| | State Provider Incentive Program Tool |
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| The health plan state provid | ler incentive program must include, at a minimum, the following information: |
| | Comments |
| Are services provided by | |
| the rendering provider or | |
| provider group covered by | |
| the Provider Incentive | |
| Program? No further | |
| disclosure is required if the | |
| ProviderIncentive | |
| Program does not cover | |
| the services furnished by | |
| the rendering provider or | |
| provider group. | |
| What is the effective date | |
| of the Provider Incentive | |
| Program? | |
| What type of provider or | |
| provider group does this | |
| ProviderIncentive | |
| Program target? | |
| What is the percent of | |
| withhold or bonus applied, | |
| if applicable? | |
| What proof does the | |
| health plan have that the | |
| rendering provider or | |
| provider group has | |
| adequate stop-loss | |
| coverage if they are at a | |
| substantial financial risk? | |
| What is the amount and | |
| type of stop-loss | |

| protection, if applicable? | |
|---|--|
| What is the patient panel | |
| size? | |
| If the patient panel is | |
| pooled, what is the | |
| description of the | |
| approved method that the | |
| health plan used? | |
| If applicable, provide the | |
| computations of | |
| significant financial risk | |
| associated with this | |
| ProviderIncentive | |
| Program. | |
| What is the name, address | |
| and phone number & | |
| other contact information | |
| for a person from the | |
| health plan who may be | |
| contacted regarding this | |
| ProviderIncentive | |
| Program? | |
| This purpose of this Provider Incentive Program should be to: | |
| Improve members' health outcomes | |
| Decrease inappropriate utilization of services | |
| • Decrease health risk factors in the populations the providers & provider groups serve | |
| Does the health plan have | |
| measures to ensure that | |
| the above goals are met | |
| by the providers? | |

| How does the health plan propose to achieve the goals listed above for the Provider Incentive Program? | |
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| How does the health plan ensure that 10% growth requirement for each of the health plan's State Provider Incentive Program is met? Please describe in detail your methodology for calculating your numerator and | |
| denominator and your 10% growth. | |