Onboarding Checklist

|  |
| --- |
| 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 |  |

|  |
| --- |
| 1. Steerage Information |

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.

|  |
| --- |
| 1. Eligibility |

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

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

|  |
| --- |
| 1. National Coverage Opt-in |

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

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

|  |
| --- |
| 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:

|  |
| --- |
| * 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. |

|  |
| --- |
| 1. High Deductible Health Plans (HDHPs) with Health Savings Accounts (HSAs) |

1. Do you offer an HDHP with an HSA component?  Y  N

|  |
| --- |
| \*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. |

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

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 |

|  |
| --- |
| 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 |

|  |
| --- |
| 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? | $ |  |

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

|  |
| --- |
| 1. Incentive & Reimbursement Distribution Contact |

Who will The Alliance contact to prompt benefit distribution?

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