Value in Opioid Use Disorder Treatment Demonstration Program (Value i

Annual Financial Report Guidance

Annual Financial Report: Overview and Guidance

Per the Value in Treatment Participation Agreement (PA), participants are required to complete and submit
as part of their attestation on how CMS demonstration funds were used. The information collected under th
how much was paid out to participants for Value in Treatment through the Care Management Fee (CMF) an
used to furnish demonstration services to eligible beneficiaries. This information will also support the demo

Only CMS and CMS' implementation and evaluation contractors will view your identifiable financial reportin
aggregate data at the county or state/program level publicly to the extent permitted by appropriate regulati

For Performance Years (PY) 2021, 2022, 2023, and 2024 (reporting period= January 1 to December 31), parti
guidance to prepare the Value in Treatment Annual Financial Report. We recommend you review this guida
your reporting efforts.

<u>Due Date and Submission Process:</u>

1) At least one month prior to the Annual Financial Report due date, CMS will email participants a r
financial report. The request will include instructions on how to access and submit the updated f
Participant's financial report template is static and will not change year-over-year. Please note, h
calculate and generate the payment fields for each participant, as specified under this guidance,
updated OUD care team roster on CMS records for your review.

2) The Financial Report tab must be completed by each participant. Please follow the instructions li
page.

3) **Complete and submit this report to CMS within a month of receipt via the Box.com.** Please refe
doc name"] for detailed submission directions. For any issues, please email ***ValueinTreatment@***

Tab Overview and Definitions

This section provides a quick overview of each of the tabs included in this report to outline the goal and purp
key concepts are also embedded here, while instructions for the completion of each tab are included within

Financial Report

Overview: This tab summarizes total Value in Treatment payments and services. Specifically, it lists the num
for whom the participant submitted a claim for the Value in Treatment CMF, total claims billed for such serv
payments made by CMS to participants, as indicated through Medicare claims. Total Payments will be gener
contractors, and provided to each participant via this Annual Financial Report Template. <u>Value in Treatment
the demonstration, and estimated cost, including staffing and services furnished, are to be populated by par
due date.</u>

Definitions:

 # Beneficiaries: number of unique beneficiaries for whom Value in Treatment claims were submitted by t
is generated by CMS using claims and is cumulative over time (quarterly). Thus, the Q4 figure reflects the
unique beneficiaries for whom a claim was reflected between January 1 to December 31 of the performa

CMF Rate: the amount paid for the Care Management Fee, minus the quality withhold, per applicable be
specified in the PA.

 # Paid Claims: number of Value in Treatment claims that were paid to a participant during the performan
broken down by claims paid per quarter and in total. The total # Paid Claims for the entire year is the sum

CMF Payments: the total Value in Treatment payments made to a participant based on # Paid Claims and
to the PA for calculation formulas.

Incentive Payment: the total amount of any annual performance-based incentive payment made to a par
performance, per the PA. Incentive payments are calculated in the second quarter following the end of a
quarter.

Quality Withhold (%): percentage of the CMF withheld from each quarterly payment (5% in PY1 and 10%
thereafter).

Staffing: The actual staff involved in furnishing or administering Value in Treatment services, and its asso

Number of Staff: the number of medical and non-medical staff involved in furnishing or administeri
services each quarter. The staff furnishing Value in Treatment services should be an OUD Care Tean
should be counted as one regardless of staff time allocations.

Staffing Cost: actual cost associated with the number of staff identified as having furnished or admi
services. Quarterly expenses are summed to reflect the actual staffing cost of providing such servic
enter '0' for any category, where applicable.

Physicians: physicians and physician assistants who are licensed under state law to furnish medical
Medicare. This may include primary care physicians, addiction treatment physicians, and physicians
narcotics who are furnishing Value in Treatment OUD treatment services.

Nurse Practitioners: nurse practitioners (NPs) licensed under state law who are furnishing Value in
services.

Counseling & Psychology: practitioner licensed under state law to furnish psychiatric, psychologica
applicable beneficiaries. These may include auxiliary personnel who furnish services incident to a p
provider, including licensed professional counselors, licensed clinical alcohol and drug counselors, c
family therapists who are permitted to furnish such services by state law within their scope of pract

Social Support Providers: non-healthcare providers furnishing OUD treatment services under Value
support, care management, and care coordination. This may include social workers, community he
certified peer specialists, and qualified clergy.

Administrative: includes program directors/managers, schedulers, and any other administrative st
administrative, operations, and management activities of Value in Treatment. These individuals ma
part of the OUD Care Team.

Other: any other staff supporting Value in Treatment that was not otherwise captured. This may in
employed or contracted by the participant that were rewarded with Value in Treatment funds for t

Services Furnished by Service Type: The actual Value in Treatment services furnished directly or through
associated cost. These services are categorized as "Delivery Settings/Modalities", "Recovery Social Suppo
Initiation & Engagement," each of which is defined below.

Service Type Cost: The cost associated with furnishing Value in Treatment services. Note that assoc
different from staffing cost. For example, if the Value in Treatment service furnished was providing
categorized as "Nutrition", and only capture non-labor expenses like the cost of the actual meal, su
meal, facility expenses (equipment and space used for cooking and preparing meals), and travel ex
from), if applicable. Staff time spent preparing and providing meals would be separately captured u
expenses. Quarterly expenses are summed to reflect the actual cost of providing such services duri
for any category, where applicable.

Delivery Settings/Modalities: the setting or modalities in which Value in Treatment services were fu Visits/Consults" are those that occurred in-person at office location. "Home Visits/Consults" are tho at the beneficiary, family, or caregiver's home. "Remote Consults" includes any visit/consultation th were offered remotely via telephone or other telecommunication technology during or after office Other" are all other that do not fall in the other categories, which may include mobile outreach (e.g encouragement).

Recovery Social Support: recovery -enabling social support services offered on a limited or extende appropriate) or in coordination with state/local agencies and community-based organization that th shown to have a "reasonable expectation of improving or maintaining the health or overall functior beneficiaries," and that comply with applicable fraud and abuse laws. For monitoring and evaluatio categorized and defined social support services, as listed below. Categorization is also intended to e participants under this financial report. Please note that the listed social support services under eac examples only and not intended to be CMS endorsement or suggested services. Social support serv demonstration should align with the PA.

Assessments/referrals: the use of social needs assessment tools to identify social needs fo beneficiaries to appropriate resources and/or confirming eligibility for select social needs i by the participant. Assessments and referrals may only be listed as Value in Treatment exp by Medicare or other program for applicable beneficiaries.

Housing: housing support, which may include housing navigation services, rent subsidies, u housing, permanent supportive housing, recovery housing, home-based modifications to in accessibility, and safety, etc.

Employment: employment support services for applicable beneficiaries seeking to enter th include employment navigation services or referrals to employment support programs, voc resume writing, interviewing skills, job placement, etc.

Nutrition: nutrition support, which may include navigation services to enroll beneficiary in community programs, food and nutrition case management, medically and/or non-medica or for pick-up), groceries (delivered or for pick-up), etc.

Transportation: non-emergency transportation support for medical or non-medical needs, transportation subsidies or private transportation (shuttles, taxi, ride-sharing services, etc.

Recovery Social Support- Other: other recovery-enabling social support services not other categories, such needle exchange programs or services addressing interpersonal violence/ social isolation/loneliness, etc.

Treatment Initiation & Engagement: recovery -enabling treatment initiation and engagement supp limited or extended duration in-house (if appropriate) or in coordination with state/local agencies a organization that through existing evidence has shown to have a "reasonable expectation of impro health or overall function of applicable beneficiaries," and that comply with applicable fraud and ab and evaluation purposes, CMS has categorized OUD treatment initiation and engagement services, Categorization is also intended to ensure standard use among participants under this financial repo listed OUD treatment initiation and engagement services are examples only and not intended to be suggested services. OUD treatment initiation and engagement services furnished under the demon the PA.

Medication-assisted treatment (MAT): MAT services not otherwise covered by Medicare c the use of medications (buprenorphine, naltrexone, or methadone) in combination with co therapies, which is effective in the treatment of opioid use disorders (OUD) and can help s recovery.

Non-Opioid Pain Management: patient-centered non-opioid pain management services n Medicare or other programs, which may include non-opioid medication options (e.g., analg anticonvulsants, select antidepressants, topical agents, etc.) and nonpharmacological trea therapy, cognitive behavioral therapy, multimodal and multidisciplinary therapies, etc.).

Naloxone: access to naloxone, a medication that rapidly reverses the effects of opioid ove treatment for overdose.

Treatment Planning & Education: individualized, patient-centered treatment plans, and/o provided to the applicable beneficiary and family/caregiver.

Care Transition & Coordination: partnerships and coordination with inpatient hospitals an to transition an applicable beneficiary to receive Value in Treatment services through the p

Treatment Follow-Up: regular patient treatment outreach/follow-up.

Social/Peer Support: addiction support groups and/or one-on-one peer support services t counselors to motivate recovery.

Contingency Management (CM): CM provides incentives to OUD patients contingent upon and/or verified drug abstinence in order to increase likelihood of these behaviors.

Treatment Initiation & Engagement- Other: other OUD treatment initiation and engagem captured in other sub-categories.

Other: broadly, any other service type offered in Value in Treatment that did not fit the definition f Settings/Modalities", "Recovery Social Support", and "Treatment Initiation & Engagement."

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an Annual Financial Report
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cumulative total number of
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PY, and paid in the third

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es during the PY. You may

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Treatment OUD treatment

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or licensed marriage and
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hat were not in-person but
hours. "Care Delivery-
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ensure standard use among
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or the purpose of referring
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utility subsidies, transitional
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SNAP, referrals to other
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participant's OUD care team.

hrough certified peer

n treatment attendance

ent services not otherwise

or "Delivery

Value in Opioid Use Disorder Treatment Demonstration Program (Value i

Annual Financial Report

Instructions

1) Performance Year (PY) dates are from [January 1 to December 31]. All figures in this Financial Report should be

2) Sections 1 and 2 are calculated and generated by CMS, and are reflected in green-filled color. CMS generated fie

2(a) It is the participant's responsibility to verify that the payment rate, # of Payments, Total Payments, and

2(b) Please refer to the "Overview & Definitions" tab for definitions of each populated field. Some calculatio

2(c) If participant has any questions or identifies any discrepancies, please email CMS at ***ValueinTreatment***(the demonstration G-code, any errors or discrepancies in CMS generated figures may be due to billing issue:

2(d) Unique beneficiaries in Section 2 reflect cumulative totals each quarter and by the end of the performa Q3, and 25 in Q4, the Q1 total figure would be 10, 25 in Q2, 45 in Q3, and 70 by the end of Q4.

3) Section 3 is to be populated and completed by participants. These fields are indicated in grey-filled color.

3(a) For subsection a, please indicate the number of staff involved, and the associated staffing cost. Please r notes are also reflected under each table.

3(a)(1) Please calculate total figures by summing the cost and number of staff from each quarter.

3(a)(2) All staff listed, except administrative and other, who are furnishing demonstration services sho ensure the count is accurately aligned.

3(b) For subsection b, please indicate the number of unique beneficiaries furnished Value in Treatment serv

3(b)(1) Please calculate total figures. The cost total is the sum from each quarter. The # Beneficiaries i given beneficiary may receive more than one type of service, and thus should be counted as a unique

3(b)(2) It is the participants' responsibility to accurately track the number of unique beneficiaries furn

3(b)(3) It is also the participants' responsibility to estimate associated cost. The estimated cost is colle reconciliation or recoupment purposes.

3(b)(4) If rows 84, 91, 101, and 102 have figures greater than "0" (zero) in any given quarter, participa specify what the "other" service was. If more than one service falls under "other", please break the nu services were provided to a total of 20 unique beneficiaries, participant will need to specify the numb the performance period.

Value in Treatment Performance Year:*

Drop Down Selection

1) Financial Overview

a) Payments & Expenses

	Q1	Q2	Q3	Q4
Total Payments	$ -	$ -	$ -	$ -
CMF Payments	$ -	$ -	$ -	$ -
Incentive Payments	$ -	$ -	$ -	$ -
Cost	$ -	$ -	$ -	$ -
Staffing	$ -	$ -	$ -	$ -
Services Furnished	$ -	$ -	$ -	$ -

** Calculated/generated by CMS;*

Automatically populated based on Sections 2 & 3 inputted

2) Value in Treatment Payments

a) Unique Beneficiaries

	Q1	Q2	Q3	Q4
# Beneficiaries*				

** Calculated/generated by CMS;*

b) Total Payments

	Q1	Q2	Q3	Q4
CMF Rate*				
# Paid Claims*				
CMF Payments*				

** Calculated/generated by CMS;*
Please refer to PA for specifications.

	Q1	Q2	Q3	Q4
Quality Withhold (%)*				
Incentive Payment*				

** Calculated/generated by CMS;*
This is a one-time, annual payment based on previous PY
Please refer to PA for specifications.

	Q1	Q2	Q3	Q4
Total Payments*	$ -	$ -	$ -	$ -

** Calculated/generated by CMS;*
Total is sum of CMF and incentive payments

3) Value in Treatment Services

a) Staffing

	Cost			
Staffing	**Q1**	**Q2**	**Q3**	**Q4**
Physicians				
Nurse Practitioners				
Counseling & Psychology				
Social Support Providers				
Administrative				
Other				
Total				

**Total is sum of quarterly figures listed here*

b) Services Furnished

	Cost			
Service Type	**Q1**	**Q2**	**Q3**	**Q4**
Delivery Settings/Mondalities				
Office Visits /Consults				
Home Visits /Consults				
Remote Consults				
Delivery Settings/Modalities- Other				

Recovery Social Support				
Assessments/Referrals				
Housing				
Employment				
Nutrition				
Transportation				
Recovery Social Support- Other				
Treatment Initiation & Engagement				
Medication-Assisted Treatment (MAT)				
Non-Opioid Pain Management				
Naloxone				
Treatment Planning & Education				
Care Transition & Coordination				
Treatment Follow-Up				
Social/Peer Support				
Contingency Management				
Treatment Initiation & Engagement-Other				
Other				
Total*				

**Total is sum of quarterly figures listed here*

Total Expenses (a + b)				

For any "Other" indicated under each of the Service Type categories, please specify:	

n Treatment)

applicable to the previous PY, as noted in row 22.

elds are locked and may not be edited by participants.

number of unique beneficiaries indicated in Sections 1 and 2 align with actual figures.

n notes are also reflected under each table.

@cms.hhs.gov. Because payments are calculated using Medicare billed claims through
s or misunderstandings with the MACs.

nce year (Q4). For example, if there were 10 unique beneficiaries in Q1, 15 in Q2, 20 in

efer to the "Overview & Definitions" tab for staffing definitions. Some calculation

uld be reflected in the OUD care team roster. Please update the roster, as needed, to

ices, and identify the types of services furnished.

s calculated in accordance to the definition (refer to "Overview & Definitions" tab). A
beneficiary under each row. You may enter "0" (zero) for any rows, where applicable.

ished each type of Value in Treatment services.

cted for evaluation purposes only, and is not intended to be collected for

nts must explain in the text box starting in row 109, as requested. Applicant must
umbers down in the explanation. For example, if two "other" recovery social support
er of unique beneficiaries that received each of the two "other" services by the end of

Total
$ -
$ -
$ -
$ -
$ -
$ -

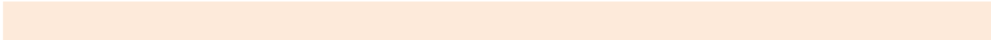
l information

Total

Total

performance;

Total
$ -



	Number of Staff				
Total*	Q1	Q2	Q3	Q4	Total*

	# Beneficiaries**			
Total*	Q1	Q2	Q3	Q4

***Cumulative total number of unique beneficiaries for whom a claim was reflected during the PY. The Q4 figure should be the cumulative total.*