

Specialty Contracting Playbook: **Specialist Worksheet**

This is a quick reference companion to the full specialty contracting guide, serving as a worksheet for specialists seeking value-based contracts with payers and accountable care organizations. The worksheet outlines decisions across 10 contracting domains.

Counterparty: _____

Completed by: _____

Date: _____

1. Networking Strategy *Deliver more holistic care*

When contracting with payers, which partnership approach will the specialist use?	☐ In-network ☐ Vendor ☐ Hybrid ☐ Undecided
If in-network: How will patient cost-sharing be addressed?	☐ Bill fee-for-service (FFS) ☐ Other: _____
If vendor: Will the arrangement provide wraparound services without billing claims to reduce patient cost-sharing?	☐ Yes ☐ No ☐ TBD
If hybrid: Will the arrangement combine an in-network contract with an option to waive or reduce cost-sharing?	☐ Yes ☐ No ☐ TBD

2. Data & Analytics *Access timely & actionable data*

How will analytic needs and capacity be supported?	☐ Internal analytics capability ☐ Consultant support ☐ Both ☐ TBD
What frequency of claim-level data is needed to manage the risk-based contract?	☐ Monthly ☐ Other: _____
Does the specialist have capacity to process and validate claims data across payers?	☐ Yes ☐ No ☐ Needs support

3. Attribution *Identify high-impact patients*

Which patient populations will the specialist take accountability for?	
What scale or volume of patients will be included?	

4. Financial Risk *Earn financial incentives for improving outcomes*

What level of financial risk will the specialist take on?	☐ Shared savings ☐ Full risk ☐ Fee arrangement ☐ Other: _____
If assuming downside risk: Which guardrails are required?	☐ Minimum volume ☐ Stop-loss protection ☐ Protection for catastrophic cases ☐ Other: _____
Will the arrangement begin with a defined percentage of the population before transitioning to greater financial accountability?	☐ Yes ☐ No ☐ TBD If yes, define initial scope: _____

5. Benchmarking & Trends *Establish sustainable methodologies*

Do the benchmark and trend methodologies reflect clinical factors under the specialist's control?	☐ Yes ☐ No ☐ TBD
How will the accountable population and duration be structured?	☐ Bundle / episode ☐ Longer-term contract ☐ Other: _____
How will exposure to insurance risk be limited <i>(e.g., costs driven by changes in enrollment or pricing)?</i>	
If assuming downside risk: Which additional guardrails are required?	☐ Minimum volume ☐ Stop-loss protection ☐ Protection for catastrophic cases ☐ Other: _____
Will the specialist have access to the data needed to validate benchmark and trend results?	☐ Yes ☐ No ☐ TBD

6. Risk Adjustment *Accurately capture patient case mix*

Which risk-adjustment methodology is most appropriate for the patient population?	☐ Claims-based (generally V28 HCCs) ☐ Concurrent (e.g., ACO REACH methodology) ☐ Specialty-specific ☐ Other: _____
If specialty-specific: What data exchange is needed to support the methodology?	
If specialty-specific: is EHR data available to support it?	☐ Yes ☐ No ☐ TBD
If available: Which providers or specialties have EHR data available to integrate into risk adjustment?	

7. Payment Mechanism *Seek upfront cash flow*

Which cash flow option best supports care delivery and operations?	☐ PMPM / case rate with retrospective reconciliation ☐ Sub-capitation ☐ Other: _____
Is an upfront payment option preferred?	☐ Yes ☐ No ☐ TBD
If sub-capitation: Is the specialist prepared to assume the greater financial risk associated with payments that are not retrospectively reconciled?	☐ Yes ☐ No ☐ TBD

8. Quality *Advocate for appropriate measures*

Which quality measures will the specialist be accountable for?	
Are the proposed measures clinically appropriate and under the specialist's control?	☐ Yes ☐ No ☐ TBD
Has the administrative burden associated with data sources and reporting been evaluated?	☐ Yes ☐ No ☐ TBD

9. Non-financial Incentives *Build reputation & reduce burden*

Which non-financial incentives will the specialist negotiate for?	☐ Opportunities to increase referrals ☐ Reduced administrative burden ☐ Preferred pricing ☐ Other: _____
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10. Patient Incentives *Support patient choice*

Which patient incentives and access standards will be used to drive meaningful clinical outcomes?	☐ Reduce wait time to first appointment ☐ Offer wraparound care addressing whole health ☐ Use technology and AI to make accessing care easier ☐ Other: _____
What access standard will apply for initial appointments?	