Onboarding Checklist

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| 1. Contact Information
 |

1. Please identify your TPA:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TPA Namee |   |  | Contact Namee |   |
| Phonee |   |  | Emaile |   |

1. Please identify your case management vendor:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vendor Namee |  |  | Contact Namee |   |
| Phonee |   |  | Emaile |   |

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| 1. Steerage Information
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1. Does your benefit plan include any additional programs that steer employees to specific providers for services or procedures other than *QualityPath* procedures? [ ]  Y [ ]  N

If yes, please attach documentation to this form that explains the program details.

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| 1. Eligibility
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1. Are all Alliance plan employees/dependents eligible for *QualityPath*? [ ]  Y [ ]  N

If no, your member services contact will reach out to clarify.

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| 1. National Coverage Opt-in
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1. If you have employees throughout the united states on plans other than The Alliance, would you like to extend them the *QualityPath* level of benefits? [ ]  Y [ ]  N

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| Please note: Your TPA must be able to support this option. Your member services contact can help with this. |

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| 1. Datamining Opt-in
 |

1. Do you consent to The Alliance to search claims identifying employees and dependents with diagnostic indicators of someday being a candidate for a *QualityPath* service and notifying them of the program via letter to reduce missed opportunities and increase savings?   [ ]  Y [ ]  N

Notice to members:

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| * Post physical therapy conducted at the facility where the *QualityPath* service is performed is covered at 100% and is part of the bundled payment.
* Post physical therapy conducted in The Alliance network but outside the *QualityPath* facility that performed the service is covered at 100%, but is not a part of the bundled payment.
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| 1. High Deductible Health Plans (HDHPs) with Health Savings Accounts (HSAs)
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1. Do you offer an HDHP with an HSA component? [ ]  Y [ ]  N

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| \*The membership addendum states that for any *QualityPath* participant who is covered by a high-deductible health plan with a health savings account, the member will:* Pay the *QualityPath* price, less any applicable deductible for that employee/dependent
* Pay the employee a reimbursement payment of at least $1,000 for surgeries.
* Pay the employee a reimbursement payment of at least $100 for scans.
 |

|  |  |
| --- | --- |
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1. If yes to #1, how much will you reimburse for surgeries?
2. How will the reimbursement for the HDHP plan be administered?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | [ ]  | Payroll contribution |  | [ ]  | Cash payout |
|  | [ ]  | HSA contribution (common) |  | [ ]  | Gift card |

1. The surgery reimbursement will be released post:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | [ ]  | Surgery  |  |  | [ ]  | Therapy (common)  |

|  |  |
| --- | --- |
| $ |  |

1. If yes to #1, how much with you reimburse for scans?
	1. How will the reimbursement for the HDHP plan be administered?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | [ ]  | Payroll contribution |  | [ ]  | Cash payout |
|  | [ ]  | HSA contribution (common) |  | [ ]  | Gift card |

* 1. The scan reimbursement will be released post:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | [ ]  | Procedure  |  |  | [ ]  | Claims adjudication  |

|  |
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| 1. Cash Incentives (Optional)
 |

1. Will you include a cash incentive for surgeries? [ ]  Y [ ]  N

|  |  |
| --- | --- |
| $ |  |

1. If yes, how much will you incent for surgeries?
2. How will the incentive be administered?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | [ ]  | Payroll contribution |  | [ ]  | Cash payout |  | [ ]  | Gift card |

1. The surgery reimbursement will be released post:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | [ ]  | Surgery  |  |  | [ ]  | Therapy (common) |

1. Will you include a cash incentive for scans? [ ]  Y [ ]  N

|  |  |
| --- | --- |
| $ |  |

1. If yes, how much will you incent for scans?
2. How will the incentive be administered?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | [ ]  | Payroll contribution |  | [ ]  | Cash payout |  | [ ]  | Gift card |

1. The scan reimbursement will be released post:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | [ ]  | Procedure  |  |  | [ ]  | Claims adjudication  |

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| 1. Travel Benefits (Optional)
 |

* 1. Will you include travel benefits for surgeries? [ ]  Y [ ]  N

If yes, which of the following apply?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | [ ]  | Hotel |  | [ ]  | Parking / Tolls |  | [ ]  | Meals |
|  | [ ]  | Tax |  | [ ]  | Bus / Train fare |  | [ ]  | Mileage |

|  |  |  |
| --- | --- | --- |
| Maximum travel reimbursement? | $ |  |

* 1. Will you include travel benefits for scans? [ ]  Y [ ]  N

If yes, which of the following apply?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | [ ]  | Hotel |  | [ ]  | Parking / Tolls |  | [ ]  | Meals |
|  | [ ]  | Tax |  | [ ]  | Bus / Train fare |  | [ ]  | Mileage |

|  |  |  |
| --- | --- | --- |
| Maximum travel reimbursement? | $ |  |

|  |
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| Please note: Mileage is to be reimbursed at the current IRS standard rate unless otherwise specified. |

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| 1. Incentive & Reimbursement Distribution Contact
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Who will The Alliance contact to prompt benefit distribution?

|  |  |  |  |
| --- | --- | --- | --- |
| Contact name:  |  | Title:  |  |
|  |
| Phone:  |  | Email:  |  |