested below in the adjacent boxes:

VBP QIP Facility	
Operating Certificate No. #:	
Legal Entity Name of Facility (as it appears on the Operating Certificate):	
Mailing Address:	
Authorized Officer Contact Name:	
Contact Title:	
Contact Phone:	
Contact Email:	

B. CURRENT STATE OVERVIEW:

Provide an overview of the current financial distress situation that your facility is facing and what is causing the need for the VBP QIP payments (please limit your response to three (3) pages of text in 12 point font):

III. KEY VBP TRANSFORMATION PLAN CONCEPTS

A. TYPE OF VBP ARRANGEMENT:

Provide an overview of the type of VBP Arrangement to be put in place with the MCO, related VBP level, the percent of VBP arrangement, and the associated year the facility will be transforming into in the final state as well as the interim years of VBP QIP. Suggested reading of pages 6-14; 44-47 of the VBP Roadmap for VBP Arrangements. Suggested reading of pages 14-19 of the VBP Roadmap for VBP Levels. Use the following link to access the current version of the roadmap: [Final VBP Roadmap June 2015](#). The VBP Work Group, which consists of various sub-committees and clinical advisory groups (CAGs) is currently developing detailed implementation plans based on this roadmap for the transition towards value based purchasing. Their progress can be followed on the [VBP website](#).

	Year 1	Year 2	Year 3	Year 4	Year 5
Type of VBP Arrangement					
Percent of VBP Arrangement Contracted					
Level of VBP Level					

B. HIGHLIGHT THE PAYMENT REFORM GUIDING PRINCIPLES

Identify how the transformation will look to follow the Payment Reform Guiding Principles Suggested reading of page 6 of the VBP Roadmap for the Payment Reform Guiding Principles.

C. TRANSFORMATION PLAN INITIATIVES

1. What is the total capital need projected from the start to end of the program?
2. What (if any) resources will be required to implement VBP QIP? <ul style="list-style-type: none"> a. Capital and operating expenses: b. Resources: c. Knowledge: d. Other:

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3. What are the internal and/or external risks associated with successful implementation of the plan?
4. How will the funds from VBP QIP be used to ensure a successful transition to a VBP environment?
5. How will the funds from VBP QIP be used to reach DSRIP goals via VBP?

D. **CONTRACT ATTESTATIONS**

Check the boxes in attestation of completing the sections below. Suggested reading of pages 29-31 of the VBP Roadmap for Contracting to Realize Payment Reforms.

<input type="checkbox"/>	We have or will contract in a manner that aligns to incentivize.
<input type="checkbox"/>	We have or will contract in a manner that follows regulatory amendments.

A. **VBP TARGETS & MEASUREMENT REPORTING:**

Suggested reading of pages 24-28; 33 of the VBP Roadmap for Ensuring Alignment of DSRIP and VBP Goals. Please note further guidance is being developed in the Value Based Payment Subcommittees, which is responsible for reviewing the metrics and activities required for implementing VBP as described in the roadmap.

1. How will VBP arrangements be measured to ensure that the type of arrangement promised in Section III is delivered?
2. How will VBP arrangements be measured to ensure that the level of arrangement promised in Section III is delivered?
3. How will the percent of each VBP arrangements and each level be calculated? If possible, please identify the numerator and the denominator.
4. When and how will baselines be established?
5. What measures will be used to identify the success of a facility's transition to a VBP model?

IV. VBP Transformation Measurement

B. **DSRIP GOAL ALIGNMENT:**

Please note, responses to the questions in this section should relate to the PPS that facility is paired with in Section B. Suggested reading of pages 24-28; 33 of the VBP Roadmap for Ensuring Alignment of DSRIP and VBP Goals.

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1. Overall, what impact does DSRIP have on the facility?
2. Is your facility participating in DSRIP? If yes, what DSRIP projects is your facility participating in?
3. What DSRIP measures will be used to inform and track the success of VBP QIP?
4. How will the VBP goals align with DSRIP Goals?
5. What are your facility's commitments and targets with these projects?
6. What funds flow arrangements have been outlined between your facility and the PPS to participate in the PPS Funds Flow plan? Please briefly describe the plan or approach for each of the PPS's budget categories from which your facility may receive DSRIP related funds.
7. Have any specific plans been made or discussed with your PPS regarding participation in their DSRIP Financial Sustainability Plan (Section 9 of their approved Organizational Application)? Yes / No. If "Yes", please describe briefly if your PPS has identified your facility as being financially fragile and the plan or approach with the PPS to improve your facility's financial status.
8. How will the PPS network support your facility through the implementation of the VBP transformation plan?
9. How will your facility communicate and coordinate with the PPS during the implementation of the transformation plan and of DSRIP projects?

V. MOU AND ATTESTATIONS

A. MOU AND ATTESTATIONS:

Instructions:

The facility's Operator Signatory (e.g., CEO or CFO) must sign and date the Certification Statement provided on the following page as certification of the assertions included as part of the multi-year transformation plan. In addition, the related PPS Lead's Operator Signatory (e.g., CEO, CFO, Executive Director) must also sign and date the Certification Statements.

- 1. Insert Signatory's Name and Title below.*
- 2. Print the Certification Statement (print specs are pre-set) to obtain a hard copy of the pre-filled Certification Statement document.*
- 3. The authorized Operator Signatory must sign and date the hard copy Certification Statement document.*
- 4. Make a PDF of the signed and dated hard copy Certification Statement document.*
- 5. Submit the Certification Statement as a PDF to the Department along with the electronic filing of the plan.*

EXAMPLE

**AUTHORIZATION FOR SUBMISSION OF THE
VALUE BASED PAYMENT QUALITY IMPROVEMENT
PROGRAM (VBP QIP) MULTI-YEAR FACILITY PLAN**

VBP QIP Facility: _____

VBP QIP Facility Operating Certificate# _____

CERTIFICATION STATEMENT

I hereby certify that I have read and examined the MCO'S VBP QIP multi-year transformation plan, and that to the best of my knowledge and belief, the information fairly and accurately represents an appropriate initial direction for the transformation plan, meets the needs of the local community, and aligns with facility's/PPS's DSRIP goals.

VBP QIP MCO Officer Certification

Sign Date:

Authorized Signature:

Print Signatory Name:

Print Signatory Title:

VBP QIP MCO Governing Board Certification

Sign Date:

Authorized Signature:

Print Signatory Name:

Print Signatory Title:

**AUTHORIZATION FOR SUBMISSION OF THE
VALUE BASED PAYMENT QUALITY IMPROVEMENT
PROGRAM (VBP QIP) MULTI-YEAR FACILITY PLAN**

VBP QIP Facility: _____

VBP QIP Facility Operating Certificate# _____

CERTIFICATION STATEMENT

I hereby certify that I have read and examined the facility's VBP QIP multi-year transformation plan, and that to the best of my knowledge and belief, the information fairly and accurately represents an appropriate initial direction for the transformation plan, meets the needs of the local community, and aligns with facility's/PPS's DSRIP goals.

VBP QIP Facility Officer Certification

Sign Date:

Authorized Signature:

Print Signatory Name:

Print Signatory Title:

VBP QIP Facility Governing Board Certification

Sign Date:

Authorized Signature:

Print Signatory Name:

Print Signatory Title: