

INSTRUCTIONS

Baseline VBP Tab

The Baseline VBP tab summarizes VBP arrangements implemented in **Contract Year 2017** (CY2017).

- Contractors on a Calendar Year contract cycle should summarize January 1-December 31, 2017.
- Contractors on a Fiscal Year contract cycle should summarize July 1, 2017-June 30, 2018.

NOTE: The Baseline information being collected is not broken out by provider.

Sample entries are provided. Please delete those and complete the table with actual VBP arrangements in place during CY2017.

Do not enter information into any of the shaded boxes.

In **Column A**, indicate the target population or service that has been the focus of the VBP arrangement in CY2017 (e.g., veterans, transition age youth, first episode psychosis, psychiatric residential treatment facilities). List each target area separately.

In **Columns B-G**, indicate the medical spend by VBP model linked to the VBP target area in CY2017.

- If more than one VBP model is being used within the same focus area, the same row should be used. For example, a VBP arrangement is being used for ACT with multiple providers. One ACT provider is engaged with VBP Model 1 and two ACT providers are engaged with Model 2. This would be captured on the same row as illustrated in the Excel tool.
- Similarly, if a provider agency is participating in VBP arrangements across three different target areas, this would be captured in three separate rows, one for each target area.

In **Column H**, indicate the Total Medical Spend for Entire Contract in Baseline Year in the appropriate row. This should reflect the Primary Contractor's total medical spend in CY2017.

The same dollars may not be counted twice between target areas and models. **Confirm dollars have not been counted twice by checking the "confirmed" box in the attestation statement.**

Planned VBP Tab

The Planned VBP tab summarizes planned initiatives by provider to be implemented in CY2018.

- Contractors on a Calendar Year contract cycle should include planned VBP arrangements for January 1-December 31, 2018.
- Contractors on a Fiscal Year contract cycle should include planned VBP arrangements for July 1, 2018-June 30, 2019.

Sample entries are provided. Please delete those and complete the table with planned VBP arrangements for CY2018.

Do not enter information into any of the shaded boxes.

In **Columns A-D**, list each provider/agency anticipated to participate in a VBP arrangement in CY2018. Include the 13-digit PROMISE identification number, Provider Type and Specialty for each listed provider/agency.

- If multiple providers are participating in the same VBP arrangement, each provider/agency should be listed separately. As an example, three ACT providers are participating in VBP; one is participating under VBP Model 1 and two are participating under VBP Model 2. Each provider would be identified on a separate row in the spreadsheet.
- If the same provider is participating in multiple VBP arrangements, each arrangement should be identified on a separate row. For example, a large clinic that offers BHRS, Case Management, ACT and has psychiatrists for post-discharge follow-up could have a shared savings model for BHRS, a case rate for Case Management, a case rate for ACT, and be involved in Performance-based Contracting for post-discharge ambulatory follow-up. This would be reflected on four separate rows.

In **Columns E-F**, using Attachment K of the Behavioral Health Services Reporting Classification Chart (BHSRCC), indicate the Service Description for the VBP-related service and the Program Type if applicable (e.g., FQHC=Federally Qualified Healthcare Center; CCBHC=Certified Community Behavioral Health Clinic; ACT=Assertive Community Treatment; BHH=Behavioral Health Home).

In **Column G**, indicate the target population or service that is the focus of the VBP arrangement (e.g., veterans, transition age youth, first episode psychosis, psychiatric residential treatment facilities).

If appropriate, in **Columns H-L**, indicate the associated evidence-based practices or programs (EBPP) using the 3-digit code provided on the DHS EBPP Coding Chart. If the listed provider/agency is participating in a VBP arrangement that is being applied to more than one EBPP, please list all applicable EBPP codes.

In **Column M**, indicate the projected medical spend dollar amount linked to the VBP arrangement for each provider/agency.

In **Column N**, indicate the Risk Category for each identified provider/agency using the lettering system (S, M, L) in the table below.

In **Column O**, indicate the VBP Payment Model for each identified provider/agency using the numbering system (1-6) in the table below.

Risk Category (Small, Medium, Large)	VBP Model	Description
S	1	Performance-based Contracting (PBC): Contracts in which payment is linked to provider performance and requires providers to undertake specific activities or meet certain benchmarks for services. These contracts may include incentives and penalties, caseloads and Pay-for-Performance.
M	2	Bundled and Episodic: A single bulk payment for all services rendered to treat an individual for an identified condition during a specific time period. These payments also include case rates.
M	3	Shared Savings: Supplemental payments to providers if they are able to reduce health care spending for a defined patient population relative to a benchmark. The payment is a percentage of the net savings generated by the provider.
M	4	Shared Risk: An arrangement of shared financial responsibility between payer and provider that allows for cost control, efficiency of service use and quality. In this arrangement, both financial savings and losses are shared.

L	5	Capitation: A payment arrangement for health care service providers that pays a set amount for each enrolled person assigned to them, per period of time, regardless of whether the person receives services during the period covered by the payment.
L	6	Capitation + Performance-based Contracting: This payment arrangement adds performance based contracting as a supplemental incentive to a capitation contract.
<p>In the unshaded cells within the Projected CY2018 Summary table, indicate:</p> <ul style="list-style-type: none"> - Total projected Medical Spend for Contract Year. This should reflect the Primary Contractor's total projected medical spend in CY2018. - Projected VBP Medical Spend (\$) Payment Model 1: PBC. This should reflect the summary of all Projected VBP Medical Spend in the Small Risk Category from the table above. - Projected VBP Medical Spend (\$) Payment Models 2 (Bundled/Episodic Payment), 3 (Shared Savings), and 4 (Shared Risk). This should reflect the summary of all Projected VBP Medical Spend in the Medium Risk Category from the table above. - Projected VBP Medical Spend (\$) Payment Models 5 (Capitation) and 6 (Capitation + PBC). This should reflect the summary of all Projected VBP Medical Spend in the Large Risk Category from the table above. 		
The same dollars may not be counted twice between target areas and models. Confirm dollars have not been counted twice by checking the "confirmed" box in the attestation statement.		
Actual VBP Tab		
The Actual VBP tab reports results on actual VBP arrangements implemented in CY2018.		
<ul style="list-style-type: none"> - Contractors on a Calendar Year contract cycle will report results for January 1-December 31, 2018 by June 30, 2019. - Contractors on a Fiscal Year contract cycle report results for July 1, 2018-June 30, 2019 by December 31, 2019. 		
Content for the cells shaded in blue should be cut/pasted directly from the Planned VBP tab.		
Content for the unshaded cells should reflect actual results for CY2018.		
The same dollars may not be counted twice between target areas and models. Confirm dollars have not been counted twice by checking the "confirmed" box in the attestation statement.		

BASELINE VBP ARRANGEMENTS IN CY2017

Primary Contractor: <insert Primary Contractor name here>

BH-MCO: <insert BH-MCO name here>

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Target Area [population(s)/ service(s)]	VBP Medical Spend (\$) Payment Model 1 Performance Based Contracting (PBC) (Risk Category Small)	VBP Medical Spend (\$) Payment Model 2 Bundled/Episodic Payment (Risk Category Medium)	VBP Medical Spend (\$) Payment Model 3 Shared Savings (Risk Category Medium)	VBP Medical Spend (\$) Payment Model 4 Shared Risk (Risk Category Medium)	VBP Medical Spend (\$) Payment Model 5 Capitation (Risk Category Large)	VBP Medical Spend (\$) Payment Model 6 Capitation+PBC (Risk Category Large)	Total VBP Medical Spend (\$) by Target Area
ACT	\$1,000,000.00	\$2,000,000.00					\$3,000,000.00
Veterans		\$100,000.00					\$100,000.00
ASD			\$500,000.00				\$500,000.00
Case Management	\$750,000.00						\$750,000.00
<input type="checkbox"/>		<input type="checkbox"/>					
TOTAL	\$1,750,000.00	\$2,100,000.00	\$500,000.00	\$0.00	\$0.00	\$0.00	\$4,350,000.00
Total Medical Spend for Entire Contract in Baseline Year							\$100,000,000.00
	% of Spend for VBP in Small Risk Category 1.75%			% of Spend for VBP in Moderate Risk Category 2.60%		% of Spend for VBP in Large Risk Category 0.00%	Total % Medical Spend for All VBP Models 4.35%

ATTESTATION STATEMENT

Confirm the same dollars are not double counted in any cell in any given year.

<input type="checkbox"/> Confirmed	<input type="checkbox"/> Not Confirmed
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PLANNED VBP ARRANGEMENTS FOR CY2018

Primary Contractor: <insert Primary Contractor name here>

BH-MCO: <insert BH-MCO name here>

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O
Provider Name	PROMISe™ ID (13 digit)	Provider Type	Specialty	Service Description	Program Type (If Applicable)	Target Area [population(s)/ service(s)]	1-EBPs & Programs (If Applicable)	2-EBPs & Programs (If Applicable)	3-EBPs & Programs (If Applicable)	4-EBPs & Programs (If Applicable)	5-EBPs & Programs (If Applicable)	Projected VBP Medical Spend (\$)	Risk Category (S, M, L)	Payment Model (1-6)
ABC	2345678901234	8	111	Psychiatric Outpatient	CCBHC		502					1,000,000	M	2
ABC	1234567890123	8	110	Psychiatric Outpatient		Veterans						1,000,000	S	1
ABC	1234567890123	8	558	Behavioral Specialist for Children with Autism		ASD						100,000	S	1
ABC	1234567890123	8	808	Psychiatric Outpatient Therapeutic Staff Support		TSS						1,000,000	S	1
ABC	1234567890123	8	808	Psychiatric Outpatient Therapeutic Staff Support		TSS						200,000	M	3
XYZ	3456789012345	11	548	Therapeutic Staff Support		TSS						500,000	S	1

PROJECTED 2018 SUMMARY

Contract Year	Total projected Medical Spend for Contract Year	Projected VBP Medical Spend (\$) Payment Model 1 PBC (Risk Category Small)	% of Spend for VBP in Small Risk Category	Projected VBP Medical Spend (\$) Payment Models 2 (Bundled/Episodic Payment), 3 (Shared Savings), and 4 (Shared Risk) (Risk Category Medium)	% of Spend for VBP in Moderate Risk Category	Projected VBP Medical Spend (\$) Payment Models 5 (Capitation) and 6 (Capitation + PBC) (Risk Category Large)	% of Spend for VBP in Large Risk Category	Projected Medical Spend for all VBH Models	% of Spend for All VBP Risk Categories
CY 2018	100,000,000		0.00%		0.00%	0	0.00%	3,800,000	3.80%

ATTESTATION STATEMENT

Confirm the same dollars are not double counted in any cell in any given year.

<input type="checkbox"/> Confirmed	<input type="checkbox"/> Not Confirmed
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ACTUAL VBP ARRANGEMENTS IN CY2018

Primary Contractor: <insert Primary Contractor name here>

BH-MCO: <insert BH-MCO name here>

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O
Provider Name	PROMISE™ ID (13 digit)	Provider Type	Specialty	Service Description	Program Type (If Applicable)	Target Area [population(s)/service(s)]	1-EBPs & Programs (If Applicable)	2-EBPs & Programs (If Applicable)	3-EBPs & Programs (If Applicable)	4-EBPs & Programs (If Applicable)	5-EBPs & Programs (If Applicable)	Actual VBP Medical Spend (\$)	Risk Category (S, M, L)	Payment Model (1-6)

PROJECTED 2018 SUMMARY									
Contract Year	Total Actual Medical Spend for Contract Year	Actual VBP Medical Spend (\$) Payment Model 1 PBC (Risk Category Small)	% of Spend for VBP in Small Risk Category	Actual VBP Medical Spend (\$) Payment Models 2 (Bundled/Episodic Payment), 3 (Shared Savings), and 4 (Shared Risk) (Risk Category Medium)	% of Spend for VBP in Moderate Risk Category	Actual VBP Medical Spend (\$) Payment Models 5 (Capitation) and 6 (Capitation + PBC) (Risk Category Large)	% of Spend for VBP in Large Risk Category	Actual Medical Spend for all VBH Models	% of Spend for All VBP Risk Categories
CY 2018			#DIV/0!		#DIV/0!	0	#DIV/0!	0	#DIV/0!

ATTESTATION STATEMENT	
Confirm the same dollars are not double counted in any cell in any given year.	
<input type="checkbox"/> Confirmed	<input type="checkbox"/> Not Confirmed