

REPORT I 2: PRACTITIONER INCENTIVE PLAN DETAIL

Mental Health Organization: _____ Date Prepared: _____

Provider Type	Patient Panel Size	Service Payments				Incentives					Total Service Payments and Incentives	Practitioner Liability
		Salary	Fee-for-Service	Capitation	Total	Bonus	Capitation Withhold	FFS Withhold	Referral Withhold	Total		
Primary Care Practitioners												
Referral Services to Specialists												
Hospital												
Other Types of Providers Services												
Total												

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Instructions:

1. Provide the total aggregate amount of payment made by Contractor to each provider type by service payment and incentive arrangement for services delivered under this Agreement during the risk/incentive period.
2. If any one particular referral provider comprises 25% or more of any referral incentive arrangement, then provide the name, address and phone number of the provider group.
3. Provide a written, signed and dated statement and justification if any of the above information is to be considered confidential.

Document date: 07-15-03