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. Plan Type(s) |

1. Select all the plan types offered to employees. If you have a Health Saving Account (HSA) qualified High Deductible Health Plan (HDHP) page three of this onboarding checklist is required.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | PPO |  |  | HDHP – HSA Qualified |  |  | HDHP – Not HSA Qualified |

|  |
| --- |
| 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.

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| 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.

|  |
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| 1. Extending Access |

1. If you have employees throughout the United States on plans other than The Alliance, are you interested in them being able to access *QualityPath* savings?  Y  N

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

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| 1. Datamining Opt-out |

1. To reduce missed opportunities, I agree to The Alliance sending letters to enrollees whose claims indicate they may benefit from the *QualityPath* program.  Opt-out

Notice to members:

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| --- |
| * Post-surgery 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. |

Onboarding Checklist – Cash Incentives (Optional)

Cash incentives are optional enhancements that can provide an additional incentive to participate in the program or when a patient has already hit the out-of-pocket maximum and will not benefit from 100% coverage.

|  |
| --- |
| * Cash incentives are dispersed from the employer to the employee. * Cash incentive language is not required to be added to your plan amendment language. * The Alliance supports employers who distribute cash incentives by having the Patient Experience Manager notify you for *QualityPath* surgeries and can supply monthly reports for *QualityPath* CTs/MRIs. |

1. Will you be offering an additional cash incentive?  Y  N

If yes, please answer the questions below. Otherwise, you may continue to the next page.

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 incentive will be released post:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Surgery |  |  |  | Physical Therapy (common) |

1. Will you include a cash incentive for CTs/MRIs?  Y  N

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

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

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

1. The CTs/MRIs incentive will be released post:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Procedure (Patient self-reports to employer) |  |  |  | Claims adjudication (Alliance will supply an employer report) |

1. Will you include a cash incentive for colonoscopies?  Y  N

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

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

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

1. The colonoscopy incentive will be released post:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Procedure (Patient self-reports to employer) |  |  |  | Claims adjudication (Alliance will supply an employer report) |

1. Who should The Alliance contact to prompt incentive benefit distribution?

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

Onboarding Checklist – Travel Benefits (Optional)

Travel benefits are another form of optional enhancements that can provide an additional incentive to participate in the *QualityPath* program based on your geography.

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| --- |
| * Travel benefits are dispersed from the employer to the employee. * Travel benefit language is not required to be added to your plan amendment language. * Mileage is to be reimbursed at the current IRS standard rate, unless otherwise specified. * The Patient Experience Manager can assist employees in filling out any paperwork you require to distribute reimbursement to an employee. |

1. Will you be offering additional travel benefits?  Y  N

If yes, please answer the questions below. If you have an HSA qualified HDHP please continue to the last page. Otherwise, you have finished completing the *QualityPath* onboarding checklist.

* 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 benefit amount? | $ |  |
|  |  |  |
| Minimum mile limit for benefits: |  |  |

* 1. Will you include travel benefits for CTs/MRIs?  Y  N

If yes, which of the following apply?

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

|  |  |  |
| --- | --- | --- |
| Maximum travel benefit amount? | $ |  |
|  |  |  |
| Minimum mile limit for benefits: |  |  |

* 1. Will you include travel benefits for colonoscopies?  Y  N

If yes, which of the following apply?

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

|  |  |  |
| --- | --- | --- |
| Maximum travel benefit amount? | $ |  |
|  |  |  |
| Minimum mile limit for benefits: |  |  |

1. Who should The Alliance contact to prompt travel benefit distribution?

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

Onboarding Checklist – HSA Qualified HDHP(s)

You are only required to fill out this page if you have a high deductible health plan (HDHP) that is also Health Savings Account (HSA) qualified. If you have a HDHP plan that is not HSA qualified the *QualityPath* program requires benefits to be paid at 100% and the minimum reimbursements benefits below do not apply. Please fill this page out once for each HSA qualified HDHP plan you offer.

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

1. Plan Deductible:

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| --- |
| * Unless otherwise specified in writing on this form the primary reimbursement method will be an employer HSA contribution. * 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 CTs/MRIs.   + Pay the employee a reimbursement payment of at least $100 for colonoscopies. |

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

1. How much will you reimburse for surgeries?
2. Should the employer/employee have already contributed the maximum amount allowed in a calendar year to the HSA, select the secondary form of reimbursement:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Payroll contribution (common) |  |  | Cash payout |  |  | Gift card |

1. The surgery reimbursement will be released after:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Surgery |  |  |  | Physical Therapy (common) |

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

1. How much will you reimburse for CTs/MRIs?
2. Should the employer/employee have already contributed the maximum amount allowed in a calendar year to the HSA, select the secondary form of reimbursement:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Payroll contribution (common) |  |  | Cash payout |  |  | Gift card |

1. The CTs/MRIs reimbursement will be released post:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Procedure |  |  |  | Claims adjudication (Alliance will supply an employer report) |

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

1. How much will you reimburse for colonoscopies?
2. Should the employer/employee have already contributed the maximum amount allowed in a calendar year to the HSA, select the secondary form of reimbursement:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Payroll contribution (common) |  |  | Cash payout |  |  | Gift card |

1. The colonoscopy reimbursement will be released post:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Procedure (Patient self-reports to employer) |  |  |  | Claims adjudication (Alliance will supply an employer report) |

1. Who should The Alliance contact to prompt the HSA qualified HDHP reimbursement distribution?

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