

Summary of Changes Included in DRAFT New York State Department of Health Provider Contract Guidelines for MCOs and IPAs¹

Provider Contract Guidelines - Updates

| <i>Section</i> | <i>Updates (from original guidelines - March 2011)</i> |
|--------------------------|--|
| Cover Page | <ul style="list-style-type: none"> • new to updated version • included new title and is branded with DOH logo |
| Table of Contents | <ul style="list-style-type: none"> • new to updated version • linked in document - will update page numbers if move sections around |
| Introduction | <ul style="list-style-type: none"> • new to updated version • describes purpose and applicability of these guidelines |
| Section I | <ul style="list-style-type: none"> • new to updated version • removed definitions out of old section I and organized them within their own section • arranged definitions in alphabetical order • cleaned up existing definitions/ used updated language for the following definitions: <ul style="list-style-type: none"> - IPA - Management Functions - Non-Material Extensive Amendments - Technical and Administrative Services • added the following new definitions: <ul style="list-style-type: none"> - ACO - Health Care Services - NYS Value Based Payment Roadmap - Shared Savings Arrangement - Value Based Payment |
| Section II | <ul style="list-style-type: none"> • old Section I • no real content change • moved definitions to own section (Section I) |
| Section III | <ul style="list-style-type: none"> • old Section II • created new subsections for VBP tiers and content • added new paragraph A.1.(e) related to Value Based Payments • removed CD-R requirement • revised implementation dates to conform with Regulatory Impact Subcommittee recommendation • update Provider template section to conform with the new File and use review process |

¹ Provided by DOH mailing on Tuesday, June 7th 2016

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| Section IV | <ul style="list-style-type: none"> • old Section III • removed old/outdated information • revised implementation dates to conform with Regulatory Impact Subcommittee recommendation |
| Section V | <ul style="list-style-type: none"> • old Section IV • no substantive content change - just formatting |
| Section VI | <ul style="list-style-type: none"> • old Section V • removed outdated information and any provisions already listed in the Standard Clauses • section is much smaller due to removal of duplicative and redundant statements (now only included in standard clauses) • revised B. to conform to new review tiers |
| Section VII | <ul style="list-style-type: none"> • old Section VI • removed old 'levels' for contract review and replaced with three review tiers based on the Roadmap and recommendations of the Regulatory Impact Subcommittee |
| Appendix: Standard Clauses | <ul style="list-style-type: none"> • Integrated into the provider contracting package/Previously it was a separate document • added a few new chapter laws (per DOH legal) |
| Appendix: DOH-XXX | <ul style="list-style-type: none"> • designed new pdf fillable form XXX certification statement and incorporated it as part of the provider contracting guidelines package • form now requires attestation that suggested incorporation language is now mandatory • standard clauses are attached and in use (and cannot be changed) • will make new form fillable on the website so information can be typed in (instead of handwritten) • financial section of form now conforms to the review tiers based on the Roadmap and recommendations of the Regulatory Impact Subcommittee • captures all information plan, DOH, and analyst will need to determine VBP level that the contract will fall under |